



Agreed Settlement

Applicant: Yale New Haven Hospital
789 Howard Avenue
New Haven, CT 06519

Docket Number: 18-32231-CON

Project Title: Termination of Outpatient Services Offered by a Hospital

I. Project Description

Yale New Haven Hospital (“YNHH” or “Applicant”), seeks authorization to terminate outpatient primary care services at its Primary Care Centers (“PCCs”).

II. Procedural History

The Applicant published notice of its intent to file a Certificate of Need (“CON”) application in the *New Haven Register* (New Haven) on March 9, 10 and 11, 2018. On May 21, 2018, the Health Systems Planning Unit of the Office of Health Strategy (“OHS”) received the CON application from the Applicant for the above-referenced project and deemed the application complete on November 2, 2018.

On November 9, 2018, Executive Director Victoria Veltri designated Attorney Micheala Mitchell as the hearing officer in this matter and the Applicant was notified of the date, time, and place of the public hearing. On November 14, 2018, a notice to the public announcing the hearing was published in *The New Haven Register*. Thereafter, pursuant to Connecticut General Statutes (“Conn. Gen. Stat.”) § 19a-639a(f)(2), a public hearing regarding the CON application was held on November 28, 2018. The public hearing record was closed on January 18, 2019. The hearing was conducted in accordance with the provisions of the Uniform-Administrative Procedure Act (Conn. Gen. Stat. Chapter 54).

On March 18, 2019, Hearing Officer Mitchell reopened the hearing record for the production of additional evidence. The record was closed on July 22, 2019. Executive Director Veltri considered the entire record in this matter.

III. Provisions of Law

The proposal constitutes a termination of outpatient services offered by a hospital pursuant to Conn. Gen. Stat. § 19-638a(5). OHS considered the factors set forth in Conn. Gen. Stat. § 19a-639(a) in rendering its decision.

CON applications are decided on a case-by-case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

IV. Findings of Fact and Conclusions of Law

A. Introduction and Background

1. YNHH is a 1,541-bed acute-care hospital located in New Haven, Connecticut. Ex. A, Main Application, p. 9
2. The YNHH PCCs provide primary care services¹ to more than 25,000 patients at the York Street and Saint Raphael campuses in New Haven, Connecticut and Chapel Pediatrics in Hamden, Connecticut. Ex. A, Main Application, p. 8
3. The Cornell Scott Hill Health Corporation (“CSHHC”) is a Federally Qualified Health Center (“FQHC”) with 19 locations throughout New Haven County. CSHHC also supports five school-based health centers in New Haven, Connecticut. Ex. A, Main Application, p. 10
4. The Fair Haven Community Health Clinic (“FHCHC”) is a FQHC with seven locations in southern Connecticut and six school-based health centers throughout the area. Ex. A, Main Application, p. 10
5. Collectively, YNHH, CSHHC and FHCHC have formed the New Haven Primary Care Consortium (“NHPCC”), a formal collaboration with a mission of combining resources to improve the long-term health status of the underserved population of New Haven County. Ex. A, Main Application, pp. 8, 14
6. On November 30, 2017, the members of the NHPCC entered into a Primary Care Collaboration Agreement (“Collaboration Agreement”), in part, to terminate primary care services at the PCCs and to transition those services to the FQHCs. Ex. A, Main Application, pp. 376-380
7. The Applicant seeks CON approval to effectuate the termination and transition of primary care services. Ex. A, Main Application, p. 8

¹Services include adult medicine, women’s health and pediatrics. Ex. A, Main Application, p. 8

B. Access

8. Initially, YNHH planned to terminate and transition pediatric and women’s health services to the FQHCs in September 2019 and adult medicine services in the spring of 2020. Late File Response, p. 4; Ex. AA, Fourth Order Response, p. 3
9. The need for municipal approvals² related to renovations at the proposed location delayed the Applicant’s timeline for the termination of services to late summer 2020. Ex. R, Late File Response, p. 4; Ex. AA, Fourth Order Response, p. 3
10. The Applicant will notify patients about the impending termination and transition of services in writing. Ex. A, Main Application, p. 382
11. Following the transition, CSHHC will provide women’s health and adult medicine services to patients, whereas FHCHC will provide pediatric services to children and adolescents. FHCHC will also provide certain obstetrical, family planning and gynecological care services to adolescent girls. Ex. A, Main Application, p. 8; Ex. AA, Fourth Order Response, p. 9
12. The current PCC services and proposed CSHHC and FHCHC services are illustrated below:

**TABLE 1
CURRENT AND PROPOSED SERVICES**

Current YNHH PCC Services	Proposed Services at 150 Sargent Drive ¹		
	YNHH ¹	CSHHC	FHCHC
Adult Medicine		X	
Adult Screening Services		X	
Adult Urgent Care Services		X	
Pediatric Primary Care			X
Pediatric Screening Services			X
Well Child Services			X
Women’s Health		X	
Prenatal Care		X	X ³
Obstetrical Care/Family Planning ²		X	X ³
Postpartum Care Services		X	
Gynecological Care Services		X	X ³
Health Education		X	X
Women, Infant, Children’s Clinic	X		
	Imaging Services ⁴		
	Blood Draw ⁴		
		Behavioral Health Services ⁵	

¹Patients will have access to YNHH services offered on site.

²YNHH will maintain family planning and hospital-based obstetrical services at the York Street Campus following the opening of 150 Sargent Drive. CSHHC and FHCHC will provide obstetrical care and family planning services at 150 Sargent Drive within the federal Health Resources and Services Administration (“HRSA”) Guidelines.

³These services will be provided to adolescent girls seen at FHCHC.

⁴Currently available at 150 Sargent Drive.

⁵Behavioral health providers in each clinic will include individuals with different disciplinary backgrounds (e.g., psychologists, licensed clinical social workers and substance abuse counselors). There will be a minimum of one behavioral health provider for every three primary care providers within each clinic.

²The proposed renovations required a full Site Plan Development Review and an approved Flood Plain Certificate/Permit Application from the City of New Haven. The Flood Plain Development Permit was issued on May 16, 2019. The Coastal Site Plan Application was approved on June 3, 2019. Ex. AA, Fourth Order Response, p. 3; Ex. JJ, Sixth Order Response, p. 3; Ex. KK, Site Plan Review, p. 6

Ex. A, Main Application, p. 22; Ex. C, First Completeness Response, pp. 2, 5; Ex. F, Second Completeness Response, pp. 4, 7; Ex. P, Transcript, Cynthia Sparer, Senior Vice President of Operations for YNHH, p. 30; Ex. AA, Fourth Order Response, p. 9

13. The Applicant owns the proposed location for the transitioned services, 150 Sargent Drive in New Haven, Connecticut. The FQHCs will lease space within the building, but will evaluate and treat patients in separately maintained and operated suites. Ex. A, Main Application p. 27; Ex. U, Second Order Response, p. 6
14. Teaching faculty and trainees from the Yale School of Medicine and YNHH programs will continue to provide patient care at the FQHCs. YNHH will also lease PCC staff to each of the FQHCs. Ex. A, Main Application, p. 11; Ex. C, First Completeness Response, p. 2
15. At a minimum, the FQHCs will maintain the same hours and days of operation as the PCCs. Ex. C, First Completeness Response, pp. 2-3
16. Additionally, the FQHCs will accommodate same-day appointments and will not waitlist patients. Ex. P, Transcript, Dr. Sue Lagarde, Chief Executive Officer of FHCHC and Michael Taylor, Chief Executive Officer of CSHHC, pp. 41-43
17. Patients will have the option of obtaining services at 150 Sargent Drive or at other sites operated by the FQHCs. Ex. A, Main Application, p. 382

i. Transportation

18. 150 Sargent Drive is located less than 1.5 miles away from the Applicant's York Street and Saint Raphael campuses. It is close to major highways, will have free parking for 250 cars and is on a bus line. Ex. A, Main Application, pp. 18, 22; Ex. P, Transcript, Ms. Sparer, p. 16
19. In anticipation of the transition, YNHH conducted a survey of over 2,500 patients. The survey revealed that 66% of respondents utilize a car to get to their appointments at the existing PCC campuses, 15% use public transportation and 10% walk. The remaining 9% use other modes of transportation. Ex. K, Response to Pre-File Testimony and OHS Issues, p. 40
20. Nearly 30% of all transportation survey respondents noted they missed an appointment due to transportation costs. Ex. K, Response to Pre-File Testimony and OHS Issues, p. 40
21. Currently, bus routes to 150 Sargent Drive and their frequencies pose transportation challenges. Ex. P, Transcript, Ms. Sparer, pp. 16-17
22. Direct bus routes to 150 Sargent Drive originating from the Dixwell and Dwight neighborhoods of New Haven run every 30 minutes. Patients residing in other neighborhoods may require one or more bus transfers. Ex. R, Late File Response, pp. 5-6

23. YNHH will offer transportation services, free of charge, to all current PCC patients who opt to receive primary care at 150 Sargent Drive and who meet eligibility criteria specified below, regardless of financial or insurance status. Ex. R, Late File Response, p. 2-3; Ex. JJ, Sixth Order Response, p. 30
24. In order to establish eligibility for YNHH transportation services, existing PCC patients must:
- not have the ability to travel to 150 Sargent Drive by private vehicle;
 - have scheduled an appointment or previously attended an appointment with a YNHH PCC;
 - live within 10 miles of 150 Sargent Drive; and
 - live where currently available public transportation requires a trip of 40 minutes³ or longer.
- Ex. R, Late File Response, pp. 3-4; Ex. W, Third Order Response, p. 3; Ex. JJ, Sixth Order Response, p. 30
25. YNHH has entered a memorandum of understanding with three vendors for transportation services: Coordinated Transportation Solutions (“CTS”), Uber and Milford Transit District (“MTD”). Ex. JJ, Sixth Order Response, p. 5
26. All contracted vendors will transport eligible patients:
- from their homes to 150 Sargent Drive;
 - from 150 Sargent Drive to their homes;
 - from 150 Sargent Drive to one of the YNHH campus locations for required/recommended services; and
 - from YNHH campus locations to their homes, on a case-by-case basis and as determined necessary by their physicians.
- Ex. JJ, Sixth Order Response, p. 31
27. PCC staff will identify existing Medicaid patients covered under Husky A, C, D and those with limited benefits who have special transportation needs. Once identified, staff will assist those patients to complete enrollment for the Veyo Non-Emergency Medical Transportation (“NEMT”) program. Ex. R, Late File Response, p. 4
28. CTS and MTD will provide transportation to current PCC patients with special transportation needs who are not eligible for NEMT assistance. Transportation will be provided in vehicles compliant with the Americans with Disabilities Act. Ex. JJ, Sixth Order Response, p. 31
29. FQHC staff will coordinate and schedule rides for eligible patients requiring transportation assistance. Ex. JJ, Sixth Order Response, p. 30

³The 40-minute time requirement includes the time to walk to the bus stop, time waiting at the transfer location (if applicable) and the time spent on one or more buses. Patients that live within 10 miles and 40 minutes by bus of 150 Sargent Drive, have special transportation needs and do not qualify for NEMT assistance are eligible for YNHH transportation services. Ex. W, Third Order Response, p. 3; Ex. JJ, Sixth Order Response, p. 30

ii. Family Planning

30. Following the termination of services at its PCCs, YNHH will continue to provide the full spectrum of family planning and hospital-based obstetrical services at its York Street Campus. Ex. F, Second Completeness Response, p. 7; Ex. P, Transcript, Ms. Sparer, p. 30; Ex. AA, Fourth Order Response, p. 9
31. The FHCHC and CSHHC receive grant funding at specified sites pursuant to Title X of the Public Health Service Act (42 U.S.C. §300 et. seq) (Title X). Ex. P, Transcript, Mr. Taylor, p. 72; Ex. AA, Fourth Order Response, p. 4
32. As of March 4, 2019, revisions to 42 C.F.R. part 59 (Title X regulations), prohibit CSHHC and FHCHC staff and physicians from referring patients for abortions for family planning purposes at any location supported by Title X funding, and will require physical and financial separation between the Title X project and prohibited abortion activities. Ex. AA, Fourth Order Response, pp. 4-6
33. The final Title X regulations permit non-directive counseling regarding family planning services, including the option of pregnancy termination. Ex. AA, Fourth Order Response, pp. 4-6
34. At any of their locations supported by Title X funding, patients of FHCHC and CSHHC will receive non-directive counseling and referrals to other providers, including the Applicant, that provide the full spectrum of family planning services. Ex. U, Second Order Response, p. 5; Ex. AA, Fourth Order Response, pp. 4-5

iii. Other Services

35. Patients will have access to YNHH's radiology and blood draw services at the proposed location. Ex. A, Main Application, p. 22
36. Each FQHC will offer behavioral health services to patients, a specialty service that was previously unavailable at the YNHH PCCs. Ex. A, Main Application, p. 22; Ex. F, Second Completeness Response, p. 4
37. Patients can choose to continue to access the pharmacy at the Saint Raphael's campus or request that their doctor phone their prescriptions to a local pharmacy within their respective neighborhoods for pick up or delivery. Ex. U, Second Order Response, p. 5-6
38. Grant-funded medications will be couriered to 150 Sargent Drive and dispensed to patients as ordered.⁴ Ex. U, Second Order Response, p. 5

⁴ Medications that will be couriered from YNHH to the FQHC's include: Insulin, Heparin, Lupron and Makena. Additionally, medications prescribed under the "Me and My Baby" program will be couriered to the proposed location at 150 Sargent Drive. Ex. LL, Pharmacy Courier, p. 1

iv. Patient Population and Payer Mix

39. There are no expected changes to the patient population or payer mix.

**TABLE 2
YNHH PCCs' CURRENT & 150 SARGENT DRIVE PROJECTED PAYER MIX**

Payer	Actual		Projected					
	YNHH		CSHHC & FHCHC					
	FY 2017		FY 2019		FY 2020		FY 2021	
	Visits	%	Visits	%	Visits	%	Visits	%
Medicare	10,048	12%	10,131	12%	10,172	12%	10,214	12%
Medicaid	61,272	75%	61,776	75%	62,030	75%	62,286	75%
CHAMPUS & TriCare	31	*	31	*	31	*	32	*
Total Government	71,351	87%	71,938	87%	72,233	87%	72,532	87%
Commercial Insurers	5,792	7%	5,840	7%	5,864	7%	5,888	7%
Uninsured	4,917	6%	4,957	6%	4,978	6%	4,998	6%
Workers Compensation	15	*	15	*	15	*	15	*
Total Non-Government	10,724	13%	10,812	13%	10,857	13%	10,901	13%
Total Payer Mix	82,075	100%	82,750	100%	83,091	100%	83,433	100%

*Less than half of one percent.

Totals may not add up to 100% due to rounding.

Fiscal Year ("FY") is October 1 – September 30.

Ex. A, Main Application, p. 26; Ex. C, First Completeness Response, p. 10; Ex. AA, Fourth Order Response, p. 10

The Applicant will implement ride-sharing services to address ongoing transportation challenges for current patients of the PCCs, including Medicaid patients and those who require special transportation assistance. This assistance is intended to, but may not fully address transportation challenges for all patients. Additionally, as federal laws and regulations change, OHS plans to monitor the ongoing availability of timely access to the full spectrum of hospital-based obstetrical care and family planning services following the Applicant's termination of primary care.

On the basis of the foregoing, OHS concludes that the Applicant has not satisfactorily demonstrated that the proposal will maintain accessibility of health care delivery in the region and has not demonstrated that the proposal will not reduce access to services by Medicaid or indigent patients, pursuant to Conn. Gen. Stat. §§ 19a-639(a)(5) and (a)(10). In order to satisfy these criteria, the Applicant will be required to comply with the conditions attached hereto.

Finally, subsection (a)(12) is not applicable as the proposal will not result in any consolidation.

C. Quality

40. According to the Health Resources and Services Administration's ("HRSA's") Uniform Data System Mapper website, both FQHCs have 2015 and 2016 quality scores above the median across multiple measures related to perinatal health, preventative health screening and services and chronic disease management. Ex. A, Main Application, p. 21
41. CSHHC is accredited by The Joint Commission and is certified as a Primary Care Medical Home. Ex. K, Response to Pre-File Testimony and OHS Issues, p. 20
42. FHCHC is accredited by The Joint Commission as an ambulatory care center and is dually certified as a Patient Centered Medical Home by both the National Committee for Quality Assurance and The Joint Commission. Ex. K, Response to Pre-File Testimony and OHS Issues, p. 13
43. FHCHC has also received the Health Quality Leader Award from HRSA over the past three years. Ex. P, Transcript, Dr. Lagarde, p. 57
44. CSHHC will implement the Epic electronic health record ("EHR"⁵) currently used by YNHH and FHCHC, allowing for integrated data collection and mining capabilities. Ex. A, Main Application, p. 8; Ex. F, Second Completeness Response, p. 4
45. The NHPCC will implement a teaching health center model at the FQHCs at 150 Sargent Drive that includes work flows, staffing ratios and other operational practices. Ex. A, Main Application, p. 11

The quality of patient care following the termination of PCC services is unlikely to be affected. Both FQHCs are accredited and certified by multiple accrediting bodies. Moreover, the adoption of a teaching health center model may reduce fragmentation, duplication and improve coordination of care.

Based on the foregoing, the Applicant has satisfactorily demonstrated that the proposal will maintain the quality of healthcare delivery in the region in accordance with Conn. Gen. Stat. §19a-639(a)(5).

D. Financial Soundness

46. The total capital cost for the proposal is \$19,700,000, which will be used for equipment, renovations and EHR implementation. YNHH will finance the proposal using cash on hand. Ex. A, Main Application, pp. 26-27, 34

⁵The Epic EHR will capture data related to race/ethnicity, language preference, sexual orientation, gender identity and social determinant risk by March 2019. Ex. F, Second Completeness Response, p. 6

47. YNHH will fund operating shortfalls for each FQHC at the Sargent Drive location through a five-year community benefit grant, should the lease and other costs⁶ of the proposal result in a deficit for one or both health centers. Ex. A, Main Application, pp. 27, 511; Ex. C, First Completeness Response, p. 4
48. The Applicant anticipates incremental gains of \$621,356 each fiscal year from FY 2020 through FY 2022. Ex. A, Main Application, p. 28

Based on available funds and projected incremental gains, the Applicant has demonstrated that the proposal is financially feasible in accordance with Conn. Gen. Stat § 19a-639(a)(4).

E. Cost to Consumers and the State

49. Each FQHC will adhere to its own financial assistance policy following the transition. Ex. A, Main Application, p. 24
50. The FQHCs will charge a “nominal” HRSA-approved fee⁷ to patients with household incomes below 100% of the Federal Poverty Level (“FPL”). Ex. C, First Completeness Response, p. 4
51. The FQHCs will also offer a sliding fee scale discount for patients with incomes between 100% and 200% of the FPL. Ex. C, First Completeness Response, p. 4; Ex. F, Second Completeness Response, p. 8
52. The FQHCs will waive discounted fees in accordance with their respective hardship waiver policies. Ex. F, Second Completeness Response, pp. 8-11
53. Patients who are ineligible for a fee waiver will receive a one-time bill, consistent with HRSA regulations. Payments that cannot be made within six months will be written off as bad debt. Ex. P, Transcript, Mr. Taylor and Dr. Lagarde, pp. 47-48; Ex. AA, Fourth Order Response, pp. 7-8
54. YNHH will establish a patient assistance fund for former PCC patients who transition their care to the FQHCs at 150 Sargent Drive. The fund will be accessed by the health centers and used for the benefit of patients and their children (including children born after the transition date) who have received care at one of the YNHH PCCs during the 36 months prior to the transition. Ex. R, Late File Response, p. 9

⁶Includes uncompensated costs the FQHCs will incur in the transition, outreach, health education and promotion to patients served at the Sargent Drive site. Ex. C, First Completeness Response, p. 5

⁷A “nominal” fee is a fixed fee approved by HRSA for patients who are at or below 100% of the Federal Poverty Guidelines. “Nominal” fees for medical and behavioral health services at FHCHC are \$25. “Nominal” fees for medical, obstetrical/gynecological and behavioral health services at CSHHC are \$20. Ex. C, First Completeness Response, pp. 4, 17-24; Ex. P, Transcript, Mr. Taylor and Dr. Lagarde, pp. 47-49

55. The YNHH patient assistance fund for former PCC patients will cover the following fees:
- the amount charged by the applicable FQHC for patients with household incomes between 200% and 250% of the FPL;
 - discounted charges under the applicable FQHC’s sliding scale for patients with household incomes between 100% and 200% of the FPL, subject to HRSA approval; and
 - “nominal” fees charged under each FQHC’s policy for patients who are not eligible for a hardship waiver, subject to HRSA approval.

Ex. R, Late File Response, p. 9

56. The FQHCs will maintain the same payer relationships as the YNHH PCCs. Ex. P, Transcript, Mr. Taylor and Dr. Lagarde, p. 50

57. The YNHH PCCs receive additional fee-for-service payments for ancillary services provided during an office visit. However, the FQHCs will be paid an all-inclusive encounter rate per visit. Ex. D, First Completeness Response Clarification, pp. 5-8

58. The average State of Connecticut Medicaid payment per visit for the YNHH PCCs and each FQHC is as follows:

**TABLE 3
AVERAGE CONNECTICUT MEDICAID PAYMENT PER VISIT¹**

YNHH w/ Patient-Centered Medical Home (“PCMH”) add-on	YNHH w/o PCMH add-on	CSHHC²	FHCHC²
\$162.54	\$154.89	\$141.46	\$145.92

¹Based on an August 2018 analysis from the State of Connecticut Department of Social Services.

²All-inclusive encounter rate.

Ex. D, First Completeness Response Clarification, pp. 5-8

59. Both CSHHC and FHCHC participate in the PCMH+ Program.⁸ Program participants receive an additional \$4.50 per member per month. Ex. P, Transcript, Dr. Lagarde, p. 81

60. The FQHCs will use funding received through the PCMH+ Program to provide additional services that may result in shared savings. Ex. P, Transcript, Dr. Lagarde, pp. 81-82

The proposal will result in cost-savings for the State of Connecticut Medicaid program due to a lower reimbursement rate per visit at the FQHCs. Accordingly, the proposal is cost-effective pursuant to Conn. Gen. Stat. § 19a-639(a)(5).

⁸ The goals of PCMH+ are to improve health outcomes and care experience for members, while building on overall efforts to improve quality, access and contain the growth of health care costs in Medicaid. Participating entities are required to provide enhanced care coordination activities related to staffing, behavioral health/physical health integration, culturally competent services, children and youth with special health care needs, competencies in care for individuals with disabilities and transition-age youth. State of Connecticut Department of Social Services, *PCMH+ Enhanced Care Coordination Activities Guide*; accessed on 2/8/2019; https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/PCMH-Plus/enhanced_care_coordination_guide_11_30_16.pdf?la=en

Although YNHH will offer a patient assistance fund to accommodate current PCC patients who will no longer have access to free care, new patients opting to receive care from the FQHCs at the 150 Sargent Drive site will not be eligible. As a result, new patients who do not qualify for a fee waiver may be charged a “nominal” or discounted fee. In order to meet the requirements of Conn. Gen. Stat. § 19a-639(a)(6), OHS will require that the Applicant comply with the Conditions in the attached Order.

F. Existing Providers

61. The Applicant’s current patients will have the option of obtaining services at the proposed 150 Sargent Drive location or at any of the nine CSHHC or seven FHCHC locations in the service area. Ex. A, Main Application, pp. 43-45; Ex. F, Second Completeness Response, p. 8
62. The parents and/or guardians of pediatric patients who choose not to travel to 150 Sargent Drive will also have the option of obtaining pediatric services at the Northeast Medical Group pediatric practice or other independent pediatric primary care groups in the area. Ex. F, Second Completeness Response, p. 8
63. The Applicant’s historical utilization is shown in the table below:

**TABLE 4
YNHH PCCS’ HISTORICAL UTILIZATION BY SERVICE**

Service	Actual Volume (visits)		
	FY 2015	FY 2016	FY 2017
Adult Medicine	31,028	29,763	32,057
Pediatrics ¹	35,513	35,903	35,228
Women’s Health	16,710	18,033	14,790 ²
Total	83,251	83,699	82,075

Fiscal Year (“FY”) is October 1 – September 30.

¹Includes the pediatric primary care centers on the York Street and Saint Raphael campuses and the Chapel Pediatrics primary care center in Hamden.

²Decline in women’s health volume due to departure of a provider in FY 2017.

Ex. A, Main Application, p. 26; Ex. C, First Completeness Response, pp. 8-9; Ex. D, Completeness Clarification, pp. 2-4

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64. The Applicant projects minimal volume increases at the proposed location based on annual population growth rates.⁹

**TABLE 5
PROJECTED UTILIZATION BY SERVICE AT 150 SARGENT DRIVE**

Service	Projected Volume ¹ (visits)		
	FY 2019	FY 2020	FY 2021
Adult Medicine	32,443	32,638	32,834
Pediatrics	35,369	35,440	35,511
Women’s Health	14,938	15,013	15,088
Total	82,750	83,091	83,433

¹Estimated annual growth rates are .6% for adult medicine, .2% for pediatrics and .5% for women’s health.

Ex. C, First Completeness Response, p. 9

The overall projected growth across all services for both FQHCs combined at 150 Sargent Drive is less than 1%. Therefore, the proposal will have minimal impact on the utilization of existing health facilities and Conn. Gen. Stat. § 19a-639(a)(a)(8) is satisfied. Patients will have the option of receiving primary care at either FQHC and/or Northeast Medical Group. Accordingly, Conn. Gen. Stat. § 19a-639(a)(11) is satisfied. Since this is a termination of services and each FQHC member will provide a subset of services formerly offered at the Applicant’s PCCs, there will be no unnecessary duplication of services and Conn. Gen. Stat. § 19a-639(a)(9) is satisfied.

As this application constitutes a termination of services, a demonstration of clear public need is not applicable, therefore Conn. Gen. Stat. §§ 19a-639(a)(3) and (7) do not apply. Additionally, subsection (a)(2) is not applicable as the statewide health care facilities and services plan does not address the termination of services.

G. Conclusion

Based upon the foregoing, the Applicant has met its burden in satisfying Conn. Gen. Stat. §§ 19a-639(a)(4), (8)-(9) and (11). Due to the nature of the proposal type—a termination of services resulting in no consolidation—Conn. Gen. Stat. §§ 19a-639(a)(2)-(3),(7) and (12) are not germane to the application. Lastly, OHS currently has no policies or regulations in place and Conn. Gen. Stat. § 19a-639(a)(1) cannot be applied.

In order to ensure the burden is met in satisfying Conn. Gen. Stat. §§ 19a-639(a)(5),(6) and (a)(10), OHS requires that the Applicant agree to take certain actions as stated in the Order attached hereto.

⁹Annual population growth rates based on FY 2015 – FY 2030 data from the Connecticut State Data Center. Available at <https://ctsdc.uconn.edu/2015-to-2040-population-projections-town-level/>

Order

Based upon the foregoing Findings of Fact and Discussion, YNHH's request to terminate outpatient primary care services at the York Street and Saint Raphael campuses in New Haven, Connecticut and Chapel Pediatrics in Hamden, Connecticut is hereby **Approved** under Conn. Gen. Stat. § 19a-639(a) subject to the enumerated conditions (the "Conditions") set forth below.

All references to days in these Conditions shall mean calendar days.

1. YNHH shall provide written notification to OHS specifying the date of termination of services offered by the PCC. The notification(s) shall be filed with OHS at least thirty (30) days prior to termination.
2. YNHH shall mail and electronically issue, by means of MyChart or email, if YNHH has an email address, two (2) written notifications to PCC patients, or their legal guardians, informing them of the transition of services to the FQHCs at 150 Sargent Drive. The first notification shall be issued six (6) months prior to the initial termination date of services as identified in Condition #1 herein and shall inform patients that the state has approved the transition, that further federal approval from HRSA is required, and of the anticipated transition date for the patient's care. The second notification shall be issued sixty (60) days prior to the commencement of operations. The second notification shall:
 - be issued to patients, or the legal guardians of patients, who were treated at the PCC within the thirty-six (36) month period preceding execution of this agreement, using the contact information in such patient's record;
 - be hand-delivered to all PCC patients appearing for appointments prior to the termination date(s) *in addition to* being mailed or electronically issued;
 - be written in plain English and Spanish;
 - identify the locations affected by the termination;
 - specify which services will transition to 150 Sargent Drive and the transition date for each;
 - identify which services will remain at YNHH, inclusive of the specific location(s) to access those services;
 - identify alternate locations and providers within the service area where patients can receive the same services;
 - include a phone number that patients can call to receive information about YNHH family planning services and how to secure an appointment for such services;
 - provide all details regarding the availability of the transportation assistance program as described in conditions 5 and 7 herein;
 - include the criteria to establish eligibility for the patient assistance fund;
 - be placed in the following newspapers: New Haven Register, New Haven Independent, La Voz Hispana, Connecticut Post, Southern News, Yale Daily News, The CT Post-Chronicle; and
 - be posted on YNHH's website on a page that provides information on PCC services.

A copy of the first and second notifications shall be filed with OHS at least ten (10) days prior to the date of issuance to determine compliance. YNHH shall receive a notice of compliance

from OHS prior to distribution. In the event OHS determines the notification is non-compliant, OHS may order YNHH to provide additional information.

3. YNHH shall provide a copy of the plan detailing the eligibility criteria for the patient assistance fund for existing PCC patients for OHS review within six (6) months of the execution of this agreement or thirty (30) days prior to submission to HRSA, whichever date comes first. This patient assistance fund shall be available to existing PCC patients and their children (including infants born after the transition date) for the duration of the community benefit grant agreements with CSHHC and FHCHC.

Following HRSA approval, YNHH shall provide a finalized plan detailing the eligibility criteria for this patient assistance fund. Such plan shall be submitted to OHS within thirty (30) days of HRSA approval. With this filing, YNHH shall identify, in writing, the date of HRSA approval.

4. YNHH shall establish a separate patient assistance fund for future FQHC patients at 150 Sargent Drive who are not existing PCC patients. Such separate fund shall:
 - be available for a period of three (3) years following the transition date;
 - make available \$10,000 per year during such three (3) year period to subsidize the cost of care at one of the FQHC parties to the NHPCC; and
 - establish eligibility criteria for distributions from the fund that are aimed at ensuring that such funds are available to provide care to those most in need (e.g., uninsured patients with household incomes below a specified percentage of the FPL).The plan detailing the terms of the separate fund shall be submitted to OHS within six (6) months of the execution of this Agreement.

5. YNHH shall maintain the transportation plan referenced in Exhibit JJ for a period of no less than three (3) years following the transition of services to CSHHC and FHCHC. YNHH shall provide written notice to OHS of any material modification, amendment or revision to the transportation plan within sixty (60) days prior to implementation of such change.
6. YNHH shall submit a report to OHS detailing all transportation options available to patients at 150 Sargent Drive, updated on a biannual basis, for a period of three (3) years. Each report shall be submitted contemporaneously with the submission of the evaluations and findings required under Condition #8.
7. YNHH shall retain an Independent Consultant at its sole expense to conduct a formal evaluation of YNHH's transportation plan for 150 Sargent Drive within one hundred twenty (120) days of execution of this Agreement. OHS shall review and approve the contract between the independent consultant and YNHH in advance of its execution.

Within sixty (60) days of engagement, the Independent Consultant shall contemporaneously issue to OHS and YNHH an initial report inclusive of findings and recommendations regarding additional transportation options to 150 Sargent Drive, New Haven, CT. YNHH shall review the consultant's initial report and take the consultant's recommendations into account when considering any modification, amendment or revision to the transportation plan on file with OHS.

8. The Independent Consultant shall work with YNHH, CSHHC and FHCHC to conduct ongoing evaluations of the transportation assistance program. The first evaluation shall be due six (6) months following the initial termination date identified in Condition #1 herein, and every six (6) months thereafter for a period of three (3) years. Additionally, the evaluation shall:
- capture responses that are statistically significant;
 - identify all modes of transportation used by patients;
 - capture patient utilization by transportation type;
 - identify any ongoing transportation gaps and barriers; and
 - include a report regarding each transportation service providers' compliance with the service standards and any corrective actions taken to address material non-compliance.

A copy of the evaluations and findings of successes and/or continued barriers shall be filed with OHS within one (1) month of completion.

9. YNHH shall submit a plan to OHS to address ongoing transportation barriers, if any, identified in the ongoing evaluations required in Condition #8. The plan shall include recommended changes to the transportation plan that will improve patient access to care. A copy of this plan shall be filed with OHS within three (3) months of completion of the second evaluation and updated on an annual basis for a period of three (3) years.
10. YNHH shall create a detailed community outreach and education plan to communicate the ongoing availability of the full spectrum of family planning services at YNHH. The community outreach and education plan shall include, at a minimum, at least four (4) outreach and education events annually which shall be scheduled throughout the year at locations in the Greater New Haven area. A copy of such plan shall be filed with OHS no later than December 31, 2019.

The plan shall also be posted on the YNHH website and publicized through distribution in the Obstetrics and Gynecology departmental quarterly newsletter (distributed to Yale faculty and community obstetricians), at least thirty (30) days in advance of the first scheduled outreach and education event.

The plan shall be implemented at least six (6) months prior to the termination date identified in Condition #1 and shall continue for a period of three (3) years.

11. At least six (6) months prior to the termination date identified in Condition 1, YNHH shall provide to OHS a detailed list of all planned community outreach events and programs to be used to promote the ongoing availability of YNHH's family planning services during the first year following implementation of the plan, and a description of any planned postings or advertisements in local media.

YNHH shall continue to provide a list of planned community outreach events and programs and documentation to OHS evidencing provision of such community education on an annual basis for a period of three (3) years. YNHH shall also prominently post such events and programs on its website.

12. Beginning at least six (6) months prior to, and continuing until, the termination date identified in Condition #1, YNHH shall prominently post, at its York Street campus, signs notifying patients of the ongoing availability of comprehensive family planning services, inclusive of pregnancy termination, following the transition of the PCCs to the FQHCs. These signs shall be written in plain English and Spanish.

Proposed signs should be submitted to OHS for review at least thirty (30) days prior to posting.

13. Upon execution of this Order, YNHH will request that CSHHC, as the grantee of Title X funds, submit an inquiry to the Secretary of HHS or his or her designee in the Office of Population Affairs regarding the permissibility of YNHH prominently posting in the public vestibule of 150 Sargent Drive the availability of comprehensive family planning services at YNHH's other locations. If CSHHC agrees to submit such request, YNHH shall provide a copy of the request to OHS at least thirty (30) days prior to its submission to the Office of Population Affairs for review. If CSHHC receives confirmation from the Office of Population Affairs that such postings are permissible, YNHH will file a copy of the posting with OHS at least thirty (30) days prior to the commencement of operations.

Should CSHHC receive notice that YNHH's posting of signs regarding the availability of comprehensive family planning and hospital-based obstetrical services, including pregnancy termination at its other locations, is not permitted, YNHH shall notify OHS. Within sixty (60) days of receiving such notice, YNHH shall reevaluate the plan submitted under Condition #10 to determine whether any additional actions may be taken to address any limitations to patient access to such services and provide to OHS a summary of its reevaluation, including an update to the plan if there are additional actions that may be taken to address such limitations.

14. Following the one year anniversary of the initial termination date identified in Condition #1, YNHH shall review the plan submitted under Condition #10 or, if applicable, modified pursuant to Condition #13, to determine whether it should be updated to reflect any other methods of ensuring that PCC patients retain access to the complete spectrum of family planning services. Such evaluation shall be completed and any updates to the plan filed with OHS within three (3) months following the one year anniversary of the initial termination date identified in Condition #1.
15. YNHH shall award a one-time donation of \$10,000 to a local community agency within the Greater New Haven area that offers the full range of comprehensive family planning, inclusive of pregnancy termination. The purpose of the donation will be to fund a market outreach and education campaign to inform the Greater New Haven community of the ongoing availability of family planning services that may not otherwise be available to FQHC patients. The marketing campaign shall be implemented at the same time as the transition of services from YNHH's PCCs to the FQHCs and shall be subject to the terms of a grant agreement between YNHH and the agency pursuant to which YNHH may approve aspects of the campaign that address YNHH or its services.

16. YNHH shall select the local community agency referenced in Condition 15 no later than December 31, 2019. YNHH shall contemporaneously identify the agency to OHS.
17. YNHH shall file with OHS data regarding the number of complaints received by YNHH regarding access to pharmacy, financial assistance and transportation services at the 150 Sargent Drive location. Complaints to be tracked shall include written complaints as well as oral complaints made to the main YNHH Patient Relations phone number. The data shall include:
 - the date the complaint was received;
 - the type of complaint;
 - a summary of the complaint; and
 - any and all action taken by YNHH and the FQHCs to resolve the complaint.Such data shall be filed with OHS on an annual basis for a period of no less than three (3) years following the initial termination date identified in Condition #1.
18. YNHH shall collaborate and establish a plan of action with the FQHCs to address outstanding pharmacy, financial and transportation complaints received by the FQHCs at 150 Sargent Drive. A summary of the collaboration efforts, and the plan of action, shall be filed with OHS on an annual basis for a period of no less than three (3) years following the transition of services to CSHHC and FHCHC.
19. YNHH shall file with OHS the number of prescriptions from FQHC patients of the 150 Sargent Drive site filled at the YNHH pharmacy. The data shall be filed with OHS on a semi-annual basis for a period of three (3) years, commencing six (6) months after the initial termination date identified in Condition #1.
20. YNHH shall file with OHS patient utilization, by number of visits, for each clinic at 150 Sargent Drive. The data shall be filed with OHS on an annual basis for a period of three (3) years, commencing three (3) months after the first FY of operations for each FQHC at 150 Sargent Drive.
21. YNHH shall reimburse CSHHC and FHCHC for any losses resulting from operations at 150 Sargent Drive on an annual basis for a period of no less than three (3) years following the transition of services, consistent with the terms of the community benefit grant agreements submitted to OHS.
22. OHS and YNHH agree that this settlement represents a final agreement between OHS and YNHH with respect to OHS Docket No. 18-32231-CON. The execution of this agreed settlement resolves all objections, claims and disputes, which may have been raised by YNHH with regard to OHS Docket Number 18-32231-CON.
23. OHS may enforce this settlement under the provisions of Conn. Gen. Stat. §§ 19a-642; 19a-653 and all other remedies available at law, with all fees and costs of such enforcement to be paid by YNHH.
24. This settlement shall be binding upon the YNHH and its successors and assigns.

All of the foregoing constitutes the final order of the Office of Health Strategy in this matter.

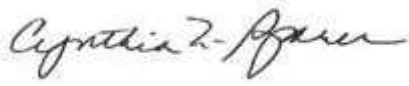
By Order of the
Office of Health Strategy

August 16, 2019
Date



Victoria Veltri, JD, LLM
Executive Director

August 16, 2019
Date



Duly Authorized Agent for
Yale New Haven Hospital