

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

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

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

**NOT APPLICABLE**

**Table A.**

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

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

**Section B. All Article 28 Facilities**

**Table B.**

<b>Construction or equipment</b>	<b>Yes</b>	<b>No</b>
<p>Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Elimination of services or care, and/or;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours?</li> </ul> <p><i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and less than or equal to \$6,000 for all other facilities are eligible for a Limited Review.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Establishment of an operator (new or change in ownership)</b>		
<p>Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Elimination of services or care, and/or;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Change in location of services or care?</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity</b>		
<p>Is the project a transfer of ownership in the facility that will result in one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Elimination of services or care, and/or;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Change in location of services or care?</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Acquisitions</b>		
<p>Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Elimination of services or care, and/or;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Change in location of services or care?</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

All Other Changes to the Operating Certificate	Yes	No
<p>Is the project a request to amend the operating certificate that will result in one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Elimination of services or care;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or;</li> <li>d. Change in location of services or care?</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

- **If you checked "yes" for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:
  - HEIA Requirement Criteria with Section B completed
  - HEIA Conflict-of-Interest
  - HEIA Contract with Independent Entity
  - HEIA Template
  - HEIA Data Tables
  - Full version of the CON Application with redactions, to be shared publicly
  
- **If you checked "no" for all questions in Table B**, this form with the completed Section Bis the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.