STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Kahm Clinic IOP/PHP, LLC Development of an Outpatient Partial Hospitalization Program and an Intensive Outpatient Program for the Treatment Of Eating Disorders	)	GMCB-009-21con

STATEMENT OF DECISION

Introduction

In this Decision and Order, we review the application of Kahm Clinic IOP/PHP, LLC (KC or Applicant) for a certificate of need (CON) to develop an outpatient Partial Hospitalization Program (PHP) and an Intensive Outpatient Program (IOP) for the treatment of eating disorders in South Burlington. The total estimated annual operating cost of the proposed project is projected to be $119,796 for start-up, $1,479,709 in Year 1, $1,949,546 in Year 2 and $2,605,012 by Year 3 of operation. Response to Questions (Resp.) (corrected and resubmitted) (April 15, 2022), 25-26. Annual capital expenses are projected to be $432,328 in the start-up period; zero in Year 1; $188,242 in Year 2 and $321,394 in Year 3. Resp. (corrected and resubmitted) (April 15, 2022), 25-26.

For the reasons set forth below, we approve the application and issue a CON to Kahm Clinic IOP/PHP, LLC, subject to the conditions set forth therein.

Procedural Background

On November 18, 2021, KC submitted to the Green Mountain Care Board (Board) an application for a CON and a request for expedited review. Notice of the application and the request for expedited review was posted on the Board's website on November 23, 2021, in accordance with 18 V.S.A. § 9440(c)(5)(A). On November 29, 2021, we approved expedited review unless a request for intervention was received. On December 16, 2021, the Office of the Health Care Advocate (HCA), representing the interests of Vermont health care consumers, intervened in the proceeding. *See* 18 V.S.A. § 9440(c)(9); GMCB Rule 4.000 (Certificate of Need), § 4.406. On April 11, 2022, the HCA waived the hearing requirement. On April 19, 2022, the application was closed, and a public notice was posted on the Board's website on the same date. As no petitions for intervention were filed by the deadline of April 26, 2022, and the HCA waived its opportunity for a hearing, the Board did not hold a hearing. *See* 18 V.S.A. § 9440(h)

Beginning December 8, 2021, the Board requested, through a series of seven sets of interrogatories, that the Applicant provide additional information, including certain clarifications and corrections, to assist the Board with its review. These included revisions of financial tables when the Applicant increased the total cost of the project, first from $600,000 to $900,000 and then $1.2 million, as well as corrections of inadvertent errors and omissions in financial tables

submitted. In the application closed letter the Board stated that it may seek a professional opinion regarding the use of metabolic testing and body composition analysis devices for the treatment of eating disorders in the proposed outpatient PHP and IOP. The Board engaged Dr. Marcia Herrin for this purpose; on May 2, 2022, Dr. Herrin provided a professional opinion regarding the use of metabolic testing devices and body composition analysis devices in these settings. The Applicant and HCA were given until May 18, 2022, to submit a response to the professional opinion. The Applicant requested that the date for submission of a response be extended to June 6, 2022, and the Board granted the request. The Applicant submitted comments in response to the professional opinion on June 6, 2022. No comments were submitted by the HCA in response to the professional opinion.

Jurisdiction

The Board has jurisdiction over the certificate of need process pursuant to 18 V.S.A. § 9375(b)(8). The project as proposed by the Applicant is subject to certificate of need review under 18 V.S.A. § 9434(5).

Findings of Fact

1. The Applicant proposes to develop an outpatient PHP and IOP for the treatment of eating disorders. Application (App.), 3, 7-9. The IOP and PHP combined will have the capacity to serve 30 patients the first two years and 40 patients in the third year when a 10-patient IOP will be offered for adolescents. App., 7. Each program, on average, will be for 12 weeks in duration, depending on clinical need. App., 7. The existing Kahm Clinic is an outpatient nutrition clinic that specializes in eating disorders, but also sees patients for general nutrition counseling, sports nutrition, pre-diabetes, weight management, and fatigue. App., 2. KC will rent 4,287 rentable square feet (RSF) of space on the first floor of an existing building located at 120 Kimball Avenue in South Burlington to house the PHP and IOP with an expansion option after a second year of roughly 1,500 additional square feet to the north on the same floor. Resp. (Jan. 18, 2022), 28-30. The space for the adult programs will include two large group rooms, eight offices, a waiting room, a kitchen, and a bathroom. The adolescent program will include one group room, two offices, a waiting room, a kitchen, and a bathroom. Resp. (Jan. 18, 2022), 4.

2. The existing Kahm Clinic was founded in 2016 by Nicholas Kahm and Annika Kahm in Burlington and remains family owned and operated. Since its inception the Applicant has seen a continual rise in eating disorder cases in Vermont and a lack of options for patients with eating disorders. App., 2-3. Of the total patients currently treated at the existing Kahm Clinic, 60% are being treated for eating disorders, 30% for weight management, and 10% for sports medicine. Resp. (Mar. 11, 2022), 2. The proposed PHP and IOP will be overseen by a clinical program director with oversight by the medical director, and will employ therapists, nutritionists, and administrative personnel to work directly with the clients. App., 6-7.

3. On June 14, 2021, the existing Kahm Clinic formed the new KC entity, Kahm Clinic IOP/PHP, LLC, which proposes to develop the project under review. App., 2. The new entity is owned by Annika Kahm and Nicholas Kahm, CEO, who will manage the administrative and financial aspects of this new venture. KC is a member-managed Vermont limited liability company. App., 6-7.

4. As background, there are five levels of treatment for eating disorders. Level 1 is comprised of outpatient visits with specialists, including psychiatrists, therapists, primary care physicians and dieticians. Level 2 is IOP offering a multi-disciplinary staff that provides programming three to four days a week for three hours a day. The program schedule allows patients to remain in school or continue to work. Level 3 is outpatient PHP, sometimes referred to as Day Treatment, with programming five to seven days a week for six to ten hours a day. Level 4 is Residential which provides programming and services 24/7 for medically stable patients and multi-disciplinary treatment which includes medical and psychiatric treatment; the provision of therapeutic meals and snacks; individual, group and family therapy; nutrition counseling and education; and recovery skills development. Level 5 is hospital-based intensive multidisciplinary inpatient treatment providing medical and weight stabilization treatment, often including tube or intravenous feeding and psychiatric treatment. App., 2-3.

5. Currently, in-state treatment of eating disorders is available almost exclusively on an outpatient basis at the lowest level of care (Level 1). This means that Vermonters requiring higher levels of care for the treatment of eating disorders in the state have no place to turn. Not receiving the right level of care at the right time often results in increased severity of the eating disorders. If care at the IOP, PHP, and residential levels are needed, Vermonters currently must seek out an out-of-state program by either going out of state or participating remotely in out-of-state programs. Implementing the proposed IOP and PHP will provide two more levels of needed care on the continuum of care within the state. These additional levels of care will take some pressure off providers now overwhelmed with patients who are too ill for general outpatient Level 1 care, reduce emergency room visits, and ultimately help individuals to return to jobs and school. App., 3.

6. The Applicant seeks a Certificate of Need to develop a Level 2 (IOP) and a Level 3 (PHP) located in or near South Burlington. The Applicant states it will operate the new outpatient PHP and IOP cooperatively with the existing Kahm Clinic. The Applicant further asserts that PHP and IOP patients will be able to access the program design and benefits of the existing KC through its use of a metabolic testing device and a body composition analysis device, along with its proprietary data collection and analysis system. KC represents that the existing Kahm Clinic is the only nutrition clinic in the state that has the metabolic testing device and the body composition analysis device (collectively, "the devices"). App., 3.

7. Eating disorders are classified as a mental illness, are a prevalent health condition, and are associated with some of the highest levels of medical and social disability of any psychiatric condition. App., 4. It is estimated that nine percent of the world's population suffer from eating disorders. Almost one percent suffer from anorexia nervosa, between two and three percent suffer from bulimia nervosa, between two and three percent suffer from a binge eating disorder, and at least four percent suffer from other specified feeding or eating disorders. Ten percent of individuals with an eating disorder will die from it and 26% will attempt suicide. The incidence of eating disorders has increased during the COVID-19 pandemic. App., 4.

8. The social and economic impact of eating disorders is also significant. A 2018 Harvard study of the impact of eating disorders in Vermont estimated that nine percent of Vermonters (55,132) will have an eating disorder during their lifetime. The study estimated that the yearly

economic impact of eating disorders was $123.9 million dollars. The researchers broke this cost into $93 million in productivity losses; $12.8 million in informal care (care given free of charge); $9.2 million in efficiency losses and $8.8 million in expenses for Vermont's health care system. Of that cost, $45 million was borne by individuals and their families; the government paid $33.9 million; employers paid $31.2 million, and society shouldered $13.6 million. App., 4-5; Attachments, 99 (Footnote 5). The Applicant states that since opening in 2016, the current Kahm Clinic has struggled to find the appropriate level of care in Vermont for patients who are too ill for regular Level 1 outpatient care. In April 2021, the Kahm Clinic saw 189 patients with eating disorders, 20 of whom would have benefitted from a PHP or IOP. App., 4.

9. There is a need in Vermont for the treatment of eating disorders at each level of care to provide Vermonters with in-state options. As noted above, there are no in-state PHP, IOP nor residential treatment programs for individuals with eating disorders and Vermonters must seek these levels of care out of state or remotely through out-of-state programs. The lack of treatment options at the different levels places tremendous logistical and financial burdens on adults and adolescents needing PHP and IOP levels of care and on their families. It also interferes with their participation in work and school. Early detection and intervention greatly improve treatment outcomes. When patients are not treated at the appropriate level of care for their degree of illness, they become more ill and may require residential or inpatient care. PHP and IOP levels of care may provide treatment to avoid the need for residential or in-patient hospitalization and at the same time provide a step-down level of care for individuals discharged from a residential program. App., 5-6.

10. The Applicant is proposing to offer outpatient IOP and PHP levels of care but will not be offering residential level of treatment. The Applicant expects that most of the individuals seeking care at its PHP and IOP will reside in Chittenden County and neighboring counties but will reach out to Vermonters outside of these counties. App., 7. The Applicant is not proposing a PHP for adolescents. Resp. (Mar. 11, 2022), 2.

11. PHP, sometimes referred to as Day Treatment, is typically offered five to seven days a week for six to ten hours a day. App., 2. The proposed PHP will be five days a week for six hours a day from 9 a.m. through 3 p.m. App., 8 and Exhibit 4 and Resp. (corrected Mar. 11, 2022), 2 and Resp. (Mar. 24, 2022), 7. The average treatment duration will be four to six weeks. Resp. (Mar. 11, 2022), 5. Initially, the Applicant will operate the PHP with 10 patients. App., 7. The program is designed to allow for in-depth therapy groups, and structure and support around meals and snacks for discontinuing eating disorder behaviors. App., 7. Depending on the day, sessions involve goals and commitments discussions, nutrition education, Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT) skills groups and clinical lectures, movement groups, relapse prevention discussions, meal planning sessions, body image discussions, process group sessions, coping group sessions, and shared meals and snack times monitored by staff. App., 8-9, Attachments, 263 (Exhibit 4). Patients will have either two weekly 50-minute individual therapy sessions or one 50-minute individual and one 50-minute family therapy session. They will also meet with a dietician for 30 minutes weekly to discuss their eating and the results of the body composition analysis. The remainder of the clinical time will be spent in group work. Resp. (Mar. 11, 2022), 5-6.

12. Individuals who start in the PHP will be recommended to step-down to the IOP level after completing the program. If individuals do not enter the PHP with an established outpatient team, staff will assist in setting one up prior to discharge. While in the PHP, each individual's progress will be closely monitored by staff and assessed weekly. If an individual is struggling in the PHP level of care, a recommendation will be made to step-up the level of care, resulting in a PHP participant seeking treatment at a residential treatment facility elsewhere. If needed, staff will assist in finding the appropriate treatment placement for an individual. App., 8.

13. IOPs typically meet three to four times a week for three hours a day. App., 2. The IOP offered by the Applicant will meet up to four days a week for three hours each day and will be offered both during the day and in the evening to allow individuals with daytime obligations, such as work or school, the opportunity to receive treatment. App., 1, 8, Exhibit 3; Resp. (Mar. 11, 2022), 2. The program duration will be six to eight weeks. Resp. (Mar. 11, 2022), 5. Initially the evening and day programs will each have the capacity to serve 10 patients. In Year 3, an IOP will be added for 10 adolescents. App., 7.

14. At the IOP level, patients have a meal with staff and other program participants each day of the program. When patients are struggling with bingeing, purging, restricting, compulsive exercising, etc., they are surrounded by clinicians who understand eating disorders and provide accountability and support for stopping eating disorder behaviors and replacing them with healthy coping skills and eating habits. App., 8. Depending on the day, programming will include group activities, such as nutrition education, CBT, meal planning, cooking, healthy relationships and family dynamics discussions, and relapse prevention. App., 8-9, Attachments, 261 (Exhibit 3). On a weekly basis, IOP participants will receive one session with a therapist, one nutrition session with a dietician, and one consultation with a psychiatrist. App., 8-9. Five-day-a-week participants will have one 50-minute session with their therapist and one 15-minute session with the dietician. Resp. (Mar. 11, 2022), 5-6. Three-day-a-week participants will meet weekly with their therapist for 15 minutes and with their dietician for 15 minutes. Resp. (Mar. 11, 2022), 5-6. Once participants have completed the IOP, they will be recommended to step down to outpatient services (Level 1). App., 8. The progress of each patient will be closely monitored by staff and assessed weekly. App., 8. If individuals do not enter the program with an established outpatient team, staff will assist in setting one up prior to discharge. App., 8. The IOP for adolescents ages 12-17 will open in Year 3 of operation and will include family-based therapy. Resp. (Feb. 16, 2022), 8.

15. At or prior to intake, all patients will be required to complete a comprehensive metabolic panel (CMP) blood test, which is completed off-site. Upon admission, the Applicant will also administer a metabolic test using the metabolic testing device, as well, and re-test with this device every four to six weeks thereafter. Resp. (March 11, 2022), 3. The Applicant believes a four-to-six-week timeline is appropriate because it takes that amount of time for a metabolism to change. Resp. (April 13, 2022), 2. However, in some cases when the metabolism is restored and the body composition analysis test looks good, there is no reason to test again with the metabolic testing device. Resp. (April 13, 2022), 2.

16. The decision to recommend additional lab work will depend on whether the medical director deems it medically necessary for a particular patient. Resp. (Mar. 11, 2022), 3. The CMP blood work is a good marker for the medical status of a patient to determine if the patient needs further supervision from a physician or possible admission to a hospital if lab work looks

concerning. The Applicant states that the metabolic testing device provides a good marker of a patient's nutritional status for the dieticians to determine what needs to be changed in, and/or added to, a patient's meal plan for continued recovery. The Applicant will rely more heavily on the results from the metabolic testing and body composition analysis devices rather labs, as PHP and IOP patients are typically medically stable. Resp. (Mar. 11, 2022), 3-4.

17. Upon admission, individuals will be screened for depression, PTSD, substance use disorder, borderline personality and many other conditions. Resp. (Feb. 16, 2022), 8. Discharge planning will begin upon admission and will be used as part of the development of the treatment plan. An initial discharge plan will be completed for all admissions at the beginning of treatment in the pre-admission assessment. The primary treatment plan will include individual strategies to assist the patient in sustaining long-term recovery, will be completed prior to discharge, and will include referrals to appropriate resources. A discharge summary and after-care plan will be completed for all entering clients. Resp. (Jan. 18, 2022), 6-7.

18. Both outpatient programs will include evidence-based treatment using CBT and DBT in both group and individual therapy sessions. Participants will receive individualized treatment based on their specific needs and goals by qualified staff members. Each entering participant will be assigned a treatment team, consisting of the clinical director, a therapist, a registered dietician and a medical director. App., 8. Participants will have an opportunity to set new goals and intentions daily, as well as discuss how to cope with foreseeable challenges that may occur following the end of the program day. They will also experience positive interactions with food through staff supported meals and snacks, grocery store and restaurant outings, and in culinary groups where they learn skills to succeed in preparing meals at home. App., 8-9.

19. The metabolic testing device measures the respiratory quotient, which is defined as the volume of carbon dioxide released over the volume of oxygen absorbed during respiration. It is a dimensionless number used in the calculation for basal metabolic rate when estimated from carbon dioxide production to oxygen absorption. The device also measures resting energy expenditure, the measurement of calories burned while resting in a fasted state. The body composition analysis device measures resistance, the opposition to the flow of an electrical current; reactance, which measures the body's opposition to changes in the flow of an electrical current; phase angle, which reflects the relative contributions of fluid (resistance), and cellular membranes; fat; fat free mass; lean dry mass; total body water; intra-cellular and extra-cellular water; bone mineral content; lean soft tissue; and skeletal muscle mass. Resp. (Feb. 16, 2022), 2-3.

20. The existing Kahm Clinic's outpatient general nutrition clinic owns and uses the devices and will expand their use into the proposed PHP and IOP. The Applicant states that the devices are a "key part" of the existing Kahm Clinic's services and "to economize on the expense of these machines, the original Kahm Clinic and the proposed IOP-PHP programs will share the use of the machines." Resp. (Jan. 18, 2022), 3. The devices will continue to be owned by the original Kahm Clinic but used by both the existing and new programs. The devices will be housed in the IOP and PHP area, with the space rental exchanged for the use of the devices. The existing Kahm Clinic will determine the proportionate use of the devices and will charge the IOP and PHP accordingly for the use of the equipment and space. The calculation of these charges will be determined in a manner that is consistent with federal regulatory rules applicable to equipment and space leases and Kahm Clinic will monitor to confirm that it remains an arms-length exchange of

fair market value. The Applicant asserts that sharing the cost of the devices in this manner will reduce the overall cost of these services for both the original Kahm Clinic and the IOP and PHP. The exact calculation of these costs will not be made until the IOP and PHP's proportion of use can be determined more precisely once operations have begun. App., 17; Resp. (Jan. 18, 2022), 3.

21. The professional opinion provided to the Board by Marcia Herrin, Ed.D, MPH, RD, LD, FAED on May 2, 2022, states that the devices within PHPs and IOPs settings are not necessary for the treatment of eating disorders. It points out that the devices are not referenced in the standards, practice guidelines, or requirements for the treatment of eating disorders recommended by the Academy of Eating Disorders, American Dietetic Association (now the Academy of Nutrition and Dietetics), or by the Joint Commission. Professional Opinion (Prof. Op.) (May 2, 2022), 3, 6. It also notes that a potential drawback to using the devices within a PHP or IOP setting is that it may increase patient anxiety. Prof. Op. (May 2, 2022), 6.

22. In its response to the professional opinion, the Applicant states there is "intense professional polarization within the eating disorder field, and not all are ready to adapt the same testing model." Resp. to Prof. Op., (June 6, 2022), 2. The Applicant acknowledges that the two devices are not widely used in the treatment of eating disorders. App., 18; Resp. to Prof. Op. (June 6, 2022), 19. The Applicant asserts that simply because professional associations do not mention the devices in their eating disorder treatment standards does not mean that use of the devices is inconsistent with, or contrary to, those standards. Resp. to Prof. Op. (June 6, 2022), 20.

23. In response to the professional opinion's critique that incorporation of the devices may increase patient anxiety, the Applicant notes that while some assert that the practice of open weighing may cause anxiety, it is widely accepted that weight as a measure is appropriate in eating disorder treatment. The Applicant asserts that the same is true for the use of the devices. Resp. to Prof. Op. (June 6, 2022), 10-11.

24. The Applicant explains that the merits of the metabolic and body composition analysis testing devices are a small part of its proposed PHP and IOP. The Applicant notes that 98% of the treatment model that will be followed is identical to other PHPs and IOPs, but also finds "extensive value in and wants to use high end medical machines that help us give our patients better nutrition recommendations." Resp. to Prof. Op. (June 6, 2022), 2, 29-30. The Applicant stresses that the devices are supplemental tools to address malnutrition and that they will not use the devices as replacements for currently accepted standards of practice in eating disorder care. Resp. to Prof. Op., (June 6, 2022), 15.

25. The Applicant states that the devices are very useful in eating disorder treatment although they are not widely used. App., 18. The existing Kahm Clinic has a long history of using the devices to support its treatment of eating disorders. App., 17. The Applicant finds the devices useful both for clinician information and patient education. For example, if clinicians are not observing metabolic rate improvement, it could be an indicator that the patient continues to engage in behaviors that contribute to the eating disorder and that a new plan of action is needed to achieve the best care for that patient. Resp. to Prof. Op. (June 6, 2022), 10-11. The devices also enable the staff to better educate eating disorder patients about the physiological consequences of their eating disorder and to develop a more tailored care and nutrition plan for each individual. App., 17.

26. The Applicant further represents that, "the fact that the devices are not widely used in the treatment of eating disorders does not mean that they are not evidence-based." App., 18; Resp. (Mar. 11, 2022), 4. The Applicant acknowledges that the metabolic test and body composition analysis testing devices are not used in other treatment settings for eating disorders at this time. However, over the past six years, the Applicant asserts that the Kahm Clinic in Burlington has worked closely with other eating disorder programs and that these programs are eager to know the results of a patient's metabolic test and body composition analysis test as they find the data helpful in the care of patients transitioning to their facilities for a higher level of care. Resp. to Prof. Op., (June 6, 2022), 19.

27. The existing Kahm Clinic uses the devices routinely. In 2020, the clinic had 2,812 appointments and used the body composition analysis device at each of the 2,812 appointments and the metabolic testing device at 473 of these appointments. In 2021, the Kahm Clinic had 3,211 appointments and used the body composition analysis device at each of the 3,211 appointments and the metabolic testing device at 380 of these appointments. Resp. (Mar. 11, 2022), 2. If the devices are not covered or only partially covered by insurance, Kahm Clinic patients must pay out of pocket. The charge for the devices is estimated to be $100 a week. Resp. (Feb. 16, 2022), 6; Resp. (Mar. 24, 2022), 6-7.

28. Eating disorders are classified as a mental health disorder and require a multi-disciplinary treatment team consisting of therapists, doctors and dieticians who treat the mental health and non-mental health aspects of the disorder. At the PHP and IOP levels of care, patients spend more time on the therapy component of treatment than on the nutritional component. Resp. (Mar. 11, 2022), 4.

29. The Applicant states that while therapists work on the psychological roots of the eating disorder, dieticians address its bodily problems which are mainly caused by malnutrition. In the same way that therapists use different modalities as helpful tools, dieticians at the existing Kahm Clinic use the devices as tools to help cure malnutrition. The applicant further notes that curing malnutrition makes therapy more effective as a starving brain cannot do the grueling therapeutic work required to get to the psychological root of the eating disorder. The Applicant believes the devices make each modality more effective and that it is the physiological groundwork that enables the psychological work to be effective. Resp. (Feb. 16, 2022), 3; Resp. (April 15, 2022), 4.

30. The Applicant concedes that knowing one's weight or body composition numbers can be distressing for individuals in recovery from eating disorders. If triggering events occur for patients, the Applicant states that the therapists will provide support to process the troubling parts of the treatment with the patient. The specific results of the information provided by the devices will be used by clinicians in the course of treatment but will not be shared with the patient. The data from the devices help patients understand the connection between nutrition and physiological health, gain insight into how eating properly affects their body, and learn to eat intuitively without considering the numbers generated by the devices or weight from scales. Resp. (April 15, 2022), 2-3 and Resp. to Prof. Op., (June 6, 2022), 20-22.

31. The Applicant states that weight and body composition are one piece of eating disorder treatment at the Kahm Clinic's existing Level 1 outpatient nutritional clinic but are not the main

focus in treatment. The clinicians use the numbers generated by the devices to determine full recovery of tissue damage caused by an eating disorder and to help dieticians know how best to fuel each individual. Resp. (Mar. 11, 2022), 4. The Applicant also states that in the PHP and IOP, it will "rely more heavily on the results from the Metabolic Testing and Body Composition" (as opposed to labs) as they expect patients to be medically stable and not to need lab tests. The medical director will decide if further lab work is medically necessary. Resp. (Mar. 11, 2022), 4. The Applicant states that using metabolic testing and body composition analysis in nutritional assessment of eating disorder patients shows the degree to which a patient may be malnourished, and that this information helps clinicians treat a patient more effectively to avoid relapse and customize treatment for individual patients. Resp. (Mar. 24, 2022), 3.

32. Referencing a peer reviewed article on use of the body composition analysis device, the Applicant notes that while the article is on the whole very positive, it acknowledges one must be mindful of the body composition analysis device's limitations in treatment, asserting that, "[w]e at the Kahm Clinic are very mindful of its limitations." The Applicant states that even with the use of the body composition analysis device, it will look at other indicators of malnutrition, including body mass index (BMI), scale weight, growth charts, lab values, and DEXA results. The Applicant states that, together, the information from all these sources gives a more accurate picture of the patient's state of malnutrition and enables them to chart a better path forward for recovery. The Applicant states that the devices are supplemental tools to address malnutrition and that they do not aim to use these tests as replacements for currently accepted standards of practice for the treatment of individuals with eating disorders. Resp. to Prof. Op. (June 6, 2022), 14-15, 17, 30.

33. The Applicant also represents that it has a proprietary searchable database to continually improve its treatment methodology. The database includes historical information gathered when treatment begins, such as diagnoses; length of illness; what and how much a patient has been eating; metabolic testing results, such as resting metabolic rate, muscle mass, and fat mass; caloric recommendations; and meal plan information. It also contains data about the patient's energy level, hunger, cravings, menstruation, activity level, and how much the patient says they are eating while in treatment, and collects data on body image, mood, and obsessive-compulsive thoughts. The database also makes it possible to search patients by diagnosis codes and see which patients are having the most or least success as well as identifying patients that are stepping up or down in their level of care. App., 13-14; Resp. (Jan. 18, 2022), 8-9.

34. The proposed adult and adolescent IOPs will be an average of six to eight weeks in duration and the adult PHP will be an average of four to six weeks in duration. Resp. (Mar. 11, 2022), 5. The daily charge for the adult and adolescent IOPs will be $350 a day and the adult PHP will be $550 a day. Resp. (Mar. 11, 2022), 5. These charges do not include the charge for the use of the devices, which if not covered by insurance or if only partially covered, must be paid by the patient or their family. Resp. (Feb. 16, 2022), 6; Resp. (Mar. 24, 2022), 6-7. The Applicant represents that the metabolic testing device will be used with both adult and adolescent patients upon admission and once every 4-6 weeks thereafter, and that the body composition analysis device will be used with both adult and adolescent patients once or twice a week, depending on the case. Resp. (Mar. 11, 2022), 2-3.

35. In the PHP and IOP, a flat fee of $100 a week will be charged for both tests (metabolic and body composition) combined. If not covered by a patient's insurance or only partially covered,

the weekly charge for the devices must be paid directly by the patient. Resp. (Feb. 16, 2022), 6; Resp. (Mar. 24, 2022), 6-7. If a prospective patient cannot afford to pay the weekly charge out of pocket or if the patient does not want to use the devices for any reason, KC will refuse to accept the individual for treatment for the eating disorder. Resp. (Feb. 16, 2022), 6. The Applicant plans to be in network with commercial payers and expects to negotiate a reimbursement rate at 95% of the charges for the PHP and IOP. The Applicant further represents that the 85%/15% Commercial/Self-Pay reimbursement split is what colleagues have experienced in PHPs and IOPs in other states. Patients who self-pay will be required to pay the full charges up front before receiving treatment. Resp. (Jan. 18, 2022), 2.

36. When initially asked about participating in Medicaid, Applicant stated that it did not plan to participate in Medicaid and expressed concern about low reimbursement rates and the resulting financial strain. In a second set of questions, the Applicant was asked if they had contacted the Department of Vermont Health Access (DVHA), which administers the Medicaid program, to discuss a negotiated reimbursement rate for the PHP and IOP. The Applicant then initiated negotiations with DVHA. Resp. (Feb. 16, 2022), 8. In April, the Applicant and DVHA agreed upon a mutually acceptable Medicaid reimbursement rate that covered both the daily rate and the use of the devices and the Applicant signed a Letter of Payment Agreement with DVHA. Resp. (April 15, 2022), 5, 7.

37. When asked about the content of the Kahm Clinic's website, the Applicant acknowledged that IOP and PHP services differ from the current Kahm Clinic's focus. As such, the Applicant will need to create a new website geared to the PHP and IOP that contains different language and emphasis from the focus and language of the existing website for general outpatient nutritional services and Level 1 eating disorder treatment. Resp. (Mar. 11, 2022), 5.

38. The Applicant will ensure quality through several means. First, its proprietary searchable database will be used to monitor and improve the PHP and IOP. Some of the data is entered by the patient, such as the patient history survey and the validated eating disorder examination and questionnaire. This survey is used to rank the severity of the eating disorder. Each patient in the PHP and IOP will complete the validated eating disorder examination-questionnaire (EDE-Q survey) upon admission and discharge, which is designed to assess the range and severity of features associated with a diagnosis of eating disorders using four subscales (restraint, eating concern, shape concern, and weight concern). Thus, the Applicant will collect and track clinically relevant data to evaluate treatment progress of each patient. Second, clinical staff will review and discuss each of their patient's data on a weekly basis. Leadership staff will also review the same data weekly to monitor each patient's progress. The medical director will be automatically notified of any patients who are not making progress. Third, patients will complete an anonymous electronic patient satisfaction survey which will be reviewed by staff and taken into consideration at meetings. Fourth, the Applicant states it will codify a culture of continuous quality improvement both in terms of medical progress and patient satisfaction. Beyond tracking patient progress in real time, the Applicant states that after being in operation for enough time to have collected sufficient data, they will have a large searchable dataset to help continually improve treatment methodology. Finally, the Applicant will seek accreditation from The Joint Commission Behavioral Healthcare and Human Services Accreditation Program to ensure high quality care. App., 13-14, 16.

39. The Applicant will use multidisciplinary evidence-based clinical programming, structuring the PHP and IOP to rely heavily on Cognitive Behavioral Therapy and Dialectical Behavioral Therapy because there exists the most evidence for these therapeutic methodologies. CBT and DBT will comprise the majority of the clinical programming. The nutritional counseling and group work that will be provided is also evidence-based. The Applicant will continually update its approach as new evidence arises in the literature. It will provide staff with evidence-based continuing education for eating disorder care with an annual stipend of $1500 for continuing education and an opportunity to share information at staff meetings and the Applicant will alter clinical practice accordingly if doing so will improve it. The Applicant will work to have all therapists and Registered Dieticians credentialed as Certified Eating Disorder Specialists (CEDS) and Certified Eating Disorder Registered dieticians (CEDRD) from the International Association of Eating Disorders Professionals (IAEDP). Elaina Efird, a Registered Dietician currently on staff at the existing Kahm Clinic, is currently the CEDRD supervisor. The data from its database, medical data, and patient satisfaction data will all be utilized for quality improvement. App., 16-17.

40. The IOP and PHP will employ a medical director (0.5 FTE in Years 1-2 and 0.75 in Year 3); clinical/program director (1 FTE); therapists (3 FTE in Years 1-2 and 5 FTEs in Year 3); nutritionists, registered dieticians (2 FTE and 3 FTE in Year 3) and administrative assistant (1 FTE in Years 1-2 and 1.5 FTE in Year 3). App., 15. All staff will be on site. The day-to-day clinical operation of the IOP and PHP will be overseen by a clinical program director with oversight by the medical director. App., 5. Nicholas Kahm will manage the administrative and financial aspects of the program and company. App., 7.

41. The project will be financed with $1.2 million in equity contributions from the owners. The original application reflected a total project cost of $600,000. However, in January, the Applicant increased the total project cost to $900,000 due to a change to a location with higher rent and a 15% across the board increase for continuing inflation. In April, the Applicant increased the total project cost from $900,000 to $1.2 million to reflect ongoing inflation and revised and subsequently corrected the financial tables to reflect this change. Resp. (corrected and resubmitted) (April 15, 2022), 8-26. Based on the Applicant's submission of final financial tables, its total estimated annual operating cost is projected to be $119,796 for start-up, $1,479,709 in Year 1, $1,949,546 in Year 2 and $2,605,012 by Year 3 of operation. Resp. (corrected and resubmitted) (April 15, 2022), 25. Annual capital expenses are projected to be $432,328 in the start-up period; zero in Year 1; $188,242 in Year 2 and $321,394 in Year 3. Resp. (corrected and resubmitted) (April 15, 2022), 25.

42. After reaching its agreement with DVHA on Medicaid, the Applicant submitted its final projected revenue mix. Approximately 12% of revenues will be from Medicaid, 74.8% from commercial insurers, and 13.2% from individuals who self-pay. Revenues from these sources by Year 3 of operation are projected to be approximately $3 million dollars. Resp. (corrected and resubmitted) (April 15, 2022), 20.

43. As noted above, KC plans to secure a long-term lease for space located at 120 Kimball Avenue in South Burlington. The lease proposal represents a total of 4,287 RSF on the first floor with an expansion option after the second year of roughly 1,500 RSF to the north on the same floor. Resp. (Jan. 18, 2022), 4, Attachment, Lease Proposal Agreement dated January 11, 2022;

Resp. (Jan. 18, 2022), 28-30. The unit to be leased already has office spaces and group rooms at 120 Kimball Avenue but the remainder of the space to be rented will have to be more significantly altered. Don Stewart of Stewart Construction estimates that it will cost between $65 and $75 a square foot to fit-up the space at 120 Kimball Avenue. The landlord is willing to cover $15 a square foot for any fit-up costs. The project involves very minor fit-up of existing space rather than new construction and the Applicant will utilize energy efficient solutions where possible. Resp. (Jan. 18, 2022), 2, 4.

44. The proposed office location is located off I-89 and is approximately a ten-minute drive from the center of Burlington. The location will have free and easily accessible parking, including dedicated handicapped parking spaces, and is a seven-minute walk from the nearest bus stop. Resp. (Jan. 18, 2022), 12.

45. The Applicant is considering KIPU and Zen Charts for electronic medical records (EMR). The Applicant represents that they have discussed the EMR they plan to use with VITL and concluded it is possible to interface with the HIE. The Applicant will work with VITL to identify what information it should submit to the HIE. HIE has a web-based portal the Applicant will use with its new patients at intake to view their medical history. If granted a CON, the Applicant will meet with VITL to consider the feasibility of building integration between its EMR and the HIE. Resp. (Jan. 18, 2022), 5.

46. In regard to further integration between mental health and other health care, the Applicant states that its approach is integrated, with a doctor, therapists, and a dietician on each patient's treatment team to ensure coordination of treatment for those diagnoses that are outside their scope of expertise. This involves collaborating with specialists necessary for the individual's care, such as endocrinologists, gastroenterologists, and therapists specializing in trauma or substance use. The Applicant represents that it has relationships with substance use treatment centers and trauma therapists. Resp. (Jan. 18, 2022), 5-6.

47. The Board received one written public comment and eight letters of support on this application. All submissions expressed support for the project.

Standard of Review

Vermont's CON process is governed by 18 V.S.A. §§ 9431-9446 and Green Mountain Care Board Rule 4.000. An applicant bears the burden of demonstrating that it has met each of the criteria set forth in 18 V.S.A. § 9437. Rule 4.000. § 4.302(3).

Introduction

KC proposes to develop an outpatient PHP and IOP for the treatment of eating disorders in South Burlington. The program will have the capacity to serve 30 adult patients in the first two years and will add a 10-patient adolescent IOP in the third year. These two levels of care for eating disorders fill an important need in Vermont. We approve the application subject to certain conditions. In particular, the potential out-of-pocket costs associated with the use of the metabolic testing device and the body composition analysis device in outpatient PHP and IOP was of concern

throughout the application review process. Therefore, we have included conditions related to the charges for the devices in the Certificate of Need issued with this Statement of Decision.

Conclusions of Law

I.

Under the first statutory criterion, an applicant must show that the proposed project aligns with statewide health care reform goals and principles because it takes into consideration health care payment and delivery system reform initiatives; addresses current and future community needs in a manner that balances statewide needs; and is consistent with appropriate allocation of health care resources, including appropriate utilization of services, as identified in the Health Resource Allocation Plan (HRAP). 18 V.S.A. § 9437(1).

The Health Resources Allocation Plan (HRAP) identifies needs in Vermont's health care system, resources to address those needs, and priorities for addressing them on a statewide basis.[1] We note that HRAP CON Standards 1.2 (services have been shown to improve health), 1.3 (collaborative approach to delivering services has been taken or is not feasible), 1.6 (collect and monitor data relating to health care quality and outcomes), 1.7 (project is consistent with evidence-based practices), 1.9 (costs and methods for construction/renovation/fit-up are necessary and reasonable), 1.10 (show that projects are energy efficient), and 4.5 (ensure integration of mental health, substance use disorder and other health care) apply to this project. In light of the factual findings and conditions in the CON, we conclude that the project is consistent with the HRAP.

II.

The second criterion requires an applicant to demonstrate that the cost of the project is reasonable. The applicant must show that it can sustain any financial burden likely to result from the project; that the project will not result in an undue increase in the cost of care or an undue impact on the affordability of medical care for consumers; that less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate; and that appropriate energy efficiency measures have been incorporated into the project. 18 V.S.A. § 9437(2).

Based on our review of the record, we are sufficiently comfortable that the Applicant can sustain the financial burden likely to result from the project. The project will cost approximately $1.2 million, will be financed by an equity contribution from the owners, and is projected to generate sufficient revenues thereafter to cover projected annual operating expenses. Findings, ¶ 41.

We also conclude that less expensive alternatives are not available, would be unsatisfactory, or are not feasible or appropriate, and that appropriate energy efficiency measures have been incorporated into the project. Currently there are no outpatient PHP and IOP levels of

[1] The Vermont legislature in Act 167 (2018) made several changes to the State's CON law. As amended by Act 167, 18 V.S.A. § 9437(1)(C) continues to reference the HRAP, which is in the process of being updated. In the interim, we consider the current HRAP standards. The Health Resource Allocation Plan is posted to the Board's website at https://gmcboard.vermont.gov/sites/gmcb/files/documents/Vermont%20Health%20Resource%20Allocation%20Plan%202009%207.1.09.pdf.

care available for the treatment of eating disorders in Vermont and therefore no less expensive alternatives are available. Individuals needing these levels of care must seek care outside of the state or remotely from an out-of-state program. These levels of programming are desperately needed by Vermonters suffering from a life-threatening eating disorder. Both the logistical challenges and financial hardship to individuals and their families of having to seek care out-of-state serve as significant impediments to gaining access to necessary treatment. The negative financial impact of eating disorders on individuals, families, employers and society are clear. Findings, ¶¶ 5, 9. Additionally, the project involves very minor fit-up of existing space rather than new construction and the Applicant will utilize energy efficient solutions where possible. Findings, ¶ 43.

Next, we analyze whether the applicant has demonstrated that the project will not result in an undue increase in the cost of care or an undue impact on the affordability of medical care for consumers. In our analysis, we must consider and weigh relevant factors, including the financial implications of the project on hospitals and other clinical settings, including the impact on their services, expenditures, and charges, and whether these impacts, if any, are outweighed by the benefit of the project to the public. 18 V.S.A. § 9437(2)(B).

With the implementation of PHP and IOP levels of care, clinicians will be able to make referrals to an in-state program. The establishment of KC's treatment programs will be a first step to begin meeting the significant need for eating disorder treatment at the PHP and IOP levels in Vermont. Other clinical settings will be positively impacted by the implementation of these programs. Other providers, clinicians, employers and educators will have a PHP and IOP to which they can refer individuals for much needed treatment. The availability of an in-state treatment option will reduce the logistical burden and expense of seeking treatment at these levels and allow individuals seeking care to remain in school and employed. As a result, the cost of care for these services should decrease overall. Findings, ¶¶ 5, 8-9.

Additionally, it is of crucial importance that the Applicant has successfully negotiated with Medicaid and will accept Medicaid reimbursement for Medicaid members who seek treatment at the PHP and IOP. Findings, ¶¶ 36, 42. Access to these levels of care should be available regardless of household income and payer type.

The only expense of concern involves the use of the metabolic testing device and body composition analysis device in the Applicant's PHP and IOP. If the charges for the devices are not covered by insurance or only partially covered, patients will have to pay for the devices out of pocket. This additional expense runs counter to our statutory mandate to ensure that health care projects will not result in an undue increase in the cost of care or an undue impact on the affordability of medical care for consumers. Therefore, the Certificate of Need contains conditions regarding the cost of these devices to patients and their families. Findings, ¶¶ 27, 34-35.

As for the benefit of the project to the public, the benefit will be immense for patients and their families searching for in-state resources and to other facilities, clinicians, employers and educators who will now have a PHP and IOP to which they can refer individuals and their families for these urgently needed services. The extent of Vermonters who experience an eating disorder is great and the costs of not treating eating disorders is staggering at both a financial and an emotional level. Findings, ¶¶ 5, 7-9.

Based on the above discussion, and in light of the conditions imposed in this CON, we conclude that the Applicant has satisfied the second criterion.

III.

The third criterion requires that the applicant demonstrate that there is an "identifiable, existing, or reasonably anticipated need for the proposed project which is appropriate for the applicant to provide." 18 V.S.A. § 9437(3). As noted throughout, outpatient PHP and IOP levels of care do not currently exist in Vermont and there is an undeniable and critical need for both programs to serve Vermonters requiring those two levels of care for the treatment of eating disorders. In addition, the Applicant currently offers an outpatient Level 1 treatment program for individuals with eating disorders and has the expertise to develop and implement the outpatient PHP and IOP described in the application. Findings, ¶¶ 2, 4-5, 7-9, 12, 40.

Based on the above, we conclude that the project meets the third criterion.

IV.

To satisfy the fourth criterion, the applicant must demonstrate that the project improves the quality of health care or provides greater access for Vermonters, or both. 18 V.S.A. § 9437(4).

The Applicant has demonstrated its intent and capacity to create and maintain acceptable quality standards for its proposed PHP and IOP. KC has created its own database for collecting quality and outcome data that will be used to monitor and improve quality of the PHP and IOP. This proprietary database is also searchable making it clinically useful. The Applicant will collect and track clinically relevant data to evaluate treatment progress of each patient. Clinical and leadership staff will review and discuss each of their patient's data on a weekly basis. The medical director will be automatically notified of any patients who are not making progress. Patients will also complete an anonymous electronic patient satisfaction survey which will be reviewed by staff and taken into consideration at meetings by clinical staff.

The impact on quality of Applicant's incorporation of the devices into the PHP and IOP framework received extensive attention throughout the application process, with multiple rounds of questions, a professional opinion and subsequent response from the Applicant. The use of the devices is discussed further in Section VI., *infra*. We find that, with the Applicant's other measures to promote and improve quality and the conditions imposed in the Certificate of Need, the use of the devices is not incompatible with quality delivery of PHP and IOP services.

In addition, the Applicant will seek accreditation from The Joint Commission Behavioral Healthcare and Human Services Accreditation Program to ensure high quality care. The addition of the outpatient PHP and IOP will not erode volume at another Vermont facility as no such programs exist. Findings, ¶¶ 38-39.

In regard to access, the development and implementation of both the outpatient PHP and the IOP will, for the first time, create in-state access for Vermonters requiring outpatient PHP and IOP levels of care for the treatment of eating disorders. Findings, ¶¶ 5-6, 9.

For the reasons discussed above, and with the conditions imposed today, we find this fourth criterion satisfied.

V.

The fifth criterion requires an applicant to show that the project "will not have an undue adverse impact on any other existing services provided by the applicant." 18 V.S.A. § 9437(5). The Applicant has represented that it currently operates an outpatient Level 1 and general nutrition services program and that the development of outpatient IOP (Level 2) and PHP (Level 3) will not have an adverse impact on these services. The addition of the outpatient PHP and IOP will provide levels of care that are appropriate for clients to step-up or step-down so they may access the right level of care at the right time. Findings, ¶¶ 1, 5, 12, 14. We conclude that it is satisfied.

VI.

What was previously the sixth criterion is now an overarching consideration, namely that the project serves the public good. *See* Act 167 (2018), § 6 (repealing 18 V.S.A. § 9437(6) and moving the "public good" language to the lead-in sentence). Our administrative rule identifies factors that we may consider in determining whether a project will serve the public good. GMCB Rule 4.000, § 4.402(3). The following factors are relevant to this project, and we therefore address them here.

Impact on Vermont health care system, furthering effective integration and coordination of services, and impact on existing facilities (Rule 4.000, §§ 4.4402(3)(c)&(f))

The project's impact on the Vermont health care system will be positive. The development and implementation of the outpatient PHP and IOP will meet a need at these levels of care that currently do not exist in Vermont. Individuals needing outpatient PHP and IOP levels of care must seek care outside of Vermont or remotely from out-of-state programs or providers. This significant void in access to in-state services places an unbearable burden on individuals and their families that need to seek a path to recovery from a life-threatening disorder. The Applicant's programs will be a welcome addition to the Vermont healthcare landscape. Findings, ¶¶ 1, 5-9, 12.

The proposed programs will further effective integration and coordination of health care services. KC will have staff from a variety of disciplines, including doctors, therapists, and dieticians, to offer an integrated approach to caring for its patients. It will collaborate with specialists necessary for individuals' care when patients present needs outside KC's area of expertise. In turn, the programs will give other providers an in-state resource to which they will be able to refer their patients. Findings, ¶¶ 5-6, 9, 12, 14, 18, 28, 46. The project also will not have a negative effect on existing facilities because no other provider is offering this level of care. Findings, ¶¶ 5, 9.

As such, the project meets these criteria.

Needs of the Medically Underserved and Goals of Universal Access (Rule 4.000, § 4.402(3)(a))

To determine if this project will serve the needs of medically underserved groups and promote universal access to health service, we considered the effects of Medicaid coverage, payer mix, and charges for the devices on these goals. The program will accept reimbursement from all payers including Medicaid members. The Applicant has negotiated an acceptable Medicaid reimbursement rate with DVHA for its outpatient PHP and IOP and has signed a Letter of Payment Agreement. In addition, the Board is including a condition in the CON issued that requires both programs to accept Medicaid members who are eligible for outpatient PHP and IOP levels of service. Findings, ¶ 36.

We are pleased to see that the Applicant projects a payer mix that is similar to the average payer mix at Vermont hospitals, with 12% of its revenues coming from Medicaid. Findings, ¶ 42. While we appreciate that projections are estimates, we believe it is important to monitor this number. We therefore impose a condition in the CON requiring the Applicant to monitor and report on its payer mix in its implementation reports and, if it is not in line with projections, to provide the Board with a justification for the deviations and proposed remedies. In addition, the Applicant shall include in its implementation report the number of people by payer who were refused services and reasons for refusal.

As reflected in the extent of the Findings, and as discussed in Section IV., *supra*, we gave serious consideration to Kahm Clinic's decision to incorporate use of the devices into its PHP and IOP levels of care. We were concerned both about the quality of care that would be delivered when incorporating the devices into the programs and about the impact on affordability to charge for these devices, even when they are not covered by insurance. Moreover, the Applicant has stated that it will not accept patients who decline to participate in the use of the devices. Findings, ¶ 35.

The devices are a novel tool in the outpatient treatment of eating disorders. We received evidence in a Professional Opinion stating that use of the devices is not necessary within PHP and IOP settings and that professional associations do not reference the devices in their standards. Findings, ¶ 21. Ultimately, we were persuaded that although this is not a standard of care, it is within the Applicant's clinical discretion to incorporate the devices into its programs in this innovative way. There is no evidence that the devices are harmful, and it is possible that the Applicant's tracking may yield positive developments in treatment that may contribute to the standard of care in the future. Findings, ¶¶ 24-26, 29, 31-32. Therefore, we do not prohibit use of the devices. We encourage the Applicant to work with its patients on the inclusion of the devices in its treatment and include a condition that it engage in shared patient decision making with full disclosure of the risks, rewards, and financial implications of incorporating the devices into its treatment plan.

Nevertheless, we remain concerned about the affordability to Vermonters of the mandatory incorporation into a treatment program of devices which are not a standard of care, which insurance carriers may or may not cover, and which will surely increase costs for the projected 13.2% of patients paying out of pocket. Findings, ¶ 42. The devices are expected to add approximately $100 per week to the PHP and IOP charges. Findings, ¶ 27, 34-35. Therefore, in the conditions we impose today, we require the Applicant to lessen the impact of charging patients directly for the use of the devices. The Applicant must develop and implement a Patient Financial

Assistance Policy (PFA) to provide free or reduced cost care to assist patients with the charges associated with the devices. Instead, or in addition, the Applicant must give patients who will need to pay the charges for devices out-of-pocket the ability to opt out of the use of the devices. The Applicant may pick either approach, or a combination of the two, to address this concern and abate the negative effect of the devices on the affordability of its programs. We also include a condition in the CON that the Applicant include its financial policies on its website by posting a plain language version, available by a link from the PHP and IOP home page.

With the conditions included in the CON, the project will meet the needs of the medically underserved and further the goal of universal access to health services.

VII.

The seventh criterion requires that the applicant adequately consider the availability of affordable, accessible patient transportation services to the facility. 18 V.S.A. § 9437(7). We find this condition has been satisfied. The location for the PHP and IOP at 120 Kimball Avenue in South Burlington is close to the interstate, has free parking and is a seven-minute walk from the nearest bus stop. Findings, ¶ 44.

VIII.

The eighth criterion, pertaining to information technology projects, has been satisfied, to the extent it may be applicable. 18 V.S.A. § 9437(8). The Applicant is considering KIPU and Zen Charts. The Applicant represents that it has discussed the EMR it plans to use with VITL and concluded it is possible to interface with the HIE and will work with VITL to identify what information it should submit to the HIE. HIE has a web-based portal the Applicant will use with its new patients at intake to view their medical history. The Applicant also represents that it will consider whether to build an integration between its EMR and the HIE. If granted a CON, the Applicant will meet with VITL to consider the feasibility of building integration between its EMR and the HIE. Findings, ¶ 45.

IX.

The ninth and final criterion requires the applicant to demonstrate that the project supports equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care, as appropriate. 18 V.S.A. § 9437(9). The Applicant believes that good health care must be integrated and its team is integrated with a doctor, therapists and a dietician, who will be on each patient's treatment team to ensure coordination of treatment for those diagnoses that are outside of their scope of expertise. This involves collaborating with specialists necessary for the individual's care, e.g., endocrinologists, gastroenterologists, therapists specializing in trauma or substance use, etc. The Applicant represents that it also has established relationships with substance use treatment centers and trauma therapists. Findings, ¶¶ 12, 14, 17, 46. We find this criterion satisfied.

Conclusion

The Board issues a Certificate of Need to the Applicant based on our conclusion that it has met its burden of proof. The conditions we impose today will help ensure that the project will increase access to care, lower health care costs, and maintain or improve the quality of health care in Vermont.

SO ORDERED.

Dated: June 29, 2022 at Montpelier, Vermont

s/ Jessica Holmes)
s/ Robin Lunge)
s/ Kevin Mullin, Chair)
s/ Tom Pelham)
s/ Thom Walsh)

GREEN MOUNTAIN CARE BOARD OF VERMONT

Filed: June 29, 2022

Attest: s/ Jean Stetter
Green Mountain Care Board
Administrative Services Director

NOTICE TO READERS: This document is subject to revision of technical errors. Readers are requested to notify the Board (by email, telephone, or in writing) of any apparent errors, so that any necessary corrections may be made. (Email address: abigail.connolly@vermont.gov)