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MARY E. O'DOWD, M.P.H.
Commissioner

December 23, 2014

**VIA UNITED POSTAL SERVICE
OVERNIGHT DELIVERY**

Alireza Maghazehe, PhD, FACHE
President and Chief Executive Officer
Capital Health System
750 Brunswick Avenue
Trenton, New Jersey 08638

Re: CN# FR 14 0706-11-01
CN# FR 14 0702-11-01

Barry S. Rabner
President and Chief Executive Officer
University Medical Center of Princeton at Plainsboro
One Plainsboro Road
Plainsboro Township, New Jersey 08536

Re: CN# FR 14 0704-12-01
CN# FR 14 0705-12-01

Expiration Date: December 23, 2019

Re: Certificate of Need Applications for Maternal and Child Health Services, Regional Perinatal Center Designation and Intermediate and Intensive Bassinets in Mercer and Contiguous Counties

Dear Dr. Maghazehe and Mr. Rabner:

I am approving Capital Health System's (Capital) certificates of need (CN) FR 14 0706-11-01 and FR 14 0702-11-01 to close seven intermediate bassinets, 15 intensive bassinets and the Regional Perinatal Center (RPC) designation at Capital Health System at Fuld (Fuld); the addition of three intermediate bassinets and 12 intensive bassinets; and the change in perinatal center designation from Community Perinatal Center (CPC)-Intensive to RPC at Capital Health System at Hopewell (Hopewell). I am also approving Capital's request for a waiver to CN condition number six of the 2006 approval related to the relocation of Capital Health Mercer to Hopewell requiring the RPC and maternal and child services to be located at Fuld (CN# FR 05 0401-11-01).

Certificate of Need Applications for Maternal and child Health Services in Mercer and Contiguous Counties Decision Letter

Page 2

I am approving University Medical Center of Princeton at Plainsboro's (Princeton) CNs FR 14 0704-12-01 and 14 0705-12-01 to change Princeton's perinatal center designation from CPC-Intermediate to CPC-Intensive, and to add six intensive bassinets by converting six of its existing 14 intermediate bassinets to intensive bassinets. I note for the record that my decisions to approve the Capital and Princeton applications are consistent with the recommendations of the State Health Planning Board (SHPB), which recommended approval of the applications with conditions at its December 11, 2014 meeting.

The applicants each filed two CNs to accomplish their respective projects. Capital submitted one application to close its intermediate and intensive bassinets at Fuld and to add intermediate and intensive bassinets at Hopewell. Capital's second CN was to change Hopewell's perinatal center designation from CPC-Intermediate to RPC. Princeton filed one application to add intensive bassinets and a second application to change its perinatal center designation for CPC-Intermediate to CPC-Intensive. For clarity purposes, I shall refer to each applicant as having one application/project that encompasses both of its CNs filed with the Department of Health (Department). The following tables demonstrate the bassinet allocation before and after the proposed reconfigurations:

Table 1
Existing Bassinet Allocation

	Fuld	Hopewell	Princeton	Hamilton	Totals
Intermediate	7	12	14	4	37
Intensive	15	0	0	0	15
Total	22	12	14	4	52

Table 2
Final Bassinet Allocation Based on Existing and CN Approved Bassinets

	Fuld	Hopewell	Princeton	Hamilton	Totals
Intermediate	0	15 (12 existing/3 new)	8 (existing)	0	23
Intensive	0	12 (new)	6 (new)	0	18
Total	0	27	14	0	41

The Department has the central responsibility for hospital and health care services pursuant to the Health Care Facilities Planning Act (Act), N.J.S.A. 26:2H-1 et seq. On January 2, 2014, Capital petitioned the Department to seek authority to eliminate all of its obstetric (OB) and maternal and child health services currently located at Fuld and relocate them to Hopewell, including the RPC designation. Capital cited a shrinking population base and declining birth rate experienced in the City of Trenton, which along with changes in patient preferences, have driven a reduction in demand for OB services within Trenton.

In response to Capital's petition, the Department issued a Notice of Invitation (Call) for CN (See, 46 N.J.R. 647(b)) on April 7, 2014, inviting applications for the

Certificate of Need Applications for Maternal and child Health Services in Mercer and Contiguous Counties Decision Letter

Page 3

establishment or addition of maternal and child health services including RPC designation, seven intermediate and 15 intensive bassinets in Mercer and contiguous counties to replace those services currently located at Fuld. All applicants were required to specifically indicate how they would address the need to provide access to populations served by Fuld, with particular attention to the population residing in the City of Trenton, specifically those residing in zip codes 08608, 08609, 08611, 08618, 08629 and 08638.

On July 7, 2014, the Department received CN applications from 3 applicants in response to the Call: Capital, Princeton, and Robert Wood Johnson University Hospital at Hamilton (Hamilton). Hamilton withdrew its CN application in response to the Call on September 29, 2014 and instead filed a CN application to close all maternal and child health services, including four intermediate bassinets and its CPC-Intermediate designation. Though Hamilton's CN to close its maternal and child health services is not responsive to the Call currently under my consideration, Hamilton's CN impacts the service area within the Call, as well as the applications of Capital and Princeton. For these reasons, I consider in my decision-making for the Capital and Princeton CNs, the Hamilton CN to close services, but reserve my decision on the Hamilton CN. It is the subject of a separate CN decision letter.

In reaching my decision on each application, I have considered the review criteria articulated in the Call; the statutory criteria for CN review enumerated in the Health Care Facilities Planning Act (N.J.S.A. 26:2H-8); the rules governing the CN process (N.J.A.C. 8:33-1.1 et seq.); Certificate of Need and Licensure Requirements for Regionalized Perinatal Services and Maternal and Child Health Consortium (N.J.A.C. 8:33C); and Department staff recommendations, which are in collaboration with the Department's Division of Family Health Services. Additionally, I carefully reviewed the SHPB's recommendations from its December 11, 2014 meeting including the approval of the combination of intermediate and intensive bassinet allocation, as recommended by the Department, and the incorporation of the December 10, 2014 agreement between Capital and Hamilton titled "Capital Health and RWJ Hamilton OB/Neonatal Transition Terms" into Capital's CN conditions.

N.J.S.A. 26:2H-8, as well as N.J.A.C. 8:33-4.9(a), provide for the issuance of a CN only where the action proposed in the applications for such CN is necessary to provide required health care in the area to be served, can be economically accomplished and maintained, will not have an adverse economic or financial impact on the delivery of health services in the region or statewide, and will contribute to the orderly development of adequate and effective health care services. In making such determinations, I must take into consideration (a) the availability of facilities or services which may serve as alternatives or substitutes, (b) the need for special equipment and services in the area, (c) the possible economies and improvement in services to be anticipated from the operation of joint central services, (d) the adequacy of financial resources and sources of present and future revenues, (e) the availability of sufficient

manpower in the several professional disciplines, and (f) such other factors as may be established by regulation.

With respect to whether the actions proposed in the applications are necessary to provide required health care in the area to be served, I have accepted as a reliable determination of whether these maternal and child health services are necessary, the bassinet need contained in the published Call for applications. The Call reflects the need based upon the replacement of maternal and child health services currently located at Fuld which are proposed for closure. The Call identified a need for RPC designation, seven intermediate and 15 intensive bassinets in Mercer and contiguous counties. These factors indicate to me that meeting the bassinet need as expressed in the Call is necessary to provide required health care in the area to be served.

I also take into consideration the statutory requirements to determine whether the actions proposed would have an adverse economic or financial impact on the delivery of health services in the region. I am convinced that the approval of RPC designation, intensive and intermediate bassinets identified by the Call will result in appropriate use of the maternal and child health services in Mercer and contiguous counties because the closest RPCs in the region (i.e., Robert Wood Johnson University-New Brunswick and St. Peter's University Hospital) are over 25 miles away from the City of Trenton.

N.J.S.A. 26:2H-8(a) requires that I take into consideration the availability of facilities or services that may serve as alternatives or substitutes. I note that within the Central Jersey Family Health Consortium, of which the applicants are members, there are existing maternal and child health services including intermediate level bassinets at Hunterdon Medical Center, Raritan Bay Medical Center and Ocean Medical Center. I further note that there are existing maternal and child health services at an RPC level of designation at Robert Wood Johnson University Hospital–New Brunswick, St. Peter's University Hospital, Jersey Shore Medical Center and Monmouth Medical Center. While these facilities may serve as alternatives, I note that none of these facilities include the City of Trenton in its primary service area, which is the subject of this CN call. Therefore, because Hopewell is the only existing provider of maternal and child health services that includes the City of Trenton in its primary service area, I am satisfied that Capital's application meets this statutory requirement.

With regard to the need for special services or equipment within the area to be served (N.J.S.A. 26:2H-8(b)), maternal and child health services are special services. Both applicants are existing providers of maternal and child health services and, as such, already possess the majority of special services or equipment needed to provide this service. Consideration must also be given to possible economies and improvements to be anticipated from the operation of joint central services (N.J.S.A. 26:2H-8(c)). Capital shall benefit from the consolidation of services, as it is now offering duplicative maternal and child health services at both campuses located seven miles apart. Fuld has been unable to maintain sufficient maternal and child patient

volume, leading to cost inefficiencies and underutilization of assets, which increases Capital's risk of being unable to continue to offer care with quality outcomes. With respect to the adequacy of financial resources and sources of present and future revenues (N.J.S.A. 26:2H-8(d)), the Department's financial analysis revealed that both applicants possess the financial resources to undertake and sustain the proposals as presented. I also note that Capital projects that the consolidation of its services will yield annual margin improvements of over 6 million dollars annually. Finally, consideration must be given to the availability of sufficient manpower in the several professional disciplines needed to provide the requested services (N.J.S.A. 26:2H-8(e)). Capital states that it has all necessary additional post-consolidation maternal and child health staff at Hopewell that will be derived from current existing staff at Fuld. Princeton states that it has the required staff and contractual arrangements available to meet the needs for its proposed projects.

I have also taken into consideration the applicable regulations for the services subject to full review (N.J.A.C. 8:33-4.10). I find that both applicants have provided appropriate project descriptions, which include information as to the total project cost, operating costs and revenues, services affected, equipment involved, source of funds, utilization statistics, and justification for the proposed project; assurance that all residents of the area, particularly the medically underserved, will have access to services; and documentation that they will meet appropriate licensing and construction standards. In addition, both applicants demonstrated a track record of substantial compliance with the Department's licensing standards.

Below are my findings and decisions on the individual applications. Conditions, where applied, indicate the action that must be implemented for licensure of the service awarded by CN.

Capital's Application

Capital proposed to close seven intermediate and 12 intensive bassinets and remove its RPC designation from its Fuld campus. The Department provided Capital the opportunity to amend its CN applications based on Hamilton's CN filing to close its four intermediate bassinets and remove its CPC-Intermediate designation and its license amendment to close all maternal and child health services including OB. Capital amended its applications to propose the addition of three intermediate and 12 intensive bassinets and maintained its request to change its perinatal center designation from CPC-Intermediate to RPC at Hopewell. No changes to the proposal to close Fuld's services were requested. Capital requested three of the seven intermediate and 12 of the 15 intensive bassinets in the Call. Capital also requested a waiver of condition 6 to the Department's November 30, 2006 CN approval letter related to the relocation of Capital Health Mercer to Hopewell, requiring the RPC and maternal and child health services be located at Fuld (2006 CN FR 05 0401-11-01). Upon implementation of the project, Fuld would have no intermediate or intensive level bassinets, no perinatal center designation and no OB beds or normal newborn

bassinets due to its closure of all OB services. Upon project implementation Hopewell would have 15 intermediate bassinets, 12 intensive bassinets and an RPC designation. There are project costs of \$160,437 related to this project.

I take into consideration that Capital's application for the closure of maternal and child health services at Fuld meets statutory (N.J.S.A. 26:2H-1 et seq.) and regulatory (N.J.A.C. 8:33-3.2) criteria requirements for termination/discontinuance of a CN regulated service. Capital also meets regulatory (N.J.A.C. 8:33C-3) criteria requirements for the RPC designation at its Hopewell campus with the exception of meeting the volume requirement of maternal-fetal transports. I find that Capital has the ability, willingness and capacity to provide maternal-fetal transports but is hampered by existing referral relationships of other providers in the region. I anticipate that the proposed closure of maternal and child health services at Hamilton may increase Capital's maternal-fetal referrals and transports.

In making my decision, I also consider that Capital's Board of Trustees exercised its fiduciary duty in researching, reviewing and discussing proposals to address the closure of all maternal and child health services at Fuld and the initiation of an RPC and addition of intermediate and intensive level bassinets at Hopewell and recommended that the proposed project best meets the needs of the community.

I consider that there is sufficient capacity at Hopewell to meet the maternity needs of those patients that have historically given birth at Fuld, in addition to the potential of 900-1,000 annual births related to Hamilton's proposed closure of services. I also understand that there is insufficient capacity at Fuld to consolidate both programs at that facility; therefore, the Hopewell campus is the most appropriate site for Capital's maternal and child health service consolidation.

I also find that Capital will maintain access to services by continuing its outpatient prenatal clinic for prenatal services at its current capacity. Capital has also agreed to address continuity of prenatal clinic services upon Hamilton's proposed closure of maternal and child health services as evidenced by its December 10, 2014 agreement with Hamilton titled "Capital Health and RWJ Hamilton OB/Neonatal Transition Terms" (agreement) which is incorporated into Capital's CN conditions detailed below. Capital also provides transportation services from its clinics to Hopewell and livery service and vouchers for taxis or public transportation for patients identified as needing those services in accordance with Capital's policies.

As part of the review process of a CN regulated service, the SHPB is required to hold at least one public hearing in the service area of the health care facility within 30 days of the application being declared complete by the Department. The SHPB held a public hearing at Monument Elementary School in Trenton on November 25, 2014. Approximately 15 people attended the meeting. Nine attendees spoke at the meeting, including several Capital representatives, several representatives from the Children's Home Society of New Jersey and two consumers. All speakers spoke in favor of the

proposed project and especially the great care and support that is provided to expectant mothers by the staff and doctors at Hopewell. The SHPB also provided an opportunity for public comment on Capital's proposed project at its December 11, 2014 meeting. No one provided public comment at the SHPB meeting regarding Capital's applications.

At its December 11, 2014 meeting, the SHPB recommended approval of Capital's application to close Fuld's seven intermediate and 15 intensive bassinets and remove its RPC designation; and Hopewell's addition of three intermediate and 12 intensive bassinets and the change of Hopewell's perinatal center designation from CPC-Intermediate to RPC. The SHPB approved the conditions recommended by Department staff, amended to include conditions incorporating the terms of the December 10, 2014 agreement.

The SHPB based its recommendation on the low census at Fuld and the negative effect that offering duplicative services within a 7-mile distance has on quality and cost effectiveness. On December 10, 2014, Capital and Hamilton entered into the above noted agreement regarding prenatal clinic services during the transition of Hamilton's maternal and child health services closure, including its outpatient prenatal clinic. As this agreement was executed after the release of the Department staff recommendations, the details of this agreement were incorporated into the SHPB recommendations as modifications to the Department staff recommended conditions.

Therefore, in consideration of the SHPB's recommendations, I am approving with conditions Capital Health System's two applications to close seven intermediate and 15 intensive bassinets and remove the RPC designation from Fuld; and the addition of three intermediate and 12 intensive bassinets at Hopewell and the change of Hopewell's perinatal center designation from CPC-Intermediate to RPC. I also approve Capital's request for a waiver to the CN conditions of approval related to the relocation of Capital Health Mercer to Hopewell requiring the RPC and maternal and child services to be located at Fuld (CN# FR 05 0401-11-01). Capital's approvals are subject to the following conditions:

1. Capital shall submit a detailed communication plan to the Department's Certificate of Need and Healthcare Facility Licensure (CNHFL) Program for review and approval within 30 days of CN approval and prior to closure of the service. The purpose of the communication plan is to inform all residents in Mercer and contiguous counties, as well as local governments, emergency service providers and alternative area service providers, of the closure of maternal and child health services, including OB, at Fuld, the establishment of the RPC and the expanded services at Hopewell and available alternative providers in the Mercer and contiguous county region. The plan shall include a mechanism for responding to questions from the public regarding implementation of the closure and transportation/access concerns with attention given to prenatal care. Written communication shall be developed and published in at least two newspapers of general circulation in Capital's

service area. Capital cannot close the service at Fuld until 30 days after the publication of the notices of closure in at least two newspapers.

2. Although Capital may begin to initiate neonatal intensive bassinet services at Hopewell through temporary licensure waiver, it shall maintain existing services at current capacity at Fuld until all the services at Hopewell are licensed and operational and Condition One has been satisfied.
3. As stipulated in the December 10, 2014 agreement between Capital and Hamilton, Capital shall accept referrals from Hamilton providers into its outpatient prenatal clinic located at 433 Bellevue Avenue in Trenton as long as Hamilton's outpatient prenatal clinic continues in operation.
4. As stipulated in the December 10, 2014 agreement between Capital and Hamilton, Capital shall accept and provide continued prenatal care to high risk prenatal transfers from Hamilton's outpatient prenatal clinic upon request from Hamilton providers as long as Hamilton's outpatient prenatal clinic continues in operation.
5. As stipulated in the December 10, 2014 agreement between Capital and Hamilton, Capital shall collaborate with Hamilton to conduct case conferences to review Hamilton's outpatient prenatal clinic cases. This condition shall remain in place until all cases are fully transitioned to Capital.
6. As stipulated in the December 10, 2014 agreement between Capital and Hamilton, Capital shall assist Hamilton in establishing a mechanism that will provide Capital with the prenatal records of those patients that are transitioning to Capital's care. This mechanism shall remain in place until all patients are fully transitioned to Capital.
7. As stipulated in the December 10, 2014 agreement between Capital and Hamilton, upon licensure of its RPC designation at Hopewell, Capital shall provide maternal-fetal medicine services, including perinatology consults, to Hamilton's outpatient prenatal patients as long as Hamilton's outpatient prenatal clinic continues in operation.
8. As stipulated in the December 10, 2014 agreement between Capital and Hamilton, Capital shall continue to facilitate talks with Henry J. Austin Family Health Center (Austin), a federally qualified health center (FQHC) located in Trenton, to transition Hamilton's outpatient prenatal clinic operations to the FQHC.
9. As stipulated in the December 10, 2014 agreement between Capital and Hamilton, in the event Austin is unable or unwilling to proceed with the creation of a new outpatient prenatal clinic under its operation, Capital shall expand

capacity to provide outpatient prenatal and OB care for the community it serves. Hamilton shall provide a subsidy of up to \$200,000 per year for 2 years to cover incremental operating expenses for the expansion of Capital's outpatient prenatal clinic services. The 2-year agreement between Capital and Hamilton shall begin upon Austin's written notice to Capital of its intent not to proceed with the creation of a new outpatient prenatal clinic under its operation, and Capital shall provide a copy of that notice to the Department's CNHFL program within 30 days of submission.

10. In the event Capital expands its outpatient prenatal clinic services as described in condition 9, Capital shall provide the Department's CNHFL program with its outpatient prenatal clinic services expansion plans as they become available.
11. As stipulated in the December 10, 2014 agreement between Capital and Hamilton, Capital shall provide inpatient care, including the management of antenatal conditions and delivery, to Hamilton's outpatient prenatal clinic patients.
12. Capital shall maintain a van shuttle service that runs between the outpatient prenatal clinic, the Family Health Center and Hopewell for patients, families, visitors and employees which operates from 7:00 am to 5:30 p.m., 7 days a week. Capital shall also continue to provide livery service and transportation vouchers for taxi service or public transportation for any patient identified as needing those services in accordance with Capital's policies. Any change to this condition shall be requested at least 90 days prior to implementation, and require written approval from the Department.
13. Fuld shall continue to provide OB coverage and its emergency department (ED) must provide 24-hour coverage/365 days per year for access to emergency stabilization to any woman who presents in need of emergency care where delivery may or may not be imminent, and delivery services to any woman for whom birth is imminent. Following stabilization, Fuld must arrange for the transport of the pregnant woman and in the case of a delivery, it must arrange for the transport of the mother and the baby, to the mother's choice of hospital that provides inpatient obstetrics and the appropriate level of newborn services regardless of the patient's ability to pay.
14. All ED physicians must maintain qualifications and credentials to provide Precipitous Newborn Delivery and all of the registered nurse (RN) staff shall receive specific training regarding OB emergencies in the ED as part of a mandatory annual education. In addition, all RNs are required to obtain training in Neonatal Resuscitation.
15. Patient medical records related to Fuld's closed maternal and child health services shall be maintained in accordance with N.J.S.A. 8:26:8-5 et seq. and

N.J.A.C. 8:43G-15.1, following completion of the aforementioned closure. The applicant shall notify the Department's CNHFL Program in writing, specifying who is responsible for the safekeeping and accessibility of all Fuld's patients' medical records (both active and stored) related to Fuld's closed maternal and child health services.

16. Capital shall sign updated transport agreements with area hospitals designating Hopewell as an RPC. Capital shall provide copies of those agreements to the Department's CNHFL program within 30 days of licensure approval.
17. Capital shall file a licensing application with the Department's CNHFL program to execute the closure of all maternal and child health services including 12 OB beds, 12 normal newborn bassinets, 15 intensive and seven intermediate bassinets and the RPC designation at the Fuld campus.
18. Capital shall file a separate licensing application with CNHFL to execute the RPC designation, addition of three intermediate and 12 intensive bassinets at Hopewell. The reduction of pediatric beds from 17 to 10 and med/surg beds from 134 to 124, as detailed in Capital's application but are not subject to this Call, may also be included in this licensing application.
19. Capital shall report to the Department's CNHFL program concerning the status of all of the conditions referenced within the time frames noted in the conditions.

Failure to satisfy the aforementioned conditions of approval may result in sanctions, including license suspension, monetary penalties and other sanctions in accordance with N.J.S.A. 26:2H-1 et seq. and all applicable requirements. Acceptance of these conditions will be presumed unless written objections are submitted to the Department within 30 days of receipt of this letter. Upon receipt of such objections, this approval will be deemed suspended and the project shall be reexamined in light of the objections. All the above conditions shall also apply to any successor organization which may acquire Hamilton within five years from the date of CN approval.

Princeton's Application

In its CN application, Princeton proposed to change its perinatal center designation from CPC-Intermediate to CPC-Intensive and to add six intensive bassinets by converting six of its existing 14 intermediate bassinets to intensive bassinets. Princeton proposes to convert its 6-bed one-room shared unit to intensive level designation with no physical plant changes only equipment enhancements. The Department provided Princeton the opportunity to amend its CN applications based on Hamilton's CN filing to close its maternal and child health services. Princeton did not amend its applications. Upon project completion, Princeton would have eight

intermediate and six intensive level bassinets. Princeton requested six of the 15 intensive bassinets in the CN call and is reducing its intermediate bassinets compliment by six. There are project costs of \$191,016 related to this project.

I take into consideration that Princeton has the necessary personnel, consultants and contractual agreements necessary to be designated as a CPC-Intensive facility, including maternal-fetal and neonatal transport policies, letters of agreement and the provision of high risk infant follow-up services and therefore meets the statutory (N.J.S.A. 26:2H-1 et seq.) and regulatory (N.J.A.C. 8:33C-3) criteria requirements for CPC Intensive level designation and services.

In making my decision, I also consider that Princeton's Board of Trustees exercised its fiduciary duty in researching, reviewing and discussing proposals to address the addition of intensive neonatal services at Princeton and recommended that the proposed project best meets the needs of the community.

I consider that Princeton's request for six intensive bassinets is based on the regulatory minimum size requirement at N.J.A.C. 8:33C-2.9(b) which is cannot be waived. I also consider that the proposed closure of services at Fuld and Hamilton is anticipated to increase demand for the services at Princeton and that Princeton has sufficient capacity to absorb the potential increased demand.

I note that the SHPB public hearing that was held on November 25, 2014 included Princeton's applications. No one who attended that hearing spoke regarding the Princeton applications. The SHPB also provided an opportunity for public comment on the application at its December 11, 2014 meeting. No one provided public comment on Princeton's application. At its December 11, 2014 meeting, the SHPB recommended Princeton's approval of six intensive bassinets and the perinatal center designation change from CPC-Intermediate to CPC-Intensive as requested. The SHPB based its recommendation on the overall reduction of bassinets in the planning region as a result of the requested bassinets from this CN call, and Princeton's potential to provide care to those patients who may have historically been served by Hamilton and Fuld. The SHPB also considered Princeton's enhanced ability to maintain intensive level cases that it currently transports out.

Therefore, in consideration of the SHPB's recommendations, I am approving with conditions Princeton's two applications to add six intensive bassinets and to change its perinatal center designation from CPC-Intermediate to CPC-Intensive as follows:

1. Princeton shall provide free bus tickets to the 655 bus between Princeton and Plainsboro for prenatal and pediatric clinic patients and their families. Any change to this condition shall be requested at least 90 days prior to implementation and require written approval from the Department.

Certificate of Need Applications for Maternal and child Health Services in Mercer and Contiguous Counties Decision Letter

Page 12

2. Princeton shall provide free taxi services for patients in need of advanced maternal-fetal medicine services and laboring patients who are under care of Princeton's clinic and/or its maternal newborn care program and who lack access to private transportation or ambulance services. Any change to this condition shall be requested at least 90 days prior to implementation and require written approval from the Department.
3. Princeton shall provide appropriate inpatient and outpatient medical care to all perinatal, maternity, neonatal intermediate and intensive care and pediatric patients regardless of patients' insurance status and ability to pay.
4. Princeton shall file a licensing application with the Department's CNHFL program to convert six of its existing 14 intermediate bassinets to intensive bassinets and to change its perinatal designation from CPC-Intermediate to CPC-Intensive.
5. Princeton shall sign updated transport agreements with area hospitals designating Princeton as a CPC-Intensive. Princeton shall provide copies of those agreements to the Department within 30 days of licensure approval.
6. Princeton shall report to the Department's CNHFL program concerning the status of all of the conditions referenced within the time frames noted in the conditions.

Failure to satisfy the aforementioned conditions of approval may result in sanctions, including license suspension, monetary penalties and other sanctions in accordance with N.J.S.A. 26:2H-1 et seq. and all applicable requirements. Acceptance of these conditions will be presumed unless written objections are submitted to the Department within 30 days of receipt of this letter. Upon receipt of such objections, this approval will be deemed suspended and the project shall be reexamined in light of the objections. All the above conditions shall also apply to any successor organization which may acquire Hamilton within five years from the date of CN approval.

We look forward to working with you and helping you to provide a high quality of care to the patients in the planning region. If you have any questions concerning this CN decision letter, please do not hesitate to telephone Mr. John A. Calabria, Director, CNHFL Program, at (609) 292-8773.

Sincerely,



Mary E. O'Dowd, M.P.H.
Commissioner

c: Mr. Calabria