

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	Northern Metropolitan Relocation and New Building
2. Name of Applicant	Northern Metropolitan
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	MP Care Solutions Kim Hess , COO khess@monroeplan.com Howard Brill , SVP Population Health Management and Quality hbrill@monroeplan.com Andrea Indiano , Project Manager aindiano@monroeplan.com Todd Glanton , SVP Technology and Analytics, IT tglanton@monroeplan.com Sylvia Yang , Health Systems Analyst syang@monroeplan.com
4. Description of the Independent Entity's qualifications	The Monroe Plan was founded in 1970 to provide innovative means to providing healthcare for the underserved in Upstate New York. We have over fifty years of experience partnering with providers, managed care organizations and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization experience delivering actionable data and designing data-informed and financially-sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons throughout the Upstate Region.
5. Date the Health Equity Impact Assessment (HEIA) started	2/25/2025
6. Date the HEIA concluded	4/21/2025

7. Executive summary of project (250 words max)

The project is a relocation and construction of a new building for a skilled nursing facility. The skilled nursing facility is located at 225 Maple Ave, Monsey, and the relocation will be to 11 College Rd., Monsey, which is 1.5 miles from the current location. The new building will have the same bed capacity as the current building and facility is expected to maintain the same services and staffing. The existing building is over fifty years old. The project is expected to be completed in three to five years.

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

The project is a relocation of an over fifty-year-old skilled nursing facility in Monsey, NY, to a new building 1.5 miles away, also in Monsey, on a campus shared with an independent living and assisted living residential facilities. The new location has a minimal impact on transportation accessibility. The new building will have the same bed capacity and is expected to support the same services as the old building. However, as a new building, it can provide improved quality of life and amenities through a state-of-the-art design.

The service area – Rockland County -- has a highly diverse population. Notably, the county has the highest per capita Jewish population, 31.4%, in the United States, and a Hispanic/Latino population of 20%. The elderly population in the county has grown rapidly, with the 70-74 age group increasing over 25% since the 2010 Census. There is an increasing proportion of persons who speak languages other than English. Major needs identified in county health needs assessments include affordable housing, the availability of mental health providers, and access to affordable, nutritious food. Barriers to health included knowledge of existing resources, health literacy, and limited public transportation. The needs assessments also pointed to concerns about persons without health insurance, and problems with some providers not accepting Medicaid insurance. The overall poverty rate in the service area is 11.9%. The zip code of the facility, 10952, has the highest poverty rate in the service area at 28.4%. The adjacent 10977 zip code, which is directly to the east of 10952, has a poverty rate of 24.3%. The facility is located in a highly populated, diverse area of Rockland County.

The community stakeholders were supportive of the relocation, particularly because the current facility is a very old structure, and having a new building was seen as beneficial to the residents. Both the current and proposed locations were seen as accessible. Also discussed by stakeholders was the importance of financial accessibility and affordability. They hoped that the facility would remain affordable. Stakeholders noted that mental health service availability is problematic in the service area. Stakeholders drew attention to the facility providing a locked unit, which provides a higher level of care for persons with psychiatric problems or dementia, which they viewed as very needed and having limited availability in the service area. There were many suggestions and recommendations regarding the transition to a new facility for residents and how the quality of life in the new building could be enhanced. It was emphasized that having a careful communication plan for residents and family about the move was critical. There was considerable positive excitement, particularly among residents, about how the new building could provide improved space and related programming.

The facility and its proposed future location is in an area of Rockland County that has the highest poverty rates and is highly diverse racially and ethnically. The location is considered accessible, with the project having a minor positive impact on transportation accessibility. The facility provides a higher level of care for persons needing greater psychiatric services. Since Rockland County has unmet needs for skilled nursing facility beds, the project, by maintaining capacity in a diverse and relatively high poverty area, positively addresses equitable access. Through a new building, replacing a building over fifty years old, it potentially improves the quality of life for its residents.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.

The project is a relocation and construction of a new building for a skilled nursing facility. The new building will have the same bed capacity as the current building. The existing building is over fifty years old. The skilled nursing facility is located at 225 Maple Ave, Monsey, and the relocation will be to 11 College Rd., Monsey, which is 1.5 miles from the current location. The project is expected to be completed in three to five years.

The facility is located in Rockland County. The service area for this assessment was Rockland County. There are 26 zip codes in this service area, located in the Mid-Hudson Region. Both the current and project locations are in the 10952 zip code. Scoping Sheets 1 and 2 were completed using the U.S. Census Bureau 2023 5-year estimates for ZCTAs. Racial and ethnic distributions by ZCTA are displayed in Figure 1.

Rockland County ranks 11th in New York State poverty for all age groups in 2020, and 2nd for those under age 18 (NYS Office of the State Comptroller 2023). The 10927 and 10977 zip codes are HRSA-designated Medically Underserved Areas.

The Community Health Assessment and Community Health Improvement Plan for Rockland County noted that it has a highly diverse population, with large Jewish, Hispanic, and Asian populations. The elderly population in the county has grown rapidly, with the 70-74 age group increasing over 25% since the 2010

Census. There is an increasing proportion of persons who speak languages other than English. Major needs identified for the county include affordable housing, the availability of mental health providers, and access to affordable nutritious food. Barriers to health included knowledge of existing resources, health literacy, and limited public transportation. The Community Health Assessment include concerns about persons without health insurance, and problems with some providers not accepting Medicaid insurance.

The population of the service area is 338,936 persons. The county has the highest per capita Jewish population in the United States, with 31.4% of the residents. 20.0% of the population identifies as Hispanic or Latino. The overall poverty rate in the service area is 11.9%. The zip code of the facility, 10952, has the highest poverty rate in the service area at 28.4%. The adjacent 10977 zip code, which is directly to the east of 10952, has a poverty rate of 24.3%, and the 10927 zip code's poverty rate is 13.2%. 10.8% of the households in the service area lack their own vehicles, with the proportion in 10927 at 25.7% and 10952 at 20.6%.

The New York State Prevention Agenda shows that the difference in premature deaths (before age 65) for Hispanics compared to non-Hispanic Whites is 26.3% (2022) for Rockland County compared to 18.2% for the Mid-Hudson region and 19.4% for New York State. The premature death disparity for Black non-Hispanics versus White non-Hispanics is at 16.2%, which is better than the Prevention Agenda 2024 objective of 17.3%. Potentially preventable hospitalization rates and related disparity metrics are better for Rockland County than the Prevention Agenda objectives. Rockland County's hospitalizations due to falls were 144.2 per 10,000 (2020) for persons aged 65+ years, which is also better than the Prevention Agenda objective for 173.7 per 10,000.

Sources:

ACS 2023 "Five-Year Estimates."

Hudson Valley Public Health Collaborative. 2022. *Mid-Hudson Region Community Health Assessment 2022-2024*. Hudson Valley Public Health Collaborative.

McKay, Kevin. 2019. *Rockland County Community Health Improvement Plan*. Rockland County Department of Health.

New York State Department of Health. 2025. "Prevention Agenda Tracking Dashboard." Retrieved February 12, 2025 (https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county).

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

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

Low-income people

Low-income people were included because of the overall poverty rate in Rockland County and the high poverty rate in the zip code in which the facility is located.

Racial and ethnic minorities

The service area is diverse, with the largest per capita percentage, 31.4%, of Jewish people among U.S. counties and has a large Hispanic/Latino population, comprising 20% of the population. Blacks are 11.0% of the service area's population.

Persons with disabilities

The facility provides a locked unit, which provides availability for persons needing a facility that supports a higher level of psychiatric and dementia care.

Older Adults

As a skilled nursing facility, the project primarily involves adults over the age of 65 years.

People who are eligible for or receive public health benefits

For the service area, 46.6% of the population receives public health benefits. The utilization data for the facility indicates that the large majority of residents are on public benefits.

People who do not have third-party health coverage or have inadequate third-party health coverage.

The ACS 2023 data indicates that 4.5% of the service area's population lacks third-party health coverage. The New York State Prevention Agenda indicates that Rockland County, 93.6% of persons age 18 to 64 had health insurance (2022), which is below the Prevention Agenda objective of 97.0%.

Sources:

ACS 2023 "Five-Year Estimates."

Community Stakeholders.

Hudson Valley Public Health Collaborative. 2022. *Mid-Hudson Region Community Health Assessment 2022-2024*. Hudson Valley Public Health Collaborative.

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

Because the project is a relatively short relocation to a new building of the same capacity, it is not expected to have a major impact on any of the identified groups, other than maintaining the availability of skilled nursing facility capacity. A new building potentially allows for an improved quality of life for all groups through better living space and providing amenities through modern SNF design. The new location is collocated with independent living and assisted living facilities, potentially providing more opportunities for social activities.

Group	Impact on Unique Needs or Quality of Life
Low-income people	<ul style="list-style-type: none"> <input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities.
Racial and ethnic minorities	<ul style="list-style-type: none"> <input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities.
People with disabilities	<ul style="list-style-type: none"> <input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities. <input type="checkbox"/> The facility provides a locked unit for persons needing a higher level of psychiatric and dementia care.

Older Adults	<input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities.
People who are eligible for or receive public health benefits	<input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities.
People who do not have third-party health coverage or have inadequate third-party health coverage.	<input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities.

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?

SPARCS data does not provide utilization information for skilled nursing facilities. The Applicant provided a resident census that describes utilization for several of the identified groups. There were 119 persons listed in the resident census.

Low-income people

As noted above, the service area has a poverty rate of 11.9%. The zip code that the facility is located in has the highest poverty rate in the area, at 28.4%, and the neighboring zip code is at 24.3%. The resident census does not directly provide income information, but it provides information about insurance providers. Using Medicaid insurance as a proxy for income, 81.5% of residents receive Medicaid benefits.

Racial and ethnic minorities

In the service area, 64.2% of the population is White, 11.0% are Black, 10.0% are listed as Other Race, 8.4% are multi-race, 5.9% are Asian, and 0.4% are Native American. 20.0% of the population is Hispanic or Latino.

The resident census indicates that 70.6% are White, 13.4% are Black, 11.8% were listed as “Other Race” or had no race indicated, and 4.2% were Hispanic or Latino. Because the census does not distinguish between race and ethnicity, the percentage of Hispanic or Latino residents may be underreported.

About 1/3 of the Northern Metropolitan’s residents with a reported religious affiliation were Jewish, similar to the service area’s proportion.

People with Disabilities

The ACS 2023 data shows 8.9% of the population has a disability. Nursing home residence indicates that a person requires 24-hour nursing care and supervision outside of a hospital. The Applicant also provides specialized services for persons with psychiatric disorders and dementia.

Older Adults

In the service area, 15.6% of the population is age 65 years or older. The average age of Northern Metropolitan’s residents is 74.3 years. 84% are age 65 years or older.

People who are eligible for or receive public health benefits

The ACS 2023 data shows that 46.6% of the population has public insurance coverage.

The resident census provided by the Applicant has some missing or inconsistent information on insurance coverage. Based on whether residents have Medicare or Medicaid identifiers, 83.2% of the patients are on public coverage.

People who do not have third-party health coverage or have inadequate third-party health coverage.

ACS 2023 shows 4.5% of the population lacking insurance coverage. No facility residents are without insurance coverage based on whether persons have Medicare or Medicaid identifiers or if some other insurance coverage is listed.

Sources:

American Community Survey 2023. “Five-year estimates.”

Northern Metropolitan 2025. “Resident List Report.”

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

The skilled nursing facilities in Rockland County, is shown in Table 1. The table identifies the facilities, their market share and the distance to the proposed new location. These locations are also mapped in Figure 2.

Table 1 Alternative Facilities in the Service Area, Distance and Capacity

Facility	Bed Capacity (RHCF)	Market Share (%)	Distance (miles)
Northern Metropolitan	120	9.1%	0
The Willows at Ramapo	203	15.4%	1.9
Pine Valley Center	160	12.2%	3.2
Friedwald Center	168	12.8%	4.0
Northern Manor Geriatric Center	203	15.4%	4.2
Nyack Ridge	160	12.2%	7.9
Tolstoy Foundation	96	7.3%	8.4
Northern Riverview Health Center	180	13.7%	8.6
Helen Hayes Hospital	25	1.9%	8.8
Total	1315	100.0%	

Source: New York State Department of Health 2025. “Health Facility Certification Information.” Retrieved and Last Updated April 17, 2025.

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

As seen in Table 1, the current certified bed capacity in Rockland County is 1,315 beds, with Northern Metropolitan comprising 9.1% of that capacity. The

most recent estimate of residential health care facility (RHCF) bed need by county dates from 2016 (NYS DOH 2016). In 2016, Rockland County was estimated to need 1,635 beds, with a current capacity of 1,315 beds and an unmet need of 320 beds. Since the population has been aging, the unmet need is likely greater.

Source:

New York State Department of Health. 2016. "Estimates of RHCF Bed Need by County." Retrieved April 17, 2025 (https://www.health.ny.gov/facilities/nursing/rhcf_bed_need_by_county.htm).

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.

Not applicable. To our knowledge, the General Hospital Indigent Care Pool does not apply to skilled nursing facilities not associated with a hospital operator.

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

The project will not modify staffing for the facility. The short relocation is not anticipated to affect staff.

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

The Applicant reports no civil rights complaints regarding employees or consumers to Federal or State agencies in the past ten years.

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 relocated the facility in the last five years.

STEP 2 – POTENTIAL IMPACTS

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

The project is not expected to impact access, health equity, or reduce disparities for any of the identified underserved groups because it is a short, 1.5-mile relocation, without a change in capacity or services. Maintaining the capacity of residential healthcare beds in the service area is a positive health equity benefit for underserved groups in a county with unmet needs. The current and proposed locations are in the highest poverty zip code of the service area and is a racially and ethnically diverse area. The project also maintains services for patients needing a higher level of psychiatric and dementia care, with a capacity of 40 beds. Since the project involves replacing an over fifty-year-old structure with a new state-of-the-art building, it is expected to provide quality of life improvements for all the groups.

Group	Improve Access to health services and care	Improve Health Equity	Reduce Health Disparities
Low income people	<input type="checkbox"/> The relocation has minimal impact on access. <input type="checkbox"/> The current and proposed locations are in a zip code with the highest poverty rate in the service area.	<input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities.	<input type="checkbox"/> Not expected affect disparities.
Racial and ethnic minorities	<input type="checkbox"/> The relocation has minimal impact on access. <input type="checkbox"/> The area surrounding the locations is racially and ethnically diverse.	<input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities.	<input type="checkbox"/> Not expected to affect disparities
People with disabilities	<input type="checkbox"/> The relocation has minimal impact on access.	<input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities. <input type="checkbox"/> The facility provides a locked unit for persons needing a higher level of psychiatric and dementia care. The unit has a capacity of 40 beds.	<input type="checkbox"/> Not expected to affect disparities

Older Adults	<input type="checkbox"/> The relocation has minimal impact on access.	<input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities.	<input type="checkbox"/> Not expected to affect disparities
People who are eligible for or receive public health benefits	<input type="checkbox"/> The relocation has minimal impact on access.	<input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities.	<input type="checkbox"/> Not expected to affect disparities
People who do not have third-party health coverage or have inadequate third-party health coverage.	<input type="checkbox"/> The relocation has minimal impact on access.	<input type="checkbox"/> Maintains availability of skilled nursing facility capacity. <input type="checkbox"/> Potentially improved quality of life through modern residential design of living space and amenities. <input type="checkbox"/> Collocation with independent living and assisted living facilities provides more opportunities for social activities.	<input type="checkbox"/> Not expected to affect disparities

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

There are no identified unintended negative impacts for the underserved groups.

A potential positive unintended impact is providing an adjacent skilled nursing facility for independent and assisted living residents in the new location's campus, requiring rehabilitation services.

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.

The project is not expected to impact indigent care. For 2024, there was \$195,000 of bad debt.

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.

Because the facility is residential, public or private transportation access is not applicable to the project's impact.

The new location is expected to have less traffic congestion, according to local community stakeholders. Neither the current or the proposed locations are near bus stops.

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

The new building is designed to be in full compliance with ADA requirements and standards and applicable State Building Codes and Regulations for accessibility.

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?

Not applicable. The facility provides residential health care services, and the project does not affect maternal health care services or comprehensive reproductive health care.

Meaningful Engagement

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

Rockland County Department of Health

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

Yes.

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

See attached Meaningful Engagement Worksheet.

The meaningful engagement included meetings with internal staff, staff of the independent living center at the new location, the SNF Ombudsman for Rockland County, Bikur Cholim, the Resident Council at Northern Metropolitan, and the Rockland Department of Health. An onsite survey of residents (direct consumers) at Northern Metropolitan was also conducted.

The community stakeholders were supportive of the relocation, particularly because the current facility is a very old structure, and having a new building was seen as beneficial to the residents. Both the current and proposed locations were seen as accessible. Some of the stakeholders mentioned the current location as having worse traffic congestion than the proposed location, while others said the reverse. The stakeholders with the most familiarity with the local conditions thought it would be an improvement, although they emphasized the closeness of the locations.

While a stakeholder wondered whether the nearby facilities in the new location would have concerns, a staff member from those facilities saw it as positive. They saw advantages in having an adjacent skilled nursing facility for assisted and independent living residents needing rehabilitation services. Staff at Northern Metropolitan thought it would create increased socialization opportunities.

Regarding general needs in the community, stakeholders pointed to the need for more mental health service availability and low immunization rates, particularly for young children. Mental health service availability is relevant to the project because Northern Metropolitan has a locked unit for persons needing a higher level of psychiatric and dementia care. This capacity was mentioned as very needed in the community.

There were general comments about staffing shortages and problems with workforce development.

Also discussed by stakeholders was the importance of financial accessibility and affordability. They hoped that the facility would remain affordable.

There were many suggestions and recommendations regarding the transition to a new facility for residents and how the quality of life in the new building could be enhanced. It was emphasized that having a careful communication plan for residents and family about the move was critical. Residents should be familiarized with the new location, understand how their possessions will be moved, and have them when they arrive at the new location.

The meeting with the Resident's Council was particularly focused on the quality of life and amenities in the new building. However, maintenance issues in the current building were also mentioned. Some of the recommendations included outdoor space, shared activity rooms, gardens, and the ability for gardening, aquariums, animal visits, and space for family events. Other recommendations included having an exercise space open to residents without needing physical therapy or rehabilitation.

Direct Consumer Engagement: Onsite Survey

An Onsite Direct consumer survey was conducted with Northern Metropolitan's residents during the week of 4/7/2025. A social worker at the facility brought the survey to the residents and assisted them. The survey is shown in Appendix 3. The survey provided a description of the project, a project support question, open-ended questions about how the changes might affect the respondent and what was most important to them, an area to write a statement about the project, and demographic items. Project support was assessed by a five-point Likert scale, ranging from Strongly Disagree to Strongly Agree for a support statement. A score of five indicated strong agreement with a project's support statement, and a score of one indicated strong disagreement. The written statement question sometimes resulted in the response of "No" or "No statement." Based on the response to the Likert scale, these appear to mean "I have no statement to make," rather than a negative response to the project.

There were twenty responses to the survey. The average project support response was 4.8, indicating strong agreement. Sixteen of the responses were "Strongly Agree," and four responses were "Agree."

Most of the open-ended comments about the project concerned having a nicer building.

84.2% of the respondents were White, 10.5% were Black, and 5% or one respondent indicated Other. There was one non-response. 20% of the respondents marked a Hispanic or Latino identity.

The average age of the respondents was 70.1 years. 52.6% were male and 47% were female.

The open-ended responses included recommendations or, in some cases, aspects of the current facility that the residents would like to have continued. These included family visitation and patient interaction opportunities, garden space, and interactions with companion animals. There were also recommendations for space for religious activities. One comment regarded improving food quality and making sure food is brought up while still warm.

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

The most distinctive aspect of the facility is its locked unit for persons needing a higher level of psychiatric or dementia care. It was mentioned that “not many” of the other nursing homes in Rockland County have that service. The feedback concerning this capacity was that it should be maintained or expanded when the facility relocates. The Applicant has indicated they are planning to maintain that service. The other area of higher concern expressed in the meaningful engagements was the affordability of the facility for lower-income persons.

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?

Overall, the perspective from the meaningful engagements was a positive attitude towards the facility and its move to a newer building. The discussions were much more focused on the potential benefits of a new building compared to the old structure the facility is currently in, and there was minimal concern about the change in location. The main concern regarding burdens was that the transition plan for residents be well-developed and well-communicated to residents, family, and loved ones.

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.

Not applicable.

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?

The Assessor recommends the following guidelines to improve communication with persons of limited English-speaking ability:

- Use the U.S. Census Bureau American Community Survey to assess the most commonly spoken non-English language in the service area and/or, use in the Applicant’s resident census to identify with persons with limited English-speaking ability and their spoken language.

- Provide written communications for 80% of the persons with limited English-speaking ability based on language use assessment.
- In written communications, include contact information for bilingual staff or contracted language lines.
- Include translated material in the public website and social media.
- In the facility, provide posters or other visual aids that provide information about interpreting services in multiple languages.
- Staff training on language access resources.

We also recommend the following approaches for persons with speech, hearing, or visual impairments when appropriate.

- The following specialized services may be appropriate for the facility:
 - TRS (711) service, which includes TTY and other support for relaying communication between people who have hearing or speech disabilities and use assistive technology with persons using standard telephones.
 - VRS, a video relay service, which provides relaying between people who use sign language and a person using standard video communication (smartphone) or phone communication.
- General considerations
 - Visual impairment: Provide qualified readers at the facility, information in large print, Braille, or audio recordings, as appropriate.
 - Hearing impairment: Provide qualified sign-language interpreters or written materials.
 - Speech disabilities: For general situations, have pencil and paper available, and in some circumstances, a qualified speech-to-speech transliterator.

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

Low-income People, Racial and ethnic minorities, People who are eligible for or receive public benefits, People who do not have third-party insurance coverage or have inadequate third-party coverage:

Affordability and Financial Assistance

The main recommendation from community stakeholders regarding these groups is affordability. This was framed as maintaining affordability after relocating.

Based on learnings from other projects, we also recommend that the Applicant periodically review its financial coordination and financial assistance programs with community stakeholders for ease of use and effectiveness.

Source:

Community Stakeholders

People with Disabilities:

Maintain or Expand Capacity for a Higher Level of Care for persons with Psychiatric or Dementia Needs

Community stakeholders stated that an important element of its current services was the Applicant's capacity for caring for persons with psychiatric and dementia needs. They noted that it would be beneficial to maintain or expand this capability in the new location. The Applicant indicated that they are planning on maintaining the service.

Source:

Community Stakeholders

Older Adults:

Environmental Improvements

Stakeholders viewed the new building as an opportunity to create environmental improvements to improve the quality of life. These included outdoor spaces such as gardens, sidewalks, and picnic-like areas for residents and their families. Other internal improvements were shared activity spaces, event areas for families, areas for religious activities, non-medical access to exercise space, and aquariums.

Programmatic Enhancements

Similarly to the environmental improvements, there were recommendations for many different kinds of programmatic enhancements. These included socialization activities, movement programs, and opportunities to interact with companion animals.

Communication of Transition

The ombudsman emphasized the development of a communication plan for residents and their families. They also noted that residents should have a clear understanding of what is happening with their possessions and that their possessions should be available to them immediately after relocating. The ombudsman requested that the communication plan be made available to them prior to the relocation.

Source:

Community Stakeholders

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

As noted in Item 2, a communication plan made available to residents, family members, and the ombudsman should be used to engage and consult with stakeholders.

The Residents' Council that the Assessor remotely attended was active and engaged, and willing to discuss their ideas and thoughts about the future building.

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 facility and its proposed future location is in an area of Rockland County that has the highest poverty rates and is highly diverse racially and ethnically. The location is considered accessible, with the project having a minor positive impact on transportation accessibility. The facility provides a higher level of care for persons needing greater psychiatric services. Since Rockland County has unmet needs for skilled nursing facility beds, the project, by maintaining capacity in a diverse and relatively high poverty area, positively addresses equitable access. Through a new building, replacing a building over fifty years old, it potentially improves the quality of life for its residents.

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 Applicant currently collects residents' racial and ethnic identification, religious affiliation, demographics, and insurance coverage. As with all New York State nursing homes, it participates in the New York State Nursing Home Quality Initiative. The Nursing Home Quality Initiative uses an extensive set of measures supported by CMS to evaluate multiple domains of nursing home quality.

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

The quality data can be used to evaluate the project's overall impact after the relocation. In addition, the quality data can be subset by race, ethnicity, and gender to evaluate disparities among residents.

Based on the residents' race and ethnicity data reviewed for this assessment, there are opportunities to improve the standardization of the data and the methodology used for collection. For example, while this assessment's onsite survey found its sample of residents had a 20% identification as Hispanic or Latino, the resident census found only 4%. This is likely due to the ordering of the race and ethnicity questions and is a common problem.

We also recommend that the primary language spoken by the resident be routinely collected, if it is not already occurring.

STEP 5 – DISSEMINATION

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

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

Disclaimer:

This document was produced from raw data purchased from or provided by the New York State Department of Health (NYSDOH). However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

Appendix 1: Figures

Primary Service Area: Race and Ethnicity by Zip Code

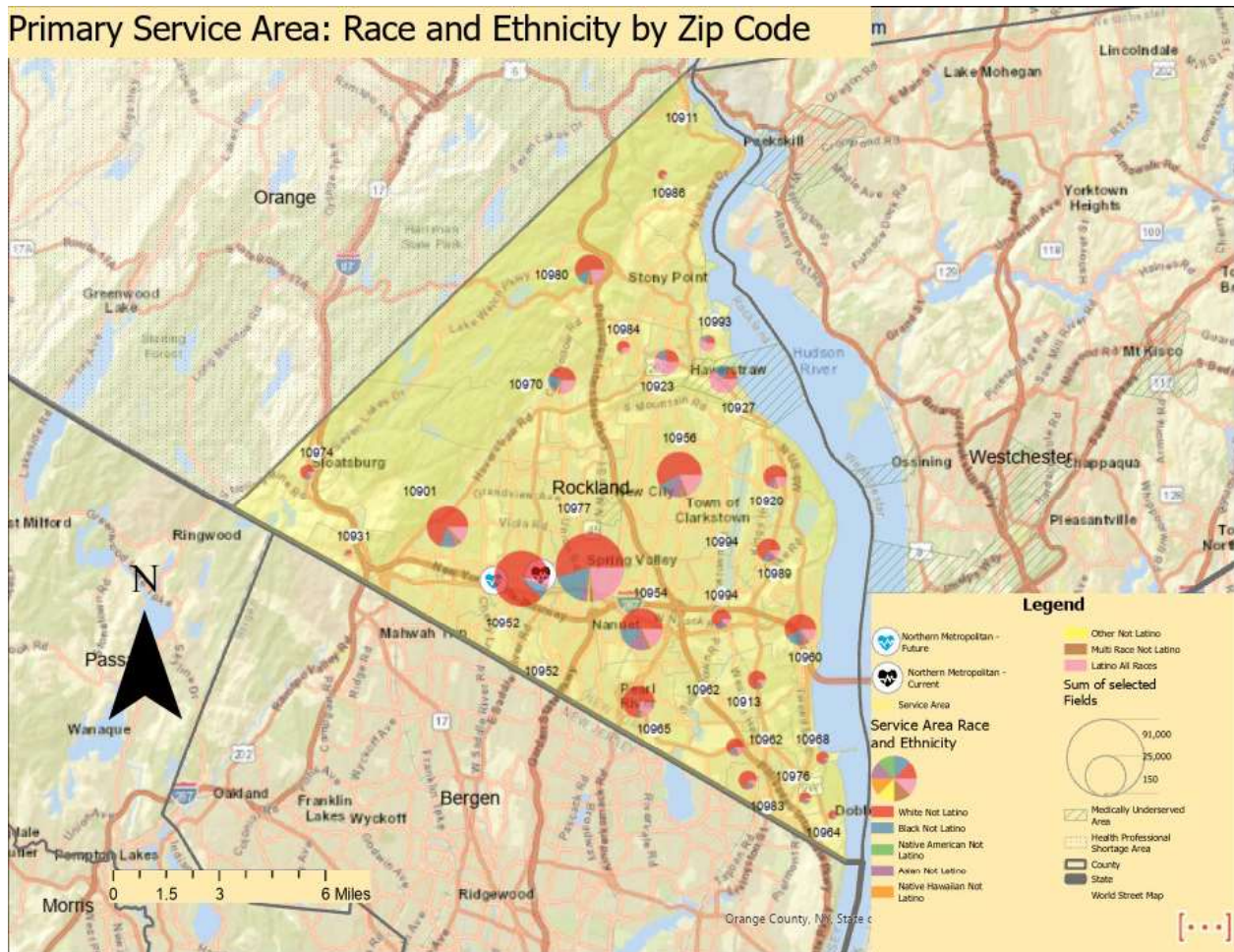
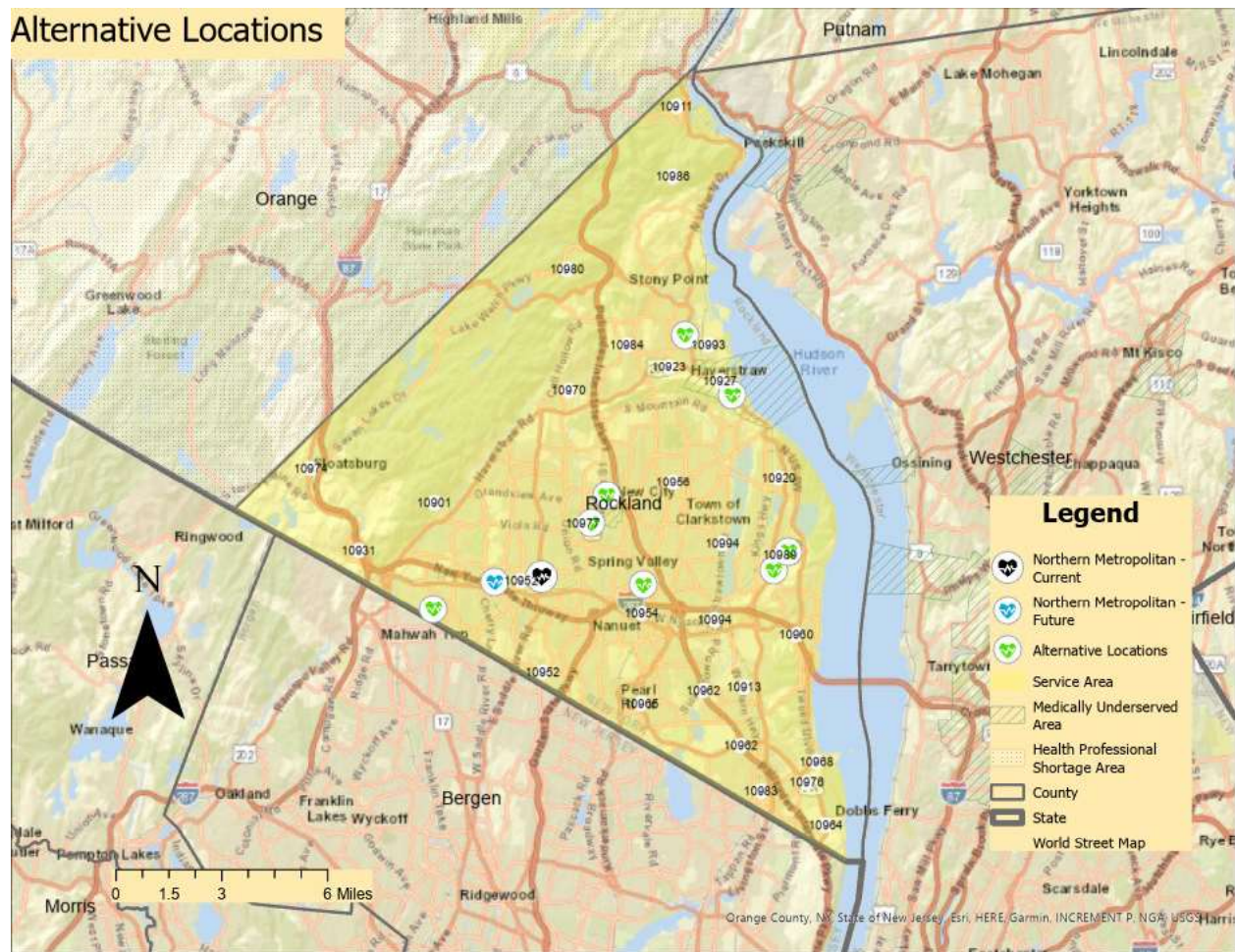


Figure 1 Primary Service Area: Race and Ethnicity by Zip Code



Appendix 2

Discussion Guide for Community Meaningful Engagement for HEIA Northern Metropolitan

Introduction:

- Welcome & Introductions
- Purpose of the Discussion: To gather Community insights on healthcare needs and the impact of planned changes. New York State wants to engage communities in health equity and involve them in the planning processes for healthcare services. The focus is on underserved groups and vulnerable people in the community.
- The Monroe Plan is an independent assessor

Background:

- Brief Overview of the planned changes:
 - MP CareSolutions is assessing the relocation of Northern Metropolitan, a skilled nursing facility, from 225 Maple Avenue, Monsey to 11 College Rd. In addition to the relocation, which is about 1.5 miles, the facility will be in a new building. The existing building is over fifty years old. The new location will be on a campus with assisted living and independent living facilities.
 - We like to understand the change in the context of community needs, particularly for underserved and vulnerable persons.
 - Stress the importance of community input in shaping healthcare services and considering ways that services can be improved.

Understanding Healthcare Needs:

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

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

Impact Assessment

Question 2: What impacts should be considered with the move?

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

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

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

Question 4: Support Question: Do you support the move?

Improving Services:

Question 5: How might these services be enhanced to benefit underserved communities or vulnerable persons?

- To identify programs, interventions, or other services that may enhance the services.

Wrap-Up

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

Closing Remarks

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

Consumer Questions for Health Equity Impact Assessment Northern Metropolitan Questionnaire

MP CareSolutions is assessing the possible future relocation in three or more years of Northern Metropolitan from 225 Maple Ave, Monsey, to 11 College Rd, Monsey. The new state-of-the-art building will have space for the same number of residents, and there will be no service changes. We want to understand how the relocation may affect persons who are residents at Northern Metropolitan or family, loved ones, or friends of residents. We are also interested in your thoughts on how Northern Metropolitan could be further enhanced.

1. Please indicate your agreement: I support the relocation of the Northern Metropolitan. (*Check one*)

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How might these changes affect you?

3. What is most important to you as a resident or loved one of a resident?

4. Would you like to make a statement about the relocation?

5. Can we include your statement in a publicly available assessment of the relocation of Northern Metropolitan?

☐ No
☐ Yes

(Please turn over for questions on the back .)

6. Are you Hispanic, Latino/a/x, or Spanish Origin? *(Check one)*

- ☐ No
- ☐ Yes

7. What is your race? *(One or more categories may be selected)*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other

8. Age in years? *(Enter number)*

9. Gender? *(check one)*

- ☐ Female
- ☐ Male
- ☐ Transgender female
- ☐ Transgender male
- ☐ A gender identity not listed;

- _____
- ☐ Not sure
 - ☐ Prefer not to answer

Thank you for your time today answering these questions. If you would like to submit additional comments or statements, you may do so by sending an email to mpheia@monroeplan.com

MP CareSolutions is a part of the Monroe Plan, which was founded in 1970 to provide innovative healthcare for the underserved in Upstate New York.

----- 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, GEDALIA KLEIN, attest that I have reviewed the Health Equity Impact Assessment for the Relocation and New Building that has been prepared by the Independent Entity, MP CareSolutions.

GEDALIA KLEIN

Name

EXECUTIVE DIRECTOR

Title



Signature

4.25.25

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)

Northern Metropolitan Relocation and New Building: Mitigation Plan

Introduction

This plan outlines how Northern Metropolitan will mitigate potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment (HEIA) for our relocation project from 225 Maple Ave to 11 College Rd, Monsey.

Maintaining Affordability and Financial Accessibility

- Commit to maintaining our current payor mix, with approximately 80% of residents receiving Medicaid benefits
- Conduct semi-annual reviews of financial coordination processes to ensure accessibility
- Develop clear materials about financial assistance programs for residents and families
- Establish an annual review with community stakeholders to evaluate financial accessibility programs

Preserving Specialized Care for Psychiatric and Dementia Needs

- Maintain our locked unit with the same capacity in the new facility
- Incorporate evidence-based environmental design features that support residents with psychiatric and dementia needs
- Invest in staff training for best practices in dementia and psychiatric care

Comprehensive Relocation Communication Plan

- Develop a communication plan that includes:
 - Written notices in multiple languages based on residents' primary languages
 - Materials appropriate for those with visual or cognitive impairments
 - Regular meetings and updates with residents and families beginning 6 months before relocation
 - Virtual and in-person tours of the new facility
- Share this plan with the Ombudsman before implementation
- Establish a dedicated contact person for relocation questions
- Create individualized plans for relocating each resident's possessions

Enhancing Language Access and Communication

- Conduct assessment of residents' language needs based on Census data and our resident census
- Provide written communications in languages spoken by at least 80% of residents with limited English proficiency

- Implement language line services, TRS (711) service, VRS, and materials in accessible formats
- Train all staff on language access resources and assistive technologies
- Display information about interpreting services in multiple languages throughout the facility

Quality of Life Enhancements in New Facility Design

- Incorporate resident-requested features into the new facility:
 - Accessible outdoor spaces
 - Dedicated spaces for family visits and events
 - Areas for religious activities
 - Non-medical exercise space
 - Shared activity spaces

Enhanced Programming and Services

- Develop increased socialization activities with the adjacent independent and assisted living facilities
- Implement movement programs accessible to residents of all ability levels
- Create culturally and religiously appropriate programming for our diverse resident population
- Form a resident activities committee for ongoing input on programming

Transportation Accessibility

- Evaluate transportation options for family members and visitors
- Explore partnerships with local transportation services to assist visitors without personal vehicles
- Provide clear transportation directions on our website and in facility communications

Ongoing Monitoring and Assessment

- Standardize collection of resident demographic data, including race, ethnicity, and primary language
- Analyze quality data by demographic factors to identify and address potential disparities

- Conduct annual resident and family satisfaction surveys that include questions about accessibility
- Participate actively in the New York State Nursing Home Quality Initiative

Implementation Timeline

- Immediate (0-9 months): Begin communication plan development and share with Ombudsman
- Short-term (9-18 months): Implement language access improvements and conduct resident focus groups
- Medium-term (1-3 years): Complete facility design with resident input and develop transportation partnerships
- Long-term (3-5 years): Complete relocation with individualized transition plans and conduct post-relocation assessment

Northern Metropolitan is committed to ensuring our relocation maintains and enhances access to care for all medically underserved groups. We will continuously monitor these impacts and adjust as needed to provide high-quality, accessible care to all residents, regardless of income, race, ethnicity, or ability.

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.