

From: Felicia DeDominicis [<mailto:FDeDominicis@hfsc.org>]

Sent: Wednesday, August 30, 2017 9:47 AM

To: Martone, Kim

Subject: OHCA CON Determination Form 2020 regarding Special Care Dental Services outpatient dental clinic

August 30, 2017

Good morning, Kim ~ as we discussed yesterday by phone, HSC Community Services, Inc. is licensed to operate a small pediatric dental clinic in New Britain. That standalone clinic does business as "Special Care Dental Services". HSC Community Services, Inc. has not been able to sustain this outpatient clinic operation and has found that services are available in the local area for the patients that do come to Special Care Dental Services. This is more fully described in the attached Form 2020 for OHCA's review and consideration. For the reasons set forth in the Form 2020, HSC Community Services, Inc. intends to discontinue its Special Care Dental Services clinic and respectfully requests OHCA to provide a determination as to whether HSC Community Services, Inc. will need to pursue a CON in order to proceed with that intention.

Also, as we discussed yesterday, HSC Community Services, Inc. is a sister entity of Hospital for Special Care, which is licensed by the State of Connecticut as a chronic disease hospital. Hospital for Special Care operates a very small outpatient dental clinic at its main campus in New Britain. That clinic serves mostly patients with developmental disabilities but has also found that low patient volumes and the scarcity of dentists available to provide services at the hospital's clinic has made continuation of those services unreasonable. In accordance with your suggestion, the hospital intends to submit a Form 2020 to OHCA in the next 10 days seeking a determination as to whether the hospital will need to pursue a CON in order to discontinue those outpatient services. More information regarding the patients served at the hospital's clinic and the planned transition for those patients will be provided to OHCA in that Form 2020 filing.

Should you have any questions regarding the attached submission or concerning any other aspects of our plans related to outpatient dental services by either HSC Community Services, Inc. or Hospital for Special Care, please don't hesitate to contact me at your convenience. Thank you for your assistance. Kindly confirm receipt of this message via reply email.

Sincerely,

Felicia DeDominicis, J.D.

Senior Vice President, Chief Legal Officer
& Corporate Compliance Officer
Hospital for Special Care & affiliates
2150 Corbin Avenue
New Britain, CT 06053
860/827-4807 (direct dial)
Compliance Hotline 1-800-273-8452



This message originates from an operating entity of Center of Special Care, Inc. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank yo



2150 Corbin Avenue
New Britain
Connecticut 06053

860-223-2761

August 30, 2017

Ms. Kimberly Martone
Director of Operations
Department of Public Health
Office of Health Care Access
410 Capitol Avenue,
MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

**RE: Termination of Outpatient Clinic Dental Services
HSC Community Services, Inc. d/b/a Special Care Dental Services
Docket Number 98-542**

SENT VIA ELECTRONIC MAIL

Dear Ms. Martone:

This letter serves as notification that HSC Community Services, Inc. d/b/a Special Care Dental Services, located at 411 Osgood Avenue, New Britain, CT 06053, intends to terminate the provision of all services on or about October 23, 2017.

In accordance with CGS 19a-638(c), we respectfully request that OCHA consider the attached CON Determination Request and confirm that a Certificate of Need is not required for termination of services at Special Care Dental Services (SCDS).

SCDS is currently operated as a not-for-profit outpatient clinic, and was initially approved under Docket Number 98-542. However, under the current certificate of need statutes as amended since 1998, the provisions of CGS 19a-638 (b)(12) state that a certificate of need is not required for not-for-profit outpatient clinics licensed in accordance with the provisions of chapter 368v. SCDS also does not appear to fall within the definition of "health care facility" to which other sections of the CON statutes apply.

SCDS is licensed and reimbursed under the corporate entity of HSC Community Services, Inc., a non-profit 501(c)(3) organization. HSC Community Services, Inc. carries out various community-focused programs, such as adaptive sports teams and youth programs for disabled individuals, a therapeutic horseback riding program, and the SCDS clinic for low-income

children. HSC Community Services, Inc. operates as a subsidiary of Center of Special Care, Inc. (CSC), which is also the parent company of Hospital for Special Care.

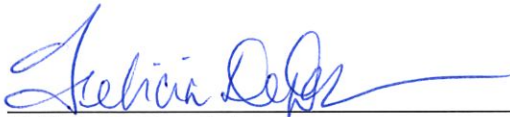
SCDS has experienced a persistent decrease in demand for services, which can be attributed to an increase in the number of pediatric dental service providers enrolled as dental providers in the state's Medicaid program. This expansion of services to children with Medicaid health insurance correlates with improved Medicaid reimbursement rates over the past several years. The increase in Medicaid reimbursement rates has markedly improved access to dental services at private dental practices, school-based clinics and community health centers for pediatric patients. Therefore, the once-urgent need for the services provided by SCDS to Medicaid-eligible children is no longer a concern in the local community.

For these reasons, HSC Community Services, Inc. has determined that the dental services at the outpatient pediatric clinic should be discontinued.

We will also notify the Department of Public Health of the decision to relinquish the Outpatient Clinic license, once we have received a response to this CON Determination Request and confirm the last date of services.

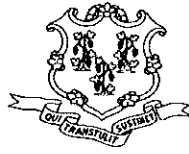
Please contact me if you have any questions at (860) 827-4807 or fdedominicis@hfsc.org.

Sincerely,



Felicia DeDominicis
Senior Vice President & Chief Legal Officer

Enclosure: CON Determination Form



**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020**

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name	HSC Community Services, Inc. d/b/a Special Care Dental Services	
Doing Business As	Special Care Dental Services	
Name of Parent Corporation	Center of Special Care, Inc.	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	2150 Corbin Avenue New Britain, CT 06053	
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP	
Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Felicia DeDominicis Senior Vice President & Chief Legal Officer	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Legal Affairs Hospital for Special Care 2150 Corbin Avenue New Britain, CT 06053	
Contact Person's Telephone Number	(860) 827-4807	
Contact Person's Fax Number	(860) 827-4736	
Contact Person's e-mail Address	fdedominicis@hfsc.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Termination of Services at Outpatient Dental Clinic**
- b. Estimated Total Project Cost: **There is no cost to the project.**
- c. Location of proposal, identifying Street Address, Town and Zip Code:

411 Osgood Avenue, New Britain, CT 06053
- d. List each town this project is intended to serve: **The towns currently served include New Britain (65%), Bristol (7%), Newington (5%), Southington (3%) and Plainville (2%). There are other outlying towns from which fewer than 2 patients per town were served in FY 2017.**
- e. Estimated starting date for the project:

Termination of Services would be effective on or about October 23, 2017.

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

SECTION V. AFFIDAVIT

Petitioner: **HSC Community Services, Inc.**

Project Title: **Termination of Services at Outpatient Dental Clinic**

I, **Lynn Ricci, President and Chief Executive Officer**, of **HSC Community Services, Inc.**, being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

<i>Lynn Ricci</i>	8/30/17
_____ Signature	_____ Date

Subscribed and sworn to before me on August 30, 2017

<i>Christine B. Ulatowski</i>
_____ Notary Public/Commissioner of Superior Court

Christine Ulatowski
Notary Public
My Commission Expires October 31, 2020

My commission expires: _____

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0320

Outpatient Clinic

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

HSC Community Services, Inc. of New Britain, CT, d/b/a Special Dental Services is hereby licensed to maintain and operate an Outpatient Clinic.

Special Dental Services is located at 411 Osgood Street, New Britain, CT 06053.

This license expires **March 31, 2021** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2017. **RENEWAL**

Services:
Dental



Raul Pino, MD, MPH
Commissioner

SECTION IV. PROPOSAL DESCRIPTION

1. A copy of the Department of Public Health license for the SCDS Outpatient Clinic is attached.

2. **Description of Types of Services Currently Provided**

The Special Care Dental Services (SCDS) clinic was originally opened in 1997 at the corner of Osgood Avenue and Corbin Avenue in New Britain, Connecticut. The clinic was established in response to a critical need in the community for children's dental services, especially those that were low-income or Medicaid beneficiaries.

The scope of services provided by SCDS includes basic dental care and preventive interventions, including dental cleanings and comprehensive exams, digital x-rays, sealants, fluoride treatments, fillings, extractions, patient/family education, as well as dental appliances (TMJ treatment, retainers and space maintenance).

SCDS is a relatively small clinic with two (2) patient stations and a limited clinical staff of one part-time dental hygienist and one part-time dental assistant. A dentist is provided under arrangement with UConn Health Center School of Dental Medicine and through a contract with one local dentist. Due to the steady decline in patient volume, we have had to reduce the UConn dentist's hours and the local dentist's contracted hours.

3. **Description of the Current Population Served**

The majority of children served at SCDS in Fiscal Year (FY) 17 (which ended 3/31/17) came from the immediate vicinity. The towns currently served include New Britain (65%), Bristol (7%), Newington (5%) and Southington (3%) and Plainville (2%). There are other outlying towns from which fewer than 2 patients per town were served in FY 2017.

Despite reminder calls, extended late hours and outreach efforts to potential families within walking distance of the clinic, SCDS has not been able to maintain a sustainable volume of patients. Even with reminder calls, there are frequent cancellations and no-shows. For these reasons, we have scaled back operations.

4. **Description of Proposed Termination**

The SCDS clinic has been significantly impacted since Medicaid reimbursement for pediatric dental services was increased several years ago. As a result of the higher reimbursement, new dental clinics have opened in New Britain, and many private practices now accept Medicaid. Dental care is also offered at many school-based clinics and community health centers.

These changes to Medicaid reimbursement have been very positive for children served by the Connecticut Medicaid program. However, the resulting expansion of access has made it difficult for the SCDS clinic to sustain a viable patient volume. SCDS has experienced over a 50% decrease in patient volume between calendar year 2000 and calendar year 2016 (from 3,513 visits to 1,725 patient visits). This occurred despite various marketing efforts and the expansion of operating hours into the evening (on a trial basis) in order to offer greater convenience to patients. Despite these efforts, there was no increase in the number of patients seeking care at the clinic.

There are at least 9 other pediatric dental providers that accept Medicaid patients located within the towns of New Britain, Bristol, Newington and Southington. In addition, we have received specific confirmation from UConn and the Community Health Center (CHC) located in New Britain that they are able to accept referrals of SCDS patients. The UConn clinic is located 3.8 miles from the SCDS clinic, and CHC has indicated that it can accept referral of SCDS patients at all of its various locations and mobile clinics throughout the region. Thus, access for patients of the SCDS clinic to other appropriate dental services is readily available.

The core mission and purpose of HSC Community Services, Inc., the entity that operates the SCDS clinic, is to offer a range of community-based programs to meet the needs of adults and children living with disabilities, whether or not they ever receive clinical care at Hospital for Special Care. The programs operated under this non-profit entity include the following:

- Adaptive sports programs and events are sponsored throughout the year for athletes living with physical disabilities, such as a wheelchair basketball team, the WAVE swim team, the Cruisers wheelchair track and field team, Skiers' Unlimited, and numerous clinics, conferences, and symposia, all part of an effort to champion the cause of athletes living with disabilities
- The Ivan Lendl Adaptive Sports Camp where campers receive instruction from world-class disabled athletes in tennis, swimming, basketball, and track and field, at no cost.
- Manes and Motions is an accredited, year-round indoor therapeutic horseback riding center centrally located in Middletown, CT for individuals living with physical, emotional or cognitive special needs.
- The Special Care Equipment Exchange accepts donations of used durable medical equipment and supplies such as canes, walkers, tub and shower chairs, manual wheelchairs, wheelchair ramps and other equipment needed to maintain independent living. This often expensive equipment, not always covered by insurance, is made available, free-of-charge, to community members in need of these items.

Even though the SCDS clinic is open to the public, and despite concerted efforts over the past 5 years to market these services, HSC Community Services, Inc. has been unable to operate the dental clinic at a sustainable volume. As well, the most recent community health needs assessment (CHNA) did not indicate that there was any gap in access to dental care for our target population of individuals living with physical disabilities or chronic medical conditions. Other needs and priorities have been identified in the CHNA that are more consistent with the primary focus and mission of this nonprofit entity.

As stated above, the community need for which the clinic was initially established is no longer a pressing concern. Given the availability of similar services at other larger clinics and dental providers, and the difficulty SCDS has had in continuing its operations as its patient population shrinks, HSC Community Services, Inc. is proposing to terminate all services at this outpatient dental clinic. SCDS staff will work with patients and their families to set up appointments and transfer records to a new dental provider of his/her choice in an organized and timely manner.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

August 30, 2017

VIA ELECTRONIC MAIL ONLY

Felicia DeDominicis, Esq.
Senior Vice President and Chief Legal Officer
HSC Community Services, Inc.
d/b/a Special Care Dental Services
2150 Corbin Avenue
New Britain, CT 06053

RE: Certificate of Need Determination Report Number 17-32186-DTR
Termination of Services at Outpatient Dental Clinic

Dear Attorney DeDominicis:

On August 30, 2017 the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of HSC Community Services, Inc. d/b/a Special Care Dental Services ("Petitioner") with respect to the closure of its outpatient dental clinic.

The Petitioner is a licensed outpatient clinic and affiliate of Hospital for Special Care, which is licensed by the State of Connecticut as a chronic disease hospital. The Petitioner operates an outpatient dental clinic at 411 Osgood Avenue, New Britain, Connecticut. The Petitioner intends to close the dental clinic due to a lack of sustainable patient volume.

Connecticut General Statutes § 19a-638(a)(5) requires CON authorization for the "termination of inpatient or outpatient services offered by a hospital..." Connecticut General Statutes § 19a-659(2) defines "hospital" as "any hospital licensed as a short-term acute care general or children's hospital by the Department of Public Health, including John Dempsey Hospital of The University of Connecticut Health Center;" Neither the Petitioner, nor Hospital for Special Care, meet the definition of a "hospital" since they are not licensed as short-term acute care general or children's hospitals. Accordingly, *a CON is not required* for the Petitioner's proposal.

Sincerely,

Handwritten signature of Kimberly R. Martone in blue ink.

Digitally signed by Kimberly
Martone
Date: 2017.08.30 13:06:25 -04'00'

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR.



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Olejarz, Barbara

From: Felicia DeDominicis <FDeDominicis@hfsc.org>
Sent: Wednesday, August 30, 2017 1:15 PM
To: Olejarz, Barbara; Martone, Kim
Subject: RE: Determination

Thank you very much for the prompt response.
With best regards ~ Felicia

Felicia DeDominicis, J.D.

Senior Vice President, Chief Legal Officer
& Corporate Compliance Officer
Hospital for Special Care & affiliates
2150 Corbin Avenue
New Britain, CT 06053
860/827-4807 (direct dial)
Compliance Hotline 1-800-273-8452



From: Olejarz, Barbara [mailto:Barbara.Olejarz@ct.gov]
Sent: Wednesday, August 30, 2017 1:13 PM
To: Felicia DeDominicis
Subject: Determination

8/30/17

Attorney DeDominicis,

Please see attached determination for Report Number: 17-32186-DTR for the termination of services at outpatient dental clinic.

Barbara K. Olejarz
Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
Phone: (860) 418-7005
Email: Barbara.Olejarz@ct.gov



This message originates from an operating entity of Center of Special Care, Inc. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.