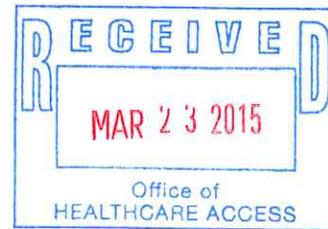


March 23, 2015

Ms. Kimberly Martone
Director of Operations
Office of Healthcare Access
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06106



Re: Yale-New Haven Hospital CON Submission
Relocation of the Inpatient Rehabilitation Unit to Milford, Connecticut

Dear Ms. Martone:

Please find enclosed one (1) original and four (4) copies of a Certificate of Need application for the relocation of Yale-New Haven Hospital's (YNHH) inpatient rehabilitation unit (IRU). In addition, a CD is provided that includes a scanned copy of the CON in its entirety as well as MS Word and MS Excel files.

As you are aware, YNHH does not believe that a CON is required here because the relocation of its IRU does not constitute a termination of a service, nor does it constitute a relocation that would require CON approval. YNHH reserves all rights to challenge OHCA's authority to require a CON in this matter.

Please feel free to contact me at (203) 863-3908 with any questions.

Sincerely,



Nancy Rosenthal
Senior Vice President, Health Systems Development

Enclosures

Yale-New Haven Hospital

Certificate of Need Application Relocation of the Inpatient Rehabilitation Unit to Milford, Connecticut

March 23, 2015

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Exhibit I – Checklist & General Information

Checklist

Instructions:

1. Please check each box below, as appropriate; and
2. The completed checklist *must* be submitted as the first page of the CON application.

- Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.
- (*New*). A completed supplemental application specific to the proposal type, available on OHCA's website under "[OHCA Forms](#)." A list of supplemental forms can be found on page 2.
- Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of \$500.
- Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)
- Attached is a completed Financial Attachment
- Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.
- The following have been submitted on a CD
 1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.
 2. An electronic copy of the applicant's responses in MS Word (the applications) and MS Excel (the financial attachment).

For OHCA Use Only:

Docket No.: 1531980 CON Check No.: 134000 301
 OHCA Verified by: SO Date: 3/23/15

General Information

Main Site*	MAIN SITE PFI	MEDICAID PROVIDER ID	TYPE OF FACILITY	MAIN SITE NAME
	N/A as per OHCA	004041836	Acute Care Hospital	Yale-New Haven Hospital
	STREET & NUMBER			
	20 York Street			
	TOWN			ZIP CODE
	New Haven			06510

*For additional sites

Project Site	PROJECT SITE PFI	MEDICAID PROVIDER ID	TYPE OF FACILITY	PROJECT SITE NAME
	N/A as per OHCA	004041836	Acute Care Hospital	Yale-New Haven Hospital
	STREET & NUMBER			
	1450 Chapel Street			
	TOWN			ZIP CODE
	New Haven			06510

Operator	OPERATING CERTIFICATE NUMBER	TYPE OF FACILITY	LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator)
	1851568828 (NPI)	Acute Care Hospital	Yale-New Haven Hospital
	STREET & NUMBER		
	20 York Street		
	TOWN		ZIP CODE
	New Haven		06510

Chief Executive	NAME		TITLE	
	Marna Borgstrom		Chief Executive Officer	
	STREET & NUMBER			
	20 York Street			
	TOWN		STATE	ZIP CODE
	New Haven		CT	06510
	TELEPHONE	FAX	E-MAIL ADDRESS	
	(203) 688-	(203)	Marna.borgstrom@ynhh.org	

Title of Attachment:

Is the applicant an existing facility? If yes, attach a copy of the resolution of partners, corporate directors, or LLC managers, as the case may be, authorizing the project.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Attachment I
--	--	--------------

Does the Applicant have non-profit status? If yes, attach documentation.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Attachment II
Identify the Applicant's ownership type.	PC <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>	Other: _____
Applicant's Fiscal Year (mm/dd)	Start <u>10/1</u>	End <u>9/30</u>

Contact:

Identify a single person that will act as the contact between OHCA and the Applicant.

Contact Information	NAME		TITLE
	Nancy Rosenthal		Senior Vice President, Health Systems Development
	STREET & NUMBER		
	5 Perryridge Road		
	TOWN	STATE	ZIP CODE
	Greenwich	CT	06830
	TELEPHONE	FAX	E-MAIL ADDRESS
	(203) 688-3908	(203) 863-4736	nancy.rosenthal@ynhh.org
	RELATIONSHIP TO APPLICANT	Employee	

Identify the person primarily responsible for preparation of the application (optional):

Prepared by	NAME		TITLE
	Karen Banoff, KMB Consulting, LLC		Principal
	STREET & NUMBER		
	91 Old Hollow Road		
	TOWN	STATE	ZIP CODE
	Trumbull	CT	06611
	TELEPHONE	FAX	E-MAIL ADDRESS
	(203) 459-1601	(203) 459-1601	kbanoff@kmbconsult.com
	RELATIONSHIP TO APPLICANT	Consultant	

Exhibit II – Filing Fee Check

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Cashier's Check - Customer Copy

No. 1340003012

Void After 90 Days 30-1/1140
NTX

Date 03/20/15 02:11:32 PM

YALE NEW HAVEN HOSPITAL
0004 0021178 0144

Pay  **BANK OF AMERICA** **500.00**
FIVE ZERO ZERO CTSCTS

***\$500.00

To The Order Of TREASURER, STATE OF CONNECTICUT
YNHHRU

Not-Negotiable
Customer Copy
Retain for your Records

Remitter (Purchased By): MATTHEW MCKENNAN

001641005594

Bank of America, N.A.
SAN ANTONIO, TX



Cashier's Check

No. 1340003012

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days 30-1/1140
NTX

Date 03/20/15 02:11:32 PM

YALE NEW HAVEN HOSPITAL
0004 0021178 0144

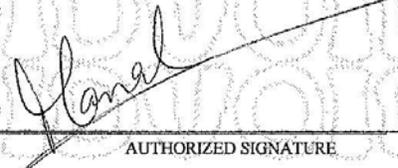
Pay  **BANK OF AMERICA** **500.00**
FIVE ZERO ZERO CTSCTS

***\$500.00

To The Order Of TREASURER, STATE OF CONNECTICUT
YNHHRU

Remitter (Purchased By): MATTHEW MCKENNAN

Bank of America, N.A.
SAN ANTONIO, TX


AUTHORIZED SIGNATURE

⑈ 1340003012⑈ ⑆ 114000019⑆ 00 1641005594⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

Exhibit III – Evidence of Public Notice

CLASSIFIED REAL ESTATE

NEW HAVEN REGISTER

February 28, 2015 » MORE AT FACEBOOK.COM/NEWHAVENREGISTER AND TWITTER.COM/NHREGISTER

www.nhregis

3: Deidra M. Cozzo
146,000
y: James Scarpace
LLC, \$450,000
M to Sean Cahill,
nhaven Inc to RAL
10,000

Habitat For Humanity, \$1,000
157 Clay St: Paul Davis and Reverse
Mtg Solution Inc to Reverse Mtg Solution
inc, \$69,000
122 Carlisle St: Akilah Bulce and US
Bank NA Tr to US Bank NA Tr, \$1
535 Howard Ave: Arthur Maebry and
Wells Fargo Bank NA to Wells Fargo Bank
NA, \$1

\$25 Washington Ave: Amedeo J. and
Rosanna Cappiello to 511 Washington
Avenue LLC, \$250,000
647 Middletown Ave: CMB Capital
Appreciation to RAL North Haven LLC,
\$2,825,000
18 Lincoln St: Geroge T. Welles to Dawn
M. Styles, \$167,000
141 Half Mile Rd: Benhaven Inc to RAL
\$640,000
2 Cross St: Provident Funding Assoc to
Thach and Kim Nguyen, \$272,000

WALLINGFORD
78 Putter Dr Unit 78: Sandra Clawson to
Anthony and Anthony Delasota, \$82,750
20 Orchard Ln: Robert Hodsdon and
Bank Of America NA to Bank Of America
NA, \$1

Austin to Eric Erkenbrack and
Wellman, \$406,000
28 Forest Glen Dr: Margueri
Federico to Jason and Carlina
\$320,000
191 Rimmon Rd: Robert E.
Travis S. Barker to Elizabeth A
\$274,000
68 Rimmon Rd: John Coppo
Anthony Fischetti and Jill Ram
\$285,000

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ar garage,
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HELP WANTED FULL TIME

HVAC TECHNICIAN
HVAC technician needed with supervisory experience that will provide facilities support for several office buildings in and around New Haven, including 100 College Street.
The Position reports directly to the Director of Facilities Mgmt and will also work directly with tenants, must be extremely customer oriented. This position is 40 hours/week and requires some off hours work/overtime. Please send resume to Dale Baldwin at dbaldwin@winent.com

HELP WANTED PART TIME

PART-TIME CUSTODIAN for downtown New Haven church. Must be available Sundays. Call 203-624-2521 for more info and application.

HEALTHCARE

DIRECTOR OUTPATIENT SERVICES
SCADD DUAL DIAGNOSIS. LIC AND SUBSTANCE ABUSE EXP REQ. EMAIL RESUME TO SCADD@SCADD.ORG

RESTAURANT FOOD SERVICE

DISHWASHER/WAITSTAFF.
Diner Exp. needed. Apply at: Country Corner Diner, 756 Amity Rd. (Rt. 63), Bethany. 203-393-1489



RESTAURANT FOOD SERVICE

SHORT ORDER COOK.
Diner Exp. needed. Breakfast/ lunch/Dinner. FT. \$15/hour. Apply to: Country Corner Diner, 756 Amity Rd. (Rt. 63), Bethany. 203-393-1489

SITUATIONS WANTED

SEEKING EMPLOYMENT
Gentleman with Autism and tourettes seeking assembly work in and around New Haven Shoreline area. requires adjustment time to settle in. Will be best employee you ever had. Call 203-264-3061

LEGAL NOTICES

LIQUOR PERMIT
Notice of Application This is to give notice that I
LEONARD REIZFELD
461 AMITY RD
WOODBIDGE CT 06525
Have filed a request placarded 02/28/2015 with the Department of Consumer Protection to distribute alcoholic liquor as a **WHOLESALE LIQUOR** permit with a business located at
55 MARSH HILL RD
ORANGE, CT 06477-3612
The business will be owned by:
LEONARD C. REIZFELD
Objections must be filed by: 04/11/2015
LEONARD REIZFELD

PUBLIC NOTICE

Pursuant to a determination issued by the Office of Health Care Access, and in accordance with Connecticut General Statute Section 19a-638(a)(4), Yale-New Haven Hospital plans to submit a Certificate of Need Application

LEGAL NOTICES

NOTICE OF PUBLIC HEARING WEST HAVEN WATER POLLUTION CONTROL COMMISSION

To whom it may concern: The West Haven Water Pollution Control Commission will hold a public hearing on Wednesday, March 11, 2015 at 6:30 p.m. in the Water Pollution Control Facilities Administration Building's Conference Room located at 2 Beach Street on the following agenda:

Submission of the Water Pollution Control Commission proposed operating budget for the fiscal year 2015-2016 in the amount of \$11,522,746.00 and a proposed sewer use fee rate of \$408.00 per unit.

Peter O'Neill, Chairman
Water Pollution Control Commission

PROBATE NOTICES

NOTICE TO CREDITORS
ESTATE OF James Joseph Mabe

The Hon. Beverly K. Street-Kefalas, Judge of the Court of Probate, District of Milford - Orange Probate District, by decree dated December 24, 2014, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of

Notice of Tentative Determination to Approve Structures, Dredging & Fill and Tidal Wetlands And Intent to Waive Public Hearing
Applicant: Joseph Karpinski
Application No. 201406293-SB
Municipality: Town of Westbrook

The Department of Energy and Environmental Protection ("DEEP") hereby gives notice that a tentative determination has been reached to approve the following application submitted under Sections 22a-361 and 22a-32 of the Connecticut General Statutes ("CGS") for a permit to work waterward of the coastal jurisdiction line, coastal or navigable waters of the state and in tidal lands for private recreational boating access.

The Commissioner also gives notice of intent to withdraw requirement for public hearing pursuant to CGS 22a-32 and that the Commissioner shall hold a hearing receipt of a petition signed by twenty-five or more persons pursuant to CGS Sections 22a-32 and 22a-361(b). The Commissioner also gives notice that a hearing may be held on this application if a written request is received from the applicant, or if the Commissioner determines that the public interest will best be served thereby.

Applicant's Name and Address: Joseph Karpinski, Haviland Road, Ridgefield, CT 06877
Contact: Docko, Inc., P.O. Box 421, Mystic, CT 06355
office@docko.com; 860-572-8939
Site Location: Westbrook Tax Assessor's Reference 188, Block 025

PROPOSED ACTIVITY
The proposed activity includes installation of a pier and float and will affect coastal resources and tidal lands.

INFORMATION REQUESTS/PUBLIC COMMENT
Interested persons may obtain a copy of the application from the above contacts or by sending a request for an electronic copy to DEEP at sue.bailey@ct.gov. The application is available for inspection at the DEEP Office of Coastal and Estuarine Programs, 79 Elm Street, Hartford, CT 06106 - 4:30 Monday through Friday. Additional surveys, photographs and other materials may be available with the original application file at DEEP. All interested parties are invited to express their views on the tentative determination concerning this application. Written comments on the application should be directed to Susan Bailey, DEEP Office of Coastal and Estuarine Programs, 79 Elm Street, Hartford, CT 06106, no later than April 9, 2015. Comments regarding this application may be submitted via electronic mail to sue.bailey@ct.gov.

PETITIONS FOR HEARING
Petitions for a hearing should include the application number and a copy of the tentative determination.

LEGAL NOTICES

Connecticut Legal Notice

Funding Opportunity In Support of Nonprofit, Faith-based, and Government Agencies Providing Emergency Food, Shelter, and Utility Assistance Services

The United Way of Greater New Haven Announces FY 15 Emergency Food and Shelter Program (EFSP) Investment Process

United Way of Greater New Haven will administer \$489,718 in federal funds under the Emergency Food and Shelter National Board Program (EFSP) for fiscal year 2015, through a competitive application process for New Haven County nonprofits, faith-based, and government agencies for emergency services program funding. Other organizations such as smaller emerging nonprofits are encouraged to apply in partnership with an eligible 501(c)3 organization that agrees to serve as the fiscal agent for the grant.

Programs who have provided direct services including emergency food, emergency shelter, emergency utility, emergency rent/mortgage assistance and transitional housing services for at least 12 ongoing months to individuals and families in crisis or prevention services that help people avoid crisis in the towns of Ansonia, Beacon Falls, Bethany, Branford, Cheshire, Derby, East Haven, Guilford, Hamden, Madison, Meriden, Middlebury, Milford, Naugatuck, New Haven, North Branford, North Haven, Orange, Oxford, Prospect, Seymour, Southbury, Wallingford, Waterbury, West Haven, Wolcott, and Woodbridge are welcome to apply for funding. Applications, detailed instructions, funding criteria and guidelines for the 2015 EFSP grant process is available at uwngh.org. Applications due 4p.m. Friday, March 13, 2015.

Housing Authority of the City of New Haven

Invitation for Bid HVAC Riser Upgrades at Constance Baker Motley- Phase 2

LEGAL NOTICES

LEGAL NOTICE PUBLIC HEARING

The State Board of Education will conduct a public hearing on the application for the renewal of a charter for Common Ground High School in the City of New Haven. The public hearing will be held on March 10, 2015, beginning at 6 p.m. and concluding on or before 8 p.m. at Wilbur Cross High School auditorium, located at 181 Mitchell Dr. in New Haven, CT. Anyone interested in commenting on the application for the renewal of a charter for Common Ground is welcome. All organizations and individuals offering comments are encouraged to provide a written copy of their remarks.

LIQUOR PERMIT

Notice of Application This is to give notice that I
LEONARD REIZFELD
461 AMITY RD
WOODBIDGE CT 06525
Have filed a request placarded 02/28/2015 with the Department of Consumer Protection to distribute alcoholic liquor as a WHOLESALE LIQUOR permit with a business located at
55 MARSH HILL RD
ORANGE, CT 06477-3612
The business will be owned by:
LEONARD C. REIZFELD
Objections must be filed by: 04/11/2015
LEONARD REIZFELD

NOTICE OF PERMIT APPLICATION

Town(s): New Haven

Notice is hereby given that Magellan Terminals Holdings, L.P. (the applicant) of One Williams Center, MD 27, Tulsa, Oklahoma 74172 will submit to the Department of Energy and Environmental Protection an application for a permit for a Title V source under Connecticut General Statutes, and section 22a-174-33 of the Regulations of Connecticut State Agencies which are regulated under the Federal Clean Air Act (CAA).

Specifically, the applicant proposes to apply for a permit renewal for a Title V source. The proposed permit will take place at

LEGAL NOTICES

NOTICE OF PUBLIC HEARING WEST HAVEN WATER POLLUTION CONTROL COMMISSION

To whom it may concern: The West Haven Water Pollution Control Commission will hold a public hearing on Wednesday, March 11, 2015 at 6:30 p.m. in the Water Pollution Control Facilities Administration Building's Conference Room located at 2 Beach Street on the following agenda:

Submission of the Water Pollution Control Commission proposed operating budget for the fiscal year 2015-2016 in the amount of \$11,522,746.00 and a proposed sewer use fee rate of \$408.00 per unit.

Peter O'Neill, Chairman
Water Pollution Control Commission

PUBLIC NOTICE

Pursuant to a determination issued by the Office of Health Care Access, and in accordance with Connecticut General Statute Section 19a-638(a)(4), Yale-New Haven Hospital plans to submit a Certificate of Need Application to the Connecticut Department of Public Health's Office of Health Care Access for the relocation of Yale New Haven Hospital's Inpatient Rehabilitation Unit from 1450 Chapel Street, New Haven, Connecticut to leased space at 300 Seaside Avenue, Milford, Connecticut. The estimated total capital expenditure for the project will be \$5,500,000.

FORECLOSURES

LEGAL NOTICE FORECLOSURE AUCTION SALE

Docket No.: AAN-CV-13-6014890-S
Case Name: Nationstar Mortgage LLC, D/B/A Champion Mortgage C. v. ...
John D. Et Al

FORECLOSURES

LEGAL NOTICE FORECLOSURE AUCTION SALE

Docket No. NNH-CV-14-6047747-S
Case Name: Federal National Mortgage Association vs. Marc Suraci, Et Al

Property Address: 120 Wooster St, Unit O New Haven, CT
Property Type: Residential Condominium

Date of Sale: Saturday, March 7, 2015 at 12:00 Noon

Committee Name: Attorney Gerald M. Still
Committee Phone Number: (203) 865-1309

See Foreclosure Sales at www.jud.ct.gov for more detailed information

LEGAL NOTICE FORECLOSURE AUCTION SALE

Docket No. AAN-CV-10-6004056-S
Case Name: Deutsche Bank National Trust Company, as Trustee vs. Allendorf, Eric, Et Al

Property Address: 91 West Walk West Haven, CT
Property Type: Residential

Date of Sale: Sat., March 14, 2015

Committee Name: Vincent R. Falcone
Committee Phone Number: (203) 931-1762 ext. 118

See Foreclosure Sales at www.jud.ct.gov for more detailed information

LEGAL NOTICE FORECLOSURE

B4 CLASSIFIED

NEW HAVEN REGISTER
monster.

Monday, March 2, 2015 » MORE UPDATES AT FACEBOOK.COM/NEWHAVENREGISTER AND TWITTER.COM/NHREGISTER

www.nhregister.com

▶▶ HOW TO PLACE A CLASSIFIED AD:

CALL ▶ 1.800.922.7066 (Toll Free)

Classified is open Monday through Friday from 8am to 5pm.

The ad deadline is 5pm for publication the following day (Friday @ 5pm for publication Sunday or Monday).

Please check your ad on the first day it is published to make sure it is correct. If you find an error, please report it IMMEDIATELY. Call 1.800.922.7066. The New Haven Register will be responsible for only ONE incorrect insertion

APARTMENTS FOR RENT (UNFURNISHED)

LOOK!

ANSONIA
2 BR townhouse units available at Beaver Brook Apts. Located in wooded setting yet 10 minutes to New Haven and Bridgeport with no traffic lights! Prices from \$950-\$1000 incl. heat & hot water. Fall special 1/2 off first mo's rent. Call for your appointment today, 203-734-5117

DERBY - 1BR - \$695 plus utilities & parking Ready to move in. Some w/high cell+driver/rentals. NOpets. 937-6933/499-8183

Do you have a Section 8 voucher? Spacious 3 BR apartment in New Haven. Handicap Accessible, Washer, Dryer, Dishwasher, Central Air. Income Guidelines Apply. \$1100 plus utilities. EHO 203-772-4646

Hamden: spacious 2 bdrm, off st parking, newly renovated. Call 203-795-3748

NEW HAVEN - 2 BR, 3rd floor, off street parking. No pets. \$750/mo. Call (203) 874-2794

NEW HAVEN 1 & 2 BR

HELP WANTED FULL TIME

DRIVER, Class A or B tanker, Hazmat, TMIC card, current medical. Apply at Turks Oins, 80 Britannia St, Meriden, CT.

HEALTHCARE

HIRING HOME HEALTH AIDES
Homemakers & Companions Personal Care Assistants CNAs. Bilingual/Spanish a plus. (203) 789-0777 or fax resume (203)789-0766 bpr#: 203-380-8883

RESTAURANT FOOD SERVICE



RESTAURANT HIRING - EXPERIENCED: COOKS, KITCHEN STAFF & WAITSTAFF/SERVERS FULL-TIME & PART-TIME
Days, nights, holidays available. Will train. Apply @ Jimmes, 5 Rock St, West Haven

HOW TO WRITE A classified

SITUATIONS WANTED

SEEKING EMPLOYMENT
Gentleman with Autism and toubrettes seeking assembly work in and around New Haven Shoreline area. requires adjustment time to settle in. Will be best employee you ever had. Call 203-264-3061

LEGAL NOTICES

LIQUOR PERMIT
Notice of Application
This is to give notice that
JOSE L. COLON
598 FERRIS STREET, FL 3
NEW HAVEN, CT 06513-2922.

Have filed an application placarded 02/26/2015 with the Department of Consumer Protection for a RESTAURANT LIQUOR PERMIT for the sale of alcoholic liquor on the premises at 446 FORBES AVE. NEW HAVEN, CT 06512-1932
The business will be owned by: JC ENTERPRISE LLC
Entertainment will consist

LEGAL NOTICES

ATTENTION !!!
Employees of Covidien LP located in North Haven, CT who provided production of medical devices and general surgical products:
You were certified on January 20, 2015 as eligible to apply for Trade Adjustment Assistance (TAA) under the federal Trade Act. If you are totally or partially separated from employment on or after December 3, 2013 and on or before January 20, 2017.

Employees covered by the certification may qualify for benefits such as training, job search and relocation allowances, and income support.
Eligible workers may contact the nearest Department of Labor/American Job Center for information and assistance or visit the Department of Labor internet site at www.dtdl.state.ct.us/TradeAct/ for more information.

LEGAL NOTICES

NEW HAVEN CITY PLAN COMMISSION
Public Hearing
Wed, March 18, 2015
@ 7:00 p.m.
Mtg Rms 1 & 2,
2nd Flr Atrium
165 Church St
New Haven, CT

ORDER OF THE BOARD OF ADJUDICATORS
Amendment to Section 63 of the Code of Ordinances, the New Haven Zoning Ordinance, regarding the Appointment of Members of the Board of Zoning Appeals.

At this time testimony will be accepted relative to this petition that is on file at City Plan Dept. 165 Church St. (203-946-6377) and at the office of the City-Town Clerk, for disability accommodation, call 5 business days in advance of the hearing date: 203-946-7833 (voice) or 946-8852 (TTY).

LEGAL NOTICES

PUBLIC NOTICE

Pursuant to a determination issued by the Office of Health Care Access, and in accordance with Connecticut General Statute Section 19a-538(a)(4), Yale-New Haven Hospital plans to submit a Certificate of Need Application to the Connecticut Department of Public Health's Office of Health Care Access for the relocation of Yale New Haven Hospital's Inpatient Rehabilitation Unit, from 1450 Chapel Street, New Haven, Connecticut to leased space at 300 Seaside Avenue, Milford, Connecticut. The estimated total capital expenditure for the project will be \$5,500,000.

YOU'LL NEVER KNOW how effective a classified ad is until you use one yourself! Reach the entire area without leaving the comfort of your home. Call and place your classified today to sell those unwanted items.

Exhibit IV – Affidavit

INSERT SIGNED AND NOTARIZED AFFIDAVIT

Executive Summary

The purpose of the Executive Summary is to give the reviewer a conceptual understanding of the proposal. In the space below, provide a succinct overview of your proposal (this may be done in bullet format). Summarize the key elements of the proposed project. Details should be provided in the appropriate sections of the application that follow.

Yale-New Haven Hospital (YNHH) provides both inpatient and outpatient rehabilitation medicine and therapy services. YNHH's inpatient rehabilitation services are provided in an inpatient unit certified by the Centers for Medicare and Medicaid Services (CMS). There are a total of 24 certified beds with 18 currently operational on the Chapel Street campus. This unit provides acute inpatient rehabilitation (IRU) services consistent with federal regulations Subpart B of 42 CFR Part 412. The IRU serves as a discharge placement for inpatients in need of intensive inpatient rehabilitative care after an acute care hospitalization. YNHH plans to relocate the IRU to leased space in Milford Hospital's (MH) main hospital building, located at 300 Seaside Avenue. YNHH will continue to operate, staff and bill for IRU services provided in the Milford location. The IRU in Milford will operate as a YNHH satellite location, using existing YNHH licensed beds.

The impetus for this relocation is to create needed post-operative space for YNHH's Musculoskeletal Center (MSC) being established on the Chapel Street campus. Planning for the MSC began with the acquisition of the Saint Raphael Healthcare System in 2012. This center brings together orthopedics, neurology, rheumatology, physiatry, pain management and podiatry. Physician office space for all of these specialty physicians will be located in one area on the Chapel Street campus. Rehabilitation therapies such as physical, occupational and speech therapy will also be located in the same area. Two existing operating rooms were recently renovated and equipped to offer state-of-the art equipment for musculoskeletal surgeries. Musculoskeletal services, including physician offices and outpatient therapy will also be provided in existing outpatient locations including Guilford, Milford and two locations in New Haven. Inpatient volume projections require an additional nursing care unit and there are no other cost effective options.

YNHH and MH began discussing ways the two organizations can collaborate. MH has available space to accommodate the IRU and has experienced financial challenges over the past several years. Relocation of the IRU to MH was determined to be the least expensive option for YNHH to create needed inpatient capacity on the Chapel Street campus for the MSC. No additional beds will need to be added to YNHH's license. MH will significantly benefit from rental income and purchased ancillary services to be paid by YNHH. Finally, the IRU serves as a discharge placement and can serve patients from multiple acute care settings. Milford offers a more central regional location for Yale New Haven Health System member hospitals and affiliated physicians.

Pursuant to Section 19a-639 of the Connecticut General Statutes, the Office of Health Care Access is required to consider specific criteria and principles when reviewing a Certificate of Need application. Text marked with a “§” indicates it is actual text from the statute and may be helpful when responding to prompts.

Project Description

1. Provide a detailed narrative describing the proposal. Explain how the Applicant(s) determined the necessity for the proposal and discuss the benefits for each Applicant separately (if multiple Applicants). Include all key elements, including the parties involved, what the proposal will entail, the equipment/service location(s), the geographic area the proposal will serve, the implementation timeline and why the proposal is needed in the community.

Response

YNHH is a non-profit, 1,541-bed tertiary medical center that includes Smilow Cancer Hospital at Yale-New Haven, Yale-New Haven Children's Hospital and Yale-New Haven Psychiatric Hospital. YNHH regularly ranks among the best hospitals in the U.S. and is accredited by The Joint Commission. In conjunction with the Yale School of Medicine (YSM) and Yale Cancer Center, YNHH is nationally recognized for its commitment to teaching and clinical research.

Relying on the skill and expertise of more than 4,500 university and community physicians and advanced practitioners, including more than 600 resident physicians, YNHH provides comprehensive, multidisciplinary, family-focused care in more than 100 medical specialty areas. In addition to providing quality medical care to patients and families, YNHH is the second largest employer in the New Haven area with more than 12,000 employees. YNHH is also the flagship member of Yale New Haven Health System (YNHHS).

IRU at YNHH

YNHH provides both inpatient and outpatient rehabilitation medicine and therapy services. YNHH's inpatient rehabilitation services are provided in an inpatient unit certified by the Centers for Medicare and Medicaid Services (CMS). There are a total of 24 certified beds with 18 currently operational on the Chapel Street campus (see Attachment III for CMS letter). This unit provides acute inpatient rehabilitation (IRU) services consistent with federal regulations Subpart B of 42 CFR Part 412. A copy of Medicare's coverage criteria for Inpatient Rehabilitation Facilities is provided in Attachment IV. The IRU serves as a discharge placement for inpatients in need of inpatient rehabilitative care after an acute care hospitalization. The most common diagnoses or conditions for patients utilizing the IRU are lower extremity joint replacement, stroke, pain, spinal cord injury, lower extremity fracture, and movement disorders. The majority of patients are over the age of 65 and Medicare fee for service represents the largest payor.

Musculoskeletal Center at YNHH & IRU Relocation to Milford Hospital

YNHH plans to relocate the IRU to leased space in MH's main hospital building, located at 300 Seaside Avenue. YNHH will continue to operate, staff and bill for IRU services provided in the Milford location. The IRU in Milford will operate as an YNHH satellite location, using existing YNHH licensed beds. It is important to stress that the

IRU in the Milford location will provide the same services to the same patients by the same staff, just at a different physical location.

The impetus for this relocation is to address physical space constraints on YNHH's New Haven campus and create needed post-operative space for YNHH's Musculoskeletal Center (MSC) being established on the Chapel Street campus. The MSC brings together orthopedics, neurology, rheumatology, physiatry, pain management and podiatry. Physician office space for all of these specialty physicians will be located in one area on the Chapel Street campus. Rehabilitation therapies such as physical, occupational and speech therapy will also be located in the same area. Two existing operating rooms have been renovated and equipped to offer state-of-the art equipment for musculoskeletal surgeries. Musculoskeletal services will also be provided in outpatient locations including Guilford, Milford and two locations in New Haven. Inpatient volume projections for the MSC require an additional inpatient nursing unit and there are no cost effective options on the New Haven campus. Services to be provided by the MSC are considered acute care services and therefore should be located with other related acute care services. The current IRU location is ideal for the MSC unit required. The proposal does not require any additional beds to be added to YNHH's license.

The IRU will be relocated to the second floor at MH's main hospital building. The unit is being renovated to house 24 beds, YNHH's current CMS certified beds. There will be some significant improvements to the unit's configuration and ambiance as compared with the current IRU in New Haven. A total of 18 private rooms will be available as compared to two (2) on the current unit. The unit will have new and pleasant furnishings. All needed support spaces, offices, a conference room, storage, etc. will be located on the same floor close to the unit. A rehabilitation gym will be located in close proximity to the unit.

Collaboration with MH

YNHH and MH have held discussions regarding how the two organizations can collaborate. MH has experienced financial challenges over the past several years. The relocation of the IRU to available space at MH represents an initial opportunity for the two organizations to collaborate and bring needed benefits to one another. The IRU relocation will produce rental income and income for purchased ancillary services which will benefit MH financially. The income to MH will help to improve the organization's financial health, thus helping to support access to its services utilized by the local community. Benefits to YNHH include the ability to use an existing inpatient area at MH and avoid the construction of new space on the New Haven campus for the MSC, which would be more expensive.

Milford represents a more central location for Fairfield and New Haven county residents who utilize YNHHS member hospitals and physician practices and required IRU services. As previously stated, the IRU is a post-acute care hospitalization level of care. There are a limited number of IRUs in the State of Connecticut and therefore they serve patients being discharged from multiple hospitals. The length of stay in an IRU is approximately 15 days. Families will find access to MH much easier than New Haven. There is ample free parking, less traffic, and the campus is much simpler to navigate. The Milford location offers major benefits to patients and families during a longer rehabilitation stay.

Geographic Area Served

The same geographic areas served by YNHH's IRU will continue to be served in the Milford location. The communities representing the top 80% of the IRU's volume include: New Haven, Hamden, East Haven, West Haven, North Haven, Orange, Milford, Wallingford, North Branford, Branford, and Guilford. In addition, the Milford location is expected to facilitate access to the IRU for area residents served by Milford Hospital and affiliated YNHHS Hospitals and physician practices.

Timeframe

Construction began in late 2014 at MH and is due to be complete in early June 2015. YNHH plans to open the IRU at MH on or about June 15, 2015. In order to ensure a seamless transition, admissions to the IRU in New Haven will be stopped approximately 2-3 weeks prior to the planned move (the average length of stay for IRU patients). All patients will be discharged from the New Haven location by the end of a week (Friday) and the Milford unit will open for new patient admissions the following Monday. If necessary, any patients who cannot be discharged will be transported from New Haven to Milford.

In summary, this proposal is needed to create inpatient capacity on the YNHH Chapel Street campus to support the MSC's inpatient needs. It also provides a significant benefit to MH which has available space and is in need of new revenue streams to improve its financial condition. Finally, it offers a regional and central location for access to the IRU for YNHHS member hospitals and affiliated practices, without compromising access to, or the quality of, IRU services for existing patients.

2. Provide the history and timeline of the proposal (i.e., When did discussions begin internally or between Applicant(s)? What have the Applicant(s) accomplished so far?).

Response

YNHH began discussions with MH in May of 2014. These discussions focused on establishing YNHH's IRU as a satellite inpatient rehabilitation unit in Milford thus serving as a regional resource to accommodate the needs of patients from New Haven, Milford and other communities served by the YNHHS affiliates.

On July 11, 2014, YNHH's Executive Committee of the Board of Trustees approved the relocation of the IRU to leased space in MH. YNHH and MH executed a Definitive Agreement for this transaction on September 2, 2014. The terms of the agreement are outlined below:

- YNHH will relocate its IRU to leased space at MH but the unit will continue to be operated as an YNHH service.
- YNHH will employ or engage all technical, nursing and other staff as required.
- YNHH will appoint a medical director to oversee clinical care.
- YNHH will lease space at MH for an initial term of 5 years. There is an option to renew for (2) successive five-year terms.
- YNHH will purchase ancillary services such as pharmacy, laboratory, radiology and special procedures as required at a per diem rate per occupied bed.
- YNHH will make and pay for any required capital improvements to the space.

The Definitive Agreement has been reviewed by OHCA. Due to its confidential nature, it will not be provided in the CON application.

Construction on this space began in December 2014. The construction will be complete by early June 2015.

3. Provide the following information:
- utilizing [OHCA Table 1](#), list all services to be added, terminated or modified, their physical location (street address, town and zip code), the population to be served and the existing/proposed days/hours of operation;

Response

Please refer to completed Table 1.

- identify in [OHCA Table 2](#) the service area towns and the reason for their inclusion (e.g., provider availability, increased/decreased patient demand for service, market share);

Response

Please refer to completed Table 2. The service area towns were included based on historical data for the IRU in its current New Haven location.

4. List the health care facility license(s) that will be needed to implement the proposal;

Response

Inpatient rehabilitation services, as described throughout this CON application, are provided under YNH's acute care hospital license.

5. Submit the following information as attachments to the application:

- a copy of all State of Connecticut, Department of Public Health license(s) currently held by the Applicant(s);

Response

A copy of YNH's acute care license issued by the State of Connecticut, Department of Public Health (DPH) is provided in Attachment V.

- a list of all key professional, administrative, clinical and direct service personnel related to the proposal and attach a copy of their Curriculum Vitae;

Response

A list of all key professional, administrative and clinical personnel related to the proposal is provided below. Copies of Curriculum Vitae are provided in Attachment VI.

Key personnel:

- **Marna Borgstrom, Chief Executive Officer**
- **Richard D'Aquila, President and Chief Operating Officer**
- **James Staten, Senior Vice President, Finance and Chief Financial Officer**
- **Abe Lopman, Senior Vice President Operations and Executive Director of Smilow Cancer Hospital**
- **Nycaine Anderson-Peterkin, MD, IRU Medical Director**

- **John Tarutis, Executive Director, Rehabilitation Unit**

- c. copies of any scholarly articles, studies or reports that support the need to establish the proposed service, along with a brief explanation regarding the relevance of the selected articles;

Response

Not applicable. This application does not involve the establishment of a new service.

- d. letters of support for the proposal;

Response

Letters of support for the proposal have been included in Attachment VII.

- e. the protocols or the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the Applicant proposes to meet the protocols or guidelines.

Response

Not applicable. There are no Standard of Practice Guidelines applicable to the IRU. Care is directed by psychiatrists, physicians specially trained in rehabilitation medicine.

- f. copies of agreements (e.g., memorandum of understanding, transfer agreement, operating agreement) related to the proposal. If a final signed version is not available, provide a draft with an estimated date by which the final agreement will be available.

Response

As previously noted, the Definitive Agreement signed by YNHHS and MH related to this proposal has been reviewed by OHCA. This agreement contains confidential information and will not be included in the public record.

Public Need and Access to Care

§ *“Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the Department of Public Health;” (Conn.Gen.Stat. § 19a-639(a)(1))*

6. Describe how the proposed project is consistent with any applicable policies and standards in regulations adopted by the Connecticut Department of Public Health.

§ *“The relationship of the proposed project to the statewide health care facilities and services plan;” (Conn.Gen.Stat. § 19a-639(a)(2))*

Response

This proposal is consistent with all policies and standards in regulations adopted by the Connecticut DPH. Hospitals are permitted to establish satellite service locations under an existing acute care hospital license.

7. Describe how the proposed project aligns with the Connecticut Department of Public Health Statewide Health Care Facilities and Services Plan, available on [OHCA's website](#).

§ "Whether there is a clear public need for the health care facility or services proposed by the applicant;" (Conn.Gen.Stat. § 19a-639(a)(3))

Response

Relocation of the IRU from New Haven to Milford is aligned with the Connecticut DPH *Statewide Health Care Facilities and Services Plan*. Specifically, the 2014 update stresses the changes that have occurred in the State of Connecticut since the passage and implementation of the Patient Protection and Affordable Care Act (PPACA). The PPACA has influenced providers to focus on creating new models of care that bring higher quality and greater value. The PPACA has led to affiliations and mergers of health care providers throughout the State to maintain access to needed services, improve financial viability and enhance organizations' ability to meet technology needs.

This proposal is consistent with the affiliation efforts being seen statewide and nationally. It represents a more cost effective way to create inpatient bed space where it is needed, specifically for post-operative musculoskeletal patients on YNHH's Chapel Street campus, and maximize use of available space at MH. The revenue produced by lease payments and purchased ancillary services from YNHH will provide significant benefit to MH. The *Statewide Health Care Facilities and Services Plan* acknowledges that Connecticut has a sufficient number of inpatient beds. This proposal does not require any increase in inpatient beds, but will enhance utilization of those which already exist.

The *Statewide Health Care Facilities and Services Plan* does not include any recommendations specific to inpatient rehabilitation services. One of the acute care recommendations in the plan is:

Investigate the development of planning regions that best facilitate the ability to assess the availability of and future demand for care, taking into consideration existing hospital service areas.

Inpatient rehabilitation services are specialized services provided to individuals after an illness, injury or surgery. Services include intensive physical and occupational therapy along with other medical care to manage comorbid conditions. Patients generally receive 3 hours of therapy services per day along with general medical and nursing care. These services are not provided in all acute care hospitals and therefore existing units receive referrals from multiple institutions. Connecticut has a small number of IRU providers serving patients throughout the state. Location of the YNHH's IRU in Milford will better centralize the IRU between Fairfield and New Haven counties where most YNHHS affiliates and physician practices exist, without compromising access to care for patients who currently utilize the IRU services in New Haven.

8. With respect to the proposal, provide evidence and documentation to support clear public need:

- a. identify the target patient population to be served;

Response

The target patient population for an IRU is based on the 13 medical conditions listed in 42 CFR 412.29(b)(2). As per federal regulations at least 60% of the inpatient rehabilitation patients must have one of these 13 medical conditions:

- 1. Stroke;**
- 2. Spinal cord injury;**
- 3. Congenital deformity;**
- 4. Amputation;**
- 5. Major multiple trauma;**
- 6. Fracture of femur (hip fracture);**
- 7. Brain injury;**
- 8. Neurological disorders including (Multiple Sclerosis, Motor neuron diseases, Polyneuropathy, Muscular Dystrophy; and Parkinson's Disease);**
- 9. Burns;**
- 10. Arthritis conditions resulting in significant functional impairment;**
- 11. Systemic vasculidities resulting in significant functional impairment;**
- 12. Sever or advanced osteoarthritis; and**
- 13. Knee or hip joint replacement for bilateral joint, extreme obesity or age greater than 85.**

In addition to the diagnoses and conditions listed above, patients with complex rehabilitation and medical needs may also be admitted to an IRU if required and patients qualify. To qualify for Medicare coverage of IRU services, patients must be able to tolerate and benefit from at least 3 hours of therapy per day for at least five days per week. Many commercial payers have similar requirements.

- b. discuss how the target patient population is currently being served;

Response

The target patient population is currently being served in YNHH's IRU located on the Chapel Street campus. These same patients will be served at the YNHH IRU in Milford once it is relocated.

- c. document the need for the equipment and/or service in the community;

Response

As previously stated, there are a limited number of IRUs throughout the State of Connecticut. According to DPH's, *Statewide Health Care Facilities and Services Plan* in FY 2013 there were a total of approximately 20,000 rehabilitation patient days in New Haven and Fairfield counties. The plan also identifies that an additional 16 rehabilitation beds will be required in Fairfield County by 2020. Clearly this service is needed and utilized by the community. As the population continues to age, demand for these services will continue to rise as the majority of patients utilizing IRU services are over the age of 65.

- d. explain why the location of the facility or service was chosen;

Response

As previously discussed, MH was selected as the location for relocation of YNHHS's IRU for the following reasons:

- MH has available space that can accommodate the unit;
- MH is more centrally located for Fairfield and New Haven county residents, improving access for patients utilizing YNHHS member hospitals or physician practices;
- MH will benefit significantly from lease and purchased service payments; and
- Renovation of space at MH for the IRU was the least expensive option for YNHHS.

- e. provide incidence, prevalence or other demographic data that demonstrates community need;

Response

According to the Connecticut State Data Center, the population will grow in Fairfield and New Haven counties as shown below:

County	Population 2010	Population 2020	% Change
Fairfield	916,829	944,692	3.0%
New Haven	862,477	898,513	4.3%

The 65+ and the 85+ populations are projected to increase much more substantially, as summarized below. This is the target population for IRU services as older persons suffer from stroke, orthopedic and neurological conditions more frequently.

County	Population 2010 65+	Population 2020 65+	% Change	Population 2010 85+	Population 2020 85+	% Change
Fairfield	124,075	154,328	24%	20,462	23,733	16%
New Haven	123,972	162,063	31%	22,113	23,183	5%

Source: US Census Bureau

- f. discuss how low income persons, racial and ethnic minorities, disabled persons and other underserved groups will benefit from this proposal;

Response

The IRU provides care to those patients who meet the clinical requirements for the service. As previously stated, there are specific diagnoses and conditions that must comprise the majority of the patient population. In addition, patients must be able to tolerate at least 3 hours of therapy each day. The IRU has and will continue to serve low income persons, racial and ethnic minorities, disabled persons and underserved groups. These patient populations will benefit from the proposal in the same ways as other patients in need of IRU services by having easier access at the satellite Milford location along with enhanced patient privacy. MH is accessible by public transportation including bus and train.

- g. list any changes to the clinical services offered by the Applicant(s) and explain why the

change was necessary;

Response

Not applicable. There are no changes to the clinical services offered by YNHH.

- h. explain how access to care will be affected;

Response

YNHH believes access to IRU care will be enhanced with the relocation to MH due to the following reasons:

- **MH is located more centrally to residents of both Fairfield and New Haven counties who seek care from YNHHS member hospitals or physician practices;**
- **MH offers easy access either by car or public transportation such as bus or train; and**
- **MH offers ample, free onsite parking.**

YNHH will provide intra-facility (facilities owned or operated by YNHH) patient transport for any patient being discharged from the YNHH hospital and admitted to the IRU in Milford.

- i. discuss any alternative proposals that were considered.

Response

After careful review, YNHH staff determined that there is no available space on the Chapel Street campus for an additional inpatient unit for the MSC. One option that was evaluated was to relocate the IRU to the Grimes Center, YNHH's skilled nursing facility. The estimated costs to renovate a floor in Grimes to ensure the physical plant is in compliance with acute care hospital code were more than the costs of relocating it to Milford. In order to utilize space at Grimes an entire floor would have to be renovated, wall oxygen and suction installed as well as other modifications. The site also cannot support dialysis patients which is a need that does arise. The square footage at Grimes Center that would have required renovation was 16,000 in order to create an acute care floor. The original space targeted at MH was 8,500. Due to some unforeseen structural issues, the number of square feet being renovated at MH has increased to 14,516, however the renovation costs at MH are still less than they would have been if the Grimes Center unit was utilized. Once the discussions began with MH, no other alternatives were pursued.

*§ "Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including, but not limited to, (A) provision of or any change in the access to services for Medicaid recipients and indigent persons, and (B) the impact upon the cost effectiveness of providing access to services provided under the Medicaid program;"
(Conn.Gen.Stat. § 19a-639(a)(5))*

9. Describe how the proposal will:

- a. improve the quality of health care in the region;

Response

The current IRU staff provide high quality care to the patients they serve. The same staff will continue to provide services to IRU patients at the Milford location. High quality health care will continue to be provided in the region. In addition, because MH offers additional square footage to YNHH, a total of 18 private rooms can be created. This is a substantial increase from the existing 2 private rooms on the IRU and will significantly improve patient privacy and comfort.

- b. improve accessibility of health care in the region; and

Response

Relocation of the IRU to Milford will place the unit in a more central location to serve residents of both Fairfield and New Haven counties who utilize YNHHS providers. In addition, accessing the IRU facility in Milford will be significantly less burdensome for patients and families. MH offers ample on-site free parking which is not available in New Haven. The MH campus is much smaller and easier to navigate. The campus is also accessible by public transportation, specifically bus or train. The average length of stay in the IRU is approximately two weeks and these accessibility enhancements will be appreciated by families who visit during this two week timeframe.

- c. improve the cost effectiveness of health care delivery in the region.

Response

This proposal improves cost effectiveness of health care delivery in the region. Specifically, MH currently has available inpatient nursing unit space. YNHH has inpatient capacity needs that it cannot meet on its New Haven campuses. YNHH's utilization of available space at MH is much more cost effective than constructing new inpatient space in New Haven. In addition, the revenue to be paid to MH will help to offset fixed costs that exist in many departments that will support the IRU (e.g. housekeeping, security, dietary, etc.). For all these reasons, this relocation will improve cost effectiveness of health care delivery in the region. This proposal also eliminates the need for YNHH to construct new space to accommodate post-operative MSC patients.

10. How will this proposal help improve the coordination of patient care (explain in detail regardless of whether your answer is in the negative or affirmative)?

Response

Because the IRU in Milford will operate as a satellite of YNHH, it will continue to be incorporated into Epic, YNHH's electronic medical record. Epic serves as a powerful tool for the overall coordination of patient care and is used in both inpatient and outpatient settings within the YNHHS. All YNHHS providers who care for IRU patients will have access to patient medical records in the same way they would if the IRU was located in New Haven.

11. Describe how this proposal will impact access to care for Medicaid recipients and indigent persons.

§ “Whether an applicant, who has failed to provide or reduced access to services by Medicaid recipients or indigent persons, has demonstrated good cause for doing so, which shall not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers;” (Conn.Gen.Stat. § 19a-639(a)(10))

Response

The IRU currently serves the Medicaid and indigent patients who meet admission criteria and will continue to do so in Milford. Medicaid patients, those with Medicaid as a primary or secondary payer have been treated to the IRU if they met the clinical admission requirements. As previously stated, YNHH will provide intra-facility (facilities owned or operated by YNHH) patient transport for any patient being discharged from the YNHH hospital and admitted to the IRU in Milford. Public transportation is available to reach MH either by bus or train for patient families.

12. If the proposal fails to provide or reduces access to services by Medicaid recipients or indigent persons, provide explanation of good cause for doing so.

§ “Whether the applicant has satisfactorily demonstrated that any consolidation resulting from the proposal will not adversely affect health care costs or accessibility to care.” (Conn.Gen.Stat. § 19a-639(a)(12))

Response

Not applicable, this proposal does not fail to provide and does not reduce access to services for Medicaid recipients or indigent persons. Please refer to the response to question 11.

13. Will the proposal adversely affect patient health care costs in any way? Quantify and provide the rationale for any changes in price structure that will result from this proposal, including, but not limited to, the addition of any imposed facility fees.

Response

There will be no change to charges or reimbursement associated with the relocation of IRU services.

Financial Information

§ “Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the application,” (Conn.Gen.Stat. § 19a-639(a)(4))

14. Describe the impact of this proposal on the financial strength of the state’s health care system or demonstrate that the proposal is financially feasible for the applicant.

Response

The impact of this proposal on the financial strength of the state’s health care system will be positive. Please refer to responses to questions 1 and 9(c).

15. Provide a final version of all capital expenditure/costs for the proposal using [OHCA Table 3](#).

Response

Please refer to OHCA Table 3 for a final version of all capital expenditures. A description of the construction is provided below.

Construction Description

Beginning in late 2014, demolition of the MH's 2nd floor Memorial II West inpatient unit began. The IRU at MH will consist of 24 beds in 21 patient rooms (3 semi private, 18 private), new staff areas, work stations, a therapy gym, occupational therapy room, office space and storage. The unit is serviced by three elevators, two visitor and one patient service related. Many of the existing walls were removed, and abatement completed, in addition all patient room bathrooms were expanded. Mechanical support systems including oxygen, suction, and nurse call are being upgraded. Patient rooms will receive all new furniture and fixtures. A large gym area will be created and have all new equipment to treat a variety of rehabilitation needs. The décor and signage of the unit will be representative of YNHH, separate and distinct from the MH units.

Attachment VIII contains copies of the existing and proposed floor plans.

16. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.

Response

YNHH will fund the capital with operating funds.

17. Include as an attachment:

- a. audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, provide other financial documentation (e.g., unaudited balance sheet, statement of operations, tax return, or other set of books.). Connecticut hospitals required to submit annual audited financial statements may reference that filing, if current;

Response

YNHH has previously submitted its FY 2014 audited financial statements to OHCA.

- b. a complete **Financial Worksheet A (not-for-profit entity) or B (for-profit entity)**, available on OHCA's website under "[OHCA Forms](#)," providing a summary of revenue, expense, and volume statistics, "without the CON project," "incremental to the CON project," and "with the CON project." Note: the actual results reported in the Financial Worksheet must match the audited financial statement that was submitted or referenced.

Response

Financial Worksheet A has been completed and can be found in Attachment IX.

18. Complete [OHCA Table 4](#) utilizing the information reported in the attached Financial Worksheet.

Response

OHCA Table 4 has been completed utilizing the information reported in the attached Financial Worksheet.

19. Explain all assumptions used in developing the financial projections reported in the Financial Worksheet.

Response

Assumptions used in developing the financial projections reported in the Financial Worksheet have been provided in Attachment X.

20. Explain any projected incremental losses from operations resulting from the implementation of the CON proposal.

Response

There are projected incremental losses from operations in FY 2015 and 2016. The losses in FY 2015 are due to the fact that the unit in Milford will only have revenue for a 4 month time frame (opening June 2015) but YNH has to incur expenses associated with the relocation and renovation of the unit. In addition, the existing IRU unit on the Chapel Street campus will be closed for a time in order to prepare it for use by the MSC. Losses in FY 2016 are essentially due to depreciation costs and therefore the financial impact is basically break-even on a cash basis.

21. Indicate the minimum number of units required to show an incremental gain from operations for each projected fiscal year.

Response

The minimum number of IRU discharges required to show an incremental gain from operations in each projected fiscal year are summarized below:

FY	Minimum Number of IRU Discharges to Show Incremental Gain from Operations
2015	122
2016	505
2017	N/A
2018	N/A

Utilization

§ "The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons;"
(Conn.Gen.Stat. § 19a-639(a)(6))

22. Complete [OHCA Table 5](#) and [OHCA Table 6](#) for the past three fiscal years ("FY"), current

fiscal year (“CFY”) and first three projected FYs of the proposal, for each of the Applicant’s existing and/or proposed services. Report the units by service, service type or service level.

Response

OHCA Tables 5 and 6 have been completed. Please note that in FY 2012 the unit was operated by the Hospital of Saint Raphael. One of the physiatrists left in early 2013 and this limited the unit’s ability to care for as many patients. Recruitment efforts were extensive and difficult. YNHH was unable to recruit a physiatrist until late summer in 2014. The added physician coverage will permit census growth.

23. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected service volume; explain any increases and/or decreases in volume reported in OHCA Tables 4 and 5.

Response

Assumptions used in the derivation/calculation of the projected service volume are provided below.

Volume increases for the IRU are projected due to the following factors:

- **Physician staffing is sufficient to grow the average daily census;**
- **YNHH’s MSC will attract new patients, some of which will require IRU services;**
- **Milford Hospital’s orthopedic unit is expected to refer to the IRU; and**
- **The growing and aging population will increase the demand for IRU services.**

24. Provide the current and projected patient population mix (number and percentage of patients by payer) for the proposal using [OHCA Table 7](#) and provide all assumptions. **Note: payer mix should be calculated from patient volumes, not patient revenues.**

Response

The current and projected patient population mix by payer has been provided in OHCA Table 7. The projected payer mix is expected to remain the same. Please note that approximately a dozen patients shown in the Medicare category also have Medicaid (as a secondary payer).

*§ “Whether the applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services;”
(Conn.Gen.Stat. § 19a-639(a)(7))*

25. Describe the population (as identified in question 8(a)) by gender, age groups or persons with a specific condition or disorder and provide evidence (i.e., incidence, prevalence or other demographic data) that demonstrates a need for the proposed service or proposal. **Please note: if population estimates or other demographic data are submitted, provide only publicly available and verifiable information (e.g., U.S. Census Bureau, Department of Public Health, CT State Data Center) and document the source.**

Response

Please refer to the response to questions 8(a) and 8(e).

26. Using [OHCA Table 8](#), provide a breakdown of utilization by town for the most recently completed FY. Utilization may be reported as number of persons, visits, scans or other unit appropriate for the information being reported.

Response

OHCA Table 8 has been completed and includes a breakdown of utilization by town for the most recently completed FY.

§ "The utilization of existing health care facilities and health care services in the service area of the applicant;" (Conn.Gen.Stat. § 19a-639(a)(8))

27. Using [OHCA Table 9](#), identify all existing providers in the service area and, as available, list the services provided, population served, facility ID, address, hours/days of operation and current utilization of the facility. Include providers in the towns served or proposed to be served by the Applicant, as well as providers in towns contiguous to the service area.

Response

OCHA Table 9 has been completed to identify existing providers in the service area.

28. Describe the effect of the proposal on these existing providers.

Response

There will be no impact on existing providers. This proposal involves the relocation of an existing unit from New Haven to Milford. Projected growth is based on increased volume within the YNHHS and population growth.

29. Describe the existing referral patterns in the area served by the proposal.

Response

Referrals to the IRU are generally made by the discharge planning staff and attending physician caring for a patient during an acute care hospital admission. If additional rehabilitation is required and the patient can tolerate at least 3 hours of therapy per day, a referral is made to an IRU facility. YNHHS's IRU is frequently referred to by YNHHS discharge planning staff and attending physicians, however, the unit also receives referrals from other area hospitals.

30. Explain how current referral patterns will be affected by the proposal.

Response

Current referral patterns are expected to be maintained. Once the unit relocates to MH, it is expected that MH's orthopedic unit will refer patients to the unit more frequently.

§ "Whether the applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities;" (Conn.Gen.Stat. § 19a-639(a)(9))

31. If applicable, explain why approval of the proposal will not result in an unnecessary duplication of services.

Response

The proposal will not result in any unnecessary duplication of services as it represents relocation of an existing service.

§ “Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the geographic region. . .” (Conn.Gen.Stat. § 19a-639(a)(11))

32. How will the proposal impact the diversity of health care providers and patient choice or reduce competition in the geographic region?

Response

Not applicable. This proposal represents a relocation of existing service. There will be no reduction in patient choice or reduce competition in the geographic area.

Tables

**TABLE 1
APPLICANT'S SERVICES AND SERVICE LOCATIONS**

Service	Street Address, Town	Population Served	Days/Hours of Operation	New Service or Proposed Termination
Inpatient Rehabilitation Service	1450 Chapel Street, New Haven	Patients in need of rehabilitation services after acute hospitalization	24 hours per day, 7 days per week	Relocation from New Haven to Milford

[\[back to question\]](#)

**TABLE 2
SERVICE AREA TOWNS**

List the official name of town* and provide the reason for inclusion.

Town*	Reason for Inclusion
New Haven	20% of volume
Hamden	10%
East Haven	10%
West Haven	10%
North Haven	5%
Orange	5%
Milford	5% as well as new location will improve access for Milford area residents
Wallingford	4%
North Branford	4%
Branford	3%
Guilford	3%

- Village or place names are not acceptable. Towns are included above because they represent the top 80% of volume in FY 2014.

[\[back to question\]](#)

**TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE**

Purchase/Lease	Cost
Equipment (Medical, Non-medical Imaging)	1,687,035
Land/Building Purchase*	0
Construction/Renovation**	3,286,700
Land/Building Purchase*	0
Other (contingency, salaries, prof fees, misc)****	724,900
Total Capital Expenditure (TCE)	5,698,635
Lease (Medical, Non-medical Imaging)***	
Total Capital Cost (TCO)	
Total Project Cost (TCE+TCO)	5,698,635

- * If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.
- ** If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.
- *** If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.
- **** Other includes contingency, salaries, professional fees, signage, moving costs.

[\[back to question\]](#)

**TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

	FY 2015	FY 2016	FY 2017
Revenue from Operations	\$699,753	\$11,420,280	\$16,097,076
Total Operating Expenses	\$3,543,654	\$12,073,156	\$14,651,875
Gain/Loss from Operations	(\$2,843,901)	(\$652,876)	\$1,445,201

* Fill in years using those reported in the Financial Worksheet attached.

[\[back to question\]](#)

**TABLE 5
HISTORICAL UTILIZATION BY SERVICE**

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2012	FY 2013	FY 2014	FY 2015
IRU Discharges	390	257	197	221 (annualized)
Total	390	257	197	221

- * For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than 6 months, report actual volume and identify the period covered.
- ** Identify each service type and level adding lines as necessary. Provide the number of visits or discharges as appropriate for each service type and level listed.
- *** Fill in years. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

[\[back to question\]](#)

**TABLE 6
PROJECTED UTILIZATION BY SERVICE**

Service*	Projected Volume		
	FY 2015	FY 2016	FY 2017
IRU Discharges	221	339	388
Total	221	339	388

- * Identify each service type by location and add lines as necessary. Provide the number of visits/discharges as appropriate for each service listed.
- ** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

[\[back to question\]](#)

**TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX – IRU ONLY**

Payer	Current FY 2015		Projected					
			FY 2016		FY 2017		FY 2018	
	Discharges ***	%	Discharges ***	%	Discharges ***	%	Discharges ***	%
Medicare*	159	72.08%	244	72.08%	279	72.08%	297	72.08%
Medicaid*	1	0.51%	2	0.51%	2	0.51%	2	0.51%
CHAMPUS & TriCare								
Total	160	72.59%	246	72.59%	281	72.59%	299	72.59%

Payer	Current FY 2015		Projected					
	Discharges ***	%	FY 2016		FY 2017		FY 2018	
			Discharges ***	%	Discharges ***	%	Discharges ***	%
Government								
Commercial Insurers	58	26.4%	90	26.4%	102	26.4%	109	26.4%
Uninsured								
Workers Compensation	2	1.02%	3	1.02%	4	1.02%	4	1.02%
Total Non-Government	60	27.41%	93	27.41%	106	27.41%	113	27.41%
Total Payer Mix	221	100%	339	100%	388	100%	412	100%

* Includes managed care activity.

** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided. New programs may leave the "current" column blank.

*** Slight differences due to rounding

[\[back to question\]](#)

TABLE 8
UTILIZATION BY TOWN

Town	Utilization FY 2014 IRU Discharges
New Haven	34
Hamden	21
East Haven	19
West Haven	19
North Haven	10
Orange	9
Milford	9
Wallingford	7
N. Branford	7
Guilford	5
Madison	4
Woodbridge	4
Other	46
Total	197

* List inpatient/outpatient/ED volumes separately, if applicable

** Fill in year if the time period reported is not *identical* to the fiscal year reported on pg. 2 of the application; provide the date range using the mm/dd format as a footnote to the table.

[\[back to question\]](#)

**TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS**

Service or Program Name	Population Served	Facility ID*	Facility's Provider Name, Street Address and Town	Hours/Days of Operation	Current Utilization**
St. Vincent's Medical Center Bridgeport Hospital Norwalk Hospital Stamford Hospital	IRU (10 beds)	1396751616	2800 Main Street, Bridgeport, CT	24/7	32
	IRU (16 beds)	1649260845	267 Grant Street, Bridgeport	24/7	58
	IRU (12 beds)	1649263880	34 Maple Street, Norwalk	24/7	24
	IRU (17 beds)	1356331425	30 Shelburne Road, Stamford	24/7	73

* Provide the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.

** Current utilization based on available CHIME discharge data for DRGs 945 and 946 for FY 2015 (October and November).

[\[back to question\]](#)



Supplemental CON Application Form
Termination of a Service
Conn. Gen. Stat. § 19a-638(a)(5),(7),(8),(15)

Applicant: Yale-New Haven Hospital

**Project Name: Relocation of Inpatient Rehabilitation Service from
New Haven to Milford, Connecticut**

2. Project Description: Service Termination

a. Please provide

- i. a description of the history of the services proposed for termination, including when they commenced ,

Response

The IRU commenced service on May 5, 1995 under the license of the Hospital of Saint Raphael. This service became part of YNHH through its acquisition of the Saint Raphael Healthcare System effective September 12, 2012.

- ii. whether CON authorization was received and,

Response

YNHH staff are unable to locate a CON application and therefore are unsure whether one was required at the time the unit opened in 1995 by the Hospital of Saint Raphael.

- iii. if CON authorization was required, the docket number for that approval.

Response

Not applicable. See the response to question 1(a) (ii).

- b. Explain in detail the Applicant's rationale for this termination of services, and the process undertaken by the Applicant in making the decision to terminate.

Response

As stated throughout the main CON application, YNHH is not terminating the IRU service, but relocating it from New Haven (Chapel Street campus) to leased space at MH. The rationale for this relocation is summarized below.

YNHH plans to relocate the IRU to leased space in MH's main hospital building, located at 300 Seaside Avenue. YNHH will continue to operate, staff and bill for IRU services provided in the Milford location. The IRU in Milford will operate as a YNHH satellite location, using existing YNHH licensed beds. It is important to stress that the IRU in the Milford location will provide the same services to the same patients by the same staff, just at a different physical location.

The impetus for this relocation is to address physical space constraints on YNHH's New Haven campus and create needed post-operative space for YNHH's Musculoskeletal Center (MSC) being established on the Chapel Street campus. The MSC brings together orthopedics, neurology, rheumatology, physiatry, pain management and podiatry. Physician office space for all of these specialty physicians will be located in one area on the Chapel Street campus. Rehabilitation therapies such as physical, occupational and speech therapy will also be located in the same area. Two existing operating rooms have been renovated and equipped to offer state-of-the art equipment for musculoskeletal surgeries. Musculoskeletal services will also be provided in existing outpatient locations including Guilford, Milford and two locations in New Haven. Inpatient

volume projections for the MSC require an additional inpatient nursing unit and there are no cost effective options on the New Haven campus. Services to be provided by the MSC are considered acute care services and therefore should be located with other related acute care services. The current IRU location is ideal for the MSC unit required. The proposal does not require any additional beds to be added to YNHH's license.

The IRU will be relocated to the second floor at MH's main hospital building. The unit is being renovated to house 24 beds, YNHH's current CMS certified beds. There will be some significant improvements to the unit's configuration and ambiance as compared with the current IRU in New Haven. A total of 18 private rooms will be available as compared to two (2) on the current unit. The unit will have new and pleasant furnishings. All needed support spaces, offices, a conference room, storage, etc. will be located on the same floor close to the unit. A rehabilitation gym will be located in close proximity to the unit.

- c. Did the proposed termination require the vote of the Board of Directors of the Applicant? If so, provide copy of the minutes (excerpted for other unrelated material) for the meeting(s) the proposed termination was discussed and voted on.

Response

The proposed relocation did require a vote of the Board of Directors and its resolution has already been referenced in the main CON application.

3. Termination's Impact on Patients and Provider Community

- a. For each provider to which the Applicant proposes transferring or referring clients, provide the below information for the last completed fiscal year and current fiscal year.

Response

Not applicable. YNHH is not proposing to transfer or refer clients to another provider.

Table A
PROVIDERS ACCEPTING TRANSFERS/REFERRALS

Facility Name	Facility ID*	Facility Address	Total Capacity	Available Capacity	Utilization FY XX**	Utilization Current CFY***

* Please provide either the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.

** Fill in year and identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.). Label and provide the number of visits or discharges as appropriate.

*** For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

- a. Provide evidence (e.g., written agreements or memorandum of understanding) that other providers in the area are willing and able to absorb the displaced patients.

Response

Not applicable. There will be no displaced patients.

- b. Identify any special populations that utilize the service(s) and explain how these populations will maintain access to the service following termination at the specific location; also, specifically address how the termination of this service will affect access to care for Medicaid recipients and indigent persons.

Response

The IRU provides services to a specialized patient population based on Federal Regulations (42 CFR 412.29(b)(2)). As stated in the main CON application, federal regulations require that at least 60% of the inpatient rehabilitation patients have one of these 13 medical conditions:

- 1. Stroke;**
- 2. Spinal cord injury;**
- 3. Congenital deformity;**
- 4. Amputation;**
- 5. Major multiple trauma;**
- 6. Fracture of femur (hip fracture);**
- 7. Brain injury;**
- 8. Neurological disorders including (Multiple Sclerosis, Motor neuron diseases, Polyneuropathy, Muscular Dystrophy; and Parkinson's Disease);**
- 9. Burns;**
- 10. Arthritis conditions resulting in significant functional impairment;**
- 11. Systemic vasculidities resulting in significant functional impairment;**
- 12. Sever or advanced osteoarthritis; and**
- 13. Knee or hip joint replacement for bilateral joint, extreme obesity or age greater than 85.**

In addition to the diagnoses and conditions listed above, patients with complex rehabilitation and medical needs may also be admitted to an IRU if required and patients qualify. To qualify for Medicare coverage of IRU services, patients must be able to tolerate and benefit from at least 3 hours of therapy per day for at least five days per week. Many commercial payers have similar requirements.

The IRU has and will continue to be available to all patients, including Medicaid patients, who meet the clinical criteria for admission.

- c. Describe how clients will be notified about the termination and transfer to other providers.

Response

The community will be notified about the IRU relocation through a variety of mechanisms. The table below outlines the mechanisms that will be employed to notify key target audiences.

Inpatient Rehabilitation Unit Relocation to Milford Hospital: Marketing and Communications			
OBJECTIVE	Announce inpatient rehabilitation unit moving from Yale-New Haven Hospital Saint Raphael Campus to Milford Hospital. The inpatient rehabilitation unit will be operated by YNHH.		
Initiative	Description	Audience	Target Date
Media Release	Announce relocation to local media	Media and General Public	TBD
Internal Communications	Bulletin (YNHH Employee Newsletter), Medical Staff Bulletin (YNHH Medical Staff), NEMG CEO update (Online Physician Newsletter for Northeast Medical Group)	YNHH, YMG (employees and medical staff)	TBD
External Communications	Advancing Care (YNHH online community newsletter,) Milford Senior Center newsletter	Consumer	TBD
Brochure	Outline services; available to MDs, care coordinators/social workers/families	Physicians/Consumers	TBD
Social Media	Facebook/Twitter	Consumer	TBD
Webpage	Update on Rehabilitation services page on YNHH.org	Consumer	TBD
Paid Advertising	Execute print advertising campaign in local newspapers and magazines	Consumer	TBD
Opening Event	Host formal ribbon-cutting ceremony inviting local community	Employees YNHH/Consumers	TBD

- d. For DMHAS-funded programs only, attach a report that provides the following information for the last three full FYs and the current FY to-date:
- i. Average daily census;
 - ii. Number of clients on the last day of the month;
 - iii. Number of clients admitted during the month; and
 - iv. Number of clients discharged during the month.

Response

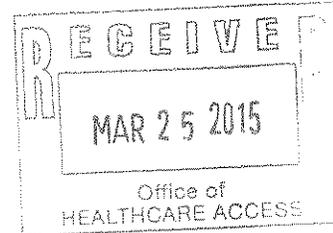
Not Applicable. The IRU is not a DMHAS-funded program

ATTACHMENTS



MILFORD HOSPITAL

March 20, 2015



Hon. Janet M. Brancifort, MPH
Deputy Commissioner
Office of Health Care Access
Division of Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134-0308

Re: Yale-New Haven Hospital Inpatient Rehabilitation Unit (IRU)

Dear Deputy Commissioner Brancifort:

I am writing to wholeheartedly support Yale-New Haven Hospital's certificate of need application to relocate its 24-bed IRU to Milford Hospital. As OHCA is aware, the approval of this CON would authorize YNHH to relocate its IRU to Milford Hospital. This is essential for the survival of Milford Hospital as a healthcare provider to its community.

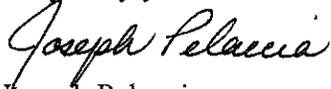
YNHH will transfer operations of its current IRU under its hospital license to a customized space at Milford Hospital. There will be no disruption or discontinuation of services that could negatively impact patient access at either facility. In fact, after the relocation, the same patients who would have been admitted to the IRU on YNHH's St. Raphael campus following an acute care stay will be transported to Milford and admitted to the IRU located at our hospital. Many family members, friends [and community physicians] caring for these patients will find it far more convenient to travel to Milford.

The relocation will improve the financial strength of both institutions. Not only does YNHH save on the cost of constructing new space to house an IRU, Milford Hospital gains much needed revenue from the lease payments. This revenue will assist Milford Hospital in providing acute care services to the community.

Collaborative arrangements like the one we are pursuing through the IRU relocation should be encouraged in today's health care environment. This arrangement fulfills many of the major goals of health reform by promoting quality and accessibility to care while efficiently using existing infrastructure and resources.

On behalf of Milford Hospital, its Board of Directors and the over 800 physicians, nurses and other health care workers it employs, we hope OHCA will grant prompt approval to this vitally important project.

Very truly yours.

A handwritten signature in cursive script that reads "Joseph Pelaccia".

Joseph Pelaccia
President & CEO

cc: Kimberly Martone, OHCA Director of Operations

Greer, Leslie

From: Lazarus, Steven
Sent: Tuesday, March 31, 2015 7:15 AM
To: Greer, Leslie
Cc: Martone, Kim; Fiducia, Paolo; Riggott, Kaila; Hansted, Kevin
Subject: FW: Responses to OHCA Questions for YNHH Relocation of IRU to Milford (DN: 15-31987)
Attachments: YHH IRU Relocation to Milford Completeness Responses _03 31 2015 with attachments.pdf; YNHH_IRU Relocation to Milford_Responses to Completeness Questions.docx

Leslie,

Please add to the record.

Thank you,
Steve

Steven W. Lazarus

Associate Health Care Analyst
Division of Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7012
Fax: 860-418-7053

From: Karen Banoff [<mailto:kbanoff@kmbconsult.com>]
Sent: Tuesday, March 31, 2015 6:50 AM
To: Lazarus, Steven
Cc: Nancy Rosenthal (Nancy.Rosenthal@greenwichhospital.org)
Subject: Responses to OHCA Questions for YNHH Relocation of IRU to Milford (DN: 15-31987)

Good morning Steve-

Please find attached responses to the questions you posed via telephone. We appreciate OHCA's fast turnaround time and please do not hesitate to contact me or Nancy Rosenthal with any additional questions. We hope these responses satisfy all of your requests.

Best, Karen

I included the entire submission in a pdf and MS file for the narrative content



kmb consulting, llc

*Karen M. Banoff, DNP, RN
Principal
203- 459-1601 (office)
203-209-0681 (mobile)*



Yale-New Haven Hospital

Certificate of Need Application

Completeness Question Responses

Relocation of the Inpatient Rehabilitation Unit to Milford, Connecticut

March 31, 2015

Yale-New Haven Hospital

Relocation of the Inpatient Rehabilitation Unit to Milford, Connecticut

Docket Number: 15- 31987

1. Provide more detailed assumptions for incremental revenues and expenses. Specifically identify the rent expense amount and the appropriate expense line item.

Response

Attachment I includes more detailed assumptions for the incremental revenues and expenses. A summary is provided below.

Revenue:

Incremental revenue is based on incremental IRU case volume that is projected to result when the unit is relocated to Milford. The current unit has 18 available beds. The Milford unit will have 24 available beds which will allow more census growth than if the unit remains in New Haven. A projected higher census is also expected in Milford due to a more central location for Yale New Haven Health facilities and physician practices.

The tables below summarize the projected cases and average daily census with and without the CON. The average length of stay is assumed to be 15.06 days at either location.

Milford Location (with the CON)	FY 2015	FY 2016	FY 2017	FY 2018
IRU Cases	245	339	388	412
IRU ADC	12	14	16	17

New Haven Location (without the CON)	FY 2015	FY 2016	FY 2017	FY 2018
IRU Cases	221	291	291	291
IRU ADC	9	12	12	12

Expenses:

Incremental expenses are related to the following:

- **Salary & Wages:** Incremental staffing for both the IRU and the MSC unit which will be created once the IRU relocates to Milford.
- **Supplies & Drugs:** Includes medical/surgical supplies, medications as well as other related costs based on historical aggregated costs per case.
- **Depreciation:** Capital improvements at Milford Hospital have been depreciated over a 10 year time frame.
- **Other Operating Expenses:** Incremental costs associated with rent and purchased services from Milford Hospital as described in the CON application. The monthly rent is \$39,200 and was determined to be fair market value rent by an independent third party.

2. Summarize the current IRU staffing and the proposed IRU staffing in the Milford location.

Response

All current IRU positions will exist in the Milford location. In addition, there will be incremental nursing and therapy staff as required for the increased census. Attachment II contains a detailed summary of the current and future staffing. Continuity in staff will ensure continued high quality of care.

3. Explain the transfer process for any patients remaining in the New Haven unit once the Milford unit opens.

Response

The plan is to limit admissions to the IRU in New Haven for a few weeks prior to the planned move to Milford. If there are any patients in New Haven location who could not be discharged prior to the Milford unit opening, they will continue to be cared for in New Haven until the Milford unit opens and then will be transported to the Milford unit. YNHH will arrange the transport from New Haven to Milford. This transport is considered intra-facility as the Milford unit will be an YNHH unit. No transfer protocol is required.

4. Clarify when the additional physiatrist was hired and if this accounted for historical volume declines.

Response

Volume declines experience between 2012 and 2014 were related to a physiatrist vacancy. Recruitment efforts were difficult due to the short supply of physiatrists in the local and national markets. A new physiatrist was hired and began work in July 28, 2014. Now that the unit has its full complement of physicians, census is already rebuilding.

5. Discuss the timing of the Musculoskeletal Center (MSC).

Response

The development of the MSC is already well underway. It is a multi-year endeavor that is focused on developing and providing services to meet the musculoskeletal needs of the community. The MSC involves physical plant changes and renovations as well as key physician recruitments. As mentioned in the CON Application, there are two newly renovated operating rooms that offer state-of-the-art surgical capabilities for this population. The MSC will offer a multidisciplinary approach to the diagnosis and treatment of musculoskeletal diseases as well as translational research. Connecticut offers very little translation research in related areas such as the use of stem cell therapy in degenerative bone and joint disease or the use of robotics in limb restoration. The MSC will provide much needed services and research to advance musculoskeletal care for Connecticut residents.

Milford IRU

Attachment I

Incremental Expense Explanations :

- 1) **Revenue:**
See schedule "Revenue / Discharges / Days"
- 2) **Salary and Wages :**
See schedule "Staffing FTE's" for IRU staffing. Incremental MSC staffing also included in figures provided.
- 3) **Supplies and Drugs:**
In addition to the Supplies and Drugs we have included aggregate costs obtained from historical data at the case level.
- 4) **Depreciation :**
Provides capital estimates depreciated over a 10 year period
- 5) **Other Operating Expenses**
The incremental cost includes rent payments made to Milford Hospital to account for the Fair Market Value of Space estimated by an independent third party. The monthly payment amount is \$39,200.

Revenue/Discharges/Days

	<u>FY 2015 (4 Months)</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
Cases				
Existing Cases	(73)	(291)	(291)	(291)
Milford Future Cases	97	339	388	412
SRC Ortho Backfill Cases	-	429	601	687
Incremental Cases	24	478	698	808

Patient Days

Existing Days	(1,098)	(4,380)	(4,745)	(4,745)
Milford Future Days	1,464	5,110	5,840	6,205
SRC Ortho Backfill Days	-	1,825	2,555	2,920
Incremental Days	366	2,555	3,650	4,380

Revenue

Existing Revenue	\$ (1,479,904)	\$ (6,521,106)	\$ (7,064,532)	\$ (7,064,532)
Milford Future Revenue	\$ 2,179,657	\$ 7,607,957	\$ 8,694,808	\$ 9,238,234
SRC Ortho Backfill Revenue	\$ -	\$ 10,333,429	\$ 14,466,800	\$ 16,533,486
Incremental Revenue	\$ 699,753	\$ 11,420,280	\$ 16,097,076	\$ 18,707,188

Staffing FTE's

Attachment II

	FY 2015 (4 Months)	FY 2016	FY 2017	FY 2018
Current State				
Nursing Clinical Staff	16.6	24.4	26.4	26.4
Rehab				
Physical Therapist	4.2	4.6	5.0	5.0
Occupational Therapist	2.0	2.2	2.5	2.5
Speech Therapist	0.6	0.8	0.8	0.8
Rehab Subtotal	6.8	7.6	8.3	8.3
Total	23.4	32.0	34.7	34.7

Future Operations				
Nursing Clinical Staff	16.6	28.4	32.5	34.5
Rehab				
Physical Therapist	4.6	5.3	6.2	6.6
Occupational Therapist	2.0	2.6	3.0	3.2
Speech Therapist	1.0	1.0	1.0	1.0
Rehab Subtotal	7.6	8.9	10.2	10.8
Total	24.2	37.3	42.7	45.3

Incremental Staffing				
Nursing Clinical Staff	-	4.0	6.1	8.1
Rehab				
Physical Therapist	0.4	0.7	1.2	1.6
Occupational Therapist	-	0.4	0.5	0.7
Speech Therapist	0.4	0.2	0.2	0.2
Rehab Subtotal	0.8	1.3	1.9	2.5
Total	0.8	5.3	8.0	10.6

Greer, Leslie

From: Lazarus, Steven
Sent: Wednesday, April 01, 2015 1:36 PM
To: Greer, Leslie
Cc: Hansted, Kevin; Riggott, Kaila; Fiducia, Paolo; Martone, Kim
Subject: FW: Request for Hearing for Docket No. 15-31987-CON
Attachments: 2015.03.31-Letter to DPH-Hearing Request-YNHH IRU Milford-JW.PDF; ATT00001.htm; 20150331133534275.pdf; ATT00002.htm

Leslie,

Please add to the original file.

Steve

Steven W. Lazarus

Associate Health Care Analyst
Division of Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7012
Fax: 860-418-7053

From: Rosenthal, Nancy [<mailto:Nancy.Rosenthal@greenwichhospital.org>]
Sent: Tuesday, March 31, 2015 4:05 PM
To: Lazarus, Steven
Subject: Fwd: Request for Hearing for Docket No. 15-31987-CON

Sent from my iPhone

Begin forwarded message:

From: "Rosenthal, Nancy" <Nancy.Rosenthal@greenwichhospital.org>
Date: March 31, 2015 at 3:09:44 PM EDT
To: "'Martone, Kim'" <Kimberly.Martone@ct.gov>
Cc: 'Steven.' <Lazarus@ct.gov>
Subject: Request for Hearing for Docket No. 15-31987-CON

Kim and Steve,

Attached are copies of letters requesting a hearing regarding Docket No. 15-31987-CON.

I will be sending the original letters to you via regular mail.

Best,

Nancy

Nancy Rosenthal

SVP Health Systems Development, Strategy and Regulatory Planning

Greenwich Hospital

5 Perryridge Rd.
Greenwich, CT 06830
Phone:(203) 863-3908

Nancy.Rosenthal@greenwichhospital.org
www.greenwichhospital.org

Please consider the **environment**
before printing this email.

This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.

March 31, 2015

VIA ELECTRONIC & REGULAR MAIL

Jewel Mullen, M.D., M.P.H, M.P.A
Commissioner
Department of Public Health
410 Capitol Avenue, P.O. Box 340308
Hartford, CT 06134-0308

Re: Public Hearing Request
Docket No. 15-31987-CON
Relocation of Yale-New Haven Hospital's Inpatient Rehabilitation Unit to Milford

Dear Commissioner Mullen,

In accordance with Section 19a-639a(e) of the Connecticut General Statutes, Yale-New Haven Hospital ("YNHH") hereby requests that the Office of Health Care Access hold a public hearing on Docket No. 15-31987-CON. This docket concerns a proposal by YNHH to relocate its inpatient rehabilitation unit to leased space on the Milford Hospital campus.

YNHH is a licensed acute care general hospital located in New Haven. The Hospital has more than five (5) employees and is therefore entitled to request a public hearing under Section 19a-639a(e).

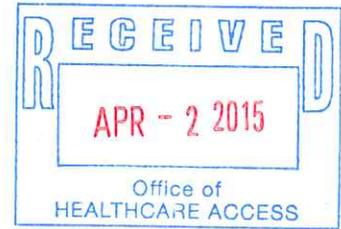
Thank you in advance for your consideration of this request.

Very Truly Yours,



Richard D'Aquila
President

cc: Kimberly Martone



March 31, 2015

VIA ELECTRONIC & REGULAR MAIL

Jewel Mullen, M.D., M.P.H, M.P.A
Commissioner
Department of Public Health
410 Capitol Avenue, P.O. Box 340308
Hartford, CT 06134-0308

Re: Public Hearing Request
Docket No. 15-31987-CON
Relocation of Yale-New Haven Hospital's Inpatient Rehabilitation Unit to Milford

Dear Commissioner Mullen,

In accordance with Section 19a-639a(e) of the Connecticut General Statutes, Yale New Haven Health System ("YNHHS") hereby requests that the Office of Health Care Access hold a public hearing on Docket No. 15-31987-CON. This docket concerns a proposal by Yale-New Haven Hospital (YNHH) to relocate its inpatient rehabilitation unit to leased space on the Milford Hospital campus.

YNHHS is one of the state's leading healthcare delivery systems, which include three delivery networks (Bridgeport Hospital, Greenwich Hospital and YNHH) and a physician foundation (Northeast Medical Group). YNHHS has more than five (5) employees and is therefore entitled to request a public hearing under Section 19a-639a(e).

Thank you in advance for your consideration of this request.

Very Truly Yours,

A handwritten signature in blue ink, appearing to read 'Nancy Rosenthal'.

Nancy Rosenthal
Senior Vice President, Health Systems Development

cc: Kimberly Martone

789 Howard Avenue
New Haven, CT 06519

March 31, 2015

VIA ELECTRONIC & REGULAR MAIL

Jewel Mullen, M.D., M.P.H, M.P.A
Commissioner
Department of Public Health
410 Capitol Avenue, P.O. Box 340308
Hartford, CT 06134-0308



Re: Public Hearing Request
Docket No. 15-31987-CON
Relocation of Yale-New Haven Hospital's Inpatient Rehabilitation Unit to Milford

Dear Commissioner Mullen,

In accordance with Section 19a-639a(e) of the Connecticut General Statutes, Yale-New Haven Hospital ("YNHH") hereby requests that the Office of Health Care Access hold a public hearing on Docket No. 15-31987-CON. This docket concerns a proposal by YNHH to relocate its inpatient rehabilitation unit to leased space on the Milford Hospital campus.

YNHH is a licensed acute care general hospital located in New Haven. The Hospital has more than five (5) employees and is therefore entitled to request a public hearing under Section 19a-639a(e).

Thank you in advance for your consideration of this request.

Very Truly Yours,



Richard D'Aquila
President

cc: Kimberly Martone

Greer, Leslie

From: Lazarus, Steven
Sent: Wednesday, April 01, 2015 4:13 PM
To: Nancy Rosenthal (Nancy.Rosenthal@greenwichhospital.org)
Cc: Greer, Leslie; Fiducia, Paolo; Riggott, Kaila; Martone, Kim; Hansted, Kevin; Karen Banoff
Subject: re: DN 15-31987-CON Deemed Complete
Attachments: 15-31987-Deemed Complete Letter.pdf

Nancy,

Please see the attached notification on behalf of OHCA deeming the above referenced application Complete.

Sincerely,

Steve

Steven W. Lazarus

Associate Health Care Analyst
Division of Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7012
Fax: 860-418-7053



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

April 1, 2015

VIA EMAIL ONLY

Nancy Rosenthal
Senior Vice President, Health Systems Deveopment
Yale-New Haven Health System
5 Perryredige Road
Greenwich, CT 06830

RE: Certificate of Need Application, Docket Number 15-31987-CON
Yale-New Haven Hospital
Termination of Yale-New Haven's Inpatient Rehabilitation Services at its Chapel
Street Campus and Relocate them to Space Leased at Milford Hospital

Dear Ms. Rosenthal:

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of April 1, 2015.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7012.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Lazarus", with a long horizontal line extending to the right.

Steven W. Lazarus
Associate Health Care Analyst

An Equal Opportunity Provider
(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

Greer, Leslie

From: Greer, Leslie
Sent: Friday, April 10, 2015 10:53 AM
To: 'Nancy.Rosenthal@greenwichhospital.org'
Cc: Lazarus, Steven; 'Paolo.Fiducia@po.state.ct.us'; Riggott, Kaila; Hansted, Kevin; Martone, Kim
Subject: Yale-New Haven Hospital's Hearing Notice
Attachments: 15-31987 Applicant.doc; 15-31987p NH Register.doc

Nancy,

Attached is the hearing notice that has been submitted to run in the New Haven Register by April 13, 2015.

Leslie M. Greer 

CT Department of Public Health

Office of Health Care Access

410 Capitol Avenue, MS#13HCA

Hartford, CT 06134

Phone: (860) 418-7013

Fax: (860) 418-7053

Website: www.ct.gov/ohca

 Please consider the environment before printing this message



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

April 10, 2015

Nancy Rosenthal
Senior Vice President, Health Systems Development
Greenwich Hospital
5 Perryridge Road
Greenwich, CT 06830

RE: Certificate of Need Application, Docket Number 15-31987-CON
Yale-New Haven Hospital
Termination of Inpatient Rehabilitation Unit at Yale-New Haven Hospital's
Chapel Street Campus and Relocate it to a Leased Space at Milford Hospital

Dear Ms. Rosenthal,

With the receipt of the completed Certificate of Need ("CON") application information submitted by Yale-New Haven Hospital ("Applicant") on April 1, 2015, the Office of Health Care Access ("OHCA") has initiated its review of the CON application identified above.

Pursuant to General Statutes § 19a-639a (f), OHCA may hold a hearing with respect to any Certificate of Need application.

This hearing notice is being issued pursuant to General Statutes § 19a-639a (f)

Applicant: Yale-New Haven Hospital

Docket Number: 15-31987-CON

Proposal: Termination of Inpatient Rehabilitation Unit at Yale-New Haven Hospital's Chapel Street Campus and Relocate it to a Leased Space at Milford Hospital

Notice is hereby given of a public hearing to be held in this matter to commence on:

Date: April 27, 2015

Time: 5:00 p.m.

Place: Gateway Community College
20 Church Street, Room S211
New Haven, CT 06510

The Applicant is designated as party in this proceeding. Enclosed for your information is a copy of the hearing notice for the public hearing that will be published in the *New Haven Register* pursuant to General Statutes § 19a-639a (f).

Sincerely,



Kimberly R. Martone
Director of Operations

Enclosure

cc: Henry Salton, Esq., Office of the Attorney General
Anthony Casagrande, Department of Public Health
Kevin Hansted, Department of Public Health
Wendy Furniss, Department of Public Health
Marielle Daniels, Connecticut Hospital Association

KRM: SWL:PF:lmg



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

April 10, 2015

Requisition #48357

New Haven Register
40 Sargent Street
New Haven, CT 06531-0715

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Monday, April 13, 2015**. Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Kaila Riggott at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Director of Operations

Attachment

cc: Danielle Pare, DPH
Marielle Daniels, Connecticut Hospital Association

KRM:SWL:PF:lmg

PLEASE INSERT THE FOLLOWING:

Office of Health Care Access Public Hearing

Statute Reference: 19a-639
Applicant: Yale-New Haven Hospital
Town: New Haven
Docket Number: 15-31987-CON
Proposal: Termination of Inpatient Rehabilitation Unit at Yale-New Haven
Hospital's Chapel Street Campus and Relocate it to a Leased Space at
Milford Hospital
Date: April 27, 2015
Time: 5:00 p.m.
Place: Gateway Community College
20 Church Street, Room S211
New Haven, CT 06510

Any person who wishes to request status in the above listed public hearing may file a written petition no later than April 22, 2015 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at www.ct.gov/ohca for more information or call OHCA directly at (860) 418-7001. If you require aid or accommodation to participate fully and fairly in this hearing, please phone (860) 418-7001.

Greer, Leslie

From: ADS <ADS@graystoneadv.com>
Sent: Friday, April 10, 2015 10:20 AM
To: Greer, Leslie
Subject: Re: Hearing Notice DN: 15-31987-CON

Good day!

Thanks so much for your ad submission.
We will be in touch shortly and look forward to serving you.

*Consider adding a **Priority Job Upgrade** to your **Higheredjobs listing**.*

PLEASE NOTE: New Department of Labor guidelines allow web based advertising when hiring foreign nationals. To provide required documentation Graystone will retrieve & archive verification for the 1st and 30th days of posting for \$115.00/web site. If required, notify Graystone when ad placement is approved.

If you have any questions or concerns, please don't hesitate to contact us at the number below.

We sincerely appreciate your business.

Thank you,
Graystone Group Advertising

2710 North Avenue
Bridgeport, CT 06604
Phone: 800-544-0005
Fax: 203-549-0061

E-mail new ad requests to: ads@graystoneadv.com
<http://www.graystoneadv.com/>

From: <Greer>, Leslie <Leslie.Greer@ct.gov>
Date: Friday, April 10, 2015 9:03 AM
To: ads <ads@graystoneadv.com>
Cc: "Olejarz, Barbara" <Barbara.Olejarz@ct.gov>
Subject: Hearing Notice DN: 15-31987-CON

Please run the attached hearing notice in the New Haven Register by April 13, 2015. For billing purposes, refer to requisition 48357. In addition, please forward me a copy of the "proof of publication" when it becomes available. If you have any questions, feel free to call me.

Thank you,

Leslie M. Greer 
CT Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
Hartford, CT 06134
Phone: (860) 418-7013
Fax: (860) 418-7053
Website: www.ct.gov/ohca

 Please consider the environment before printing this message

Greer, Leslie

From: Laurie <Laurie@graystoneadv.com>
Sent: Friday, April 10, 2015 2:32 PM
To: Greer, Leslie
Cc: Olejarz, Barbara
Subject: FW: Hearing Notice DN: 15-31987-CON
Attachments: 15-31987p NH Register.doc

Importance: High

Your legal notice is all set to run as follows:

New Haven Register, 4/13 issue - \$461.93

Thanks,
Laurie Miller

Graystone Group Advertising

2710 North Ave., Ste 200, Bridgeport, CT 06604
Ph: 203-549-0060, ext 319, Fax: 203-549-0061, Toll free: 800-544-0005
email: laurie@graystoneadv.com
www.graystoneadv.com

From: "Greer, Leslie" <Leslie.Greer@ct.gov>
Date: Fri, 10 Apr 2015 15:31:23 +0000
To: Laurie Miller <laurie@graystoneadv.com>
Cc: "Olejarz, Barbara" <Barbara.Olejarz@ct.gov>
Subject: FW: Hearing Notice DN: 15-31987-CON

Hi Laurie,

Can you tell me if your office has received the attached request. I haven't received the generated email response and this needs to be ran by Monday. I'm leaving today @ noon, so please contact Barbara Olejarz via email or (860) 418-7005 for any issues or questions.

Thanks,
Leslie

From: Greer, Leslie
Sent: Friday, April 10, 2015 9:03 AM
To: ads@graystoneadv.com
Cc: Olejarz, Barbara
Subject: Hearing Notice DN: 15-31987-CON

Please run the attached hearing notice in the New Haven Register by April 13, 2015. For billing purposes, refer to requisition 48357. In addition, please forward me a copy of the "proof of publication" when it becomes available. If you have any questions, feel free to call me.

Thank you,

Leslie M. Greer 

CT Department of Public Health

Office of Health Care Access

410 Capitol Avenue, MS#13HCA

Hartford, CT 06134

Phone: (860) 418-7013

Fax: (860) 418-7053

Website: www.ct.gov/ohca

 Please consider the environment before printing this message

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

TO: Kevin Hansted, Hearing Officer

FROM: Jewel Mullen, M.D., M.P.H., M.P.A., Commissioner 

DATE: April 10, 2015

RE: Certificate of Need Application; Docket Number: 15-31987-CON
Yale-New Haven Hospital
Termination of Inpatient Rehabilitation Unit at Yale-New Haven Hospital's Chapel
Street Campus and Relocate it to a Leased Space at Milford Hospital

I hereby designate you to sit as a hearing officer in the above-captioned matter to rule on all motions and recommend findings of fact and conclusions of law upon completion of the hearing.



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Greer, Leslie

From: Lazarus, Steven
Sent: Thursday, April 16, 2015 9:04 AM
To: Nancy Rosenthal (Nancy.Rosenthal@greenwichhospital.org)
Cc: Karen Banoff; Greer, Leslie
Subject: FW: DN: 15-31987-CON Yale-New Haven Hospital
Attachments: 31987_201504160852.pdf

Nancy,

Please see the attached letter requesting prefile testimony for the Public Hearing for DN: 15-31987, scheduled for April 27th.

Steve

Steven W. Lazarus

Associate Health Care Analyst
Division of Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7012
Fax: 860-418-7053

From: Greer, Leslie
Sent: Thursday, April 16, 2015 9:00 AM
To: Lazarus, Steven
Subject: DN: 15-31987-CON Yale-New Haven Hospital

Attached is the prefile request for Yale-New Haven Hospital.

Leslie M. Greer

CT Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
Hartford, CT 06134
Phone: (860) 418-7013
Fax: (860) 418-7053
Website: www.ct.gov/ohca

 Please consider the environment before printing this message



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

April 16, 2015

VIA EMAIL ONLY

Nancy Rosenthal
Senior Vice President, Health Systems Development
Greenwich Hospital
5 Perryridge Road
Greenwich, CT 06830

RE: Certificate of Need Application; Docket Number: 15-31987-CON
Yale-New Haven Hospital
Termination of Inpatient Rehabilitation Unit at Yale-New Haven Hospital's Chapel Street
Campus and Relocate it to a Leased Space at Milford Hospital

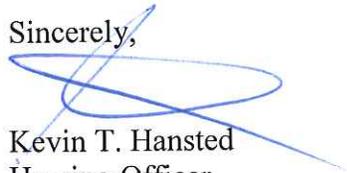
Dear Ms. Rosenthal:

The Office of Health Care Access ("OHCA") will hold a public hearing on Monday, April 27, 2015, at 5:00 p.m. at Gateway Community College, 20 Church Street, Room S211, New Haven, CT 06510, regarding the Certificate of Need ("CON") application identified above. Pursuant to the Regulations of Connecticut State Agencies § 19a-9-29 (e), any party or other participant is required to prefile in written form all substantive, technical, or expert testimony that it proposes to offer at the hearing. The Applicant's prefiled testimony must be submitted to OHCA on or before the close of business **on Wednesday, April 22, 2015.**

All persons providing prefiled testimony must be present at the public hearing to adopt their written testimony under oath and must be available for cross-examination for the entire duration of the hearing. If you are unable to meet the specified time for filing the prefiled testimony you must request a time extension in writing, detailing the reasons for not being able to meet the specified deadline.

Please contact Steven W. Lazarus, Associate at (860) 418-7012, if you have any questions concerning this request.

Sincerely,



Kevin T. Hansted
Hearing Officer

Greer, Leslie

From: Lazarus, Steven
Sent: Wednesday, April 22, 2015 2:43 PM
To: Greer, Leslie
Cc: Riggott, Kaila; Martone, Kim
Subject: FW: YNHH Inpatient Rehabilitation Unit -- Docket No. 15-91987-CON (Prefiled Testimony & Appearance)
Attachments: YNHH Hearing Submission.pdf

Leslie,

Please add to the original record.

Steve

Steven W. Lazarus

Associate Health Care Analyst
Division of Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7012
Fax: 860-418-7053

From: Jennifer Groves Fusco [<mailto:jfusco@uks.com>]
Sent: Wednesday, April 22, 2015 2:37 PM
To: User, OHCA
Cc: Lazarus, Steven; Hansted, Kevin
Subject: YNHH Inpatient Rehabilitation Unit -- Docket No. 15-91987-CON (Prefiled Testimony & Appearance)

All:

Our office represents Yale-New Haven Hospital (YNHH) in connection with the above-referenced matter. Attached is the Prefiled Testimony of Richard D'Aquila, President of YNHH, and Nycaine Anderson-Peterkin, M.D., IRU Medical Director, for the April 27, 2015 public hearing. I have also enclosed an Appearance. Please confirm receipt.

Originals are being sent to OHCA via overnight delivery. Please let me know if you need the originals today and I can have them brought up.

Thanks,
Jen

Jennifer Groves Fusco, Esq.
Principal
Updike, Kelly & Spellacy, P.C.
One Century Tower
265 Church Street
New Haven, CT 06510

Office (203) 786.8316

Cell (203) 927.8122

Fax (203) 772.2037

www.uks.com



LEGAL NOTICE: Unless expressly stated otherwise, this message is confidential and may be privileged. It is intended for the addressee(s) only. If you are not an addressee, any disclosure, copying or use of the information in this e-mail is unauthorized and may be unlawful. If you are not an addressee, please inform the sender immediately and permanently delete and/or destroy the original and any copies or printouts of this message. Thank you. Updike, Kelly & Spellacy, P.C.



Jennifer Groves Fusco
(t) 203.786.8316
(f) 203.772.2037
jfusco@uks.com

April 22, 2015

VIA ELECTRONIC & OVERNIGHT MAIL

Hon. Janet Brancifort, M.P.H.
Deputy Commissioner
Office of Health Care Access Division
Department of Public Health
410 Capitol Avenue
Post Office Box 340308
Hartford, CT 06134-0308

**Re: *Yale-New Haven Hospital
Termination of Yale-New Haven Hospital's Inpatient Rehabilitation Services at its
Chapel Street Campus and Relocation to Leased Space at Milford Hospital
Docket No. 15-31987-CON***

Dear Deputy Commissioner Brancifort:

This office represents Yale-New Haven Hospital in connection with the above-referenced docket. Enclosed are an original and four (4) copies of the following:

- Notice of Appearance of Updike, Kelly & Spellacy, P.C.;
- Prefiled Testimony of Richard D'Aquila, President, Yale-New Haven Hospital; and
- Prefiled Testimony of Nycaine Anderson-Peterkin, M.D., Medical Director, Inpatient Rehabilitation Unit, Yale-New Haven Hospital.

These documents are being submitted in connection with the public hearing on the above matter scheduled for April 27, 2015 at 5:00 p.m. Mr. D'Aquila and Dr. Anderson-Peterkin will be present at the hearing to adopt their prefiled testimony under oath and for cross-examination.

Should you require anything further, please feel free to call me at (203) 786-8316.

Very truly yours,

Jennifer Groves Fusco

Enclosures

cc: Nancy Rosenthal (w/enc)

Updike, Kelly & Spellacy, P.C.

One Century Tower ■ 265 Church Street ■ New Haven, CT 06510 (t) 203.786.8300 (f) 203.772.2037 www.uks.com

Yale-New Haven Hospital**Termination of Yale-New Haven Hospital's Inpatient Rehabilitation Services at its
Chapel Street Campus and Relocation to Leased Space at Milford Hospital
Docket Number 15-31987-CON****Pre-file Testimony of Richard D'Aquila
President, Yale-New Haven Hospital**

Hearing Officer Hansted and members of the OHCA staff, thank you for the opportunity to speak about this critically important Certificate of Need (CON) application before you for Yale-New Haven Hospital (YNHH) to relocate its inpatient rehabilitation services from our Chapel Street campus in New Haven to leased space at Milford Hospital (MH) in Milford, Connecticut. My name is Richard D'Aquila and I am the President and Chief Operating Officer at YNHH.

I have the distinct privilege of introducing and summarizing the proposed relocation. You will also be hearing from my colleague, Dr. Anderson-Peterkin, YNHH's inpatient rehabilitation unit's (IRU) Medical Director.

Impetus for Relocation of IRU - Musculoskeletal Center

Since the acquisition of the Saint Raphael Healthcare System in late 2012, YNHH has undertaken clinical integration initiatives across our two New Haven campuses. As we have reported to OHCA on a semi-annual basis, the Chapel Street campus (formerly the site of Saint Raphael's) will be the primary location for a multidisciplinary musculoskeletal center (MSC), specialty geriatrics, and low risk, midwifery obstetrical services; whereas the York Street campus will be the primary location for the Children's Hospital, high risk obstetrics, major trauma, transplant and cardiac surgery. Other services are offered on both campuses.

Development of the MSC at the Chapel Street campus and the need for additional inpatient space is the main impetus for the proposed IRU relocation. The MSC brings together orthopedics, neurology, rheumatology, physiatry, pain management and

podiatry services to one campus. The MSC will include three dedicated inpatient units, two dedicated newly renovated operating rooms offering the latest equipment for musculoskeletal surgeries, and physician office space for all of the specialty physicians. The IRU currently occupies Verdi 4 East which is one of the inpatient units required for the MSC. In addition to Verdi 4 East, Verdi 4 North and Verdi 3 South are also MSC dedicated units. Close proximity of the inpatient areas to the other MSC support spaces (e.g. therapy gym) is necessary to provide efficient and well-coordinated acute care. Rehabilitation therapies such as physical, occupational and speech therapy will also be provided in the same area. The MSC also includes satellite outpatient rehabilitation services and physician offices located in Guilford, Milford and two other locations in New Haven. Musculoskeletal services will also be offered at the Old Saybrook multispecialty satellite opening in June 2015.

Due to the need to utilize the Verdi 4 North unit for the MSC, relocation of the IRU is necessary. The IRU is a post-acute level of care; therefore patients who utilize this unit are discharged from the acute care hospitalization and admitted to the IRU for acute rehabilitation services. It is not necessary that the IRU be located at YNHH. Options for relocation of the IRU were evaluated and unfortunately there are no available options on the New Haven campuses. Relocation of the IRU to the Grimes Center, YNHH's skilled nursing facility, was also evaluated. In order to utilize space at Grimes an entire floor would have to be renovated. Wall oxygen and suction would have to be installed as well as dialysis capabilities and several other major modifications. The estimated costs to renovate a floor in Grimes to ensure the physical plant is in compliance with building codes were more than the costs of relocating it to Milford. This option was ultimately rejected due to the cost and clinical care limitations and potential impact to the nursing home operations.

IRU in Milford

As outlined in our CON application, YNHH has identified available space at Milford Hospital that can be leased and used for the IRU. The IRU will operate using YNHH licensed beds and the patients will be YNHH patients. I want to emphasize that this

proposal does not result in an increase in the number of licensed beds at YNHH nor an increase in MH's licensed beds.

The IRU will be relocated to the second floor at MH's main hospital building. The unit is being renovated to offer 24 beds, YNHH's current CMS certified IRU beds. There will be some significant improvements to the unit's configuration and ambiance as compared with the current IRU in New Haven. A total of 18 private rooms will be available as compared to two (2). The unit will have new and pleasant furnishings. All needed support spaces, a new rehabilitation gym, offices, a conference room, storage, etc. will be located adjacent the unit.

The Milford location offers major benefits to patients and families during a longer rehabilitation stay. Families will find access to MH much easier than New Haven. There is ample free parking, less traffic, and the campus is much simpler to navigate. Milford represents a more central location for Fairfield and New Haven county residents who utilize YNHHS member hospitals and physician practices. The IRU has served and will continue to serve a wide and diverse patient population, including Medicaid beneficiaries and other underserved groups. These patient populations will benefit from the proposal in the same ways as other patients in need of IRU services by having easier access at the satellite Milford location along with enhanced patient privacy. MH is accessible by public transportation including bus and train.

Professional services will be provided by YNHH clinical staff and IRU patients' records will be part of YNHH's electronic medical record system. Certain ancillary services will be provided by MH pursuant to a services agreement including: imaging, diagnostic laboratory, pharmacy, respiratory therapy, and rapid response team services. The cost center for the YNHH IRU and billing for the service will remain unchanged with the relocation.

The patient population and payer mix for the YNHH IRU at Milford will be virtually identical to the patient population and payer mix for the IRU at the Chapel Street

campus. As previously mentioned, the IRU is a referral service for patients who are discharged from an acute care setting. Patients come primarily from YNHH, although the program accepts patients from other hospitals as well. Currently, patients discharged from YNHH to the IRU are transported from an acute care floor on one of the New Haven campuses to an IRU bed. Going forward, the same patient flow will occur; patients will be discharged from acute care and transported to the IRU in Milford. The burden of the cost of transport will be determined by Medicare guidelines and medical necessity, and YNHH will absorb the expense where applicable. In addition, any patients from other hospitals who would have been discharged and then transported to YNHH for inpatient rehabilitation services will avoid a trip to downtown New Haven and be transported directly to the YNHH IRU in Milford.

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YNHH and MH have held discussions regarding how the two organizations can collaborate. MH has experienced financial challenges over the past several years. The relocation of the IRU to available space at MH represents an initial opportunity for the two organizations to collaborate and bring needed benefits to one another. The IRU relocation will produce rental income and income for purchased ancillary services which will benefit MH financially. The income to MH will help to improve the organization's financial health, thus supporting access to its services utilized by the local community. Benefits to YNHH include the ability to use an existing inpatient area at MH and avoid the construction of new space on the Chapel Street campus for the MSC, which would be more expensive.

As OHCA is aware, the mandates of the Affordable Care Act and other changes in the health care industry are requiring hospitals and other providers to efficiently utilize resources, control costs and collaborate as never before. In this case, YNHH and MH have entered into an arrangement that achieves these goals for both institutions while, most importantly, also improving patient care.

Summary

In conclusion, the proposed relocation of the YNHH IRU to leased space at MH represents a collaborative, cost effective solution to space needs at YNHH. In addition, the relocation provides significant financial benefits to MH. Patients will receive care in a newly renovated unit by the same specialized YNHH staff. This proposal is consistent with the *Statewide Health Care Facilities and Services Plan* and ensures future access to a service which will be needed by more service area residents as the population continues to age. I urge you to approve YNHH's CON application for relocation of the IRU to Milford.

Thank you and now I would like to introduce Dr. Nycaine Anderson-Peterkin.

The foregoing is my sworn testimony.



Richard D'Aquila

President

Yale-New Haven Hospital

Yale-New Haven Hospital

Termination of Yale-New Haven Hospital's Inpatient Rehabilitation Services at its Chapel Street Campus and Relocation to Leased Space at Milford Hospital Docket Number 15-31987-CON

Pre-file Testimony of Nycaine Anderson-Peterkin, MD Medical Director, Inpatient Rehabilitation Unit, Yale-New Haven Hospital

Hearing Officer Hansted and members of the OHCA staff, my name is Dr. Anderson-Peterkin and I am the Medical Director of YNHH's inpatient rehabilitation unit (IRU). I am a board certified physiatrist and specialize in physical medicine and rehabilitation. Thank you for the opportunity to speak about this critically important Certificate of Need (CON) application before you for Yale-New Haven Hospital (YNHH) to relocate its inpatient rehabilitation unit (IRU) from our Chapel Street campus in New Haven to leased space at Milford Hospital (MH) in Milford, Connecticut.

Growth in Demand for Musculoskeletal Services

As OHCA is aware, our country's population is aging. The United States Census Bureau projects that the over 65 year old population will double between 2012 and 2050¹. The Connecticut Commission on Aging projects that the Connecticut population over 65 will increase by 64% between 2006 and 2030². Musculoskeletal conditions impact nearly three out of four individuals 65 years of age and older. The rate of chronic musculoskeletal conditions found in the adult population is 76% higher than other common conditions such as chronic circulatory and respiratory conditions. Musculoskeletal conditions cause long-term pain and are disabling and costly³. YNHH is well positioned to meet the current and future demands for musculoskeletal disorders both through its development of a multidisciplinary musculoskeletal center (MSC) as described by Mr. D'Aquila and through its IRU. Both of these programs are vital to the aging population and the CON submitted by YNHH represents a collaborative and cost effective solution for the future.

IRU Services Overview

I would like to spend a few minutes explaining IRU services. The IRU is a specialized patient care unit, certified by the Centers for Medicare and Medicaid Services (CMS), to provide intensive inpatient rehabilitation therapy to patients with complex nursing, medical management and rehabilitation needs. Approximately 72 percent of the unit's patients are Medicare beneficiaries. This level of care follows an acute care hospitalization. There are strict medical necessity criteria for CMS to reimburse IRU services including:

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2. Spinal cord injury;
3. Congenital deformity;
4. Amputation;
5. Major multiple trauma;
6. Fracture of femur (hip fracture);
7. Brain injury;
8. Neurological disorders including (Multiple Sclerosis, Motor neuron diseases, Polyneuropathy, Muscular Dystrophy; and Parkinson's Disease);
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10. Arthritis conditions resulting in significant functional impairment;
11. Systemic vasculitides resulting in significant functional impairment;
12. Sever or advanced osteoarthritis; and
13. Knee or hip joint replacement for bilateral joint, extreme obesity or age greater than 85.

There are a limited number of IRUs throughout the State of Connecticut and these specialized units are offered by either acute care or chronic disease hospitals. As I previously noted, with the aging of the population, demand for IRU level of services will continue to increase.

Patient Benefits to the Proposed Relocation

Mr. D'Aquila highlighted many of the benefits that patients and family members will receive after the IRU relocates to Milford. I would like to provide my perspective on these benefits. The average length of stay in the IRU is approximately two to three weeks. Unlike most acute care hospitalizations which generally last less than one week, IRU patients are receiving intensive services for an extended timeframe. This can be a difficult time for patients and their families as they are away from the comfort of their home, are unable to work, and are working very hard to overcome physical deficits. This is often a time for extreme stress on patients and families. YNHH has worked hard to design an IRU in Milford that will offer significant improvements over the current unit in New Haven. Patient privacy will be greatly enhanced with 18 private rooms. The current unit offers only two private rooms. All patient rooms will offer new furnishings and finishes, providing a pleasant and comfortable environment for health and healing. The rehabilitation gym, to be located adjacent to the unit, will be a newly constructed modern space with new fixtures and exercise equipment. All of these improvements will help to ease the burden of an extended hospitalization.

YNHH IRU staff will continue to provide services to IRU patients in the new location. In addition, the relocation coincides with our ability to modify our physician coverage model to include YNHH hospitalist physicians. The IRU's medical staff currently only includes two physiatrists. These same physicians are also performing consultations on non- IRU patients hospitalized at YNHH. By incorporating YNHH hospitalists, directed by the physiatrists, to provide routine coverage for medical issues in the IRU, the physiatrists will have additional capacity to see more hospitalized patients in need of their specialized consultative services. Many more patients will benefit from this new physician coverage model as they will have timely access to physiatrists.

Finally I would like to assure OHCA that there will be no interruption in IRU services for any patient in need. Prior to the closing of the New Haven IRU, any patient clinically ready will be discharged to the next appropriate level of care. Any remaining IRU patients will be transferred to the Milford unit on its opening day. In summary, as the CON describes clearly, there is no termination of IRU services, merely relocation and many enhancements to the facility. We are excited to be able to offer this new location to our patients and all look forward to working in the new environment.

Thank you for your attention and I urge you to approve YNNH's CON application. I am happy to answer any questions you may have.

The foregoing is my sworn testimony.



Nycaine Anderson-Peterkin, MD

Medical Director, Inpatient Rehabilitation Unit

Yale-New Haven Hospital

References

¹ Orman, J., Velkoff, V. and Hogan, H. (2014). An aging nation: The older population in the United States. Population estimates and projections. United States Census Bureau. Retrieved from <http://www.census.gov/prod/2014pubs/p25-1140.pdf>

² CT Commission on Aging (2011). Aging issues fact sheet. Retrieved from <http://www.cga.ct.gov/coa/PDFs/Fact%20Sheets/Aging%20Issues%20Fact%20Sheet%2005-16-11.pdf>

³ Weinstein, S. & Yelin, E. (2013-2015). *The burden of musculoskeletal diseases in the United States*. Retrieved from <http://www.boneandjointburden.org/>.

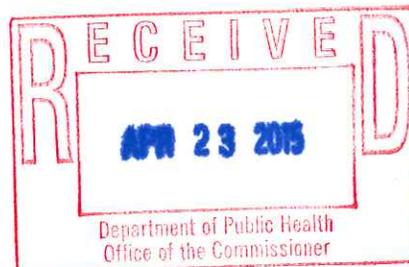


Jennifer Groves Fusco
(t) 203.786.8316
(f) 203.772.2037
jfusco@uks.com

April 22, 2015

VIA ELECTRONIC & OVERNIGHT MAIL

Hon. Janet Brancifort, M.P.H.
Deputy Commissioner
Office of Health Care Access Division
Department of Public Health
410 Capitol Avenue
Post Office Box 340308
Hartford, CT 06134-0308



***Re: Yale-New Haven Hospital
Termination of Yale-New Haven Hospital's Inpatient Rehabilitation Services at its
Chapel Street Campus and Relocation to Leased Space at Milford Hospital
Docket No. 15-31987-CON***

Dear Deputy Commissioner Brancifort:

This office represents Yale-New Haven Hospital in connection with the above-referenced docket. Enclosed are an original and four (4) copies of the following:

- Notice of Appearance of Updike, Kelly & Spellacy, P.C.;
- Prefiled Testimony of Richard D'Aquila, President, Yale-New Haven Hospital; and
- Prefiled Testimony of Nycaine Anderson-Peterkin, M.D., Medical Director, Inpatient Rehabilitation Unit, Yale-New Haven Hospital.

These documents are being submitted in connection with the public hearing on the above matter scheduled for April 27, 2015 at 5:00 p.m. Mr. D'Aquila and Dr. Anderson-Peterkin will be present at the hearing to adopt their prefiled testimony under oath and for cross-examination.

Should you require anything further, please feel free to call me at (203) 786-8316.

Very truly yours,

Jennifer Groves Fusco

Enclosures

cc: Nancy Rosenthal (w/enc)

Updike, Kelly & Spellacy, P.C.

One Century Tower ■ 265 Church Street ■ New Haven, CT 06510 (t) 203.786.8300 (f) 203.772.2037 www.uks.com

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS DIVISION**

.....)	
IN RE: CERTIFICATE OF NEED)	DOCKET NO. 15-31987-CON
APPLICATION OF YALE-NEW HAVEN)	
HOSPITAL FOR THE TERMINATION OF)	
YNHH'S INPATIENT REHABILITATION)	
SERVICES AT ITS CHAPEL STREET)	
CAMPUS AND RELOCATION TO)	
LEASED SPACE AT MILFORD)	
HOSPITAL)	APRIL 22, 2015
.....		

NOTICE OF APPEARANCE

In accordance with Section 19a-9-28 of the Regulations of Connecticut State Agencies, please enter the appearance of Updike, Kelly & Spellacy, P.C. ("Firm") in the above-captioned proceeding on behalf of Yale-New Haven Hospital ("YNHH"). The Firm will appear and represent YNHH at the public hearing on this matter, scheduled for April 27, 2015.

Respectfully Submitted,

YALE-NEW HAVEN HOSPITAL

By: 
 JENNIFER GROVES FUSCO, ESQ.
 Updike, Kelly & Spellacy, P.C.
 265 Church Street
 One Century Tower
 New Haven, CT 06510
 Tel: (203) 786-8300
 Fax (203) 772-2037

Yale-New Haven Hospital

Termination of Yale-New Haven Hospital's Inpatient Rehabilitation Services at its Chapel Street Campus and Relocation to Leased Space at Milford Hospital Docket Number 15-31987-CON

Pre-file Testimony of Richard D'Aquila President, Yale-New Haven Hospital

Hearing Officer Hansted and members of the OHCA staff, thank you for the opportunity to speak about this critically important Certificate of Need (CON) application before you for Yale-New Haven Hospital (YNHH) to relocate its inpatient rehabilitation services from our Chapel Street campus in New Haven to leased space at Milford Hospital (MH) in Milford, Connecticut. My name is Richard D'Aquila and I am the President and Chief Operating Officer at YNHH.

I have the distinct privilege of introducing and summarizing the proposed relocation. You will also be hearing from my colleague, Dr. Anderson-Peterkin, YNHH's inpatient rehabilitation unit's (IRU) Medical Director.

Impetus for Relocation of IRU - Musculoskeletal Center

Since the acquisition of the Saint Raphael Healthcare System in late 2012, YNHH has undertaken clinical integration initiatives across our two New Haven campuses. As we have reported to OHCA on a semi-annual basis, the Chapel Street campus (formerly the site of Saint Raphael's) will be the primary location for a multidisciplinary musculoskeletal center (MSC), specialty geriatrics, and low risk, midwifery obstetrical services; whereas the York Street campus will be the primary location for the Children's Hospital, high risk obstetrics, major trauma, transplant and cardiac surgery. Other services are offered on both campuses.

Development of the MSC at the Chapel Street campus and the need for additional inpatient space is the main impetus for the proposed IRU relocation. The MSC brings together orthopedics, neurology, rheumatology, physiatry, pain management and

podiatry services to one campus. The MSC will include three dedicated inpatient units, two dedicated newly renovated operating rooms offering the latest equipment for musculoskeletal surgeries, and physician office space for all of the specialty physicians. The IRU currently occupies Verdi 4 East which is one of the inpatient units required for the MSC. In addition to Verdi 4 East, Verdi 4 North and Verdi 3 South are also MSC dedicated units. Close proximity of the inpatient areas to the other MSC support spaces (e.g. therapy gym) is necessary to provide efficient and well-coordinated acute care. Rehabilitation therapies such as physical, occupational and speech therapy will also be provided in the same area. The MSC also includes satellite outpatient rehabilitation services and physician offices located in Guilford, Milford and two other locations in New Haven. Musculoskeletal services will also be offered at the Old Saybrook multispecialty satellite opening in June 2015.

Due to the need to utilize the Verdi 4 North unit for the MSC, relocation of the IRU is necessary. The IRU is a post-acute level of care; therefore patients who utilize this unit are discharged from the acute care hospitalization and admitted to the IRU for acute rehabilitation services. It is not necessary that the IRU be located at YNHH. Options for relocation of the IRU were evaluated and unfortunately there are no available options on the New Haven campuses. Relocation of the IRU to the Grimes Center, YNHH's skilled nursing facility, was also evaluated. In order to utilize space at Grimes an entire floor would have to be renovated. Wall oxygen and suction would have to be installed as well as dialysis capabilities and several other major modifications. The estimated costs to renovate a floor in Grimes to ensure the physical plant is in compliance with building codes were more than the costs of relocating it to Milford. This option was ultimately rejected due to the cost and clinical care limitations and potential impact to the nursing home operations.

IRU in Milford

As outlined in our CON application, YNHH has identified available space at Milford Hospital that can be leased and used for the IRU. The IRU will operate using YNHH licensed beds and the patients will be YNHH patients. I want to emphasize that this

proposal does not result in an increase in the number of licensed beds at YNHH nor an increase in MH's licensed beds.

The IRU will be relocated to the second floor at MH's main hospital building. The unit is being renovated to offer 24 beds, YNHH's current CMS certified IRU beds. There will be some significant improvements to the unit's configuration and ambiance as compared with the current IRU in New Haven. A total of 18 private rooms will be available as compared to two (2). The unit will have new and pleasant furnishings. All needed support spaces, a new rehabilitation gym, offices, a conference room, storage, etc. will be located adjacent the unit.

The Milford location offers major benefits to patients and families during a longer rehabilitation stay. Families will find access to MH much easier than New Haven. There is ample free parking, less traffic, and the campus is much simpler to navigate. Milford represents a more central location for Fairfield and New Haven county residents who utilize YNHHS member hospitals and physician practices. The IRU has served and will continue to serve a wide and diverse patient population, including Medicaid beneficiaries and other underserved groups. These patient populations will benefit from the proposal in the same ways as other patients in need of IRU services by having easier access at the satellite Milford location along with enhanced patient privacy. MH is accessible by public transportation including bus and train.

Professional services will be provided by YNHH clinical staff and IRU patients' records will be part of YNHH's electronic medical record system. Certain ancillary services will be provided by MH pursuant to a services agreement including: imaging, diagnostic laboratory, pharmacy, respiratory therapy, and rapid response team services. The cost center for the YNHH IRU and billing for the service will remain unchanged with the relocation.

The patient population and payer mix for the YNHH IRU at Milford will be virtually identical to the patient population and payer mix for the IRU at the Chapel Street

campus. As previously mentioned, the IRU is a referral service for patients who are discharged from an acute care setting. Patients come primarily from YNHH, although the program accepts patients from other hospitals as well. Currently, patients discharged from YNHH to the IRU are transported from an acute care floor on one of the New Haven campuses to an IRU bed. Going forward, the same patient flow will occur; patients will be discharged from acute care and transported to the IRU in Milford. The burden of the cost of transport will be determined by Medicare guidelines and medical necessity, and YNHH will absorb the expense where applicable. In addition, any patients from other hospitals who would have been discharged and then transported to YNHH for inpatient rehabilitation services will avoid a trip to downtown New Haven and be transported directly to the YNHH IRU in Milford.

Collaboration with MH

YNHH and MH have held discussions regarding how the two organizations can collaborate. MH has experienced financial challenges over the past several years. The relocation of the IRU to available space at MH represents an initial opportunity for the two organizations to collaborate and bring needed benefits to one another. The IRU relocation will produce rental income and income for purchased ancillary services which will benefit MH financially. The income to MH will help to improve the organization's financial health, thus supporting access to its services utilized by the local community. Benefits to YNHH include the ability to use an existing inpatient area at MH and avoid the construction of new space on the Chapel Street campus for the MSC, which would be more expensive.

As OHCA is aware, the mandates of the Affordable Care Act and other changes in the health care industry are requiring hospitals and other providers to efficiently utilize resources, control costs and collaborate as never before. In this case, YNHH and MH have entered into an arrangement that achieves these goals for both institutions while, most importantly, also improving patient care.

Summary

In conclusion, the proposed relocation of the YNHH IRU to leased space at MH represents a collaborative, cost effective solution to space needs at YNHH. In addition, the relocation provides significant financial benefits to MH. Patients will receive care in a newly renovated unit by the same specialized YNHH staff. This proposal is consistent with the *Statewide Health Care Facilities and Services Plan* and ensures future access to a service which will be needed by more service area residents as the population continues to age. I urge you to approve YNHH's CON application for relocation of the IRU to Milford.

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The foregoing is my sworn testimony.



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Thank you for your attention and I urge you to approve YNNH's CON application. I am happy to answer any questions you may have.

The foregoing is my sworn testimony.



Nycaine Anderson-Peterkin, MD

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Yale-New Haven Hospital

References

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Nancy Rosenthal

FAX: (203) 863-4736

AGENCY: YALE-NEW HAVEN

FROM: OHCA

DATE: 4/23/15 Time: _____

NUMBER OF PAGES: 4
(including transmittal sheet)

Comments:

Tentative Agenda and table of the record for the April 27th hearing regarding DN: 15-31987

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

*410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134*



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

TENTATIVE AGENDA

HEARING

Docket Number: 15-31987

Yale-New Haven Hospital

**Termination of Inpatient Rehabilitation Unit at Yale-New Haven
Hospital's Chapel Street Campus**

April 27, 2015 at 5:00 p.m.

- I. Convening of the Public Hearing
- II. Applicant's Direct Testimony
- III. OHCA's Questions-Applicant
- IV. Public Comment
- V. Closing Remarks
- IX. Public Hearing Adjourned

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308

Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

TABLE OF THE RECORD

APPLICANT: Yale-New Haven Hospital

DOCKET NUMBER: 15-31987-CON

PUBLIC HEARING: April 27, 2015 at 5:00 p.m.

PLACE: Gateway Community College
20 Church Street, Room S211
New Haven, CT 06510

EXHIBIT	DESCRIPTION
A	Letter from Yale New Haven Hospital (Applicant) dated March 23, 2015, enclosing the CON application for the Termination of Inpatient Rehabilitation Unit at Yale-New Haven Hospital's Chapel Street Campus under Docket Number 15-31987, received by OHCA on March 23, 2015. (44 Pages)
B	Letter of Support from Milford Hospital dated March 20, 2015 in the matter of the CON application filed under Docket Number 15-31987, received on March 25, 2015. (1 page)
C	Email from the Applicant dated March 31, 2015 responded to OHCA's questions posed via telephone regarding the CON application filed under Docket Number 15-31987, received by OHCA on March 31, 2015. (8 pages)
D	Email from the Applicant dated April 1, 2015 requesting a hearing in the matter of the CON application filed under Docket Number 15-31987, received by OHCA on April 1, 2015. (5 pages)
E	OHCA's email to the Applicant dated April 1, 2015 deeming the application complete in the matter of the CON application filed under Docket Number 15-31987. (2 pages)
F	OHCA's request for legal notification in the <i>New Haven Register</i> and OHCA's Notice to the Applicant of the public hearing scheduled for April 27, 2015, in the matter of the CON application under Docket Number 15-31987, dated April 10, 2015. (4 pages)

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(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308

Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

G	Designation letter, dated April 10, 2015, designating Attorney Kevin Hansted as hearing officer in the matter of the CON application filed under Docket Number 15-31987. (1 page)
H	OHCA's letter to the Applicant dated April 16, 2015 requesting prefile testimony in the matter of the CON application under Docket Number 15-31987.(1 page)
I	Letter from Yale-New Haven Hospital to OHCA dated April 22, 2015 enclosing testimony and noticing the appearance of Updike, Kelly and Spellacy P.C. in the matter under Docket Number: 15-31987, received by OHCA on April 22, 201. (13 pages)

* * * COMMUNICATION RESULT REPORT (APR. 23. 2015 10:47AM) * * *

FAX HEADER:

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 E-3) NO ANSWER

E-2) BUSY
 E-4) NO FACSIMILE CONNECTION



**STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF HEALTH CARE ACCESS**

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 Tentative Agenda and table of the record for the April 27th hearing regarding DN: 15-31987

PLEASE PHONE Barbara K. Olejarsz IF THERE ARE ANY TRANSMISSION PROBLEMS.

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Greer, Leslie

From: Lazarus, Steven
Sent: Tuesday, April 28, 2015 10:37 AM
To: Nancy Rosenthal (Nancy.Rosenthal@greenwichhospital.org)
Cc: Karen Banoff; Greer, Leslie
Subject: Close of Hearing Letter- DN: 15-31987
Attachments: 15-3187 Close of Hearing.pdf

Please see the attached letter, closing the hearing held on Monday April 27, 2015, in the matter referenced above. Please let me know if you have any questions.

Steve

Steven W. Lazarus

Associate Health Care Analyst
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

April 28, 2015

VIA EMAIL ONLY

Nancy Rosenthal
Senior Vice President, Health Systems Development
Greenwich Hospital
5 Perryridge Road
Greenwich, CT 06830

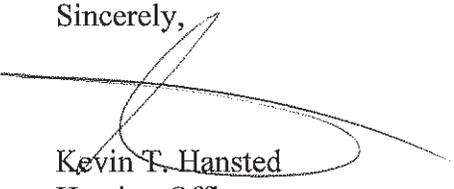
RE: Certificate of Need Application; Docket Number: 15-31987-CON
Yale-New Haven Hospital
Termination of Inpatient Rehabilitation Unit at Yale-New Haven Hospital's Chapel Street
Campus
Closure of Public Hearing

Dear Ms. Rosenthal:

Please be advised, by way of this letter, the public hearing held on April 27, 2015, in the above referenced matter is hereby closed as of April 28, 2015. OHCA will receive no additional public comments or filings.

If you have any questions regarding this matter, please feel free to contact Steven W. Lazarus at (860) 418-7012.

Sincerely,



Kevin T. Hansted
Hearing Officer

KTH:swl

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

YALE-NEW HAVEN HOSPITAL

TERMINATION OF INPATIENT REHABILITATION UNIT AT
YALE-NEW HAVEN HOSPITAL'S
CHAPEL STREET CAMPUS

DOCKET NO. 15-31987

APRIL 27, 2015

5:00 P.M.

20 CHURCH STREET
NEW HAVEN, CONNECTICUT

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

HEARING RE: YALE-NEW HAVEN HOSPITAL
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1 . . .Verbatim proceedings of a hearing
2 before the State of Connecticut, Department of Public
3 Health, Office of Health Care Access, in the matter of
4 Yale-New Haven Hospital, Termination of Inpatient
5 Rehabilitation Unit at Yale-New Haven Hospital's Chapel
6 Street Campus, held at 20 Church Street, Room S211, New
7 Haven, Connecticut, on April 27, 2015 at 5:03 p.m. . . .

8
9
10
11 HEARING OFFICER KEVIN HANSTED: Good
12 evening, everyone.

13 This public hearing before the Office of
14 Health Care Access, identified by Docket No. 15-31987-CON,
15 is being held on April 27, 2015 to consider Yale-New Haven
16 Hospital's application for the termination of an inpatient
17 rehabilitation unit at Yale-New Haven Hospital's Chapel
18 Street campus.

19 This public hearing is being held pursuant
20 to Connecticut General Statute, Section 19a-639a, and will
21 be conducted as a contested case, in accordance with the
22 provisions of Chapter 54 of the Connecticut General
23 Statutes.

24 My name is Kevin Hansted, and I've been

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1 designated by Commissioner Jewel Mullen of the Department
2 of Public Health to serve as the Hearing Officer here this
3 evening.

4 Staff members assigned to assist me in this
5 case are Kaila Riggott and Jessica Schaeffer-Helmecki.
6 The hearing is being recorded by Post Reporting Services.

7 In making its decision, OHCA will consider
8 and make written findings concerning the principles and
9 guidelines set forth in Section 19a-639 of the Connecticut
10 General Statutes.

11 Yale-New Haven Hospital has been designated
12 as a party in this proceeding.

13 At this time, I'll ask staff to read into
14 the record those documents already appearing in the Table
15 of Record.

16 MS. KAILA RIGGOTT: Good afternoon. Kaila
17 Riggott, OHCA staff, and I'd like to enter into the record
18 Exhibits A through I.

19 HEARING OFFICER HANSTED: Thank you. And
20 all documents have been identified in the Table of Record
21 for reference purposes. Are there any objections to any
22 of the exhibits?

23 MS. JENNIFER GROVES FUSCO: This is
24 Jennifer Fusco. I'm counsel for Yale-New Haven Hospital.

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1 We don't have any objections to the record. I just wanted
2 to note, as you're aware, we did file a Declaratory Ruling
3 request on Friday with respect to the jurisdictional
4 issues around termination of services.

5 I assume it gets docketed separately, as a
6 separate proceeding. I just wanted to note it for the
7 record in this proceeding.

8 HEARING OFFICER HANSTED: That's correct.
9 We did receive it. It does receive a different docket
10 number. It's a separate docket proceeding.

11 MS. GROVES FUSCO: Okay.

12 HEARING OFFICER HANSTED: And are there any
13 additional exhibits to add in? No? Okay, thank you. Let
14 the record reflect there are none.

15 Tonight, we'll first hear from the
16 Applicant for an overview of the project, and I understand
17 we have Mr. Pelaccia here from Milford Hospital, who would
18 also like to give a brief opening statement, so, Jennifer,
19 I'll let you decide who you want to go first.

20 MS. GROVES FUSCO: I think what we figured
21 we'd do for our presentation we have Richard D'Aquila, the
22 President of Yale-New Haven Hospital, and Dr. Nycaine
23 Anderson-Peterkin, who is the Medical Director of the IRU.
24 They're prepared to give our presentation. I don't know

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1 if, after that, you want to allow Mr. Pelaccia to speak,
2 or if you want to do questions and have him speak as a
3 member of the public, whatever order works for you.

4 HEARING OFFICER HANSTED: No. I'd like to
5 have him go after your initial presentation and before our
6 questions.

7 MS. GROVES FUSCO: Sure. Okay. That's
8 fine.

9 HEARING OFFICER HANSTED: That way, if he
10 has somewhere else to be, he's free to leave.

11 MS. GROVES FUSCO: Super. And we do have,
12 as you can see, a number of people here prepared to answer
13 any questions.

14 HEARING OFFICER HANSTED: Yes. I
15 appreciate that. Thank you. You may proceed.

16 MS. GROVES FUSCO: Do you need to swear?

17 HEARING OFFICER HANSTED: Oh, yes. Thank
18 you. Anyone, who might testify. Thank you.

19 (Whereupon, the parties were duly sworn
20 in.)

21 HEARING OFFICER HANSTED: All right. Thank
22 you, all. You may proceed, Attorney Fusco.

23 MR. RICHARD D'AQUILA: Good afternoon,
24 Hearing Officer Hansted and OHCA staff. My name is

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1 Richard D'Aquila. I'm the President of Yale-New Haven,
2 and, first up, I wanted to adopt my pre-filed testimony.

3 HEARING OFFICER HANSTED: Thank you.

4 MR. D'AQUILA: We want to thank you for
5 your time this afternoon and give us the opportunity to
6 present our proposed relocation of our Inpatient
7 Rehabilitation Unit, which we're going to call our IRU, to
8 leased space at Milford Hospital. I'm going to introduce
9 and summarize the proposed relocation.

10 You're also going to hear from my
11 colleague, Dr. Anderson-Peterkin, who is Yale-New Haven
12 Hospital's Inpatient Rehabilitation Unit Medical Director.

13 We also, as was mentioned, we have a number
14 of staff members here. If there are specific technical
15 questions, they can provide us with the answers.

16 As we described in our CON and my pre-filed
17 testimony, the main impetus for the IRU relocation is the
18 need for additional inpatient space for our
19 multidisciplinary Musculoskeletal Center.

20 The Musculoskeletal Center will ultimately
21 include three dedicated inpatient units, a number of
22 operating rooms on the St. Raphael campus, but two, which
23 have been newly-renovated and are very technologically-
24 advanced for musculoskeletal surgery, and all the space

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1 for physicians and specialty physicians, who will be part
2 of the Musculoskeletal Institute, all that will be based
3 on the St. Raphael's campus.

4 The IRU, itself, currently occupies a dated
5 inpatient unit, Verdi 4 East, which is one of the units to
6 be renovated for the Musculoskeletal Center.

7 We're not terminating our IRU services.
8 We're merely moving them to leased space in Milford
9 Hospital. There were no feasible options for relocating
10 to our New Haven campus.

11 We believe the proposal is a very cost-
12 effective solution to meet our needs for both an
13 additional inpatient unit, and it also benefits Milford
14 Hospital.

15 I want to emphasize that we're not changing
16 the number of beds. This is the same number of beds we
17 have on the St. Raphael's campus.

18 There are some very unique features of the
19 Milford location. It allows us to significantly improve
20 the facility and provide patient privacy. There are
21 renderings in back of you of what the unit will look like
22 and of the physical layout, both of the inpatient unit and
23 the patient gym area.

24 It basically will have 18 private rooms in

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1 the new unit, that's compared to two today, in the entire
2 unit, and an adjacent gym will be new, modern, and very
3 patient-centered.

4 Families, we believe, will find access to
5 Milford Hospital much easier to New Haven. These are
6 often extended stay patients. They're often in the
7 hospital for 14 days or longer, and there's ample free
8 parking, less traffic, and the campus at Milford is much
9 simpler to navigate than our Downtown campuses.

10 We believe this CON represents an
11 opportunity to improve the financial strength of the
12 health care system by bringing needed revenue to Milford
13 Hospital, thus helping their financial health and at the
14 same that we provide a very needed and we think creative
15 service to the community.

16 We think this proposal is consistent with
17 and what was contemplated by healthcare reform. We think
18 it demonstrates, and I believe Mr. Pelaccia will speak to
19 this, as well, how healthcare providers can work together
20 in a collaborative way to control costs and build better
21 services.

22 I appreciate you hearing my opening
23 comments. I urge you to approve this application, and,
24 when the time is right, we'll be happy to answer any

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1 questions you have about the specifics.

2 At this point, I want to introduce my
3 colleague, Dr. Anderson-Peterkin.

4 HEARING OFFICER HANSTED: Thank you. Good
5 evening, Doctor.

6 DR. NYCAINE ANDERSON-PETERKIN: Good
7 evening. Hearing Officer Hansted and OHCA staff, my name
8 is Dr. Anderson-Peterkin. I'm the current Medical
9 Director of the Intensive Rehabilitation Unit at Yale-New
10 Haven Hospital, and I would like to adopt my pre-filed
11 testimony.

12 HEARING OFFICER HANSTED: Thank you.

13 DR. ANDERSON-PETERKIN: I'm a Board
14 Certified Physiatrist. Physiatry is a medical specialty,
15 focusing on the non-surgical treatment of musculoskeletal
16 diseases and conditions.

17 I have my medical degree from SUNY
18 Downstate College in New York and did my residency at
19 Mount Sinai Center in New York and have been a practicing
20 Physiatrist since 2009.

21 Musculoskeletal diseases impact a large
22 percentage of the population, in particular, those over
23 the age of 65. As you know, the older population is
24 growing significantly, and we expect many more individuals

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1 with musculoskeletal conditions that require treatment and
2 rehabilitation.

3 This proposal offers a cost-effective
4 solution to meeting the demands of our Musculoskeletal
5 Center being developed on the Chapel Street campus, as
6 well as continuing to offer an IRU level of care.

7 I believe this proposal will improve both
8 access and quality of care by locating the unit in a
9 community and location that offers public transportation,
10 free parking, and a smaller campus to navigate.

11 The physical facility will be a significant
12 improvement over the current unit, as noted previously.
13 The majority of the beds will be private rooms, new
14 furnishings, new fixtures, there will be a new therapy gym
15 and state-of-the-art exercise equipment, all necessary to
16 support services.

17 Patients typically spend two to three weeks
18 in the IRU, and this new proposed unit will offer a
19 healing environment and make admission easier and more
20 convenient for patients and families.

21 Our physician coverage model will also
22 change with the proposed relocation and will include Yale-
23 New hospitalists and the IRU in Milford under the
24 direction of two Yale-New Haven Hospital physiatrists.

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1 With this change in the model, we'll have -
2 - the physiatrist currently will have an additional
3 capacity to see more hospitalized patients in need of
4 their specialized consultative services. Thus, more
5 patients will benefit overall.

6 There will be no interruption in the IRU
7 services for any patient in need. Prior to closing the
8 new IRU, any patient clinically ready will be discharged
9 to the next appropriate level of care, and any IRU
10 patients that are remaining will be transferred to the
11 Milford unit on its opening day.

12 I'd like to thank you for your time and
13 your attention, and I urge you to approve Yale-New Haven
14 Hospital's Certificate of Need application and relocation
15 to Milford Hospital.

16 HEARING OFFICER HANSTED: Thank you,
17 Doctor. Attorney Fusco, did you have any other testimony?

18 MS. GROVES FUSCO: That concludes our
19 testimony, so if Mr. Pelaccia --

20 HEARING OFFICER HANSTED: Mr. Pelaccia?

21 MR. JOSEPH PELACCIA: Thank you.

22 HEARING OFFICER HANSTED: You're welcome.

23 MR. PELACCIA: Can I stay here, or would
24 you like me to be up front?

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1 HEARING OFFICER HANSTED: Feel free to come
2 up before the microphone.

3 MR. PELACCIA: Joe Pelaccia, Milford
4 Hospital. I'm the President and CEO, and, usually, when I
5 introduce myself, I tell individuals that I've been at
6 this hospital since Abraham Lincoln was President, but I
7 just found out, in talking to Kevin, that he was a very
8 young boy.

9 I won't tell you the age when I started. I
10 began when CHAC was the first agency to regulate
11 hospitals, so I've been there quite a few years, and I
12 love the institution. I love the community. I love all
13 the people that I work with.

14 I promise to be as brief as everyone else.
15 I'm going to deviate from what I've written at some point
16 in time, just to express something, but, on behalf of our
17 Board, physicians and the entire staff, I would like to
18 express my support for the relocation of Yale-New Haven
19 Hospital's IRU to Milford Hospital.

20 This partnership to relocate Yale's IRU is
21 vitally important to the future of Milford Hospital and
22 its ability to remain financially-viable and independent.

23 Milford Hospital began providing quality
24 care to its community in 1921, so only a few years away

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1 from a 100-year anniversary.

2 Today, with all the affiliates, it is the
3 largest employer in town, with 800 employees, and it
4 annually contributes over \$168,000,000 to our local
5 economy.

6 Milford Hospital continues to deliver
7 quality care and was recently awarded a four-star rating
8 from CMS HCAHPS Star Ratings, and there are only four
9 hospitals in the state that was able to achieve that.

10 Like many community hospitals throughout
11 the state and country, Milford Hospital has experienced a
12 reduction in patient volume and a change in payer mix,
13 resulting in a material reduction in revenue.

14 Eighty percent of our revenue comes from
15 Medicare, Medicaid and self-patients. Medicare and
16 Medicaid alone pay well below our cost to operate, which I
17 believe is true for most of the hospitals in the state and
18 in the country.

19 We have aggressively cut costs year-after-
20 year, while maintaining the excellent care delivered to
21 our patients. We're at the point that all the fat is
22 removed. The only thing that's left are my bones.

23 However, the reduction in net revenue and
24 patient volume has resulted in material financial losses

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1 for the last eight of nine years and created underutilized
2 space in our facility. We're talking about the entire
3 floor that Mr. D'Aquila has mentioned.

4 During numerous meetings and personal
5 contacts with staff members, I felt their concerns, and I
6 look at some of my employee in their eyes, and some of the
7 questions -- I know what they're going to ask me. Some
8 staff members have stated I love this hospital. They've
9 been there years, and years, and years. Are we going to
10 make it? Others have stated, please, begging me, please
11 assure me that we are on the road to recovery.

12 So, therefore, over two years ago, with the
13 Board's approval, I contacted various systems in the
14 state. I also had numerous meetings with four in-state
15 health systems. Two of the four were chosen to present a
16 proposal and meet with the Board. After careful analysis,
17 Yale-New Haven Hospital's proposal was approved.

18 I must stress that this is not a Yale-New
19 Haven Hospital takeover. We are independent.

20 The relocation will improve the financial
21 strength of both institutions. Not only does Yale-New
22 Haven Hospital save on the cost of a construct and use
23 space to house an IRU, Milford Hospital gains such needed
24 revenue from lease payments.

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1 This revenue will assist Milford Hospital
2 in continuing to provide acute care services to its
3 patients.

4 The unit will offer enhanced patient
5 comfort and privacy in a newly-renovated inpatient space,
6 and you can see some of the pictures up above.

7 The hospital is in the center of town and
8 easily accessible, with ample parking for families and
9 other visitors.

10 This arrangement fulfills many of the major
11 goals of health reform by promoting quality and
12 accessibility to care while efficiently utilizing an
13 existing infrastructure and resource.

14 I would like to go off my remarks and state
15 that, you know, we heard of what they refer is the Rule of
16 Three.

17 When my son was born out of my four
18 children in 1976, he had a major problem. He was rushed
19 to Yale-New Haven Hospital's NIC Unit. He is a strong
20 man, happily married, with four children. By the way,
21 good looking. Not as good looking as I am, but good
22 looking. (Laughter)

23 The second thing was that, in 2004, I was
24 diagnosed with kidney cancer. Within one week, I was

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1 here. Once the diagnosis was confirmed, within one week I
2 was here at Yale-New Haven Hospital and operated with Dr.
3 John Colberg, and here I am today, here I am today,
4 speaking before you. It is a great institution.

5 Everything comes in threes. Lastly,
6 Milford Hospital has, in fact, been bleeding. This is a
7 blessing for this institution, that we finally have
8 reached a partnership, so this has been extremely
9 important to all of us.

10 I've gotten support from the community,
11 gotten support from the Mayors, all the legislative
12 people. This is really a blessing in disguise and three
13 events that had to do with Milford Hospital.

14 It is extremely important that this project
15 not be delayed, so that the hospital financial obligations
16 are met and our staff has assurance that we will be around
17 for many years to deliver excellent healthcare to our
18 community.

19 Again, we must not wait. It must be
20 approved, because I'm really bleeding, and I need to get
21 it done.

22 In conclusion, in closing, I respectfully
23 urge OHCA to approve the CON. Again, to repeat it, it's
24 extremely vital that this process be accomplished very

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1 quickly.

2 With that, I thank you for your time, and I
3 hope I was as brief as I expected to be. Thank you.

4 HEARING OFFICER HANSTED: Thank you, Mr.
5 Pelaccia. And, just for the record, Milford Hospital is
6 not designated as a party in this action, so, Mr.
7 Pelaccia, you're free to leave at this time, or you're
8 welcome to stay.

9 MR. PELACCIA: I would like to stay, and I
10 would like to make sure that Mr. D'Aquila gets a lot of
11 tough questions, because I'm learning.

12 HEARING OFFICER HANSTED: Thank you. We'll
13 try our best. (Laughter) And just in the interest of
14 fairness, we have one other individual that signed up to
15 speak this evening from Milford Hospital. Is it Lloyd?

16 A MALE VOICE: I didn't sign up to speak.

17 HEARING OFFICER HANSTED: You don't want to
18 speak, okay.

19 MR. PELACCIA: He signed up to be here to
20 give me moral support, in case I passed out. (Laughter)

21 HEARING OFFICER HANSTED: Okay, very good.
22 I just wanted to give him the same courtesy.

23 MR. PELACCIA: Thank you very much.

24 HEARING OFFICER HANSTED: Thank you. Okay.

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1 At this time, OHCA has some questions. Do you want to
2 start? Do you want Kaila to start? Kaila, you want to
3 start? Okay.

4 MS. RIGGOTT: I just have a couple of
5 questions. Kaila Riggott, OHCA. I just want to clarify a
6 few things that were in the pre-filed testimony.

7 Will the Applicant continue to provide the
8 exact same IRU services at the new location, that is PT,
9 OT and speech therapy versus ancillary services? I'm not
10 sure who --

11 DR. ANDERSON-PETERKIN: I can answer. Yes,
12 we'll provide the same services.

13 HEARING OFFICER HANSTED: Now are those
14 specifically just PT, OT and speech, or are there other
15 therapies you'll be providing at the Milford location?

16 DR. ANDERSON-PETERKIN: Currently, just PT,
17 OT and speech.

18 HEARING OFFICER HANSTED: Okay and the
19 ancillary services are provided by Milford Hospital.
20 Okay, thank you.

21 DR. ANDERSON-PETERKIN: Thank you.

22 MS. RIGGOTT: And, again, I'm not sure who
23 the best person to answer my next question or my next two
24 questions is, but if a patient is being treated at the IRU

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1 at the Milford location and they need an acute care level
2 or an emergency level service beyond rehab, where would
3 they receive those services, and which medical staff would
4 be providing those services? Would it be Yale or Milford?

5

6 DR. ANDERSON-PETERKIN: Well if, for
7 example, if there was a rapid response, you know, the
8 Yale-New Haven staff would respond to it, but we also have
9 staff on site for Milford Hospital that could provide
10 rapid response care, and the patient could be either
11 transferred to Milford Hospital or to Yale-New Haven
12 Hospital, if needed, depending on the acuity.

13 MS. RIGGOTT: Okay and can you just
14 elaborate a little bit on that rapid response care, what
15 that involves?

16 DR. ANDERSON-PETERKIN: Any sort of
17 emergency care, CPR, intubation, any sort of emergency
18 care that would be needed.

19 MR. D'AQUILA: So, at Yale-New Haven, we
20 have a mechanism, whereby literally any employee,
21 typically nursing staff, if they feel that a patient is
22 decompensating, where they were uncomfortable about the
23 patient's condition, they can literally call an alert, and
24 that alert brings a team of providers to the patient space

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1 to evaluate the patient and make the decision whether they
2 need to be transferred or whether some intervention needs
3 to take place, but anybody can do that. It's a safety
4 mechanism that we've employed for several years.

5 HEARING OFFICER HANSTED: And, for
6 instance, if this were to go to Milford, this IRU, if an
7 emergency happened during a physical therapy treatment,
8 say someone started to have a heart attack, that alert
9 would be called, and it would be a combination of Yale
10 employees and Milford employees responding, or would it be
11 separated?

12 MS. CAROL JUST: Do you want me to?

13 HEARING OFFICER HANSTED: If you could just
14 come up to a microphone? And were you sworn in?

15 MS. GROVES FUSCO: She was sworn in.
16 She'll introduce herself.

17 HEARING OFFICER HANSTED: Okay.

18 MS. JUST: Yes. Carol Just. I'm the
19 Nursing Director for Musculoskeletal.

20 We contracted rapid response with Milford
21 Hospital, so our staff would call our emergency number,
22 which is 1-5-5, and Milford Hospital would respond to that
23 rapid response.

24 HEARING OFFICER HANSTED: Okay.

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1 MS. JUST: And depending on what was going
2 on with the patient, we'd make a decision whether that
3 patient would be discharged and admitted to the Milford
4 Hospital ICU or transferred back to Yale.

5 If it was something that required the cath
6 lab, then we'd have to transfer the patient back.

7 HEARING OFFICER HANSTED: Okay, so, it
8 would be a decision, based upon what the condition was for
9 that specific patient?

10 MS. JUST: Right. Exactly.

11 HEARING OFFICER HANSTED: Okay. Thank you.

12 MS. JUST: Okay.

13 MS. RIGGOTT: I just have one more
14 question, and I believe this probably is for Dr. Anderson-
15 Peterkin to respond to.

16 In terms of the new coverage model that you
17 mentioned with the hospitalists, I just want to make sure
18 I completely understand that. I just want to confirm that
19 it looks like it's freeing up the physiatrists to see more
20 patients?

21 DR. ANDERSON-PETERKIN: Correct.

22 MS. RIGGOTT: And then the hospitalists
23 will see the patients for more general issues, is that
24 correct?

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1 DR. ANDERSON-PETERKIN: Yes.

2 MS. RIGGOTT: Are there any other benefits
3 to that model that might not have been addressed in the
4 pre-file?

5 DR. ANDERSON-PETERKIN: I think that covers
6 it. I mean the current model that we have, the
7 physiatrist is the physician, who handles most of the
8 medical issues, and we also do consults to bring new
9 patients to the IRU.

10 With this new model, that will give us more
11 time to see a wider range of patients, to do consults,
12 and, you know, that frees us up.

13 MS. RIGGOTT: Okay, thank you.

14 HEARING OFFICER HANSTED: And just to
15 follow-up on that, in terms of physicians, whether they be
16 physiatrists or hospitalists, who would be located at the
17 Milford location?

18 DR. ANDERSON-PETERKIN: We both would be.
19 It would be the physiatrist and the hospitalist.

20 HEARING OFFICER HANSTED: And those would
21 be Yale physiatrists and hospitalists?

22 DR. ANDERSON-PETERKIN: Yes.

23 HEARING OFFICER HANSTED: Okay, thank you.
24 Did you have anything else?

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1 MS. RIGGOTT: No, that's all.

2 HEARING OFFICER HANSTED: Anything?

3 MS. JESSICA SCHAEFFER-HELMECKI: No.

4 HEARING OFFICER HANSTED: No? Okay. Okay,
5 that's all the questions OHCA has at this point.

6 Are there any individuals from the public
7 that wish to give a comment here this evening? Do we have
8 a sign-up sheet? That was it? Okay. Okay.

9 It's only 5:30 at this point, so I just
10 want to -- I'm going to break at this time, and we'll
11 reconvene at 6:00 p.m., just to see if any other members
12 from the public arrive, so you're free to mingle about or
13 do whatever you want at this point.

14 (Off the record)

15 HEARING OFFICER HANSTED: And just one last
16 time, before we adjourn, is there anyone here, who would
17 like to give public comment on this application before us
18 this evening?

19 Let the record reflect there is no one,
20 and, with that, I will adjourn this hearing. Thank you,
21 everyone.

22 (Whereupon, the hearing adjourned at 6:04
23 p.m.)

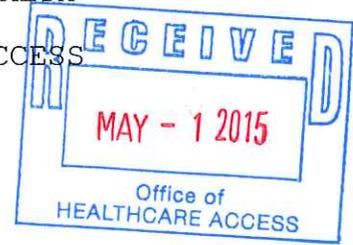
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ORIGINAL

1

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS



YALE-NEW HAVEN HOSPITAL

TERMINATION OF INPATIENT REHABILITATION UNIT AT
YALE-NEW HAVEN HOSPITAL'S
CHAPEL STREET CAMPUS

DOCKET NO. 15-31987

APRIL 27, 2015

5:00 P.M.

20 CHURCH STREET
NEW HAVEN, CONNECTICUT

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

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1 . . .Verbatim proceedings of a hearing
2 before the State of Connecticut, Department of Public
3 Health, Office of Health Care Access, in the matter of
4 Yale-New Haven Hospital, Termination of Inpatient
5 Rehabilitation Unit at Yale-New Haven Hospital's Chapel
6 Street Campus, held at 20 Church Street, Room S211, New
7 Haven, Connecticut, on April 27, 2015 at 5:03 p.m. . . .

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HEARING OFFICER KEVIN HANSTED: Good evening, everyone.

This public hearing before the Office of Health Care Access, identified by Docket No. 15-31987-CON, is being held on April 27, 2015 to consider Yale-New Haven Hospital's application for the termination of an inpatient rehabilitation unit at Yale-New Haven Hospital's Chapel Street campus.

This public hearing is being held pursuant to Connecticut General Statute, Section 19a-639a, and will be conducted as a contested case, in accordance with the provisions of Chapter 54 of the Connecticut General Statutes.

My name is Kevin Hansted, and I've been

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1 designated by Commissioner Jewel Mullen of the Department
2 of Public Health to serve as the Hearing Officer here
3 this evening.

4 Staff members assigned to assist me in
5 this case are Kaila Riggott and Jessica Schaeffer-
6 Helmecki. The hearing is being recorded by Post
7 Reporting Services.

8 In making its decision, OHCA will consider
9 and make written findings concerning the principles and
10 guidelines set forth in Section 19a-639 of the
11 Connecticut General Statutes.

12 Yale-New Haven Hospital has been
13 designated as a party in this proceeding.

14 At this time, I'll ask staff to read into
15 the record those documents already appearing in the Table
16 of Record.

17 MS. KAILA RIGGOTT: Good afternoon. Kaila
18 Riggott, OHCA staff, and I'd like to enter into the
19 record Exhibits A through I.

20 HEARING OFFICER HANSTED: Thank you. And
21 all documents have been identified in the Table of Record
22 for reference purposes. Are there any objections to any
23 of the exhibits?

24 MS. JENNIFER GROVES FUSCO: This is

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1 Jennifer Fusco. I'm counsel for Yale-New Haven Hospital.
2 We don't have any objections to the record. I just
3 wanted to note, as you're aware, we did file a
4 Declaratory Ruling request on Friday with respect to the
5 jurisdictional issues around termination of services.

6 I assume it gets docketed separately, as a
7 separate proceeding. I just wanted to note it for the
8 record in this proceeding.

9 HEARING OFFICER HANSTED: That's correct.
10 We did receive it. It does receive a different docket
11 number. It's a separate docket proceeding.

12 MS. GROVES FUSCO: Okay.

13 HEARING OFFICER HANSTED: And are there
14 any additional exhibits to add in? No? Okay, thank you.
15 Let the record reflect there are none.

16 Tonight, we'll first hear from the
17 Applicant for an overview of the project, and I
18 understand we have Mr. Pelaccia here from Milford
19 Hospital, who would also like to give a brief opening
20 statement, so, Jennifer, I'll let you decide who you want
21 to go first.

22 MS. GROVES FUSCO: I think what we figured
23 we'd do for our presentation we have Richard D'Aquila,
24 the President of Yale-New Haven Hospital, and Dr. Nycaine

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1 Anderson-Peterkin, who is the Medical Director of the
2 IRU. They're prepared to give our presentation. I don't
3 know if, after that, you want to allow Mr. Pelaccia to
4 speak, or if you want to do questions and have him speak
5 as a member of the public, whatever order works for you.

6 HEARING OFFICER HANSTED: No. I'd like to
7 have him go after your initial presentation and before
8 our questions.

9 MS. GROVES FUSCO: Sure. Okay. That's
10 fine.

11 HEARING OFFICER HANSTED: That way, if he
12 has somewhere else to be, he's free to leave.

13 MS. GROVES FUSCO: Super. And we do have,
14 as you can see, a number of people here prepared to
15 answer any questions.

16 HEARING OFFICER HANSTED: Yes. I
17 appreciate that. Thank you. You may proceed.

18 MS. GROVES FUSCO: Do you need to swear?

19 HEARING OFFICER HANSTED: Oh, yes. Thank
20 you. Anyone, who might testify. Thank you.

21 (Whereupon, the parties were duly sworn
22 in.)

23 HEARING OFFICER HANSTED: All right.
24 Thank you, all. You may proceed, Attorney Fusco.

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1 MR. RICHARD D'AQUILA: Good afternoon,
2 Hearing Officer Hansted and OHCA staff. My name is
3 Richard D'Aquila. I'm the President of Yale-New Haven,
4 and, first up, I wanted to adopt my pre-filed testimony.

5 HEARING OFFICER HANSTED: Thank you.

6 MR. D'AQUILA: We want to thank you for
7 your time this afternoon and give us the opportunity to
8 present our proposed relocation of our Inpatient
9 Rehabilitation Unit, which we're going to call our IRU,
10 to leased space at Milford Hospital. I'm going to
11 introduce and summarize the proposed relocation.

12 You're also going to hear from my
13 colleague, Dr. Anderson-Peterkin, who is Yale-New Haven
14 Hospital's Inpatient Rehabilitation Unit Medical
15 Director.

16 We also, as was mentioned, we have a
17 number of staff members here. If there are specific
18 technical questions, they can provide us with the
19 answers.

20 As we described in our CON and my pre-
21 filed testimony, the main impetus for the IRU relocation
22 is the need for additional inpatient space for our
23 multidisciplinary Musculoskeletal Center.

24 The Musculoskeletal Center will ultimately

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1 include three dedicated inpatient units, a number of
2 operating rooms on the St. Raphael campus, but two, which
3 have been newly-renovated and are very technologically-
4 advanced for musculoskeletal surgery, and all the space
5 for physicians and specialty physicians, who will be part
6 of the Musculoskeletal Institute, all that will be based
7 on the St. Raphael's campus.

8 The IRU, itself, currently occupies a
9 dated inpatient unit, Verdi 4 East, which is one of the
10 units to be renovated for the Musculoskeletal Center.

11 We're not terminating our IRU services.
12 We're merely moving them to leased space in Milford
13 Hospital. There were no feasible options for relocating
14 to our New Haven campus.

15 We believe the proposal is a very cost-
16 effective solution to meet our needs for both an
17 additional inpatient unit, and it also benefits Milford
18 Hospital.

19 I want to emphasize that we're not
20 changing the number of beds. This is the same number of
21 beds we have on the St. Raphael's campus.

22 There are some very unique features of the
23 Milford location. It allows us to significantly improve
24 the facility and provide patient privacy. There are

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1 renderings in back of you of what the unit will look like
2 and of the physical layout, both of the inpatient unit
3 and the patient gym area.

4 It basically will have 18 private rooms in
5 the new unit, that's compared to two today, in the entire
6 unit, and an adjacent gym will be new, modern, and very
7 patient-centered.

8 Families, we believe, will find access to
9 Milford Hospital much easier to New Haven. These are
10 often extended stay patients. They're often in the
11 hospital for 14 days or longer, and there's ample free
12 parking, less traffic, and the campus at Milford is much
13 simpler to navigate than our Downtown campuses.

14 We believe this CON represents an
15 opportunity to improve the financial strength of the
16 health care system by bringing needed revenue to Milford
17 Hospital, thus helping their financial health and at the
18 same that we provide a very needed and we think creative
19 service to the community.

20 We think this proposal is consistent with
21 and what was contemplated by healthcare reform. We think
22 it demonstrates, and I believe Mr. Pelaccia will speak to
23 this, as well, how healthcare providers can work together
24 in a collaborative way to control costs and build better

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1 services.

2 I appreciate you hearing my opening
3 comments. I urge you to approve this application, and,
4 when the time is right, we'll be happy to answer any
5 questions you have about the specifics.

6 At this point, I want to introduce my
7 colleague, Dr. Anderson-Peterkin.

8 HEARING OFFICER HANSTED: Thank you. Good
9 evening, Doctor.

10 DR. NYCAINE ANDERSON-PETERKIN: Good
11 evening. Hearing Officer Hansted and OHCA staff, my name
12 is Dr. Anderson-Peterkin. I'm the current Medical
13 Director of the Intensive Rehabilitation Unit at Yale-New
14 Haven Hospital, and I would like to adopt my pre-filed
15 testimony.

16 HEARING OFFICER HANSTED: Thank you.

17 DR. ANDERSON-PETERKIN: I'm a Board
18 Certified Physiatrist. Physiatry is a medical specialty,
19 focusing on the non-surgical treatment of musculoskeletal
20 diseases and conditions.

21 I have my medical degree from SUNY
22 Downstate College in New York and did my residency at
23 Mount Sinai Center in New York and have been a practicing
24 Physiatrist since 2009.

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1 Musculoskeletal diseases impact a large
2 percentage of the population, in particular, those over
3 the age of 65. As you know, the older population is
4 growing significantly, and we expect many more
5 individuals with musculoskeletal conditions that require
6 treatment and rehabilitation.

7 This proposal offers a cost-effective
8 solution to meeting the demands of our Musculoskeletal
9 Center being developed on the Chapel Street campus, as
10 well as continuing to offer an IRU level of care.

11 I believe this proposal will improve both
12 access and quality of care by locating the unit in a
13 community and location that offers public transportation,
14 free parking, and a smaller campus to navigate.

15 The physical facility will be a
16 significant improvement over the current unit, as noted
17 previously. The majority of the beds will be private
18 rooms, new furnishings, new fixtures, there will be a new
19 therapy gym and state-of-the-art exercise equipment, all
20 necessary to support services.

21 Patients typically spend two to three
22 weeks in the IRU, and this new proposed unit will offer a
23 healing environment and make admission easier and more
24 convenient for patients and families.

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1 Our physician coverage model will also
2 change with the proposed relocation and will include
3 Yale-New hospitalists and the IRU in Milford under the
4 direction of two Yale-New Haven Hospital physiatrists.

5 With this change in the model, we'll have
6 -- the physiatrist currently will have an additional
7 capacity to see more hospitalized patients in need of
8 their specialized consultative services. Thus, more
9 patients will benefit overall.

10 There will be no interruption in the IRU
11 services for any patient in need. Prior to closing the
12 new IRU, any patient clinically ready will be discharged
13 to the next appropriate level of care, and any IRU
14 patients that are remaining will be transferred to the
15 Milford unit on its opening day.

16 I'd like to thank you for your time and
17 your attention, and I urge you to approve Yale-New Haven
18 Hospital's Certificate of Need application and relocation
19 to Milford Hospital.

20 HEARING OFFICER HANSTED: Thank you,
21 Doctor. Attorney Fusco, did you have any other
22 testimony?

23 MS. GROVES FUSCO: That concludes our
24 testimony, so if Mr. Pelaccia --

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1 HEARING OFFICER HANSTED: Mr. Pelaccia?

2 MR. JOSEPH PELACCIA: Thank you.

3 HEARING OFFICER HANSTED: You're welcome.

4 MR. PELACCIA: Can I stay here, or would
5 you like me to be up front?

6 HEARING OFFICER HANSTED: Feel free to
7 come up before the microphone.

8 MR. PELACCIA: Joe Pelaccia, Milford
9 Hospital. I'm the President and CEO, and, usually, when
10 I introduce myself, I tell individuals that I've been at
11 this hospital since Abraham Lincoln was President, but I
12 just found out, in talking to Kevin, that he was a very
13 young boy.

14 I won't tell you the age when I started.
15 I began when CHAC was the first agency to regulate
16 hospitals, so I've been there quite a few years, and I
17 love the institution. I love the community. I love all
18 the people that I work with.

19 I promise to be as brief as everyone else.
20 I'm going to deviate from what I've written at some point
21 in time, just to express something, but, on behalf of our
22 Board, physicians and the entire staff, I would like to
23 express my support for the relocation of Yale-New Haven
24 Hospital's IRU to Milford Hospital.

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1 This partnership to relocate Yale's IRU is
2 vitally important to the future of Milford Hospital and
3 its ability to remain financially-viable and independent.

4 Milford Hospital began providing quality
5 care to its community in 1921, so only a few years away
6 from a 100-year anniversary.

7 Today, with all the affiliates, it is the
8 largest employer in town, with 800 employees, and it
9 annually contributes over \$168,000,000 to our local
10 economy.

11 Milford Hospital continues to deliver
12 quality care and was recently awarded a four-star rating
13 from CMS HCAHPS Star Ratings, and there are only four
14 hospitals in the state that was able to achieve that.

15 Like many community hospitals throughout
16 the state and country, Milford Hospital has experienced a
17 reduction in patient volume and a change in payer mix,
18 resulting in a material reduction in revenue.

19 Eighty percent of our revenue comes from
20 Medicare, Medicaid and self-patients. Medicare and
21 Medicaid alone pay well below our cost to operate, which
22 I believe is true for most of the hospitals in the state
23 and in the country.

24 We have aggressively cut costs year-after-

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1 year, while maintaining the excellent care delivered to
2 our patients. We're at the point that all the fat is
3 removed. The only thing that's left are my bones.

4 However, the reduction in net revenue and
5 patient volume has resulted in material financial losses
6 for the last eight of nine years and created
7 underutilized space in our facility. We're talking about
8 the entire floor that Mr. D'Aquila has mentioned.

9 During numerous meetings and personal
10 contacts with staff members, I felt their concerns, and I
11 look at some of my employee in their eyes, and some of
12 the questions -- I know what they're going to ask me.
13 Some staff members have stated I love this hospital.
14 They've been there years, and years, and years. Are we
15 going to make it? Others have stated, please, begging
16 me, please assure me that we are on the road to recovery.

17 So, therefore, over two years ago, with
18 the Board's approval, I contacted various systems in the
19 state. I also had numerous meetings with four in-state
20 health systems. Two of the four were chosen to present a
21 proposal and meet with the Board. After careful
22 analysis, Yale-New Haven Hospital's proposal was
23 approved.

24 I must stress that this is not a Yale-New

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1 Haven Hospital takeover. We are independent.

2 The relocation will improve the financial
3 strength of both institutions. Not only does Yale-New
4 Haven Hospital save on the cost of a construct and use
5 space to house an IRU, Milford Hospital gains such needed
6 revenue from lease payments.

7 This revenue will assist Milford Hospital
8 in continuing to provide acute care services to its
9 patients.

10 The unit will offer enhanced patient
11 comfort and privacy in a newly-renovated inpatient space,
12 and you can see some of the pictures up above.

13 The hospital is in the center of town and
14 easily accessible, with ample parking for families and
15 other visitors.

16 This arrangement fulfills many of the
17 major goals of health reform by promoting quality and
18 accessibility to care while efficiently utilizing an
19 existing infrastructure and resource.

20 I would like to go off my remarks and
21 state that, you know, we heard of what they refer is the
22 Rule of Three.

23 When my son was born out of my four
24 children in 1976, he had a major problem. He was rushed

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1 to Yale-New Haven Hospital's NIC Unit. He is a strong
2 man, happily married, with four children. By the way,
3 good looking. Not as good looking as I am, but good
4 looking. (Laughter)

5 The second thing was that, in 2004, I was
6 diagnosed with kidney cancer. Within one week, I was
7 here. Once the diagnosis was confirmed, within one week
8 I was here at Yale-New Haven Hospital and operated with
9 Dr. John Colberg, and here I am today, here I am today,
10 speaking before you. It is a great institution.

11 Everything comes in threes. Lastly,
12 Milford Hospital has, in fact, been bleeding. This is a
13 blessing for this institution, that we finally have
14 reached a partnership, so this has been extremely
15 important to all of us.

16 I've gotten support from the community,
17 gotten support from the Mayors, all the legislative
18 people. This is really a blessing in disguise and three
19 events that had to do with Milford Hospital.

20 It is extremely important that this
21 project not be delayed, so that the hospital financial
22 obligations are met and our staff has assurance that we
23 will be around for many years to deliver excellent
24 healthcare to our community.

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1 Again, we must not wait. It must be
2 approved, because I'm really bleeding, and I need to get
3 it done.

4 In conclusion, in closing, I respectfully
5 urge OHCA to approve the CON. Again, to repeat it, it's
6 extremely vital that this process be accomplished very
7 quickly.

8 With that, I thank you for your time, and
9 I hope I was as brief as I expected to be. Thank you.

10 HEARING OFFICER HANSTED: Thank you, Mr.
11 Pelaccia. And, just for the record, Milford Hospital is
12 not designated as a party in this action, so, Mr.
13 Pelaccia, you're free to leave at this time, or you're
14 welcome to stay.

15 MR. PELACCIA: I would like to stay, and I
16 would like to make sure that Mr. D'Aquila gets a lot of
17 tough questions, because I'm learning.

18 HEARING OFFICER HANSTED: Thank you.
19 We'll try our best. (Laughter) And just in the interest
20 of fairness, we have one other individual that signed up
21 to speak this evening from Milford Hospital. Is it
22 Lloyd?

23 A MALE VOICE: I didn't sign up to speak.

24 HEARING OFFICER HANSTED: You don't want

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1 to speak, okay.

2 MR. PELACCIA: He signed up to be here to
3 give me moral support, in case I passed out. (Laughter)

4 HEARING OFFICER HANSTED: Okay, very good.
5 I just wanted to give him the same courtesy.

6 MR. PELACCIA: Thank you very much.

7 HEARING OFFICER HANSTED: Thank you.
8 Okay. At this time, OHCA has some questions. Do you
9 want to start? Do you want Kaila to start? Kaila, you
10 want to start? Okay.

11 MS. RIGGOTT: I just have a couple of
12 questions. Kaila Riggott, OHCA. I just want to clarify
13 a few things that were in the pre-filed testimony.

14 Will the Applicant continue to provide the
15 exact same IRU services at the new location, that is PT,
16 OT and speech therapy versus ancillary services? I'm not
17 sure who --

18 DR. ANDERSON-PETERKIN: I can answer.
19 Yes, we'll provide the same services.

20 HEARING OFFICER HANSTED: Now are those
21 specifically just PT, OT and speech, or are there other
22 therapies you'll be providing at the Milford location?

23 DR. ANDERSON-PETERKIN: Currently, just
24 PT, OT and speech.

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1 HEARING OFFICER HANSTED: Okay and the
2 ancillary services are provided by Milford Hospital.
3 Okay, thank you.

4 DR. ANDERSON-PETERKIN: Thank you.

5 MS. RIGGOTT: And, again, I'm not sure who
6 the best person to answer my next question or my next two
7 questions is, but if a patient is being treated at the
8 IRU at the Milford location and they need an acute care
9 level or an emergency level service beyond rehab, where
10 would they receive those services, and which medical
11 staff would be providing those services? Would it be
12 Yale or Milford?

13 DR. ANDERSON-PETERKIN: Well if, for
14 example, if there was a rapid response, you know, the
15 Yale-New Haven staff would respond to it, but we also
16 have staff on site for Milford Hospital that could
17 provide rapid response care, and the patient could be
18 either transferred to Milford Hospital or to Yale-New
19 Haven Hospital, if needed, depending on the acuity.

20 MS. RIGGOTT: Okay and can you just
21 elaborate a little bit on that rapid response care, what
22 that involves?

23 DR. ANDERSON-PETERKIN: Any sort of
24 emergency care, CPR, intubation, any sort of emergency

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1 care that would be needed.

2 MR. D'AQUILA: So, at Yale-New Haven, we
3 have a mechanism, whereby literally any employee,
4 typically nursing staff, if they feel that a patient is
5 decompensating, where they were uncomfortable about the
6 patient's condition, they can literally call an alert,
7 and that alert brings a team of providers to the patient
8 space to evaluate the patient and make the decision
9 whether they need to be transferred or whether some
10 intervention needs to take place, but anybody can do
11 that. It's a safety mechanism that we've employed for
12 several years.

13 HEARING OFFICER HANSTED: And, for
14 instance, if this were to go to Milford, this IRU, if an
15 emergency happened during a physical therapy treatment,
16 say someone started to have a heart attack, that alert
17 would be called, and it would be a combination of Yale
18 employees and Milford employees responding, or would it
19 be separated?

20 MS. CAROL JUST: Do you want me to?

21 HEARING OFFICER HANSTED: If you could
22 just come up to a microphone? And were you sworn in?

23 MS. GROVES FUSCO: She was sworn in.
24 She'll introduce herself.

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1 HEARING OFFICER HANSTED: Okay.

2 MS. JUST: Yes. Carol Just. I'm the
3 Nursing Director for Musculoskeletal.

4 We contracted rapid response with Milford
5 Hospital, so our staff would call our emergency number,
6 which is 1-5-5, and Milford Hospital would respond to
7 that rapid response.

8 HEARING OFFICER HANSTED: Okay.

9 MS. JUST: And depending on what was going
10 on with the patient, we'd make a decision whether that
11 patient would be discharged and admitted to the Milford
12 Hospital ICU or transferred back to Yale.

13 If it was something that required the cath
14 lab, then we'd have to transfer the patient back.

15 HEARING OFFICER HANSTED: Okay, so, it
16 would be a decision, based upon what the condition was
17 for that specific patient?

18 MS. JUST: Right. Exactly.

19 HEARING OFFICER HANSTED: Okay. Thank
20 you.

21 MS. JUST: Okay.

22 MS. RIGGOTT: I just have one more
23 question, and I believe this probably is for Dr.
24 Anderson-Peterkin to respond to.

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1 In terms of the new coverage model that
2 you mentioned with the hospitalists, I just want to make
3 sure I completely understand that. I just want to
4 confirm that it looks like it's freeing up the
5 physiatrists to see more patients?

6 DR. ANDERSON-PETERKIN: Correct.

7 MS. RIGGOTT: And then the hospitalists
8 will see the patients for more general issues, is that
9 correct?

10 DR. ANDERSON-PETERKIN: Yes.

11 MS. RIGGOTT: Are there any other benefits
12 to that model that might not have been addressed in the
13 pre-file?

14 DR. ANDERSON-PETERKIN: I think that
15 covers it. I mean the current model that we have, the
16 physiatrist is the physician, who handles most of the
17 medical issues, and we also do consults to bring new
18 patients to the IRU.

19 With this new model, that will give us
20 more time to see a wider range of patients, to do
21 consults, and, you know, that frees us up.

22 MS. RIGGOTT: Okay, thank you.

23 HEARING OFFICER HANSTED: And just to
24 follow-up on that, in terms of physicians, whether they

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1 be psychiatrists or hospitalists, who would be located at
2 the Milford location?

3 DR. ANDERSON-PETERKIN: We both would be.
4 It would be the psychiatrist and the hospitalist.

5 HEARING OFFICER HANSTED: And those would
6 be Yale psychiatrists and hospitalists?

7 DR. ANDERSON-PETERKIN: Yes.

8 HEARING OFFICER HANSTED: Okay, thank you.
9 Did you have anything else?

10 MS. RIGGOTT: No, that's all.

11 HEARING OFFICER HANSTED: Anything?

12 MS. JESSICA SCHAEFFER-HELMECKI: No.

13 HEARING OFFICER HANSTED: No? Okay.

14 Okay, that's all the questions OHCA has at this point.

15 Are there any individuals from the public
16 that wish to give a comment here this evening? Do we
17 have a sign-up sheet? That was it? Okay. Okay.

18 It's only 5:30 at this point, so I just
19 want to -- I'm going to break at this time, and we'll
20 reconvene at 6:00 p.m., just to see if any other members
21 from the public arrive, so you're free to mingle about or
22 do whatever you want at this point.

23 (Off the record)

24 HEARING OFFICER HANSTED: And just one

HEARING RE: YALE-NEW HAVEN HOSPITAL
APRIL 27, 2015

1 last time, before we adjourn, is there anyone here, who
2 would like to give public comment on this application
3 before us this evening?

4 Let the record reflect there is no one,
5 and, with that, I will adjourn this hearing. Thank you,
6 everyone.

7 (Whereupon, the hearing adjourned at 6:04
8 p.m.)

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CERTIFICATE

I, Paul Landman, a Notary Public in and for the State of Connecticut, and President of Post Reporting Service, Inc., do hereby certify that, to the best of my knowledge, the foregoing record is a correct and verbatim transcription of the audio recording made of the proceeding hereinbefore set forth.

I further certify that neither the audio operator nor I are attorney or counsel for, nor directly related to or employed by any of the parties to the action and/or proceeding in which this action is taken; and further, that neither the audio operator nor I are a relative or employee of any attorney or counsel employed by the parties, thereto, or financially interested in any way in the outcome of this action or proceeding.

In witness whereof I have hereunto set my hand and do so attest to the above, this 30th day of April, 2015.



Paul Landman
President

Post Reporting Service
1-800-262-4102

**PUBLIC HEARING
APPLICANT
SIGN UP SHEET**

April 27, 2015
5:00 p.m.

Docket Number: 15-31987-CON

Yale-New Haven Hospital

Termination of Inpatient Rehabilitation Unit at Yale-New Haven Hospital's Chapel Street Campus

PRINT NAME	Phone	Fax	Representing Organization
Matt McKernan	203 907 9858	N/A	YNHH
Karen Banoff	203-459-1601	"	" / KMB Consulting
Steve Allegretti	203-688-5593	NA	YNHH
Michael Parigi	203-688-2251	NA	YNHH
JENNIFER FUSCO	203-786-8316	N/A	YNHH / WRS

Yale New Haven Hospital

PRINT NAME	Phone	Fax	Representing Organization
Alycaine Anderson Petricin	203-789-3868	203-867-5446	Yale New Haven Hospital
Carol Just	203-915-3343		Yale - New Haven Hospital
Jerry Datchler	203-688-3076		Yale New Haven Hospital
Richard D'Aours	203-688-2600		Yale New Haven
Cin Padden	203-200-1030		Yale - New Haven
Nancy Rosenthal	203-863-3908		YNHHS
Kyle Ballou	203-688-2503		YNHHS
Vin Petrucci	203-688-2612		YNHHS
Dusan Castagna	203-384-3946		YNHHS
Mae Lombardi	203-688-1331		YNHHS

**PUBLIC HEARING
GENERAL PUBLIC
SIGN UP SHEET**

April 27, 2015
5:00 p.m.

Docket Number: 15-31987-CON
Yale-New Haven Hospital
Termination of Inpatient Rehabilitation Unit at Yale-New Haven Hospital's Chapel Street Campus

PRINT NAME	Representing Self or Organization
Joseph Pelaccia	Milford Hospital, Inc.
Joseph Pelaccia	
Joseph Pelaccia	Milford Hospital, Inc.
Lloyd Friedman	Milford Hospital, Inc.

Greer, Leslie

From: Lazarus, Steven
Sent: Wednesday, May 27, 2015 3:58 PM
To: Nancy Rosenthal (Nancy.Rosenthal@greenwichhospital.org)
Cc: Greer, Leslie; Riggott, Kaila; Boulette, Kimberly; Olejarz, Barbara; Karen Banoff
Subject: Final Decision: 15-31987-CON
Attachments: 15-31987-CON_Final Decision.pdf

Nancy,

Please see the attached final decision rendered by DPH/OHCA for Yale's termination of IRU services at Chapel Street campus.

Please let me know if you have any questions regarding the attached final decision rendered under DN: 15-31987-CON.

Sincerely,

Steven

Steven W. Lazarus

Associate Health Care Analyst
Division of Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7012
Fax: 860-418-7053



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

May 27, 2015

IN THE MATTER OF:

An Application for a Certificate of Need filed
Pursuant to Section 19a-638, C.G.S. by:

Notice of Final Decision
Office of Health Care Access
Docket Number: 15-31987-CON

Yale-New Haven Hospital

**Termination of Inpatient Rehabilitation
Services at Yale-New Haven Hospital's
Chapel Street Campus**

Nancy Rosenthal
Senior Vice President, Health Systems Development
Greenwich Hospital
5 Perryridge Road
Greenwich, CT 06830

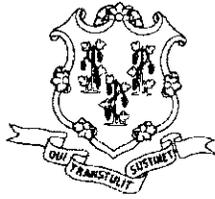
Dear Ms. Rosenthal:

This letter will serve as notice of the approved Certificate of Need Application in the above-referenced matter. On May 27, 2015, the Final Decision, attached hereto, was adopted and issued as an Order by the Department of Public Health, Office of Health Care Access.

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

Kimberly R. Martone
Director of Operations

Enclosure
KRM: swl



**Department of Public Health
Office of Health Care Access
Certificate of Need Application**

Final Decision

Applicant: Yale-New Haven Hospital
20 York Street, New Haven, CT 06510

Docket Number: 15-31987-CON

Project Title: Termination of Yale-New Haven's Inpatient Rehabilitation Services at its Chapel Street Campus

Project Description: Yale-New Haven Hospital ("Applicant," "Hospital" or "YNHH") seeks authorization to terminate its inpatient rehabilitation unit ("IRU") services at its Chapel Street Campus with an associated capital expenditure of \$5,698,635.

Procedural History: The Applicant published notice of its intent to file a Certificate of Need ("CON") application in *the New Haven Register* (New Haven) on February 28, March 1 and 2, 2015. On March 23, 2015, the Office of Health Care Access ("OHCA") received the initial CON application from the Hospital for the above-referenced project. OHCA deemed the application complete on April 1, 2015.

On April 10, 2015, the Applicant was notified of the date, time, and place of the public hearing. On April 10, 2015, a notice to the public announcing the hearing was published in *The New Haven Register*. Thereafter, pursuant to Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a, a public hearing regarding the CON application was held on April 27, 2015.

Commissioner Jewel Mullen designated Attorney Kevin T. Hansted as the hearing officer in this matter. The hearing was conducted in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Conn. Gen. Stat.) and Conn. Gen. Stat. § 19a-639a. The public hearing record was closed on April 28, 2015. Deputy Commissioner Brancifort considered the entire record in this matter.

Findings of Fact and Conclusions of Law

To the extent the findings of fact actually represent conclusions of law, they should be so considered, and vice versa. *SAS Inst., Inc., v. S & H Computer Systems, Inc.*, 605 F. Supp. 816 (Md. Tenn. 1985).

1. YNHH is a non-profit, 1541-bed tertiary medical center that includes Smilow Cancer Hospital at Yale-New Haven, Yale-New Haven Children's Hospital and Yale-New Haven Psychiatric Hospital. YNHH provides both inpatient and outpatient rehabilitation medicine and therapy services. Ex. A., pp. 16-17.
2. There are 24 IRU beds, with 18 currently operational, on YNHH's Chapel Street campus. The IRU provides intensive inpatient rehabilitation therapy to patients with complex nursing, medical management and rehabilitation needs. Ex. A, p. 16; Ex. I, Prefile Testimony of Nycaine Anderson-Peterkin, M.D., Medical Director, IRU, p. 108
3. The IRU serves as a discharge placement for inpatients in need of intensive inpatient rehabilitative care after an acute care hospitalization. Patients come primarily from YNHH, although the program accepts patients from other hospitals as well. Ex. A, p. 16; Ex. I, Prefile Testimony of Richard D'Aquila, President, Yale-New Haven Hospital, p. 105
4. YNHH proposes to terminate its IRU services at the Chapel Street campus and establish IRU services in leased space at Milford Hospital's ("MH") main hospital building in Milford. Ex. A, p. 16
5. The IRU in Milford will operate as a YNHH satellite location. YNHH will continue to operate, staff and bill for IRU services provided at the Milford location. Ex. A, p. 16
6. The establishment of the IRU in Milford will significantly improve the facility and increase patient privacy. There will be 18 private patient-centered rooms, as opposed to two currently in operation at the Chapel Street campus. The rooms will be adjacent to a new, modern therapy gymnasium with state-of-the-art exercise equipment, all necessary to support rehabilitation services. Prefile Testimony of Dr. Anderson-Peterkin, p. 109; Ex. K, Transcript of April 27, 2015 Public Hearing Testimony ("TR") Testimony of Richard D'Aquila, pp. 7-8.
7. There is available public transportation, ample free parking and less traffic at the Milford site and the campus is easier to navigate compared to the current location in downtown New Haven. Tr. Testimony of Mr. D'Aquila, p. 8; Tr. Testimony of Dr. Anderson-Peterkin, p. 10.
8. The proposal will coincide with the Hospital's ability to modify its physician coverage model to include YNHH hospital physicians. Currently, the IRU's medical staff includes only two physiatrists, who also perform consultations on non-IRU inpatients at YNHH. With the proposal, YNHH hospitalists will, under the direction of physiatrists, provide routine coverage for medical issues in the IRU, allowing the physiatrists to see additional hospitalized patients in need of specialized consultative services. Prefile Testimony of Dr. Anderson-Peterkin, p. 109.

9. Professional services will be provided by YNHH clinical staff and IRU patients' records will be part of YNHH's electronic medical record system. Certain ancillary services will be provided by MH pursuant to a service agreement including: imaging, diagnostic laboratory, pharmacy, respiratory therapy and rapid response team services. Prefile Testimony of Richard D'Aquila, p. 104
10. There will be no changes in IRU services as a result of this proposal. The same IRU services currently provided at the Chapel Street campus will be provided in Milford by the same staff to the same patient population. Ex. A, p. 18
11. YNHH will provide intra-facility patient transport for any patient being discharged from YNHH and admitted to the IRU in Milford. Ex. A, p. 25.
12. The table below shows the service area towns for YNHH's IRU:

**TABLE 1
SERVICE AREA TOWNS**

Town*	Percentage by town
New Haven	20%
Hamden	10%
East Haven	10%
West Haven	10%
North Haven	5%
Orange	5%
Milford	5%
Wallingford	4%
North Branford	4%
Branford	3%
Guilford	3%

Ex. A, p. 32

13. The following tables show historical and projected volumes for fiscal years ("FY") 2012-2017:

**TABLE 2
HISTORICAL UTILIZATION BY SERVICE**

Service	Actual Volume (Last 3 Completed FYs)		
	FY 2012*	FY 2013**	FY 2014**
IRU Discharges	390	257	197
Total	390	257	197

*The IRU was operated by the Hospital of Saint Raphael in FY 2012.

**One YNHH physiatrist left in early 2013 thus limiting the unit's ability to care for as many patients.
YNHH recruited a new physiatrist in late summer in 2014.
Ex. A, pp. 30

**TABLE 3
PROJECTED UTILIZATION BY SERVICE**

Service	Projected Volume		
	FY 2015*	FY 2016	FY 2017
IRU Discharges	221	339	388
Total	221	339	388

*annualized
Ex. B, p. 96

14. The Applicant projects incremental gains from operations by the third year of this proposal, as demonstrated below:

**TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

	FY 2015	FY 2016	FY 2017
Revenue from Operations	\$699,753	\$11,420,280	\$16,097,076
Total Operating Expenses	\$3,543,654	\$12,073,156	\$14,651,875
Gain/Loss from Operations	(\$2,843,901)	(\$652,876)	\$1,445,201

Ex. A, p. 33

15. The projected losses in FYs 2015 and 2016 are associated with physician relocation, space renovation in Milford and depreciation costs. Ex. A, p. 29

16. As shown in the table below, YNHH does not project any changes in its IRU payor mix:

TABLE 5
YNHH'S CURRENT & PROJECTED PAYER MIX – IRU

Payer	FY 2014**		Projected					
			FY 2015		FY 2016		FY 2017	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*	142	72.08%	159	72.08%	244	72.08%	279	72.08%
Medicaid*	1	0.51%	1	0.51%	2	0.51%	2	0.51%
CHAMPUS & TriCare	0	0%	0	0%	0	0%	0	0%
Total Government	143	72.59%	160	72.59%	246	72.59%	281	72.59%
Commercial Insurers	52	26.4%	58	26.4%	90	26.4%	102	26.4%
Uninsured	0	0%	0	0%	0	0%	0	0%
Workers Compensation	2	1.02%	2	1.02%	3	1.02%	4	1.02%
Total Non-Government	54	27.41%	60	27.41%	93	27.41%	106	27.41%
Total Payer Mix	197	100%	221	100%	339	100%	388	100%

*Includes managed care activity

**Discharges extrapolated from 2015 projections

Numbers and percentages may reflect rounding

Ex. A, p. 35, 36, 96

17. The IRU currently serves Medicaid and indigent patients meeting admission criteria and will continue to do so in Milford. Ex. A, p. 26
18. There will be no change to charges or reimbursement associated with the establishment of IRU services in Milford. Ex. A. p. 26, 27
19. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))
20. The CON application is consistent with the overall goals of the Statewide Health Care Facilities and Services Plan. (Conn. Gen. Stat. § 19a-639(a)(2))
21. The Applicant has established that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3))
22. The Applicant has satisfactorily demonstrated that its proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))

23. The Applicant has satisfactorily demonstrated that access to services and cost effectiveness will be maintained and the quality of health care delivery will be improved. (Conn. Gen. Stat. § 19a-639(a)(5))
24. The Applicant has shown that there will be no change in access to the provision of health care services to the relevant populations and payer mix, including Medicaid patients and indigent persons. (Conn. Gen. Stat. § 19a-639(a)(6))
25. The Applicant has identified the population to be served and has satisfactorily demonstrated that this population has a need. (Conn. Gen. Stat. § 19a-639(a)(7))
26. The Applicant's historical utilization in the area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))
27. The Applicant has satisfactorily demonstrated that the proposal will not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))
28. The Applicant has satisfactorily demonstrated that the proposal will not result in a reduction or change in access to services for Medicaid recipients or indigent persons. (Conn. Gen. Stat. § 19a-639(a)(10))
29. The Applicant has satisfactorily demonstrated that the proposal will not result in a negative impact on the diversity of health care providers in the area. (Conn. Gen. Stat. § 19a-639(a)(11))
30. The Applicant has satisfactorily demonstrated that its proposal will not result in any consolidation that would affect health care costs or accessibility to care. (Conn. Gen. Stat. § 19a-639(a)(12))

Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in Conn. Gen. Stat. § 19a-639(a). The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

Yale-New Haven Hospital (“YNHH,” “Hospital” or “Applicant”) is a non-profit, 1541-bed tertiary medical center. *FF1* The Hospital provides inpatient rehabilitation medicine and therapy services in its inpatient rehabilitation unit (“IRU”) to patients with complex nursing, medical management and rehabilitation needs. *FF2* The IRU serves as a discharge placement for inpatients in need of intensive inpatient rehabilitative care after an acute care hospitalization. Patients come primarily from YNHH, although the program accepts patients from other hospitals as well. *FF3*

YNHH proposes to terminate its IRU services at the Chapel Street Campus and establish IRU services in leased space at Milford Hospital (“MH”) in Milford. *FF4* The establishment of the IRU in Milford will significantly improve the facility and increase patient privacy. There will be 18 private patient-centered rooms at the Milford location, as opposed to two currently in operation at the Chapel Street campus. The rooms will be adjacent to a new, modern therapy gymnasium with state-of-the-art equipment. *FF6* The Milford site offers available public transportation, ample free parking, less traffic than the Chapel Street location and an easy-to-navigate campus. *FF7* The proposal will also coincide with the Hospital’s ability to modify its physician coverage model to include YNHH hospital physicians. Currently, the IRU’s two physiatrists also perform consultations on non-IRU inpatients at YNHH. With the proposal, YNHH hospitalists will, under the direction of physiatrists, provide routine coverage for medical issues in the IRU, allowing the physiatrists to see additional hospitalized patients in need of specialized consultative services. *FF8*

The IRU in Milford will operate as a YNHH satellite location. YNHH will continue to operate, staff and bill for IRU services provided at the Milford location. *FF5* There will be no change in IRU services as a result of the proposal; the same staff will provide the same services to the same patient population. *FF10, 16* The IRU currently serves Medicaid and indigent patients meeting admission criteria and will continue to do so in Milford. *FF17* There will be no change to charges or reimbursement associated with the re-establishment of IRU services. *FF18* Additionally, the Hospital will provide intra-facility transport for any patient being discharged from YNHH and admitted to the IRU in Milford. *FF11* Based on the aforementioned enhancements to the IRU’s configuration and the continuation of services and staff to the same patient population, the Applicant has satisfactorily demonstrated that quality of care will be improved and access will be maintained.

Although the Applicant is projecting incremental losses from operations in FY 2015 and 2016 due to expenses related to renovation and depreciation, the Applicant is projecting gains from operations by FY 2017. *FF14* Thus, the Applicant has demonstrated that its proposal is financially feasible.

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The proposal will result in a centralized location of the IRU between New Haven and Fairfield counties without compromising quality, access or cost. Thus, the Applicant has demonstrated that there is clear public need for the proposal. Moreover, the Applicant has demonstrated that its proposal is consistent with the goals of the Statewide Health Care Facilities and Services Plan given the collaboration between hospitals resulting in a regional approach to rehabilitation services.

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Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application of Yale-New Haven Hospital for the termination of Yale-New Haven Hospital's Inpatient Rehabilitation services at its Chapel Street campus is hereby **APPROVED**.

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

By Order of the
Department of Public Health
Office of Health Care Access

5/27/15
Date


Janet M. Brancifort, MPH, RRT
Deputy Commissioner

Huber, Jack

From: Huber, Jack
Sent: Wednesday, June 10, 2015 9:38 AM
To: Rosenthal, Nancy (Nancy.Rosenthal@greenwichhospital.org)
Cc: Roberts, Karen
Subject: Notice of CON Expiration Date for the Decision Rendered under Docket Number: 15-31987-CON

Dear Ms. Rosenthal:

On May 27, 2015, in a final decision under Docket Number: 15-31987-CON, the Office of Health Care Access authorized a Certificate of Need ("CON") to Yale-New Haven Hospital for the termination of Yale-New Haven Hospital's inpatient rehabilitation services at its Chapel Street campus in New Haven and for the establishment of inpatient rehabilitation satellite services in leased space at Milford Hospital's Seaside Avenue campus in Milford. Pursuant to Section 19a-639b of the Connecticut General Statutes ("C.G.S."), *"a certificate of need shall be valid for two years from the date of issuance by this office."*

With this letter, please be advised that pursuant to Section 19a-639b, C.G.S., the current CON authorization issued under Docket Number: 15-31987-CON will expire on May 27, 2017. Please contact me at (860) 418-7069 or Karen Roberts, Principal Health Care Analyst at (860) 418-7041, if you have any questions regarding this notification.

Sincerely,

Jack A. Huber

Jack A. Huber

Health Care Analyst

Department of Public Health | Office of Health Care Access | 410 Capitol Avenue

P.O. Box 340308 MS #13HCA | Hartford, CT 06134 | Ph: 860-418-7069 | Fax: 860-418-7053 | email: Jack.Huber@ct.gov