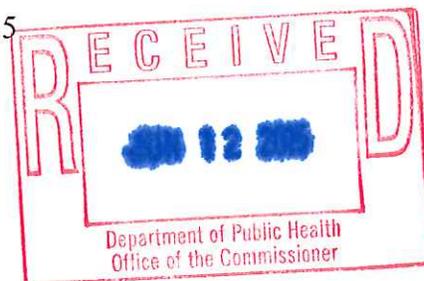




Jennifer Groves Fusco  
(t) 203.786.8316  
(f) 203.772.2037  
jfusco@uks.com

June 11, 2015



Janet M. Brancifort, MPH, RRT  
Deputy Commissioner  
State of Connecticut Department of Public Health  
Office of Health Care Access Division  
410 Capitol Avenue, MS #1 HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: Discontinuance of Sharon Hospital's Sleep Center Services

Dear Deputy Commissioner Brancifort:

Enclosed please find a courtesy copy of the Legal Notice pertaining to the Certificate of Need Application for discontinuance of Sharon Hospital's Sleep Center. This notice ran in the Waterbury Republican-American on June 4, 5 and 6, 2015.

Sharon Hospital currently operates a Sleep Center on its main campus. Services provided include consultations, sleep studies and follow-up services, as well as CPAP/BiPAP titrations, polysomnograms, split-night studies, maintenance of wakefulness testing, and multiple sleep latency tests. Sleep services are offered on an abbreviated schedule due to limited patient demand and a number of other factors. Volume has declined nearly 40% since 2012.

The Hospital received notice in April that Dr. Irving Smith would be resigning from his medical practice in Sharon, effective July 5, 2015, and relocating to a practice in Northern New England. Dr. Smith is an internal medicine physician with a sub-specialization in sleep disorders. He is the only physician with this sub-specialization on the Sharon Hospital Medical Staff and he is the sole physician provider of services at the Sleep Center.

Since receiving notice of Dr. Smith's resignation, Sharon Hospital has worked diligently to secure either a permanent or temporary replacement to allow for the continuation of sleep services at the Hospital. These efforts have been unsuccessful. Therefore on May 28, 2015, the Governing Board voted to close the Sleep Center and the Hospital is proceeding with a CON filing. In anticipation of Dr. Smith's departure, Sharon Hospital has curtailed referrals for longer term services and is working with Dr. Smith's medical practice and other providers of sleep services in the area to ensure the availability and continuity of care for patients.

**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](http://www.uks.com)

Janet Brancifort, MPH, RRT

June 11, 2015

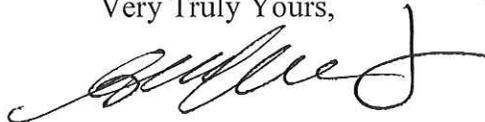
Page 2

There is precedent for allowing the cessation of services upon the loss of the physician or physicians that staff a hospital program, be it temporary or permanent. For example, Lawrence & Memorial Hospital suspended its primary angioplasty program from 2006 to 2008 when it no longer had a sufficient number of interventional cardiologists to staff the service 24/7 (Docket No. 04-30297-CON). Similarly, Yale-New Haven Hospital suspended its liver transplant program from 2000 to 2004 after the loss of its primary transplant hepatologist (Docket No. 03-23013-DTR). In both of these cases the services were reestablished upon recruitment of replacement physicians. However recently, Milford Hospital notified OHCA of its intent to discontinue OB services due to the loss of its last remaining coverage obstetricians (Docket No. 15-31998-CON). This program was suspended pending OHCA approval of a CON Application to terminate the service.

Sharon Hospital plans to file its CON Application as quickly as possible and looks forward to working with OHCA to secure approval for this discontinuation of services. In the meantime, we are confident that through our efforts any patients from the Sharon area in need of sleep services will have continued access to care.

Please feel free to contact me with any questions.

Very Truly Yours,



Jennifer Groves Fusco

/jgf

cc: Kimberly Martone, Director of Operations, OHCA  
Kimberly Lumia, President and CEO, Sharon Hospital



factured Home, Ser-  
A. & B. Model;  
, owned by Richard  
shall be held at 58  
rd Drive, Naugatuck,  
ut on June 10, 2015 at

n, including a lien  
he owner of the mo-  
factured home park,  
the sale.

WILL EXTINGUISH  
VIOUS OWNERSHIP  
RIGHTS.

L. LONARDO  
NEY  
STREET  
CT 06450  
60 JURIS #401603

8, 2015

## RepublicanAmerican Classifieds

**LEGAL NOTICE**  
Essent Healthcare of Connect-  
cut, Inc. d/b/a Sharon Hospital  
is applying for a Certificate of  
Need pursuant to Section 19a-  
638(a)(5) of the Connecticut  
General Statutes. Sharon Hos-  
pital will seek permission to  
discontinue the sleep center  
services offered at its main  
campus, located at 50 Hospital  
Hill Road in Sharon, Connecti-  
cut 06069. There is no capital  
expenditure associated with  
this project.  
RA 6/4,5,6,2015

- June 21, 2015. Winner must  
appear in person during the hours  
of 9am and 5pm within seven  
business days (Saturday and  
Sunday excluded) from the date  
they are notified. The Grand Prize  
winner must be able to provide  
proper identification with the cor-  
rect address as it appears on the  
official winning entry form.
- Winner is responsible for applica-  
ble federal, state and local taxes.
  - Winner automatically permits the  
use of their name, address and  
photo for Republican-American  
promotional purposes.
  - Employees of the Republican-  
American, TeleReach, Inc. and  
Schmidt's & Serafine's, Inc., as  
well as their immediate families,  
are not eligible.
  - Participants must be 18 years of  
age or older.
  - Void where prohibited by law.
  - Odds of winning determined by the  
number of entries received.

**TOTAL PUBLIC WORKS**  
HEALTH  
RECREATION  
EDUCATION  
PRINCIPAL  
INTEREST  
**TOTAL BOND REDEMPTION**  
INSURANCE  
PENSION & BENEFITS  
TAX COLLECTOR  
CONTINGENCY  
**TOTAL MISCELLANEOUS**  
*Add'l Reductions to be determined*  
**TOTAL BUDGET**  
**RECAPITULATION**  
**TOTAL BUDGET**  
ESTIMATED INCOME  
DESIGNATED FUND BALANCE  
**TOTAL NET BUDGET**  
The Board of Finance respectfully  
The Board of Finance, Joseph L. Qu

# AT YOUR SERVICE DIRECTORY

<p><b>Home Improvement</b></p> <p><b>TANGO ELECTRIC</b> Price 40+yrs. exp. 103488 203-768-2650</p> <p><b>ELECTRIC</b> 41 yr exp Ins. small/ Gen. Install. Lic 203-754-2537</p> <p><b>ICAL</b> Any size jobs, ading, upgrades, rem. 182995. 203-592-3562</p>	<p><b>Home Improvement</b></p> <p><b>BUDGET PAINTING &amp; Remod</b> roofs siding &amp; painting, fully Insured #0638113. Call 203-982-5353</p> <p><b>EXTERIOR WORKS</b> Roofing, siding, gutters, &amp; repairs, chimney work Free Est. #571146. 203-729-4675</p> <p><b>PREMIER SERVICES</b> kit bths decks ceramic tile siding roofing fully ins fr est lic. #41592. 203-228-3750</p>	<p><b>Masonry</b></p> <p><b>ALFRED MASONRY</b> 30+yrs. exp. Pool deck, stamp conc, patios, retain. walls, stucco, chimney. Ins. #565904 860-274-7977</p> <p><b>EXCEPTIONAL MASONRY</b> Chimneys, waterproofing, stonework, pavers, repairs, free est. 0638978. Call 860-922-8922</p> <p><b>FATHER &amp; SON Masonry</b> 203-437-5015 all masonry work &amp; repair free est #615751. Ins.</p> <p><b>JIMMY MASONRY</b> Masonry stone, brick, steps, sidewalks, stone walls etc. #0639219. 203-808-0816</p> <p><b>KC MASONRY</b> Free est Stone, brick, block walls. Steps, sidewalk #604514 203-558-4951.</p>	<p><b>Painting</b></p> <p><b>ARMEND'S PAINTING LLC</b> Int/ext carpentry low prices! Free est. CT#0631318. 203-597-7179</p> <p><b>CONNECTICUT BEST PAINTING</b> CO. LLC Full service, ext/int, \$95 per room (ceiling &amp; wall), powerwashing HIC 0637348. CALL 860-830-9066</p> <p><b>DEL'S PAINTING</b> Room painted \$50. Trim \$50. Ceilings \$30. #563174 203-753-4902</p> <p><b>PAINT SERVICES - Power Wash,</b> Best Prices in CT; HIC#0642459; call or text 203-465-6032</p> <p><b>PAUL DEVINO PAINTING CO. LLC</b> 1-2-3 fam. houses. Factories, shop, plaza, hotels, condos, schools, offices, church, low price free est lic 627846. 203-509-4488</p> <p><b>ROCCO'S PAINTING</b> Res. Free est &amp; cleanup. CT# 561112. 30+ yrs exp 203-574-1906</p>
<p><b>Landscaping &amp; Lawns</b></p> <p><b>ABILITY SPRING CLEANUP</b> leaves, mowing, small brush, trimming shrubs, hemlocks, 203 753-2870.</p> <p><b>CREST LAWN SERVICES</b> Weekly mowing starting @ \$35. Veteran. 203-509-6395</p> <p><b>CREST SEASONAL SERVICES</b> lawn mowing &amp; bagging starting @ \$35. Vet owned 203-509-6395</p> <p><b>DB LANDSCAPE</b> Lawn mowing starts at \$25, mulching, trimming, stone work, free estimate, #0633401; 203-704-1640</p> <p><b>SCREENED LOAM DARK, RICH</b> FARM LOAM. PICKED UP OR DELIVERED. 203-879-2731</p> <p><b>SPRING CLEANUP - Lawn Mowing,</b> Pruning, Mulching And More, 203-405-2580</p>	<p><b>Moving</b></p> <p><b>DON'S * MOVING</b> 203-509-1488 * 203-272-3032</p>	<p><b>Plumbing</b></p> <p><b>CAPINERA PLUMBING &amp; HEATING</b> Repairs, New install, HW heaters #202962. 203-575-1551/560-9680</p> <p><b>CHRIS SHEPPARD PLUMBING</b> Hose blbs, HW heaters. Small jobs too. #283570. 203-305-0072</p>	

**BUSINESS!** Run Your Ad **\$AVE When**  
**DOLLARS!** for 28 Days and  
DEADLINES: 4:30 pm Mon-Thurs for next day insertion • 4:30  
Call for Details 203-574-3616 or Place Your Ad

Articles for sale  
Seeds, plants, flowers  
Tag/estate sales  
MOWERS, John Deere (2) &  
ARBORVITAE SPRING SALE! Green  
WATERTOWN 586 M.



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

July 14, 2015

Janet M. Brancifort, MPH, RRT  
Deputy Commissioner  
State of Connecticut Department of Public Health  
Office of Health Care Access Division  
410 Capitol Avenue, MS #1 HCA  
P.O. Box 340308  
Hartford, CT 06134-0308



Re: Discontinuance of Sharon Hospital's Sleep Center

Dear Deputy Commissioner Brancifort:

Enclosed please find an original and four (4) copies of Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital's Certificate of Need Application for the discontinuance of sleep services. Also enclosed is a disc including the entire submission and a check for the \$500 filing fee.

Please feel free to contact me with any questions. We look forward to working with you on this matter.

Very Truly Yours,

Jennifer Groves Fusco

/jgf

cc: Kimberly Lumia, President and CEO, Sharon Hospital



**State of Connecticut  
Department of Public Health  
Office of Health Care Access**

---

**Certificate of Need Application  
Main Form  
*Required for all CON applications***

---

**Contents:**

- Checklist
- List of Supplemental Forms
- General Information
- Affidavit
- Abbreviated Executive Summary
- Project Description
- Public Need and Access to Health Care
- Financial Information
- Utilization

## All Supplemental Forms

In addition to completing this Main Form and the appropriate financial worksheet, applicants must complete one of the following supplemental forms listed below. All CON forms can be found on the OHCA website at [OHCA Forms](#).

Conn. Gen. Stat. Section 19a-638(a)	Supplemental Form
(1)	<b>Establishment of a new health care facility (mental health and/or substance abuse) - see note below*</b>
(2)	<b>Transfer of ownership of a health care facility</b> (excludes transfer of ownership/sale of hospital – see “Other” below)
(3)	<b>Transfer of ownership of a group practice</b>
(4)	<b>Establishment of a freestanding emergency department</b>
(5) (7) (8) (15)	<b>Termination of a service:</b> termination of inpatient or outpatient services offered by a hospital termination of surgical services by an outpatient surgical facility termination of an emergency department by a short-term acute care general hospital termination of inpatient or outpatient services offered by a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended
(6)	<b>Establishment of an outpatient surgical facility</b>
(9)	<b>Establishment of cardiac services</b>
(10) (11)	<b>Acquisition of equipment:</b> acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners acquisition of nonhospital based linear accelerators
(12)	<b>Increase in licensed bed capacity</b> of a health care facility
(13)	<b>Acquisition of equipment utilizing [new] technology</b> that has not previously been used in the state
(14)	<b>Increase of two or more operating rooms</b> within any three-year period by an outpatient surgical facility or short-term acute care general hospital
Other	<b>Transfer of Ownership / Sale of Hospital</b>

\*This supplemental form should be included with all applications requesting authorization for the establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other “health care facilities,” as defined by Conn. Gen. Stat § 19a-630(11) - hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.

## 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.: 15-32014-Cor2 Check No.: 059487  
OHCA Verified by: SWT Date: 7/14/15

## General Information

<b>Main Site</b>	MAIN SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	MAIN SITE NAME
	Sharon Hospital	004221800 (IP) 004221818 (OP)	Acute Care General Hospital	Sharon Hospital Sleep Center
	STREET & NUMBER			
	50 Hospital Hill Road			
	TOWN			ZIP CODE
	Sharon			06069

<b>Project Site</b>	PROJECT SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	PROJECT SITE NAME
	Sharon Hospital	004221800 (IP) 004221818 (OP)	Acute Care General Hospital	Sharon Hospital Sleep Center
	STREET & NUMBER			
	50 Hospital Hill Road			
	TOWN			ZIP CODE
	Sharon			06069

<b>Operator</b>	OPERATING CERTIFICATE NUMBER	TYPE OF FACILITY	LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator)
	NPI 1235131442	Acute Care General Hospital	Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital
	STREET & NUMBER		
	50 Hospital Hill Road		
	TOWN		ZIP CODE
	Sharon		06069

<b>Chief Executive</b>	NAME		TITLE	
	Kimberly A. Lumia, MSN, MBA, RN		President & Chief Executive Officer	
	STREET & NUMBER			
	50 Hospital Hill Road			
	TOWN		STATE	ZIP CODE
	Sharon		CT	06069
	TELEPHONE	FAX	E-MAIL ADDRESS	
(860) 364-4012	(860) 364-4011	<a href="mailto:kimberly.lumia@sharonhospital.com">kimberly.lumia@sharonhospital.com</a>		

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"/>	<b>Governing Board Meeting Minutes,          May 28, 2015          Attached as Exhibit A</b>
--	--	--

Does the Applicant have non-profit status? If yes, attach documentation.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
Identify the Applicant's ownership type.	PC <input type="checkbox"/>	LLC <input type="checkbox"/>	Other: _____
Applicant's Fiscal Year (mm/dd)	Start 1/1	End 12/31	

**Contact:**

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

<b>Contact Information</b>	NAME		TITLE
	Kimberly A. Lumia, MSN, MBA, RN		President & Chief Executive Officer
	STREET & NUMBER		
	50 Hospital Hill Road		
	TOWN	STATE	ZIP CODE
	Sharon	CT	06069
	TELEPHONE	FAX	E-MAIL ADDRESS
	(860) 364-4012	(860) 364-4011	<a href="mailto:kimberly.lumia@sharonhospital.com">kimberly.lumia@sharonhospital.com</a>
	RELATIONSHIP TO APPLICANT	President & Chief Executive Officer	

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

<b>Contact Information</b>	NAME		TITLE
	Jennifer G. Fusco		Principal
	STREET & NUMBER		
	Updike, Kelly & Spellacy, P.C., 265 Church Street, 10 <sup>th</sup> Floor		
	TOWN	STATE	ZIP CODE
	New Haven	CT	06510
	TELEPHONE	FAX	E-MAIL ADDRESS
	(203) 786-8316	(203) 772-2037	<a href="mailto:jfusco@uks.com">jfusco@uks.com</a>
	RELATIONSHIP TO APPLICANT	Legal Counsel for Applicant	



**SHARON HOSPITAL**

PO BOX 789  
SHARON, CONNECTICUT 06069

REGIONS BANK  
NASHVILLE, TN

87-11640  
5101

CHECK NO: 059487  
VENDOR NO: S00722

**CHECK AMOUNT**

\*\*\*\*\*\$500.00

VOID AFTER 90 DAYS

CHECK DATE: 06/24/15

**PAY** FIVE HUNDRED 00/100

TO THE  
ORDER OF

TREASURER, STATE OF CONNECTICUT

*Pamela Hunter*  
AUTHORIZED SIGNATURE

*Michael W. Brander*  
AUTHORIZED SIGNATURE

⑈059487⑈ ⑆064000017⑆ 5327336255⑈

SHARON HOSPITAL  
SHARON, CONNECTICUT 06069

CHECK DATE: 06/24/15  
CHECK NO: 059487

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAY
CON CLOSE SLEEP	06/23/15	FILLING FEE	500.00	0.00	500.00
VENDOR NO. S00722			TOTALS ▶		
			GROSS AMT TOT	DISCOUNT TOT	NET AMOUNT TOTAL
			500.00	0.00	500.00

AFFIDAVIT OF PUBLICATION

STATE OF CONNECTICUT  
County of New Haven

Waterbury

June 15th 20 15

The subscriber, being duly sworn, deposes and says that he (she) is the businesskeeper  
of the **Republican-American** and that the foregoing notice for  
**SHARON HOSPITAL**

was published in said **Republican-American** in **3** editions of said newspaper issued between **06/04/15** and  
**06/06/15**

[Signature]

SUBSCRIBED AND SWORN BEFORE ME THIS THE 10th

day of June 20 15

[Signature: Susan Atwood]

Notary Public

My Commission Expires: 3/31/18



LEGAL NOTICE  
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital is applying for a Certificate of Need pursuant to Section 19a-638(a)(5) of the Connecticut General Statutes. Sharon Hospital will seek permission to discontinue the sleep center services offered at its main campus, located at 50 Hospital Hill Road in Sharon, Connecticut 06089. There is no capital expenditure associated with this project.  
RA 6/4,5,6,2015

Legals/  
Public Notices

**FATHER'S DAY CONTEST**

11. Odds of winning determined by the number of entries received.

**LEGAL NOTICE**  
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital is applying for a certificate of need pursuant to section 19a-638(a)(5) of the Connecticut General Statutes. Sharon Hospital will seek permission to discontinue the sleep center services offered at its main campus, located at 50 Hospital Hill Road in Sharon, Connecticut 06069. There is no capital expenditure associated with this project.  
RA 6/4/5,6,2015

**Legal Notice**  
Waterbury Housing Authority will continue to accept public housing applications for 3, 4, and 5 bedroom apartments until further notice. Eligible applicants please apply at [www.wahya.com](http://www.wahya.com).  
RA 6/4 & 6/7/2015

**LEGAL NOTICE**  
Pursuant to Conn. Gen. Stat. §16-262n, the Public Utilities Regulatory Authority and the Department of Public Health (together, the Departments) will conduct a public hearing at Ten Franklin Square, New Britain, Connecticut, on Thursday, June 11, 2015, at 1:00 p.m.,

Legals/  
Public Notices

**LEGAL NOTICE**  
Regional School District No. 6 is seeking bids to install a chair lift at Goshen Center School. Please contact Scott Cleary for the bid packet by **Notice of Intent to Bid**.

**DOCKET NO:**  
UWY-CV-15-60261285  
**CASE NAME:**  
CONNECTICUT HOUSING FINANCE AUTHORITY vs. TODD L. JOHNSON ET AL

**PROPERTY ADDRESS:**  
257 MILL PLAIN AVENUE WATERBURY, CT  
**DATE OF SALE:**  
SATURDAY, JUNE 13, 2015  
**COMMITTEE FOR SALE:**  
MICHELLE N. HOLMES, ESQ.  
**TELEPHONE NO.:**  
(203) 596-1091

See Foreclosures by sale@www.jud.ct.gov for more detailed information.  
R-A June 4 & 11, 2015

Notice of Permit Application  
City: North Canaan

Notice is hereby given that the State of Connecticut (the applicant) has submitted to the Department of Energy and Environmental Protection an application under Connecticut General Statutes Section 22a-403 for a permit to repair a dam.

Legals/  
Public Notices

**NOTICE TO CREDITORS**  
ESTATE OF Isabel Carrasquillo (15-00297)

The Hon. Thomas P. Brunno, Judge of the Court of Probate, District of Waterbury Probate

**Check us out in print and online, you'll soon find there's opportunity in the Classifieds!**

**RepublicanAmerican**

**NOTICE TO CREDITORS**  
ESTATE OF Kenneth Charles Haggerty, AKA Kenneth C. Haggerty, (15-00317)

The Hon. Thomas P. Brunno, Judge of the Court of Probate, District of Waterbury Probate District, by decree dated May 21, 2015, ordered that all claims be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

The fiduciary is:  
Laura L. Francisco  
Mark K. Haggerty  
c/o Atty John P. Santucci  
PO Box 2331  
Waterbury, CT 06722  
R-A June 4, 2015

**NOTICE TO CREDITORS**  
ESTATE OF Kevin Molek, of Prospect, (15-00288)

The Hon. Peter E. Mariano,

Legals/  
Public Notices

**NOTICE TO CREDITORS**  
ESTATE OF Mary Pultinas, AKA Mary A. Pultinas (15-00408)

The Hon. Thomas P. Brunno, Judge of the Court of Probate, District of Waterbury Probate  
Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Thomas P. Brunno, Judge

The fiduciary is:  
Harry Montalvo  
c/o Atty Manuela M. Freitas  
Dressler Strickland  
84 Cedar Street  
Hartford, CT 06106  
R-A June 4, 2015

**NOTICE TO CREDITORS**  
ESTATE OF Peter J. Farrell (15-00184)

The Hon. Thomas P. Brunno, Judge of the Court of Probate, District of Waterbury Probate District, by decree dated May 21, 2015, 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 rights to recover on such claim.

Thomas P. Brunno, Judge

The fiduciary is:  
Sylvia Barbat  
c/o Atty Linda N. Mayo  
Griffin, Griffin & Mayo, P.C.  
PO Box 2184  
Waterbury, CT 06722

Legals/  
Public Notices

**SOLICITATION OF BIDS**  
2014 Road Reconstruction Project Contract #5  
Seymour, CT The Town of Seymour, Connecticut is seeking sealed bids for furnishing all labor, tools, materials and equipment required for the employment to be given to in-

come residents of the project area and contracts for work in connection with the project be awarded to business concerns, which are located in, or owned in substantial part by persons residing in the area of the project.  
The right is reserved to reject any or all bids, in whole or in part, to award any items, group of items or total bid, and to waive any informality or technical defects, if it is deemed to be in the best interest of the Town of Seymour.  
No bidder may withdraw their bid within thirty (30) days after the actual date of the opening thereof.  
W. Kurt Miller, First Selectman  
Town of Seymour, CT  
Dated  
RA 6/4 & 6/7/2015

The information for bidders, specifications and other contract documents may be examined at the Litchfield Highway Garage, 101 Russell Street, Litchfield, CT. A mandatory bid walk through will be held Tuesday, June 16, 2015 at 9:45 a.m. at the Doyle Road location. There is a non refundable fee of \$10.00 for the bid package.

**Now! 24 Hours-A-Day, 7 Days-A-Week**  
You can place your private party Classified Ad. Our live representatives are waiting for you!  
**(800) 992-5232**  
RepublicanAmerican  
**CLASSIFIED**  
THE CLASSIFIEDS THAT GET TO WORK!  
**SOLICITATION OF BIDS**  
Rubberized Asphalt Track Surface at Seymour High School

Legals/  
Public Notices

Town of Litchfield  
Department of Public Works  
**ADVERTISEMENT FOR BIDS**  
Custodial Services

Sealed bids from qualified persons for custodial services for the Town of Litchfield, Connecticut are invited to be received at the office of the First Selectman, Litchfield Town Hall, 74 West Street, Litchfield, CT 06799.

Bids are to be submitted in sealed envelopes marked "Bantam Fire Department Sid-ing Replacement Bid" and will be received until 2:30 p.m. on Tuesday June 30, 2015 and then, at said office, publicly opened and read aloud.

The information for bidders, specifications and other contract documents may be examined at the Litchfield Highway Garage, 101 Russell Street, Litchfield, CT. A mandatory bid walk through will be held Tuesday, June 16, 2015 at 9:45 a.m. at the Doyle Road location. There is a non refundable fee of \$10.00 for the bid package.

The Town of Litchfield reserves the right to waive technical defects in the bids, to reject any bid which does not conform to the terms and conditions de-

**CTjobs.com**

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ment Coordinator. The scope of work and deliverables are available at [www.seymourct.org](http://www.seymourct.org).  
Sealed bids from qualified persons for custodial services for the Town of Litchfield, Connecticut are invited to be received at the office of the First Selectman, Litchfield Town Hall, 74 West Street, Litchfield, CT 06799.  
Bids are to be submitted in sealed envelopes marked "Bantam Fire Department Sid-ing Replacement Bid" and will be received until 2:30 p.m. on Tuesday June 30, 2015 and then, at said office, publicly opened and read aloud.  
The information for bidders, specifications and other contract documents may be examined at the Litchfield Highway Garage, 101 Russell Street, Litchfield, CT. A mandatory bid walk through will be held Tuesday, June 16, 2015 at 9:45 a.m. at the Doyle Road location. There is a non refundable fee of \$10.00 for the bid package.  
The Town of Litchfield reserves the right to waive technical defects in the bids, to reject any bid which does not conform to the terms and conditions de-

**CLASSIFIEDS TO turn them into cash fast!**  
 (203) 574-3161  
**Republican American**

**Special notices**  
**LOOKING FOR DONATIONS** of household items, clothes, etc. in good condition. to offset expense of tuition. Pamela 203-465-9487.

**Legals/**  
 by decree dated June 3, 2015, 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 rights to recover on such claim.  
 Thomas P. Brunnock, Judge  
 The fiduciary is:  
 Ethel Z. Geisinger  
 c/o Atty Robert J. Creamer  
 412 Main Street  
 Ridgefield, CT 06877  
 R-A June 5, 2015

**Legals/**  
 tion: 624 Chase Avenue, Applicant: State of Connecticut, D.O.T. 2800 Berlin Turnpike Newington, CT.  
 Applications are on file and available for public inspection in the Office of the City Planning Department. One Jefferson Square, 5th Floor (185 South Main Street), Waterbury, Connecticut 06706. Tel. (203) 574-6817.  
 ATTEST:  
 Charles F. Morrison, CZE  
 Land Use Officer  
 RA June 5 & 11, 2015

**Legals/**  
 LEGAL NOTICE  
 Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital is applying for a Certificate of Need pursuant to Section 19a-638(a)(3) of the Connecticut general Statutes. Sharon Hospital will seek permission to discontinue the sleep center services offered at its main campus, located at 50 Hospital Hill Road in Sharon, Connecticut 06069. There is no capital expenditure associated with this project.  
 RA 6/4-5,6,2015

**Legals/**  
 tal Protection. Prior to treatment, the lake shoreline will be posted with signs showing the treatment times chemicals applied, and applicable water use restrictions in accordance with DEEP requirements. Information on the specific date of application may be obtained from the person named below. The application will be performed by a State licensed firm, Northeast Tree Pond & Turf, Inc., license S-592. Contact: Robert Gambino, Tel. (860) 354-3319.  
 RA June 5, 2015

**Legals/**  
**INSURANCE** 1,557,006  
**PENSION & BENEFITS** 11,911,528  
**TAX COLLECTOR** 479,250  
**CONTINGENCY** 250,000  
**TOTAL MISCELLANEOUS** 14,197,784  
**ADDITIONAL REDUCTIONS TO BE DETERMINED**  
**TOTAL BUDGET** 125,690,910  
**RECAPITULATION**  
**TOTAL BUDGET** 125,690,910  
**ESTIMATED INCOME** (37,981,714)  
**DESIGNATED FUND BALANCE** 87,709,196  
 The Board of Finance respectfully submits the above budget.  
 The Board of Finance, Joseph L. Quartiero, City Clerk.  
 RA JUNE 5, 6, 8, 2015

**Republican American**

**ANN FOR LEASE** Fully equipped lounge fits 70-80 people. Call 860-248-9544

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**FREE**  
 ★★★★★  
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 Henry's Appliance Repair  
 We repair all major brands  
 203-632-8000

**Electrical**  
**BOB STANGE ELECTRIC**  
 Will Beat Any Price 40+ yrs. exp.  
 No job too small/Gen. Install. Lic  
 E-1, 103809. 203-754-2537

**Home improvement**  
**BUDGET PAINTING & Remod roofs, siding & painting, fully insured**  
 #0638113. Cal 203-982-5353

**Masonry**  
**ALFRED MASONRY** 30+ yrs. exp.  
 Pool deck, stamp conc., patios, retaining walls, stucco, chimney.  
 Ins. #565904-860-274-7977

**Painting**  
**ARMEND'S PAINTING LLC**  
 int/ext carpentry (low prices) Free est. CT #06331318. 203-597-7179

**Pools & spas**  
**JOES POOLS**  
**LINER CHANGES & REPAIRS**  
 #549232 203-725-2555 860-940-5997

**Tree care**  
**A. A. HOME TREE REMOVAL**  
 Lowest Price. 20 yrs exp. sr. disc. free est. fully ins'd 860-249-3094

**ASHHALT paving**  
**BRASS PAVING LLC - CT #575141**  
 Asphalt driveways, sealing & repairs. Free est. 203-574-2693

**Gutters**  
**PEET SEAMLESS GUTTERS**  
 ABILITY SPRING CLEANUP leaves, mowing, small brush, trimming

**Landscaping & lawns**  
**PREMIER SERVICES** kit: bns decks ceramic tile siding roofing fully ins fr est lic. 641592. 203-228-3750

**Exceptional Masonry**  
 Chimneys, waterproofing, stone work, weirs, repairs. Free est. 0638978. Call 860-922-8922

**FATHER & SON Masonry**  
 203-437-5015 all masonry work & repair free est #615751. Ins.

**DEL'S PAINTING** Room painted \$50. Trim \$50. Ceilings \$30. #5633174 203-753-4902

**CONNECTICUT BEST PAINTING CO. LLC** Full services, ext/int \$95 per room (ceiling & wall), powerwashing LIC 0837348. CALL 860-830-9066

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 Our trucks carry water. Free est. Ins. & CT Lic# 5749753. 203-597-7075

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 Large Take-down Specialist.  
 75' Bucket truck, stump grinding, tree fertilization & pesticide Management, Chipper & 24-Hr Emergency Serv-Firewood

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**PREMIER SERVICES** kit: bns decks ceramic tile siding roofing fully ins fr est lic. 641592. 203-228-3750

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**REPUBLICAN-AMERICAN**  
 Large Take-down Specialist.  
 75' Bucket truck, stump grinding, tree fertilization & pesticide Management, Chipper & 24-Hr Emergency Serv-Firewood

**Republican American**

HEALTH RECREATION EDUCATION PRINCIPAL INTEREST	2,905,788 395,014 72,388,484 2,525,000 1,165,656
<b>TOTAL BOND REDEMPTION</b>	<b>3,710,656</b>
INSURANCE	1,557,006
PENSION & BENEFITS	11,911,528
TAX COLLECTOR	479,250
CONTINGENCY	250,000
<b>TOTAL MISCELLANEOUS</b>	<b>14,197,784</b>
<b>ADD'l Reductions to be determined</b>	<b>(240,000)</b>
<b>TOTAL BUDGET</b>	<b>125,600,310</b>
<b>RECAPITULATION</b>	
<b>TOTAL BUDGET</b>	<b>125,600,910</b>
<b>ESTIMATED INCOME</b>	<b>(37,961,714)</b>
<b>DESIGNATED FUND BALANCE</b>	<b>0</b>
<b>TOTAL NET BUDGET</b>	<b>87,709,196</b>

The Board of Finance respectfully submits the above budget.  
The Board of Finance, Joseph L. Quarlino, City Clerk.

**Legals/**

June 21, 2015. Winner must appear in person during the hours of 9am and 5pm within seven business days (Saturday and Sunday excluded) from the date they are notified. The Grand Prize winner must be able to provide proper identification with the correct address as it appears on the official winning entry form.

5. Winner is responsible for applicable federal, state and local taxes.

6. Winner automatically permits the use of their name, address and photo for Republican-American promotional purposes.

7. Employees of the Republican-American, TeleTech, Inc. and Schmidt's & Serafini's, Inc. are not eligible.

8. Participants must be 18 years of age or older.

10. Void where prohibited by law.

11. Odds of winning determined by the number of entries received.

**Legals/**

**LEGAL NOTICE**  
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital is applying for a Certificate of Need pursuant to Section 19a-638(a)(5) of the Connecticut General Statutes. Sharon Hospital will seek permission to discontinue the sleep center services offered at its main campus, located at 50 Hospital Hill Road in Sharon, Connecticut 06069. There is no capital expenditure associated with this project.  
RA 6/4,5,6,2015

**Legals/**

Any person, including a lien holder or the owner of the mobile manufactured home park, may bid at the sale.

**THE SALE WILL EXTINGUISH ALL PREVIOUS OWNERSHIP AND LIEN RIGHTS.**

PLANTIFF  
THOMAS T. LONARDO  
ITS ATTORNEY  
290 PRATT STREET  
MERIDEN, CT 06460  
203-639-9660 JURIS #401603  
June 3, 6 & 8, 2015

**Commercial**

Last seen Thursday, June 4th Chase Parkway, Waterbury area (could be headed toward Middlebury) female large Pointer Mix, black face w/white snout; white body w/grey spots, collar w/tags, microchip. **DO NOT CHASE!** Deceased family. Please Help! Call with any info. **REWARD. 203-597-7100**

**LOST KEYS** Hillside/Willow St., Waterbury area. 203-753-3239

**LOST SHIH-TZU** 3 yr. old male black & white answers to "Bambi" vicinity of Chestnut Tree Hill Rd., Oxford, 203-305-9099.

**Rooms**

**Anthony Greco**  
203-753-1188

**WOODBURY OPEN SAT 12-2**  
Spacious 3BR Ranch located minutes to town centers & schools. Gorgeous FP & cathedral ceiling in great room. Finished walkout LL w/drop in-law! \$289,000. DIR: Rt 6 to Flanders

**OPEN SAT 2-4**  
Terrific 4BR home w/8 spacious rooms w/hardwood floors, Corian counters, 2 car garage, large deck overlooking private grounds. \$274,000. DIR: Middle Rd Tpk to White Deer Rocks Rd to Sanford

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Large Take-down Specialist, 75' Bucket truck, Stump grinding, Tree Fertilization & Pesticide

**Pools & spas**

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**Power washing**

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**Painting**

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**CONNECTICUT BEST PAINTING CO.** LLC Full service, ext/int, \$95 per room (ceiling & wall), powerwashing HIC 0637346. CALL 860-830-9066

**DEL'S PAINTING** Room painted \$50. Trim \$50. Ceilings \$50. #563174 203-753-4902

**Masonry**

**ALFRED MASONRY** 30+ yrs. exp. Pool deck, stamp conc, patios, retain. walls, stucco, chimney. Ins. #595904 860-274-7977

**EXCEPTIONAL MASONRY**  
Chimneys, waterproofing, stonework, pavers, repairs, free est. 0638978. Call 860-922-8922

**FATHER & SON Masonry**  
203-437-3015 all masonry work & repair free est #615751. Ins.

**JIMMY MASONRY** Masonry stone, brick, steps, sidewalks, stone walls etc. #6639213. 203-806-0816

**Home improvement**

**BUDGET PAINTING & Remod roofs,** siding & painting, fully insured est. #0381133. Call 203-962-5353

**EXTERIOR WORKS** Roofing, siding, gutters & repairs. chimney work Free Est. #571146. 203-729-4675

**PREMIER SERVICES** Kit bins decks ceramic tile siding roofing fully ins fr est. lic. 641592. 203-228-3760

**Electrical**

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Will Beat Any Price 40+ yrs. exp. Free est. #103488 203-766-2650

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**BRASS PAVING LLC - CT#575141**  
Asphalt driveways, sealing & repairs. Free est. 203-574-2693

**Landscaping & lawns**

all things food, read

**Wednesday Accent**

**COOL**

**Copper ale?**  
**Red? Amber?**  
WHO CARES IF I TASTE THE DIFFERENCE?

SH00011  
07/14/2015

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## 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.

**This proposal involves discontinuance of the Sharon Hospital Sleep Center. The Center, located on the Hospital's main campus at 50 Hospital Hill Road in Sharon, was established in October of 2010. Sleep service volume has been declining steadily since 2012, and the Center's Medical Director, Dr. Irving Shelby Smith, recently notified the Hospital that he would be relocating his practice to New Hampshire effective July 5, 2015.**

**The Sleep Center was built to accommodate Dr. Smith, who was recruited by the Hospital as an internal medicine physician and wanted to provide sleep services as part of his practice. The Sleep Center offered services including consultations, sleep studies and follow-up services, as well as CPAP/BiPAP titrations, polysomnograms, split-night studies, maintenance of wakefulness testing, and multiple sleep latency tests.**

**The Sleep Center clinic was initially open three days per week, but was subsequently reduced to the equivalent of just one full day per week (split over two days – one morning and one afternoon) due to a lack of patient volume. Overnight studies occurred, on average, one or two nights per week at the patients' convenience.**

**Sleep Center visits declined 40% between FY 2012 and FY 2015. The volume decline was due in part to Dr. Smith's schedule and in part to issues precluding certification of the program by the American Academy of Sleep Medicine. Without this certification, payers would not authorize the Center to order home studies. Most payers will not approve an overnight study at the Hospital until a patient has failed a home study. In addition, facility sleep studies are on the decline in general in favor of home studies, which offer greater levels of comfort and convenience for patients.**

**The Hospital has had discussions with other area sleep providers, including Charlotte-Hungerford Hospital, Waterbury Hospital, New Milford Hospital, and Danbury Hospital, who are willing and able to absorb any displaced Sharon patients. Several of these alternate locations are either more convenient, or equally convenient, in terms of geographic proximity for patients who used the Sharon Sleep Center for their studies.**

*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: This proposal involves discontinuance of the Sharon Hospital Sleep Center. Sharon is a 94-bed (inclusive of bassinets) duly licensed acute care general hospital located in Northwestern Connecticut. A copy of Sharon’s DPH license is attached as Exhibit B.**

**The Sleep Center, located on the Hospital’s main campus at 50 Hospital Hill Road in Sharon, was established in October of 2010. Sleep service volume has been declining steadily since 2012, and the Center’s Medical Director, Dr. Irving Shelby Smith, recently notified the Hospital that he would be relocating his practice to New Hampshire effective July 5, 2015. As a result, and due to Sharon’s inability to recruit a replacement physician to oversee a sleep program, the Hospital is requesting permission to discontinue these services, for which there is not a significant demand in the greater Sharon area.**

**Dr. Smith was recruited by Sharon in 2010, to fill the Hospital’s need for an additional internal medicine physician. He completed a fellowship involving neurological studies of sleep disorders and, as such, Dr. Smith wanted to offer sleep services as part of his practice with Regional Healthcare Associates (“RHA”). In order to accommodate his request, Sharon built, equipped and staffed the Sleep Center where Dr. Smith could conduct a clinic and where overnight studies could be performed. The Hospital saw this as a potential “value added” service for its patients and a means to ensure much-needed coverage for internal medicine services. Over the course of the last five years, Dr. Smith dedicated approximately half of his practice time to the sleep program and the other half to internal medicine.**

**The Sleep Center offered services including consultations, sleep studies and follow-up services, as well as CPAP/BiPAP titrations, polysomnograms, split-night studies, maintenance of wakefulness testing, and multiple sleep latency tests. Referrals came from various community physicians, including primary care physicians and specialists in the fields of cardiovascular, pulmonology and endocrinology.**

**The Sleep Center is located on the second floor of the main Hospital building and includes two beds for overnight studies, as well as clinic space. The clinic itself was initially open three days per week, but had been reduced to the equivalent of just one full day per week (split over two days – one morning and one afternoon) due to a lack of patient volume. Overnight studies occurred, on average, one or two nights per week at the patients’**

convenience. Sleep Center visits declined from 248 in FY 2012 to 177 in FY 2014, the last complete year of operation. This represents a 29% reduction in visit volume in two years. In addition, annualized visits for FY 2015 were projected to be just 158, down 11% from FY 2014. The Sleep Center's best year was FY 2011, when 299 sleep studies were performed. Since FY 2011, visit volume has declined by a total of 47%.

There are several reasons for this decline in patient volume. First, in order to meet demand for internal medicine services Dr. Smith was required to dedicate additional hours to his non-sleep practice at RHA. This left him less time to conduct the sleep program at the Hospital. In addition, Dr. Smith was unable to pass his internal medicine boards, which meant that he could not sit for his sleep boards. Without a board certified Medical Director, the Hospital could not get the Sleep Center certified by the American Academy of Sleep Medicine ("AASM"). Without this certification, payers would not authorize the Center to order home studies. Most payers will not approve an overnight study at the Hospital until a patient has failed a home study. In addition, facility sleep studies are on the decline in general in favor of home studies, which offer greater levels of comfort and convenience for patients. Sharon used its best efforts to market the Sleep Center to area physicians and patients, but these efforts were not sufficient to overcome the issues related to staffing and certification and patient volume continued to decline.

On April 6, 2015, Dr. Smith notified RHA and the Hospital that he would be resigning effective July 5, 2015 (see letter attached as Exhibit C). Sharon worked diligently to find a replacement Medical Director so that the Hospital could continue to staff the Sleep Center to meet whatever limited demand might exist. These efforts were unsuccessful, largely due to the fact that physician practicing in other cities and towns (i.e. New Milford, Torrington, Pittsfield) already have access to local sleep centers. In addition, the Sleep Center is not a full-time practice, which is a prerequisite for many physicians. Furthermore, there are geographic challenges associated with recruiting physicians to practice in Sharon, which is one of the more remote towns in Connecticut.

As a result, the Hospital Governing Board voted to move forward with closing the Sleep Center. The closure was also sanctioned by the Hospital's Medical Executive Committee, Physician Leadership Council and Community Advisory Board. In anticipation of Dr. Smith's departure, Sharon curtailed the admission of patients for long-term (120-day) studies and care, beginning in May. The Hospital has also notified its primary referring physicians and had discussions with other area sleep providers regarding their ability and willingness to absorb any displaced patients. As the attached letters from Charlotte Hungerford Hospital, Waterbury Hospital, New Milford Hospital, and Danbury Hospital demonstrate, there is ample capacity in the area to accommodate those in need to sleep services (see Exhibit D). In addition, several of these locations are either more convenient, or equally convenient, in terms of geographic proximity for patients who used the Sharon Sleep Center for their studies.

Sleep services ceased to be provided at the Hospital effective July 5, 2015, because these services cannot be provided without the oversight of a Medical Director. As discussed herein, the Hospital intends to repurpose the space, money and resources dedicated to the

**Sleep Center to support other Hospital programs and services.**

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: Sharon was notified of Dr. Smith's impending relocation on April 6, 2015, by way of letter attached as Exhibit C. Members of the Hospital administration immediately began efforts to recruit a replacement Medical Director so that the Sleep Center could continue to operate to accommodate whatever limited demand there might be in the Sharon area. These efforts were unsuccessful due to the availability of numerous other sleep programs in the area and the geographic challenges associated with recruiting physicians to practice in Sharon on a full or part-time basis.**

**In anticipation of Dr. Smith's departure, Sharon began the process of winding down the Sleep Center and taking formal steps towards closure. The Hospital curtailed admissions to the Sleep Center for long-term (120 day) studies in May and has been working with area providers to ensure that existing patients have adequate access to continued care (see Exhibit D). RHA has notified all patients who received services from Dr. Smith (including sleep services) during the last 18 months of his resignation and their options for alternate sleep service providers. The attached letter from RHA to Dr. Smith's patients provides them with information regarding 10 different sleep programs located in Connecticut, New York and Massachusetts where patients can obtain services comparable to those provided at Sharon (see Exhibit E).<sup>1</sup> Sharon also informed its primary referring physicians of the Hospital's plans for the Sleep Center so that they could make alternate arrangements for services for their patients.**

**In addition to the foregoing, Sharon received formal approval from its Governing Board on May 28, 2015 to close the Sleep Center, subject to OHCA approval (see Exhibit A). The closure was also discussed with the Hospital's Medical Executive Committee, Physician Leadership Counsel and Community Advisory Board in May/June of 2015.**

3. Provide the following information:
  - a. 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: See OHCA Table 1 attached.**

---

<sup>1</sup> Note this letter does not include Waterbury Hospital. Waterbury Hospital has a sleep program and has provided a letter of support for the CON Application attesting to its available capacity and willingness to absorb any displaced Sharon patients.

- b. 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: See OHCA Table 2 attached. These towns account for approximately 85% of patients who received services at the Sharon Sleep Center in FY 2014, its last full year of operation.**

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

**RESPONSE: Sharon proposes to discontinue a service provided under its acute care general hospital license. No additional licenses are required to terminate the Sleep Center.**

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

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

**RESPONSE: See Exhibit B attached.**

- b. 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: Attached as Exhibit F are copies of the Curriculum Vitae for the following individuals:**

- **Kimberly A. Lumia, MSN, MBA, RN – President & Chief Executive Officer, Sharon Hospital**
- **Christian S. Bergeron – Chief Financial Officer, Sharon Hospital**
- **Peter A. Cordeau, RN, BSN, MBA – Chief Nursing Officer, Sharon Hospital**
- **Irving Shelby Smith, D.O. – Former Medical Director, Sharon Hospital Sleep Center**
- **Christopher F. Miller, MHA – Regional Healthcare Associates Practice Director**

- 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 CON Application is for discontinuance of a service.**

- d. letters of support for the proposal;

**RESPONSE: See Exhibit D attached for letters of support from the following:**

- Daniel J. McIntyre – President and Executive Director, Charlotte Hungerford Hospital
- Darlene Stromstad, FACHE – President and Chief Executive Officer, Waterbury Hospital
- Daniel J. DeBarba, Jr. – Executive Vice President, Western Connecticut Health Network, Inc., President, Danbury Hospital and New Milford Hospital.

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. This CON Application is for discontinuance of a service.

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:** See attached letters from various acute care general hospitals with sleep programs (**Exhibit D**). These letters demonstrate the ability of area providers to care for any displaced Sharon Hospital Sleep Center patients.

## 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.

**RESPONSE:** This proposal is consistent with existing DPH regulations. Termination of a service requires CON approval and Sharon is applying for a CON to discontinue its Sleep Center. It is also cost-effective and will improve the quality and accessibility of a broad range of sleep services. At the same time, closure of the Sharon Sleep Center will avoid the unnecessary duplication of services.

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

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](#).

**RESPONSE:** The Statewide Health Care Facilities and Services Plan (the “Plan”) is intended to examine access, utilization and distribution of healthcare services, to ensure

sustained hospital and health care system financial viability, and to improve patient access to services. Some of the ways in which Plan accomplishes these objectives are by:

- Helping to prevent excess capacity and underutilization of medical facilities;
- Providing better access to services through planned geographic distribution; and
- Lowering overall cost to the healthcare system by limiting duplication of services.

#### Plan, Section 1.1.

The proposal to discontinue Sharon's Sleep Center is consistent with each of these goals. There are 11 sleep programs located in the greater Sharon area (geographically distributed in town/cities in Connecticut, New York and Massachusetts). Many of these programs operate in and around the towns/cities where a historical percentage of the Sharon Sleep Center patients reside (i.e. Torrington, Kent). To have a low-volume, underutilized sleep program in Sharon with substantial excess capacity would be counter to the Plan's intentions regarding capacity. Discontinuing this duplicative service at Sharon will lower overall costs to the healthcare system, as the Plan anticipates. Also, to the best of Sharon's knowledge, all of the existing sleep centers are certified by the AASM and subject to its performance standards. This allows for added scrutiny, better controls on quality and a broader base of reimbursement. Patients who use these alternate programs, therefore, have arguably better access to services.

§ "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))

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 population for the Sharon Sleep Center was patients who have, or are suspected to have, sleep disorders that require study, treatment and monitoring. These include, notably, patients with co-occurring cardiovascular, pulmonary and endocrine (i.e. diabetes) conditions, as well as those for who sleep disturbances are the primary complaint.

Patients of the Sharon Sleep Center ranged in age from 13 to 93 years old. They originated from the towns/cities listed in OHCA Table 2 and Table 8. Payers for the program included Medicare, Medicaid and commercial insurance.

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

**RESPONSE:** The target population has historically been served at the Sharon Sleep Center. However, due to Dr. Smith's departure they will now be referred to the many other sleep programs in the area (see Exhibits D & E). It is likely that patients who might otherwise have used the Sharon Sleep Center were being referred to these providers

**already given their certification status and its impact on quality of care and payer reimbursement.**

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

**RESPONSE: The decline in volume for Sharon’s sleep program since 2012 is evidence of a lack of demand for these services in the immediate Sharon area. There are, however, 11 additional sleep centers in the greater Sharon area that appear to have sufficient volume to sustain their programs. This is likely due, in part, to the fact that these centers are certified and the impact of certification on quality of care and payer reimbursement.**

**See also Response to Question 1 (Project Description) regarding the need to terminate the Sharon Sleep Center.**

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

**RESPONSE: Sharon chose to open the Sleep Center on its main campus to accommodate the request of an internal medicine recruit who had an interest in establishing a sleep program.**

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

**RESPONSE: Not applicable. This CON Application is for discontinuance of a service.**

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

**RESPONSE: Any of these patients who received services at the Sharon Sleep Center will be able to receive a broader range of sleep services at the many certified sleep programs in the area. A vast majority of these programs are hospital-based and will therefore accommodate Medicaid and uninsured patients.**

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

**RESPONSE: This proposal results in termination of all sleep services at Sharon Hospital. See Response to Question 1 (Project Description) above regarding the need for this change.**

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

**RESPONSE: Access to care will be enhanced by discontinuance of the Sharon Sleep**

Center. As previously mentioned, Sharon was unable to obtain certification for its sleep program from the AASM. Other existing providers in the area are certified, which means former Sharon patients will have access to programs that are subject to rigorous quality standards and can order and be reimbursed for a broader range of studies. Several of these providers have submitted letters of support for this proposal that evidence their ability and willingness to accommodate the small number of patients being displaced by the closure (see Exhibit D). In many instances, these alternate providers are located closer to where patients reside (see OHCA Table 2, Table 8 & Table 9).

- i. discuss any alternative proposals that were considered.

**RESPONSE:** As mentioned in Response to Questions 1 and 2 (Project Description) above, Sharon worked diligently to try to secure a replacement Medical Director so that the Hospital could continue to provide some form of sleep services to meet the limited demand in the area. The Hospital spoke with a physician group from New Milford, as well as one from Pittsfield, Massachusetts. Neither was interested in relocating a doctor to Sharon to service a part-time Sleep Center. In addition, these physicians have certified sleep facilities located within their own hospitals where Sharon patients can obtain services, as needed.

§ "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 proposal to discontinue Sharon's Sleep Center will improve the quality of healthcare in the region in that existing, certified sleep programs will be available to serve any displaced patients. These programs are subject to rigorous performance standards and are evaluated regularly in order to maintain certification. They are able to provide and bill for a broader range of sleep services to meet patients' needs. In addition, because these providers have board-certified sleep medicine physicians on staff, they are not required to send their studies out to be interpreted. Sharon had to send studies out to be read by board-certified physicians because, as previously mentioned, Dr. Smith did not have his board certification in sleep medicine.

In addition, Sharon will be able to reallocate the space, money and resources it has invested in the Sleep Center to other programs that benefit the community. This includes a possible repurposing of space for additional Senior Behavioral Health beds and rooming for on-call physicians and staff during emergencies such as inclement weather.

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

**RESPONSE:** The proposal to discontinue Sharon’s Sleep Center will improve the accessibility of healthcare in the region in that existing, certified sleep programs will be available to serve any displaced patients. These programs are subject to rigorous performance standards and are evaluated regularly in order to maintain certification. They are able to provide and bill for a broader range of sleep services to meet patients’ needs. There are, to the best of Sharon’s knowledge, 11 of these programs in the greater Sharon area (see Exhibit E & OHCA Table 9). Attached are letters from Charlotte Hungerford Hospital, Waterbury Hospital, New Milford Hospital, and Danbury Hospital attesting to their availability and willingness to accept any patients who are displaced by closure of the Sharon Sleep Center (see Exhibit D).

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

**RESPONSE:** Discontinuance of the Sharon Sleep Center will improve the cost-effectiveness of healthcare delivery in the region. The Hospital was staffing a fully equipped Sleep Center that operated limited hour, with sleep studies occurring on average one to two nights per week. The volume has been declining steadily since 2012. Opening the program required an investment in equipment and its continued operation resulted in operating losses and the underutilization of prime inpatient space on the Hospital’s main campus. Discontinuance of the Sleep Center will allow Sharon to reallocate the resources expended on this low-volume program to other programs and services that benefit the community. In addition, the hospital can repurpose the physical space to grow other programs, as necessary.

Moreover, patients will have continued access to sleep services at certified programs in the area. Most insurers will pay for home studies ordered by certified providers and these are less costly than the facility studies that Sharon provides. Certified programs are also able to obtain reimbursement for a broader range of sleep services thereby avoiding potential out-of-pocket costs for 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:** Discontinuance of the Sharon Sleep Center will result in patients obtaining sleep services at certified programs in the area. These programs have the ability to order and seek reimbursement for a broader range of sleep services, including home studies, which Sharon is unable to order. This allows the center to coordinate a continuum of care for patients, to monitor their progress and to order any necessary examinations, studies or procedures required to treat their sleep disorders. Patients benefit from convenience of access to all services at a single location. These centers also typically have more flexibility in hours, offering patients services on weekends if needed.

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

**RESPONSE:** This proposal will impact favorably on access to care for Medicaid recipients and indigent persons. Medicaid comprises approximately 12% of patients at the Sharon Sleep Center. The program has had no referrals of indigent/uninsured patients since it opened in October 2010. These patients will have continued/alternate access to care at other area programs (See Exhibits D & E). A majority of the sleep centers in the Sharon area are hospital-based and therefore accessible to Medicaid and indigent persons the same as Sharon's programs. Several of these programs have stated they have the availability and willingness to take any displaced Sharon patients (see Exhibits D).

*§ "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))*

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.

**RESPONSE:** Not applicable. The proposal neither fails to provide nor reduces access to services for Medicaid recipients or indigent persons. See Response to Question 11 (Public Need & Access to Care) above.

*§ "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))*

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:** The proposal will not adversely affect patient healthcare costs in any way. If anything, the referral of patients to certified sleep centers in the area will result in third party reimbursement for a broader range of sleep services and less out-of-pocket costs. In addition, Sharon's understanding is that the rates charged by other local sleep centers, most of which are hospital-based, are comparable to the rates charged by Sharon. Also, these centers can order home studies, which typically cost less than facility studies.

## 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:** This proposal will have a positive impact on the financial strength of the state's health care system. First, it will allow Sharon to avoid the fixed costs (i.e. salaries & benefits) associated with a low-volume program that does not generate substantial revenue for the Hospital. The Hospital will be able to reallocate the monies saved to other programs that benefit the community.

In addition, this proposal will result in referral of the small number of patients who would have chosen Sharon for sleep services to other area providers. These providers will benefit financially from increased patient volume and reimbursement.

Discontinuance of the Sleep Center will result in a modest increase in income from operations for the Hospital whereas historically the program was operating at a loss (see Exhibit G). Based on these results, the proposal is financially feasible.

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

**RESPONSE:** See OHCA Table 3 attached.

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:** Not Applicable. This CON Application is for discontinuance of a service. There is no associated capital expenditure.

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:** Sharon Hospital's most recent audited financials are on file with 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:** See **Exhibit G** attached.

18. Complete **OHCA Table 4** utilizing the information reported in the attached Financial Worksheet.

**RESPONSE:** See **OHCA Table 4** attached.

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

**RESPONSE:** Sharon used the following assumptions in preparing the Financial Worksheet attached as **Exhibit G**:

- Actual results reflect Sharon's audited fiscal year ending September 30, 2014. While the Hospital's actual fiscal year runs from January 1 through December 31, and all volume, etc. reported in this application is based on actual fiscal years, OHCA requires hospital auditing to occurring on an October 1 through September 30 fiscal year. Financials are based on this time period.
- FY 2015 projections reflect YTD actual results through May 31, 2015, plus expected activity through September 30, 2015.
- Future projection period reflect estimated aggregated Hospital growth.
- Modest incremental revenue is the result of savings related to projected expense growth, specifically salary and benefit increases.

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

**RESPONSE:** Not applicable. The Hospital anticipates a modest improvement in earnings resulting from the discontinuance of sleep services. See **Exhibit G** attached.

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

**RESPONSE:** Sharon would need to perform in excess of 400 sleep studies per year to show a gain from operations. This equates to approximately 8 studies per week and the Center is currently performing 2-4 studies per week on average. Given the availability of other sleep

providers in the area and the increasing use of home studies, Sharon does not believe that this target could be met.

## 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))

21. 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:** See [OHCA Table 5](#) attached. [OHCA Table 6](#) is not applicable. There will be no projected volume for the Sharon Hospital Sleep Center once the service has been terminated.

22. 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:** See Response to Question 1 (Project Description). Historic decreases in volume are due to a number of factors including, but not limited to, the fact that the Sharon Sleep Center was not certified by AASM and could not order home studies (a prerequisite to facility studies for most payers); that facility studies are declining generally; and that Dr. Smith curtailed his sleep service in order to focus on his internal medicine practice at RHA.

**This CON is for discontinuance of a service so there is no projected service volume.**

23. 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:** See [OHCA Table 7](#) attached. This table includes historic and current patient population mix only. There is no projected patient population mix because this CON Application is for discontinuance of a service.

§ "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))

24. 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:** Not applicable. This CON Application is for discontinuance of a service. See **Response to Question 1 (Project Description)** regarding need for termination of Sleep Center.

25. 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:** See **OHCA Table 8** attached. Utilization is reported as number of Sleep Center visits.

§ "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))

26. Using **OHCA Table 9**, identify all existing providers in the service area and, as available, list the services provided, population served, facility ID (see table footnote), 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:** See **OHCA Table 9** attached.

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

**RESPONSE:** This proposal will have a positive impact on existing providers. Other area sleep providers have the capacity to absorb any patients who are displaced by the closure of Sharon's Sleep Center (see **Exhibit D**). This means additional patient volume and reimbursement, which will be financially beneficial to these institutions and their programs.

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

**RESPONSE:** Referrals to the Sharon Sleep Center have historically come from a variety of

sources. Some referrals came from Dr. Smith himself and other internal medicine physicians in the community. Others came from specialists. In particular, cardiologists, pulmonologists and endocrinologists tend to have patients with co-occurring sleep disorders and these have been the largest referring specialties for the Sleep Center.

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

**RESPONSE:** Sharon advised all of its regular referring physicians that the Sleep Center would be closing as a result of Dr. Smith's resignation. These physicians have begun, and will continue, to refer their patients in need of sleep services to the numerous other sleep providers in the region (see Exhibits D & E).

§ "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))

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

**RESPONSE:** This proposal will, in fact, eliminate duplication of sleep providers in the greater Sharon area. As previously mentioned, there are 11 other sleep providers in the vicinity (including providers in Connecticut, New York and Massachusetts) (see Exhibit E and OHCA Table 9). The significant number of providers in one geographic location accounts, in part, for why Sharon's volume has been historically low. By closing the Sharon Sleep Center and referring patients to existing providers who have available capacity, an unnecessary hospital service will be eliminated. This will be beneficial for patients, the Hospital and healthcare delivery system alike.

§ "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))

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

**RESPONSE:** Although this proposal will result in there being one less provider of sleep services for patients in Northwestern Connecticut, there are ample existing providers to ensure that patients have a choice and that there is competition for sleep services in the geographic area (see Exhibits D & E). These include certified, hospital-based programs in Connecticut, New York and Massachusetts that offer the full range of sleep services and accept a majority of payers.

## Tables

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

Service	Street Address, Town	Population Served	Days/Hours of Operation	New Service or Proposed Termination
Sleep Studies	50 Hospital Hill Road Sharon, CT 06069	Patients with sleep disorders; See OHCA Tables 2 & 8 for patient towns of origin	Prior to July 5, 2015, Mon. 12-5 p.m., Tues, 9 a.m. – 12 p.m.; Sleep studies, as scheduled (1-2 nights/week on average)	All sleep services

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**TABLE 2  
SERVICE AREA TOWNS**

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

Town*	Reason for Inclusion
Dover Plains, NY Sharon, CT Millerton, NY Canaan, CT Amenia, NY Lakeville, CT Falls Village, CT Wassaic, NY Millbrook, NY Cornwall Bridge, CT Norfolk, CT Kent, CT Hillsdale, NY Pawling, NY Stanfordville, NY West Cornwall, CT Copake, NY	<p>These towns account for approximately 85% of Sleep Center visits for FY 2014. They are listed in order from most visits to least visits.</p> <p>Note that approximately 55% of visits from the service area (approximately 47% of total Sleep Center visits) are for New York State residents.</p>

\* Village or place names are not acceptable.

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**TABLE 3  
TOTAL PROPOSAL CAPITAL EXPENDITURE**

<b>Purchase/Lease</b>	<b>Cost</b>
Equipment (Medical, Non-medical Imaging)	\$0
Land/Building Purchase*	
Construction/Renovation**	
Other (specify)	
<b>Total Capital Expenditure (TCE)</b>	<b>\$0</b>
Lease (Medical, Non-medical Imaging)***	\$0
<b>Total Capital Cost (TCO)</b>	<b>\$0</b>
<b>Total Project Cost (TCE+TCO)</b>	<b>\$0</b>

\* 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.

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**TABLE 4  
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

	<b>FY 2016*</b>	<b>FY 2017*</b>	<b>FY 2018*</b>
Revenue from Operations	(\$115,827)	(\$115,827)	(\$115,827)
Total Operating Expenses	(\$126,367)	(\$128,804)	(\$131,290)
<b>Gain/Loss from Operations</b>	<b>\$10,540</b>	<b>\$12,977</b>	<b>\$15,463</b>

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

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**TABLE 5  
HISTORICAL UTILIZATION BY SERVICE**

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2012***	FY 2013***	FY 2014***	FY 2015*** 1/1/15 – 5/31/15
Sleep Studies	248	214	177	66
<b>Total</b>	<b>248</b>	<b>214</b>	<b>177</b>	<b>66</b>

\* 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.

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**TABLE 6  
PROJECTED UTILIZATION BY SERVICE**

Service*	Projected Volume		
	FY 20__**	FY 20__**	FY 20__**
Not Applicable Termination of Services	N/A	N/A	N/A
<b>Total</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

\* 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.

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**TABLE 7  
 APPLICANT'S CURRENT & PROJECTED PAYER MIX**

Payer	Current		Projected					
	FY 2015**		FY 20__**		FY 20__**		FY 20__**	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*	33	50%	N/A		N/A		N/A	
Medicaid*	8	12%						
CHAMPUS & TriCare								
<b>Total Government</b>	<b>41</b>	<b><u>62%</u></b>						
Commercial Insurers	25	38%						
Uninsured								
Workers Compensation								
<b>Total Non-Government</b>	<b>25</b>	<b><u>38%</u></b>						
<b>Total Payer Mix</b>	<b><u>66</u></b>	<b><u>100%</u></b>						

\* 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.

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**TABLE 8  
UTILIZATION BY TOWN**

Town	Utilization FY 2014**
Dover Plains, NY	25
Sharon, CT	16
Millerton, NY	16
Canaan, CT	15
Amenia, NY	14
Lakeville, CT	12
Falls Village, CT	10
Wassaic, NY	8
Millbrook, NY	5
Cornwall Bridge, CT	5
Norfolk, CT	4
Kent, CT	4
Hillsdale, NY	4
Pawling, NY	4
Stanfordville, NY	4
West Cornwall, CT	3
Cokape, NY	3
Other	25
<b>TOTAL</b>	<b>177</b>

\* 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.

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**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
<b>Connecticut</b>  Charlotte Hungerford Hospital Sleep Center	Sleep Disorder Patients	1629075734	Charlotte Hungerford Hospital Sleep Center 115 Spencer Street Winsted, CT 06098	6 nights per week	FY 2014, 514 studies
New Milford Hospital Sleep Disorders Center	Sleep Disorder Patients	1619938016	The Center for Sleep Medicine 21 Elm Street New Milford, CT 06776	7 nights per week	FY 2014, 73% occupancy, # of studies unknown
Danbury Hospital Sleep Disorders Center	Sleep Disorder Patients	1730104217	Danbury Hospital Sleep Disorders Center Ethan Allen Hotel 21 Lake Ave Ext Danbury, CT 06810	7 nights per week	FY 2014, 73% occupancy, # of studies unknown
Waterbury Hospital Regional Sleep Center	Sleep Disorder Patients	1184615114	Waterbury Hospital Regional Sleep Center Middlebury Edge 1625 Straits Turnpike Middlebury, CT 06762	M-F, 9am - 4pm 6 nights per week	FY 2014, 937 studies (capacity for 1,800 studies)
Saint Mary's Hospital Sleep Center	Sleep Disorder Patients	1053578567	Saint Mary's Hospital Sleep Center 1312 West Main Street Waterbury, CT 06708	Unknown	Unknown
<b>New York</b>  Columbia Medical Sleep Wake Disorder	Sleep Disorder Patients	1780076794	Columbia Medical Sleep Wake Disorder 30 Green Manor Ave Ghent, NY 12075	6 nights per week	Unknown
Northern Dutchess Hospital Sleep Center	Sleep Disorder Patients	1124072715	Northern Dutchess Hospital Sleep Center 6511 Spring Brook Avenue Rhinebeck, NY 12572	M-F, 9am – 5 pm; # of nights per week unknown	Unknown
Sleep Center – MidHudson Regional Hospital of Westchester Medical Center	Sleep Disorder Patients	1598181091	Sleep Center – MidHudson Regional Hospital of Westchester Medical Center 241 North Road Poughkeepsie, NY 12601	M-F, 7 am – 3:30 pm, 5-6 nights per week	Unknown

Service or Program Name	Population Served	Facility ID*	Facility's Provider Name, Street Address and Town	Hours/Days of Operation	Current Utilization
Vassar Brothers Center for Sleep Medicine	Sleep Disorder Patients	1740233899	Vassar Bros. Center for Sleep Med. 200 Westage Business Center Drive, Suite 234 Fishkill, NY 12524	M-F, 9am – 5 pm; # of nights per week unknown	Unknown
Dr. Joseph & Ester B. Hartman Sleep Center – Benedictine Hospital	Sleep Disorder Patients	1932182599	Dr. Joseph & Ester B. Hartman Sleep Center Benedictine Hospital Campus 105 Mary's Avenue Kingston, NY 12401	M-F, 8am – 5:30 pm, 4-5 nights per week	Unknown
<u>Massachusetts</u> Berkshire Sleep Disorders Center – Berkshire Medical Center	Sleep Disorder Patients	1295765261	Berkshire Sleep Disorders Center BMC Hillcrest Campus 165 Tor Court Pittsfield, MA 01201	M-F, 9am – 4 pm, 7 nights per week	Unknown

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

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



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

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**Applicant:** Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital

**Project Name:** Discontinuance of Sharon Hospital Sleep Center

**1. 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 Sleep Center, located on the Hospital’s main campus at 50 Hospital Hill Road in Sharon, was established in October of 2010. Sleep service volume has been declining steadily since 2012, and the Center’s Medical Director, Dr. Irving Shelby Smith, recently notified the Hospital that he would be relocating his practice to New Hampshire effective July 5, 2015. As a result, and due to Sharon’s inability to recruit a replacement physician to oversee a sleep program, the Hospital must close the program**

**Dr. Smith was recruited by Sharon in 2010, to fill the Hospital’s need for an internal medicine physician. Dr. Smith had completed a fellowship involving neurological studies of sleep disorders and he wanted to offer sleep services as part of his practice with Regional Healthcare Associates (“RHA”). In order to accommodate Dr. Smith’s request, Sharon built, equipped and staffed the Sleep Center. Sharon saw this as a potential “value added” service for its patients and a means of ensuring much-needed internal medicine coverage. Over the course of the last five years, Dr. Smith has dedicated approximately half of his time to sleep studies and the other half to internal medicine.**

**The Sleep Center offered services including consultations, sleep studies and follow-up services, as well as CPAP/BiPAP titrations, polysomnograms, split-night studies, maintenance of wakefulness testing, and multiple sleep latency tests. Referrals came various community physicians, including primary care physicians and specialists in the fields of cardiovascular, pulmonology and endocrinology.**

**The Sleep Center is located on the second floor of the main Hospital building and includes two beds for overnight studies, as well as clinic space. The clinic itself was initially open three days per week, but was reduced to just one split day per week due to a lack of patient volume. Overnight studies occurred, on average, one or two nights per week at the patients’ convenience.**

**Sleep Center visits declined from 248 in FY 2012 to 177 in FY 2014, the last complete year of operation. This represents a 29% reduction in visit volume in two years. In addition, annualized visits for FY 2015 were projected to be just 158, down 11% from FY 2014. The Sleep Center’s best year was FY 2011, when 299 sleep studies were performed. Since FY 2011, visit volume has declined by a total of 47%. The reasons for this decline are discussed in detail in the CON Application Main Form.**

**On April 6, 2015, Dr. Smith notified RHA and the Hospital that he would be resigning effective July 5, 2015 (see letter attached as Exhibit C). Sharon worked**

diligently to find a replacement Medical Director so that the Hospital could continue to staff the Sleep Center to meet whatever limited demand might exist. These efforts were unsuccessful, largely due to the fact that physicians practicing in other cities and towns (i.e. New Milford, Torrington, Pittsfield) already have access to local sleep centers. In addition, the Sleep Center is not a full-time practice, which is a prerequisite for many physicians. Furthermore, there are geographic challenges associated with recruiting physicians to practice in Sharon, which is one of the more remote towns in Connecticut.

As a result, the Hospital Governing Board voted to move forward in closing the Sleep Center. The closure was also sanctioned by the Hospital's Medical Executive Committee, Physician Leadership Council and Community Advisory Board. In anticipation of Dr. Smith's departure, Sharon curtailed the admission of patients for long-term (120-day) studies and care in May. The Hospital has also notified its primary referring physicians and had discussions with other area sleep providers regarding their ability and willingness to absorb any displaced patients. As the attached letters from Charlotte Hungerford Hospital, Waterbury Hospital, New Milford Hospital, and Danbury Hospital demonstrate, there is ample capacity in the area to accommodate those in need to sleep services (see Exhibit D).

Sleep services ceased to be provided at the Hospital after July 5, 2015, because these services cannot be provided without the oversight of a Medical Director.

- ii. whether CON authorization was received and,

RESPONSE: CON Authorization was not required for Sharon to establish the Sleep Center to begin offering sleep services. The Sleep Center opened in October of 2010, the same month that provisions of P.A. 10-179 took effect eliminating "addition of services" CON jurisdiction.

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

RESPONSE: CON Authorization was not required for Sharon to establish the Sleep Center to begin offering sleep services. The Sleep Center opened in October of 2010, the same month that provisions of P.A. 10-179 took effect eliminating "addition of services" CON jurisdiction.

- 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 previously noted, the Sharon Sleep Center saw a significant decline in volume between FY 2012 and FY 2014. There are several reasons for the decline in patient volume. First, in order to meet demand for internal medicine services Dr. Smith was required to dedicate additional hours to his non-sleep practice at RHA.

**This left him less time to conduct the sleep program at the Hospital. In addition, Dr. Smith was unable to pass his internal medicine boards, which meant that he could not sit for his sleep boards. Without a board certified Medical Director, the Hospital could not get the Sleep Center certified by the AASM. Without this certification, payers would not allow the Center to order home studies and most payers will not approve an overnight study at the Hospital until a patient has failed a home study. In addition, facility sleep studies are on the decline in general in favor of home studies, which offer greater levels of comfort and convenience for patients. Sharon used its best efforts to market the Sleep Center to area physicians and patients, but these efforts were not sufficient to overcome the issues related to staffing and certification and patient volume continued to decline.**

**On April 6, 2015, Dr. Smith notified RHA and the Hospital that he would be resigning effective July 5, 2015 (see letter attached as Exhibit C). Sharon worked diligently to find a replacement Medical Director so that the Hospital could continue to staff the Sleep Center to meet whatever limited demand might continue to exist. These efforts were unsuccessful, largely due to the fact that physician practicing in other cities and towns (i.e. New Milford, Torrington, Pittsfield) already have access to local sleep centers. In addition, the Sleep Center is not a full-time practice, which is a prerequisite for many physicians. Furthermore, there are geographic challenges associated with recruiting physicians to practice in Sharon, which is one of the more remote towns in Connecticut.**

**As a result, the Hospital Governing Board voted to move forward in closing the Sleep Center (see Exhibit A). The closure was also sanctioned by the Hospital's Medical Executive Committee, Physician Leadership Council and Community Advisory Board. In anticipation of Dr. Smith's departure, Sharon curtailed the admission of patients for long-term (120-day) studies and care in May. The Hospital has also notified its primary referring physicians and had discussions with other area sleep providers regarding their ability and willingness to absorb any displaced patients.**

- 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 Hospital's Governing Board voted on May 28, 2015 to approve closure of the Sleep Center. Excerpted minutes of the meeting are attached as Exhibit A.**

## 2. 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.

**TABLE A**  
PROVIDERS ACCEPTING TRANSFERS/REFERRALS

Facility Name	Facility ID*	Facility Address	Total Capacity	Available Capacity	Utilization FY 2014	Utilization Current CFY***
<u>Connecticut</u>  Charlotte Hungerford Hospital Sleep Center	1629075734	Charlotte Hungerford Hospital Sleep Center 115 Spencer Street Winsted, CT 06098	Studies offered 6 nights per week	Unknown	514 studies	Unknown
New Milford Hospital Sleep Disorders Center	1619938016	The Center for Sleep Medicine 21 Elm Street New Milford, CT 06776	Studies offered 7 nights per week	27% of capacity	73% of capacity	Unknown
Danbury Hospital Sleep Disorders Center	1730104217	Danbury Hospital Sleep Disorders Center Ethan Allen Hotel 21 Lake Ave Ext Danbury, CT 06810	Studies offered 7 nights per week	27% of capacity	73% of capacity	Unknown
Waterbury Hospital Regional Sleep Center	1184615114	Waterbury Hospital Regional Sleep Center Middlebury Edge 1625 Straits Turnpike Middlebury, CT 06762	Studies offered 6 nights per week, 1,800 studies/year	863 studies	937 studies	Unknown
Saint Mary's Hospital Sleep Center	1053578567	Saint Mary's Hospital Sleep Center 1312 West Main Street Waterbury, CT 06708	Unknown	Unknown	Unknown	Unknown
<u>New York</u>  Columbia Medical Sleep Wake Disorder	1780076794	Columbia Medical Sleep Wake Disorder 30 Green Manor Ave Ghent, NY 12075	Studies offered 6 nights per week	Unknown	Unknown	Unknown

Facility Name	Facility ID*	Facility Address	Total Capacity	Available Capacity	Utilization FY 2014	Utilization Current CFY***
Northern Dutchess Hospital Sleep Center	1124072715	Northern Dutchess Hospital Sleep Center 6511 Spring Brook Avenue Rhinebeck, NY 12572	Unknown	Unknown	Unknown	Unknown
Sleep Center – MidHudson Regional Hospital of Westchester Medical Center	1598181091	Sleep Center – MidHudson Regional Hospital of Westchester Medical Center 241 North Road Poughkeepsie, NY 12601	Studies offered 5-6 nights per week	Unknown	Unknown	Unknown
Vassar Brothers Center for Sleep Medicine	1740233899	Vassar Brothers Center for Sleep Medicine 200 Westage Business Center Drive, Suite 234 Fishkill, NY 12524	Unknown	Unknown	Unknown	Unknown
Dr. Joseph & Ester B. Hartman Sleep Center – Benedictine Hospital	1932182599	Dr. Joseph & Ester B. Hartman Sleep Center Benedictine Hospital Campus 105 Mary's Avenue Kingston, NY 12401	Studies offered 4-5 nights per week	Unknown	Unknown	Unknown
<u>Massachusetts</u> Berkshire Sleep Disorders Center – Berkshire Medical Center	1295765261	Berkshire Sleep Disorders Center BMC Hillcrest Campus 165 Tor Court Pittsfield, MA 01201	Studies offered 7 nights per week	Unknown	Unknown	Unknown

\* 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:** See letters from Charlotte Hungerford Hospital, Waterbury Hospital, New Milford Hospital, and Danbury Hospital regarding their ability and willingness to absorb Sharon's sleep patients, attached as Exhibit D.

- 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: There are no special populations that utilize the Sharon Sleep Center. Approximately 12% of the Center's patients are Medicaid recipients. These patients will be ensured continued access to care at other area providers, most of which are affiliated with hospitals that are required to accept referrals of these patients despite their payment status. A vast majority of these programs are certified by the AASM, which means they are subject to enhanced scrutiny of the quality of care and are reimbursed for a broader range of studies by most payers.**

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

**RESPONSE: Patients were notified about Dr. Smith's resignation in letter, dated April 6, 2015, from Regional Healthcare Associates (see Exhibit C). They were provided with a list of alternate sleep providers in the area, along with contact information for scheduling appointments. In addition, Sharon has met with all major referring physicians about the closure. Sleep services require physician referral. Going forward these physicians will refer patients to one of 11 alternate providers in the area or to various other sleep providers throughout the state. These referrals had already begun with respect to long-term studies, because Sharon ceased accepting these types of referrals in May in anticipation of Dr. Smith's July 5<sup>th</sup> departure.**

- 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.**

# *EXHIBIT A*

**President's Report –Mrs. Lumia**

- Dr. Irving Smith has resigned; his last day will be 7/5/15. Discussion regarding the sleep center continued with Ms. Lumia noting the sleep center must close if a physician cannot be placed to oversee the unit. Sleep Center Staff would be utilized in other areas if the center were to close. A Certificate of Need would need to be filed with the State, and approval from the State would need to be granted before the unit may be closed. Chairman Fuhr noted the board members are in agreement, noted the most beneficial use of the space would be for another hospital service if another sleep specialist physician cannot be located and placed in the unit. Chairman Fuhr called for a motion to approve proceeding with filing for a CON to close the Sleep Center Unit, and called for a motion to approve. A motion was made by Dr. Schnurr and seconded by Ms. Chamberlain and carried.

# ***EXHIBIT B***

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0071

General Hospital

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

Essent Healthcare of Connecticut, Inc. of Sharon, CT d/b/a Sharon Hospital is hereby licensed to maintain and operate a General Hospital.

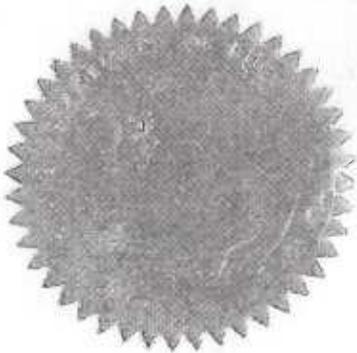
**Sharon Hospital** is located at 50 Hospital Hill Road, Sharon, CT 06069.

The maximum number of beds shall not exceed at any time:

16 Bassinets

78 General Hospital Beds

This license expires **March 31, 2016** and may be revoked for cause at any time.  
Dated at Hartford, Connecticut, April 1, 2014. RENEWAL.



*Jewel Mullen, MD*

Jewel Mullen, MD, MPH, MPA  
Commissioner

# *EXHIBIT C*

Irving Smith, D.O.  
11 White Hollow Road  
Sharon, CT 06069

April 6, 2015

BY CERTIFIED MAIL

Kimberly A. Lumia, MSN, MBA, RN  
President and Chief Executive Officer  
Regional Healthcare Associates, LLC  
50 Hospital Hill Road  
Sharon, CT 06069

Received

APR 8 REC'D

Administration Office  
Sharon Hospital

Re: Notice of Resignation

Dear Ms. Lumia:

In accordance with Section 3.1 of my Physician Employment Agreement, this shall serve as notice of my resignation from employment at Regional Healthcare Associates, LLC effective July 5, 2015.

I wish Regional Healthcare Associates, LLC continued success in the future.

Very truly yours,



Irving Smith, D.O.

cc: RegionalCare Hospital Partners  
103 Continental Place  
Brentwood, Tennessee 37027  
Attention: Vice President-Legal Department

APR 8 X 2015

# ***EXHIBIT D***



# Charlotte Hungerford Hospital

540 LITCHFIELD STREET, PO BOX 988, TORRINGTON, CT 06790-0988 (860) 496-6666

JUN 15 2015

June 9, 2015

Kimberly A. Lumia  
President & Chief Executive Officer  
Sharon Hospital  
50 Hospital Hill Road  
Sharon, CT 06069

Dear Kim,

I am writing to you regarding our Sleep Center. Currently Charlotte Hungerford Hospital operates a Sleep Center comprised of four private "in-center" beds along with "home" sleep testing services and on-site sleep consultations.

We currently operate six nights per week having treated 631 patients in FY 12, 565 in FY 13, 514 in FY 14 and 307 through 7 months in FY 15. We currently have capacity and would welcome patients from your area into our lab.

Our lab is accredited by the American Academy of Sleep Medicine, ID Number 198820 and is located at 115 Spencer Street, Winsted, CT 06098.

Please let me know if either I or my staff can be of further assistance.

Sincerely,

Daniel J. McIntyre  
President and Executive Director

CC: John Capobianco



**WATERBURY  
HOSPITAL**

**Darlene Stromstad, FACHE**  
*President/CEO*

June 16, 2015

Kimberly Martone  
Director of Operations  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA  
Hartford, CT 06134-0308

Dear Ms. Martone:

This letter reaffirms the ability of The Waterbury Hospital Regional Sleep Center to accommodate patient need with the potential closure of the Sharon Hospital Sleep Center.

The Waterbury Hospital Regional Sleep Center is a six (6) bed facility, operating under Tax ID # 060665979. The Sleep Center is currently open six nights a week, operating at Middlebury Edge, 1625 Straits Turnpike, Middlebury, CT 06762. It is also available for day time studies and has equipment to provide two home studies per night.

At full capacity, it can handle over 1,800 sleep studies per year. In FY2014, the Sleep Center completed 937 sleep studies. Current technician staffing averages about two sleep studies per day. The Medical Director is Jay Kenkare, MD, who is a physician employee of Alliance Medical Group.

Please contact me for additional information at 203-573-7101.

Thanks and best wishes.

Sincerely,

Darlene Stromstad, FACHE  
President/CEO

**Daniel J. DeBarba, Jr.**  
*President – Danbury Hospital and  
New Milford Hospital  
Executive Vice President – WCHN*

*24 Hospital Avenue  
Danbury, CT 06810  
(203) 739-6922  
daniel.debarba@wchn.org*

June 30, 2015

Ms. Kimberly A. Lumia, MSN, MBA, RN  
President and Chief Executive Officer  
Sharon Hospital  
50 Hospital Hill Road  
Sharon, CT 06069

Re: Sharon Hospital CON Application to Terminate its Sleep Medicine Program

Dear Ms. Lumia:

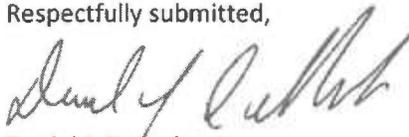
This letter is in reference to Sharon Hospital's application to the Office of Health Care Access for a certificate of need to permit the hospital to terminate its sleep medicine program.

I am writing on behalf of the two sleep medicine programs operating in the region by Western Connecticut Health Network, Inc. Our two programs are both accredited by the American Academy of Sleep Medicine. Our two sleep labs are:

- Danbury Hospital Sleep Lab @ Ethan Allen Inn  
21 Lake Ave Ext  
Danbury, CT 06811  
*Accreditation No. 175040*  
Capacity: 4 Beds
- New Milford Hospital Sleep Lab  
21 Elm Street  
New Milford, CT 06776  
*Accreditation No. 198780*  
Capacity: 2 Beds

Both programs have capacity in their schedules (FY2014 occupancy 73% and FY2015 occupancy 70% YTD) and are in a position to absorb additional patient volume for diagnostic sleep studies.

Respectfully submitted,



Daniel J. DeBarba, Jr.  
Executive Vice President, Western Connecticut Health Network, Inc.  
President, Danbury Hospital and New Milford Hospital

# *EXHIBIT E*



June 1, 2015

Dear Patients of Regional Healthcare Associates:

We would like to inform you that Dr. Irving Smith has resigned his position from our practice. Dr. Smith has been a valued practitioner serving the Sharon community for the past several years and is relocating to a new practice in Northern New England. We wish Dr. Smith well in his future endeavors. His last day with Regional Healthcare Associates will be July 5, 2015.

**For Dr. Smith's Internal Medicine/Primary Care Patients**

Dr. Smith's current patients can be seen by Dr. Leonard Astrauskas and Dr. Douglas Finch on a limited basis for their Primary Care needs. We will try to see Dr. Smith's current patients on a timely basis for their acute needs until a new provider can be recruited. We apologize for any inconvenience in the event of a scheduling delay. Regional Healthcare Associates is currently recruiting additional Primary Care providers to serve the medical needs of our community. We look forward to informing our patients of the arrival of new providers to the practice.

**For Dr. Smith's Sleep Medicine Patients**

Patients that have seen Dr. Smith for Sleep Medicine will need to schedule their follow up appointments with one of the local sleep centers. We apologize for any inconvenience. Enclosed please find a listing of the sleep centers in our immediate area.

We thank you for choosing Regional Healthcare Associates for all of your healthcare needs.



## SLEEP CENTERS

### Connecticut

**Charlotte Hungerford Hospital Sleep Center:**

(860) 738-6620                      115 Spencer St  
Winsted, CT 06098

**New Milford Sleep Disorders:**

(860) 210-5240                      21 Elm St  
New Milford, CT 06776

**Danbury Sleep Disorders Center:**

(860) 210-5240                      Ethan Allen Hotel  
21 Lake Ave Ext  
Danbury, CT 06810

**Saint Mary's Hospital Sleep Center:**

(203) 709-6243                      1312 West Main St  
Waterbury, CT 06708

### New York

**Columbia Medical Sleep Wake Disorder Center:**

(518) 822-0560                      30 Green Manor Ave  
Ghent, NY 12075

**Northern Dutchess Hospital Sleep Center:**

(845) 871-3611                      6511 Spring Brook Ave  
Rhinebeck, NY 12572

**Sleep Center Poughkeepsie, NY:**

(845) 431-8214                      241 North Rd  
Poughkeepsie, NY 12601

**Vassar Brothers Center for Sleep:**

(845) 838-8160                      200 Westage Business Center Dr  
Suite 234  
Fishkill, NY 12524

**Dr Joseph & Ester B. Hartman Sleep Center:**

(845) 334-3088

Benedictine Hospital Campus  
105 Mary's Ave  
Kingston, NY 12401

**Massachusetts**

**Berkshire Sleep Disorders Center:**

(413) 447-2701

BMC Hillcrest Campus  
165 Tor Court  
Pittsfield, MA 01201

# *EXHIBIT F*

# Kimberly A. Lumia

40 Lake Street, Wolcott, CT 07617  
klumiarn@gmail.com  
(203) 879-7892 h (203) 525-7107 c

## EDUCATION

University of Phoenix, Phoenix, AZ <b>Masters of Business Administration</b>	<b>10/09</b>
University of Phoenix, Phoenix, AZ <b>Masters of Science – Nursing</b>	<b>4/07</b>
Grand Canyon University, Phoenix, AZ <b>Bachelor of Science - Nursing</b>	<b>5/02</b>
Glendale Community College, Glendale, AZ <b>Associate Degree - Nursing</b>	<b>5/00</b>

## AWARDS

Nightingale Award	<b>5/06</b>
Clinical Excellence Award GCC	<b>5/00</b>
Certificate of Recognition Waterbury Police Dept.	<b>12/03</b>
Hero Award SCCC AACN	<b>3/04</b>
Seton Award for Clinical Excellence	<b>11/05</b>

## EXPERIENCE

Sharon Hospital, Essent Healthcare of CT, Sharon, CT <b>Chief Executive Officer and President/Interim Chief Financial Officer</b>	<b>10/1/10 - Present</b>
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The President and Chief Executive Officer is responsible for managing the day-to-day operations of the hospital and its entities; establishing a system for assuring that high quality care is provided; assuring the sound fiscal operation of the hospital while promoting services that are produced in a cost-effective manner; ensuring compliance with regulatory agencies and accrediting bodies while continually monitoring the organization's service and delivery system; ensure optimal fulfillment of the institutions charter, mission and philosophy in response to the identified needs of the community. Responds to Medical Staff, employees and patients. In addition, the President and Chief Executive Officer will work closely with the Governing Board, Advisory Board and leadership of the organized Medical Staff in developing the strategic direction and major policies of the institution.

Sharon Hospital Essent Healthcare, Sharon, CT <b>Chief Nursing Officer/Chief Operating Officer/ Interim CEO</b>	<b>3/30/09 – 9/10</b>
--	-----------------------

Acting Chief Executive Officer 7/10

Development of patient care programs, policies, and procedures that describe how patients' needs for nursing care, treatment, and services are assessed, evaluated, and met. Development and implementation of the plans for providing nursing care, treatment, and services including determination of the types and numbers of nursing personnel necessary to provide nursing care. Development of a patient focused, team oriented culture, working in conjunction with all other medical, clinical and therapeutic disciplines to ensure optimal service and superior outcomes. Development and

implementation of programs enhancing a culture of safety and accountability related to all aspects of patient care. Supervision and coordination of nursing personnel and the delivery of nursing care on a 24-hour basis. Active participation as a member of the hospital's Governing Body, Quality Council, Med Exec, Infection Control, Education, Ethics Committees and Chairperson of the Growth Team. Implementation of effective, ongoing programs to measure, assess, and improve nursing care, treatment, and services delivered to patients. Integration of complex data to formulate decisions, develop programs and plans that optimize health, promote wellness, manage illness, and prevent complications or secondary disabilities. Implementation of Joint Commission, CMS, and State hospital standards and in particular, the integration of rehabilitation nursing into these standards. Collaboration with nursing peers, the interdisciplinary team and others who influence healthcare. Creation of an environment and culture that enables the hospital to fulfill its mission by meeting or exceeding its goals, conveying the hospital mission to all staff, holding staff accountable for performance, motivating staff to improve performance and being responsible for the measurement, assessment and continuous improvement of the department.

Hospital of Saint Raphael (511 beds), New Haven, CT

**Patient Care Manager – Surgical Intensive Care Unit**

**12/03 – 3/27/09**

Model behaviors for staff that is consistent with the organizational values. Oversee and manage human resource management (retention & recruitment), customer service (Reach for Excellence Initiative), compliance with financial projections (Operations Report/BVR) and performance improvement. Proficient with the KRONOS, RESQ, Scihealth, MYSIS, NASH, & Microsoft Office software. Facilitate shared governance model. Provide off-shift house supervisor coverage.

Hospital of Saint Raphael (511 beds), New Haven, CT

**Nursing Care Coordinator**

**6/02 – 12/03**

Responsible for assisting the Patient Care Manager with the clinical aspects of unit operations; participates in care and management of patients; assists with orientation of new employees; involved in the evaluation process; assists with regulatory compliance and assumes responsibility of the unit in the absence of the Patient Care Manager.

John C. Lincoln Hospital (North Mountain 250 beds), Phoenix, AZ

**Staff Nurse/Team Leader – Cardiovascular Intensive Care Unit**

**5/99 – 5/02**

Provide direct patient care of post-operative cardiovascular and general ICU patients. Perform as a mentor and role model to new staff in a preceptor role. Provide direct supervision of staff and a 20-bed unit as relief charge nurse (Team Leader). Serve as co-chair of the Pet Therapy Committee. Participate on the Operations Committee working towards improving daily operations within the unit and nursing concerns. Member of hospital documentation committee to improve nursing care plans and outcomes related to patients. Respond to all codes hospital wide.

Arizona Vulva Clinic, Dr. Gordon Davis, GYN, Phoenix, AZ

**Front and BackOffice Assistant – Gynecology Clinic**

**5/96 – 5/99**

Responsible for organizing the day-to-day operations of the back office. Handle the clerical duties of the front office; billing, scheduling and any other related duties. Conduct monthly reports and work towards recovering delinquent accounts. Perform phlebotomy and transvaginal ultra sound. Assist with all other clinic procedures and surgeries. Act as a patient advocate and teach all treatment plans that may be needed.

## LICENSURE

Arizona Nursing License (Inactive)

Connecticut Nursing License (Active)

**CERTIFICATIONS**

BLS  
Basic Disaster Life Support  
AVLS  
Advance Disaster Life Support  
CRRT (SLED/CVVH)  
TNCC

**BIOGRPHICAL DATA**

Born September 13<sup>th</sup>, 1970 Bridgeport, Connecticut  
Married with two children

**COMMITTEES/CONFRENCES/COMMUNITY SERVICE**

Bioethics Committee  
Organ Donation Committee  
Co-Chair Nursing Ethics  
Infectious Outbreak Management  
Co-Chair Critical Care Committee  
Nursing Leadership Academy  
Surgical Bed Flow Team  
SICU Renovation Project 6/03  
Volunteer Madison School  
President PTO 2007- 2008  
U11 Wolcott Soccer Coach  
Noise Reduction Program Chair  
Patient Centered Care  
Hand Off Task Force  
Pediatric Action Committee  
Hospital Pain Task Force  
Magnet Management Task Force Co-Chair  
CHA Nursing Leadership Forum  
CCRN Review Course  
Central Line Bundle Task Force  
Chair PCA/PCEA Task Force  
University of St. Raphael Management Courses  
Board of Education Wolcott, CT  
Studer Pillars of Excellence, CT  
Speaker HFMA Annual Meeting, 2012  
Northwest Workforce Investment Board of Directors  
Northwest Chamber of Commerce Board of Directors  
Board of Directors CTAHCE

**LANGUAGES**

English – Native language

Spanish – speak, read and write

**AFFILIATIONS**

National Association of Hispanic Nurses

American Association of Critical Care Nurses

South Central Chapter of American Association of Critical Care Nurses

Sigma Theta Tau

AONE

NAHCE

# CHRISTIAN S. BERGERON

43 Marjorie Lane • Manchester, Connecticut 06042  
CBergeronCT@aol.com • 860.918.6072 (C)

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## FINANCE PROFESSIONAL

A result oriented Finance Professional with extensive experience in healthcare, financial analysis, cost accounting, reporting and process improvement with a history of partnering effectively with line management and senior leadership in order to deliver solutions that achieve business objectives. Strong negotiator, communicator, and leader with high integrity level, courage to make tough decisions and proven success in developing and retaining talented financial teams.

### *Core Competencies include:*

- Strategic Financial Planning
- Cost Reduction & Control
- Financial Analysis & Modeling
- Reporting & Forecasting
- Operational Efficiency
- Business Case Modeling
- Capacity Planning
- Cost Accounting
- Team Building & Coaching

### *Key Accomplishments include:*

- ◆ Identified and implemented numerous cost saving initiatives and processes, resulting in savings of over \$15+ million in ongoing expenses
  - ◆ Conceptualized, developed, and launched capacity planning models that became a vital tool utilized across the operations organization.
  - ◆ Extensive IT infrastructure and consumption analysis, resulting in significant rebates to business segment.
  - ◆ Identified and negotiated over \$2+ million of contractual savings.
- 

## PROFESSIONAL EXPERIENCE

FALLON COMMUNITY HEALTH PLAN

WORCESTER, MASSACHUSETTS

SENIOR DIRECTOR, STRATEGIC COST ANALYSIS

(2011 TO CURRENT)

**Responsible for:** Cost Accounting, Expense Control, Procurement, Facilities, Business Continuity Planning, Accounts Payable, Payroll, Strategic Planning, and Competitive Analysis

**Brief Description:** Partner with Senior Leadership on the development of strategic plans and the identification of emerging cost trend changes. Hands on development and maintenance of cost accounting models utilized for pricing. Actively support State and regulatory filing requirements (e.g. NAIC Supplement, DOI Supplement, MLR reporting, product expansion efforts). Negotiation of all non-provider related contracting and procurement efforts. Management of accounts payable and payroll functions. Real estate management activities (approx. 170,000 sqft.) including business continuity, disaster recovery planning, landlord relations, space planning and general building maintenance.

**Report To:** Chief Financial Officer

**Direct Reports:** 9 finance professionals

### *Selected Achievements:*

- ◆ Identified and negotiated **over \$2M of contractual savings.**
- ◆ Developed **activity based costing model focused on providing insight and transparency** to Fallon administrative cost structure by line of business.
- ◆ Instituted several administrative **process improvements.** For example, established American Express Corporate Card program, payroll deposit of employee expense reimbursements, and payroll self-service.
- ◆ Concurrent real estate expansion and site build out of 5 locations across Massachusetts.

CIGNA

BLOOMFIELD, CONNECTICUT

**CONTROLLER/MANAGER, IT FINANCE**

**(2008 TO 2011)**

*Responsible for:* Financial Reporting and Analysis, Month Close, IT Project Controller

*Brief Description:* Partner with IT leadership to accurately forecast project spends, execute monthly close and consolidated reporting for project (capital) portfolio. Conduct ad-hoc portfolio analysis and research required for specific cost/benefit requests. Develop controls and process improvements to increase efficiency and accountability across the project controller function.

*Report To:* Senior Director

*Direct Reports:* 2 finance professionals

*Selected Achievements:*

- ◆ Developed new ledger structure to **improve accountability, control and expense transparency** across the project portfolio.
- ◆ Conducted **activity analysis focused on providing a competitive comparison and recommendations** associated with specific system capabilities.

UNITEDHEALTH GROUP

HARTFORD, CONNECTICUT

**DIRECTOR, STRATEGIC COST MANAGEMENT (UNITEDHEALTHCARE)**

**(2004 TO 2008)**

*Responsible for:* Cost Accounting, Financial Analysis, Cost Control and Sales Incentive Administration

*Brief Description:* Partnered with CEO, CFO and Departmental Vice Presidents on articulating cost trend changes and proposing recommendations on go-forward pricing. Hands on maintenance of cost accounting models utilized for internal and external pricing. Conducted ad-hoc financial analysis and research required for specific costing requests. Development and execution of organizational expense control plans.

*Report To:* Chief Financial Officer (2004 – 2007) VP (2008)

*Direct Reports:* 5 finance professionals

*Selected Achievements:*

- ◆ Created and implemented expense savings programs, producing **over \$3 million in operational savings** during tenure.
- ◆ Conceptualized, customized, and implemented **customer level profitability reporting** enabling accurate determination of price penetration opportunities across specific books of business.
- ◆ **Increased program member retention by 10%** through participating in creation of targeted rebate program.
- ◆ Key **participant in extensive IT infrastructure project** which analyzed, targeted, and made recommendations regarding application consumption and transactional activity.

**DIRECTOR, MANAGEMENT REPORTING & INTERCOMPANY PRICING (UNIPRISE)**

**(2004)**

*Responsible for:* Reporting and Forecasting, Financial Analysis, Intercompany Transactions

*Brief Description:* Held full accountability for supporting operations and IT monthly closing processes and variance analysis. Perform intercompany price negotiations, forecasting, and variance analysis.

*Report To:* Vice President

*Direct Reports:* 8 finance professionals

*Selected Achievements:*

- ◆ Controlled costs through **establishment of internal practices and authorization procedures** around purchasing of certain intercompany services.
- ◆ Reduced staffing by 2 associates while **improving productivity by 20%** through consolidation of activities and cross-functional training.

**COST CONTROLLER (UNIPRISE)**

**(2002 TO 2004)**

**Responsible for:** Cost Control, Operational Efficiency, Strategic Financial Planning, Analysis and Modeling

**Brief Description:** Evaluation, initiation, monitoring and tracking of business sponsored expense reduction initiatives that delivered true value to the enterprise.

**Report To:** Director

**Direct Reports:** 5 finance professionals

**Selected Achievements:**

- ◆ Researched, data mined, and project managed a bulk mailing of Explanation of Benefits, reducing number of mailing and **generating \$10 million** in postage savings.
- ◆ Member of team that **performed emergency recovery of third party billing vendor**. Remediation and recovery efforts included: contract negotiations, financial remediation, action plans to re-establishing service standards, and training staff.

**REGIONAL FINANCE MANAGER (UNIPRISE)**

**(1999 TO 2002)**

**Responsible for:** Financial Planning and Analysis, Reporting, Operational Efficiency, Accounting

**Brief Description:** Managed all aspects of financial planning, budget and analysis for 6 claim / customer service centers in the Northeast region.

**Report To:** Regional Vice President

**Direct Reports:** Individual Contributor

**Selected Achievements:**

- ◆ Spearheaded migration of all Flexible Spending Account administration into single site.
- ◆ Designed and introduced **site level capacity planning models** for managing claims and call center operations, adopted for national application.
- ◆ Developed northeast region disaster recovery plans and project managed Y2K readiness initiatives.

**BUSINESS MANAGER (UNIPRISE)**

**(1997 TO 1999)**

**Responsible for:** Frontline Management, Financial Planning and Analysis, Mail Operations

**Brief Description:** Managed daily claim inventories, service levels, and proactive relationship with national account employer groups on a daily basis.

**Report To:** Site Director

**Direct Reports:** 30 claim & customer service professionals

**Selected Achievements:**

- ◆ Established and developed teams that consistently ranked **1 or 2 in service, productivity, and quality**.
- ◆ Created internal standards enabling **no performance payouts** to accounts during tenure.

**ST. PETER'S HOSPITAL**

**ALBANY, NEW YORK**

**FINANCIAL TRANSACTION COORDINATOR**

**(1992 TO 1997)**

**Responsible for:** Financial Analysis and Modeling, Operational Efficiency, Accounting, Internal Controls

**Brief Description:** Supported Medicare and Medicaid cost reporting compilation. Provided financial analysis on insurer contract proposals and physician owned practices. Oversaw account receivables collection, cashier's office, audit and internal control functions.

**Report To:** Director

**Direct Reports:** 5 clerical / accounting professionals

**Selected Achievements:**

- ◆ **Selected to Physician Orthopedic Council** charged with evaluation of physician cost efficiency relating to specific procedures.
- ◆ Optimized collection vendor selection, improving overall **collection recovery rate by 10%**.

**PREVIOUS EMPLOYERS**

**ALBANY, NEW YORK**

**ALBANY MEDICAL CENTER** – Albany, New York

1991 to 1992

**HOME AND CITY SAVINGS BANK** – Albany, New York

1989 to 1991

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**EDUCATION AND CREDENTIALS**

**Master of Business Administration (Honors)** • UNIVERSITY OF HARTFORD – West Hartford, CT (2009)

**Bachelors of General Studies** • UNIVERSITY OF CONNECTICUT – West Hartford, CT (2006)

**Associates in Applied Science (Accounting)** • HUDSON VALLEY COMMUNITY COLLEGE – Troy, NY (1995)

**SAS Activity Based Software Training** – Minneapolis, MN (2008)

**Dale Carnegie Institute Certification** – Albany, NY (1994)

**COMPUTER SKILLS**

Proficient in: Excel, Word, PowerPoint, Visio, and Outlook

**PROFESSIONAL ASSOCIATIONS & HONORS**

Healthcare Financial Management Association (2008 to Present)

Beta Gamma Sigma – University of Hartford (Honors)

# PETER R. CORDEAU, RN, BSN, MBA

43 Rockwall Court • Goshen, Connecticut 06756  
(860) 491-1190 • Peter.Cordeau@gmail.com

Exceptionally qualified healthcare administrator, with more than 24 years of experience managing and enhancing operations for reputable healthcare systems ranging from department startups to acute care hospitals with 1500+ employees, serving 200+ patients. Continuously improve performance and level of patient care through effective team leadership and superior clinical skills. Dynamic communicator and motivator, with demonstrated success in forging positive relationships with peers, subordinates, and general public. Key strengths include:

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Hospital Administration • Critical & Acute Care Nursing • Staffing • Recruitment • Organizational Development  
Case Management • Cross-Functional Team Leadership • Performance Management • Policy Development  
Patient Relationship Management • Patient Advocacy • Regulatory Compliance • Training & Development  
Grievance & Appeal Claims • Presentations • Emergency Preparedness • Home Care Coordination

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## PROFESSIONAL EXPERIENCE

### **SHARON HOSPITAL, Sharon, Connecticut • Chief Nursing Officer (October 2013 – Present)**

78 bed for-profit, full service community hospital, servicing Connecticut, New York, and Massachusetts.

### **ST. MARY'S HOSPITAL, Waterbury, Connecticut • (June 2002 – October 2013)**

200-bed non-profit acute care inner-city hospital, servicing greater Waterbury community; teaching hospital affiliated with the Yale School of Medicine.

### **Director Cardiac Service Line – (April 2012 – October 2013)**

#### **Director of Critical Care, CVU, and Telemetry (October 2008- April 2012)**

Nursing Director for Critical Care, Telemetry and Cardiovascular Unit (CVU). Responsible for the management of a 14.8 million dollar budget, 120 clinical and non-clinical staff, 6 mid-level practitioners and 2 Clinical Managers.

- Co-chair Clinical Content and Process committee for EMR rollout.
- Received Gold Awards in both CHF and AMI from American Heart Association
- Increased voluntary retention from 80% to 95%.
- Improved staff satisfaction to 93<sup>rd</sup> percentile in recent 2011 Health Stream staff satisfaction survey.
- Created corrective action plans in response to Department of Public Health (DPH) and Centers for Medicaid and Medicare Services (CMS) audits.
- Created Cardiac Quality Workgroup to review all PCI and open heart surgery quality markers.
- Developed throughput analysis resulting in improved employee satisfaction, patient satisfaction, decreased ED wait times and increased throughput.
- Developed and championed the new "Falling Star" program which has reduced falls by greater than 40% over two years.
- Developed processes and procedures to eliminate central line associated blood stream infections (CLABSI's); effectively reducing CLABSI's to a median of zero over the past twelve months.

#### **Clinical Nursing Supervisor (2004-2008)**

Manage hospital administration during 16-hour period (3pm-7am); Managed 100+ employees daily, from ER doctors to housekeeping staff. Oversee staffing of entire hospital, balancing financial needs of hospital without sacrificing patient care. Directly supervise and manage "float pool," comprised of 7 RN's, 4 nurse aides, and 2 clerical staff. Maintain working relationship with state and local police, Connecticut Organ Bank, and State Medical Examiner.

- Garnered a Service Excellence Award for loyal and dedicated service in May 2008.

- Ensured preparation for any internal or external disaster.
- Interfaced with local media pertaining to sensitive patient information; ensured HIPPA regulations were adhered to accordingly.
- Collaborated with underprivileged families to assist with funeral arrangements and provide appropriate referrals and contacts on their behalf.

PETER R. CORDEAU • Page 2 • [Peter.Cordeau@gmail.com](mailto:Peter.Cordeau@gmail.com)

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**Staff Nurse, Intensive Care Unit (2002-2004)**

Managed direct patient care for critically ill (ACLS certification required for position).

- Functioned as preceptor for new hires as well as nursing students.
- Served as patient advocate between patient, family, and medical team.
- Assisted families with coping and life changing decisions.

**AETNA U.S. HEALTHCARE, Middletown, Connecticut • 1998-2002**

One of the nation's leading healthcare companies.

**Healthcare Consultant, Grievance & Appeals Unit (2000-2002)**

Retroactively reviewed previously denied claims. Made determinations for authorization or denial of claims based on ISD and M&R guidelines. Collaborated frequently with Medical Directors and Department of Insurance.

**Concurrent Review Nurse (1999-2000)**

Reviewed clinical information on members' inpatient hospitalizations. Certified or denied days based on ISD and M&R guidelines.

- Served as valuable asset to organization as concurrent review nurse with critical care nursing experience.

**Diabetes Disease Case Manager / Home Care Coordinator (1998-1999)**

As Diabetes Disease Case Manager, reviewed cases by diagnostic set, i.e. a diagnosis of diabetes. Reviewed pharmacy records and hospital admissions, focused on disease prevention. Educated members and provided resources to them to avoid hospitalization. Conducted regular presentations of disease/case management program to participating home care agencies. As Home Care Coordinator, managed new home care department. Coordinated home care and durable medical equipment for states of Connecticut, Rhode Island, New York, New Hampshire, and Massachusetts.

- Facilitated development of new Home Care department from ground up in 6 months; encompassed implementation of new policies/procedures.

**OMNI HOME HEALTH SERVICES, Wallingford, Connecticut • 1995-1998**

Largest for-profit home health agency in State of Connecticut at the time (now defunct).

**Case Manager, Corporate Office (1997-1998)**

Served as Case Manager for all managed care contracts as part of corporate team. Contracts included MDHP, Oxford, Northeast Health Direct, Connecticut Health Plan, and Medspan.

- Obtained exclusive contract with Connecticut Health Plan.

**Director of Patient Services (1995-1997)**

Managed 40 licensed and non-licensed staff at agency's largest branch; encompassed hiring, firing, annual reviews, and licensure requirements. Also oversaw contract employees (Physical Therapy and Occupational Therapy were outsourced). Ensured appropriate allocation of staff to provide services to meet clients' needs daily; also maintained excess capacity in order to provide same-day service for unexpected referrals. Ensured compliance with state and federal regulations.

- Doubled census in first 3 months by marketing services to area hospitals and ECF's.

**EARLY CAREER NOTES (full details on request)**

**INTERIM HEALTH CARE, Middlebury, Connecticut / Case Manager • Sales Representative**

**ST. MARY'S HOSPITAL, Waterbury, Connecticut / Intensive Care Unit Staff Nurse**

### **EDUCATION**

#### **Master of Business Administration**

University of Hartford, West Hartford, Connecticut

#### **Bachelor of Science, Nursing (BSN)**

University of Connecticut, Storrs, Connecticut

### **ADDITIONAL TRAINING**

Advanced Cardiac Life Support

Baptist Leadership Training

### **PROFESSIONAL ACTIVITIES**

Member ONE – CT (The Organization of Nurse Executives-Connecticut)

Chairman of Clinical Content and Process Committee for electronic health record transition 2010

Chairman SMH Cardiac Quality

Co-Chair Joint Quality Oversight Committee

Co-chair St. Mary's Employee Enrichment Grant Fund

Member of Infection Prevention, Safety, ICU, Patient Care Directors, SCIP, ED Transformation, and Nurse Executive Committees.

Member of Editorial Advisory Board for "The Compass" (Hospital Newsletter)

Executive Leader 2008-2009 Connecticut Hospital Association (CHA) Falls Collaborative

Executive Leader Blood Stream Infection Collaborative in conjunction with Johns Hopkins University 2009

Executive Champion CAUTI collaborative with Connecticut Hospital Association

Member 2008 United Way Committee

Former Member, Connecticut Thoracic Society

## **Irving Shelby Smith, D.O.**

210 Norwood Avenue  
South Plainfield, NJ 07080  
Phone: (315) 222-4504  
[imdocsmith@yahoo.com](mailto:imdocsmith@yahoo.com)

### **EDUCATION**

NJ Neuroscience Institute, Edison, NJ, Sleep Fellowship, July 2009 – present

Samaritan Medical Center, Watertown, NY, Internal Medicine, July 2007- June 2009

Medical University of South Carolina, Internal Medicine and Neurology, July 2004 – June 2006

Nova Southeastern University College of Osteopathic Medicine, Fort Lauderdale, FL, June 2000 - May 2004

The University of Vermont, Burlington, VT, Pre-Medical Studies, August 1997 – May 2000

Trinity College of Vermont, Burlington, VT, Pre-Medical Studies, September 1998 – May 1999

New England Culinary Institute, Essex Junction, VT, Culinary Arts, June 1989 – April 1990

Florida State University, Tallahassee, FL, History and Asian Studies, July 1980 - December 1982. Dual major, with honors.

### **MEDICAL LICENSURE**

NJ License number 25MB08588600  
Valid through June 2011

### **EXAMINATIONS**

Osteopathic – COMLEX Part 1, 2002: passed, score 468. Passing minimum 400.

Osteopathic – COMLEX Part 2, 2004: passed, score 470. Passing minimum 400.

Osteopathic – COMLEX Part 3, 2008: passed, score 432. Passing minimum 350.

ACLS, Exp. Date: June 2011

PALS, Exp. Date: June 2011

### **RESEARCH EXPERIENCE**

**Research Assistant**, University of Miami, August 2003. Worked with Dr. Marie Cheour of the University of Miami Department of Psychology, Miami Children's Hospital and Jackson Memorial Hospital. Assisted in the writing of several grant proposals for future studies, including an NIH grant proposal for the study of infant learning during sleep, one of Dr. Cheour's areas of expertise.

Current research involves the use of anti-depressants and sedative-hypnotics and their effects on sleep architecture, as well as the general neurophysiology and cardiovascular physiology of sleep.

### **PowerPoint PRESENTATIONS** *(available upon request)*

Made to faculty, attending physicians, residents, and medical students at Samaritan Medical Center and NJ Neuroscience Institute:

1. Introduction to Neuroradiology, September 2007
2. Headaches, October 2007
3. Demyelinating Diseases, November 2007
4. Dementia, December 2007
5. Stroke, January 2008
6. Sleep Disorders, February 2008
7. Pseudotumor Cerebri, March 2008
8. Vertebral Artery Dissection, April 2008
9. Neurophysiology of Sleep, May 2009
10. Cardiovascular Physiology of Sleep, October 2009

### **PROFESSIONAL EXPERIENCES**

**Food and Wine Director**, Rodney Strong Vineyards, September 1995 - June 1997. Co-founded and operated an extensive program of seasonal low fat cooking in Sonoma County, California. Developed numerous low-fat recipes featuring seasonal fresh ingredients. Appeared at numerous cooking demonstrations across the country. Lectured on wine and food at culinary schools, including the Culinary Institute of America. Interviewed both on radio and in print media.

**Professional Chef/Wine & Food Journalist**, Self employed, April 1990 - April 1998. Wrote articles for leading food and wine publications such as *Eating Well*, *Wine and Spirits*, *Fine Cooking*, and *Food Arts*.

**Corporate Chef/Wine Editor**, Telemedia Communications/*Eating Well Magazine*, April 1990 - April 1994. Directed an executive dining program for magazine staff and publishing executives. Wrote and edited numerous articles on wine, food, and gardening. Appeared on CNN television more than 36 times doing cooking demonstrations for *Eating Well*.

**Building Renovator**, Self-Employed, May 1987 - April 2000.

Renovated numerous buildings, mostly homes, in Vermont. Employed up to 7 workers. Performed demolition, carpentry, plaster, drywall, flooring, and painting. Full time to part-time/sporadic work as wine and food career developed.

**Vice President and Marketing Director**, BankWest, April 1986 – May 1987.

Directed a large marketing operation for a bank holding company with offices in Arlington, Virginia and several industrial banks in Colorado. Developed and oversaw purchase money mortgage program involving nationwide researching of second mortgages by as many as thirty-six sub-contracted employees and the bank purchase of these mortgages via hypothecation offers. Enabled newly acquired banks to rapidly expand their portfolios.

### **POSTER PRESENTATIONS**

Irving Smith, NSUCOM Alumni Convention, Poster Presentation: Brain Abscesses, 02/2003.

### **PUBLICATIONS**

Neuroborreliosis case report: Journal of the American Osteopathic Association. In press.

### **AWARDS/ACCOMPLISHMENTS**

Three time grand prize award winner (1991-1993 for quail, pheasant, venison) in the annual Vermont farm-raised game professional cooking competition sponsored by the Vermont Department of Agriculture and the New England Culinary Institute.

### **VOLUNTEER EXPERIENCES**

**Donor**, Community Blood Banks, September 2000 - present.  
Donate blood 2 to 4 times annually for the past 9 years.

**ER Volunteer**, Fletcher-Allen Hospital, October 1997 – April 1998.

Devoted 4 to 8 hours weekly as a volunteer in the emergency department of this teaching hospital of the University of Vermont. Assisted doctors, physician assistants, and nurses.

**Volunteer**, Vermont Respite Hospital, August 1997 – April 1998.

Worked 6 to 12 hours weekly as a volunteer, cooked for and visited the residents and assisted with cleaning.

**Fund Raiser**, Ohavi Zedek Synagogue and School, April 1997 – October 1999.

Organized and conducted annual wine tasting events. Raised several thousands of dollars, donating the majority to the pre-school program.

**Volunteer**, Nursing Homes/Hospitals/Detention Centers, November 1993 – December 1997. Visited people in nursing homes, hospitals, and detention centers throughout

Chittenden County as a member of a group. Volunteered during holidays (Thanksgiving and Hanukkah/Christmas). Cooked for the homeless on occasion.

### **AFFILIATED ASSOCIATIONS**

American Academy of Sleep Medicine April 2008-present.

American Osteopathic Association June 2000 – present.

Founder, Vice Chair 1990-95 VT Chapter of The American Institute of Wine and Food.

### **ACTIVITIES AND INTERESTS**

Cello, wine and food, classical and jazz music, exercise, photography, painting, writing.

# Christopher F. Miller, MHA

57 Milton Road, Litchfield, CT 06759 • 203.751.1922 • millercf45@gmail.com

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## Military Experience

248<sup>th</sup> Engineer Company (Support) 12/14-Present  
**Company Commander**

Responsible for the overall readiness of the 248<sup>th</sup> Engineer Company (SPT). Responsible for developing effective training management, supply management and accountability, administrative management and development of a combat ready unit. Plan effective, motivating and realistic training events within ARFORGEN framework. Emphasize and enforce a rigorous safety and risk management plan and culture. Ensure unit is adequately and properly manned, equipped and trained for federal and state missions. Responsible for recruiting and retention programs and family support programs. Prepare and respond to meet emergency and other requirements in or out of the state of Connecticut.

192<sup>nd</sup> Engineer Battalion, Connecticut Army National Guard 08/12-12/14  
**Battalion Logistics Officer/S4**

- Plans and coordinates with echelons at the brigade level and below to resource battalion level maintenance and refit, training operations and state directed missions.

### Assistant Operations Officer/Plans Officer

- Served as Battalion Battle Captain in direct response to Hurricane Sandy and Winter Storm Nemo.
- Assists in planning battalion training operations to include combat operations and civilian emergency response operations.

1221<sup>st</sup> Engineer Company, South Carolina Army National Guard 11/05-08/12  
**Battle Captain**

- Managed combat operations for 13 Route Clearance Patrols operating in 4 battle spaces during Operation Enduring Freedom X-XI.

### Platoon Leader

- Responsible for the training and preparation of 38 combat engineers to deploy to Afghanistan in support of Operation Enduring Freedom X-XI.
- Lead route clearance patrols in support of counter-IED and assured mobility operations.
- Accountable for over \$10,000,000 of engineer route clearance equipment.

## Education, Training and Professional Development

**Master of Health Administration** December 2011  
University of South Carolina, Columbia, SC

**Bachelor of Science in Physical Education**, Emphasis: Athletic Training December 2007  
University of South Carolina, Columbia, SC

## Community Involvement

- Leadership of Greater Waterbury, Waterbury Chamber of Commerce, Class of 2013

## Professional Affiliations

- Member – American College of Healthcare Executives
- Member – Medical Group Management Association
- Army Engineer Association

# *EXHIBIT G*

**FOR-PROFIT**  
**Applicant Name: Sharon Hospital**  
**Financial Worksheet (B)**

Please provide one year of actual results and three years of projections of Total Entity revenue, expense and volume statistics without, incremental to and with the CON proposal in the following tabular format:

LINE	Description	FY 2014		FY 2015		FY 2016		FY 2017		FY 2018		FY 2019		FY 2020		
		Actual	Results	Projected	Incremental	Projected	Incremental	Projected	Incremental	Projected	Incremental	Projected	Incremental	Projected	Incremental	Projected
1	Total Entity Revenue	\$145,172,345	\$145,625,322	\$150,233,989	(\$527,657)	\$151,107,652	\$151,725,319	(\$627,657)	\$152,625,005	\$153,250,962	(\$627,657)	\$154,175,532	\$154,785,333	(\$627,657)	\$155,340,000	\$155,945,000
2	Less: Allowances	\$51,176,872	\$51,176,872	\$53,374,142	(\$511,840)	\$53,769,043	\$54,207,883	(\$511,840)	\$54,739,122	\$55,250,962	(\$511,840)	\$55,785,319	\$56,307,142	(\$511,840)	\$56,825,000	\$57,346,872
3	Less: Charity Care	\$992,951	\$992,951	\$992,951	\$0	\$992,951	\$992,951	\$0	\$992,951	\$992,951	\$0	\$992,951	\$992,951	\$0	\$992,951	\$992,951
4	Less: Other Deductions	\$52,358,613	\$52,358,613	\$55,218,981	(\$116,827)	\$55,668,364	\$56,172,181	(\$116,827)	\$56,714,088	\$57,259,810	(\$116,827)	\$57,835,254	\$58,364,000	(\$116,827)	\$58,925,000	\$59,446,872
5	Medicare	\$2,419,846	\$2,419,846	\$2,419,846	\$0	\$2,419,846	\$2,419,846	\$0	\$2,419,846	\$2,419,846	\$0	\$2,419,846	\$2,419,846	\$0	\$2,419,846	\$2,419,846
6	Medicaid	\$2,823,854	\$2,823,854	\$3,092,319	(\$5,076)	\$3,092,319	\$3,125,243	(\$5,076)	\$3,158,164	\$3,195,000	(\$5,076)	\$3,231,875	\$3,268,750	(\$5,076)	\$3,306,625	\$3,343,500
7	CHAMPUS & Tricare	\$76,150	\$76,150	\$76,150	\$0	\$76,150	\$76,150	\$0	\$76,150	\$76,150	\$0	\$76,150	\$76,150	\$0	\$76,150	\$76,150
8	Total Government	\$27,119,656	\$27,119,656	\$28,428,614	(\$308,226)	\$28,836,820	\$29,245,026	(\$308,226)	\$29,653,232	\$30,061,438	(\$308,226)	\$30,478,644	\$30,894,850	(\$308,226)	\$31,311,056	\$31,727,262
9	Commercial Insurers	\$22,016,189	\$22,016,189	\$22,198,436	(\$74,202)	\$22,380,684	\$22,562,931	(\$74,202)	\$22,745,180	\$22,927,427	(\$74,202)	\$23,091,676	\$23,273,923	(\$74,202)	\$23,458,170	\$23,640,417
10	Uninsured	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11	Self Pay	\$309,473	\$309,473	\$1,159,920	\$0	\$1,159,920	\$1,171,216	\$0	\$1,182,512	\$1,193,808	\$0	\$1,205,104	\$1,216,399	\$0	\$1,227,695	\$1,238,990
12	Workers Compensation	\$821,555	\$821,555	\$821,555	\$0	\$821,555	\$821,555	\$0	\$821,555	\$821,555	\$0	\$821,555	\$821,555	\$0	\$821,555	\$821,555
13	Other Government	\$25,258,945	\$25,258,945	\$26,991,449	(\$74,202)	\$27,723,159	\$28,456,365	(\$74,202)	\$29,189,571	\$29,922,777	(\$74,202)	\$30,681,983	\$31,415,189	(\$74,202)	\$32,107,401	\$32,840,607
14	Net Patient Service Revenue <sup>a</sup> (Government/Non-Government)	\$52,358,613	\$52,358,613	\$55,218,981	(\$116,827)	\$55,668,364	\$56,172,181	(\$116,827)	\$56,714,088	\$57,259,810	(\$116,827)	\$57,835,254	\$58,364,000	(\$116,827)	\$58,925,000	\$59,446,872
15	Less: Provision for Bad Debts	\$2,270,700	\$2,270,700	\$2,765,551	\$0	\$2,765,551	\$2,764,217	\$0	\$2,762,921	\$2,761,587	\$0	\$2,759,292	\$2,757,958	\$0	\$2,755,664	\$2,754,330
16	Net Patient Service Revenue less provision for bad debts	\$50,087,913	\$50,087,913	\$52,453,430	(\$116,827)	\$52,902,813	\$53,407,964	(\$116,827)	\$53,951,167	\$54,498,223	(\$116,827)	\$55,075,962	\$55,606,042	(\$116,827)	\$56,169,336	\$56,692,542
17	Other Operating Revenue	\$420,954	\$420,954	\$420,954	\$0	\$420,954	\$420,954	\$0	\$420,954	\$420,954	\$0	\$420,954	\$420,954	\$0	\$420,954	\$420,954
18	Net Assets Released from Retirement	\$50,508,867	\$50,508,867	\$52,879,288	(\$116,827)	\$53,292,252	\$53,833,918	(\$116,827)	\$54,372,121	\$54,913,787	(\$116,827)	\$55,493,911	\$56,035,577	(\$116,827)	\$56,617,301	\$57,158,967
19	OPERATING EXPENSES	\$17,023,741	\$17,023,741	\$18,023,741	(\$93,343)	\$18,923,741	\$19,923,741	(\$93,343)	\$20,823,741	\$21,823,741	(\$93,343)	\$22,723,741	\$23,723,741	(\$93,343)	\$24,623,741	\$25,623,741
20	Salaries and Wages	\$4,272,914	\$4,272,914	\$4,523,956	(\$26,142)	\$4,774,998	\$4,926,040	(\$26,142)	\$5,176,082	\$5,327,124	(\$26,142)	\$5,528,206	\$5,679,248	(\$26,142)	\$5,880,332	\$6,031,374
21	Physicians Fees	\$1,992,359	\$1,992,359	\$1,992,359	\$0	\$1,992,359	\$1,992,359	\$0	\$1,992,359	\$1,992,359	\$0	\$1,992,359	\$1,992,359	\$0	\$1,992,359	\$1,992,359
22	Supplies and Drugs	\$5,992,835	\$5,992,835	\$6,992,835	(\$3,080)	\$7,992,835	\$8,992,835	(\$3,080)	\$9,992,835	\$10,992,835	(\$3,080)	\$11,992,835	\$12,992,835	(\$3,080)	\$13,992,835	\$14,992,835
23	Depreciation and Amortization	\$2,593,946	\$2,593,946	\$2,593,946	\$0	\$2,593,946	\$2,593,946	\$0	\$2,593,946	\$2,593,946	\$0	\$2,593,946	\$2,593,946	\$0	\$2,593,946	\$2,593,946
24	Provision for Bad Debts-Other <sup>b</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
25	Interest Expense	\$11,263	\$11,263	\$11,263	\$0	\$11,263	\$11,263	\$0	\$11,263	\$11,263	\$0	\$11,263	\$11,263	\$0	\$11,263	\$11,263
26	Other Operating Expenses	\$1,452,280	\$1,452,280	\$1,452,280	\$0	\$1,452,280	\$1,452,280	\$0	\$1,452,280	\$1,452,280	\$0	\$1,452,280	\$1,452,280	\$0	\$1,452,280	\$1,452,280
27	Less: Insurance Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
28	Total Operating Expenses	\$14,272,054	\$14,272,054	\$15,272,054	(\$168)	\$16,272,054	\$17,272,054	(\$168)	\$18,272,054	\$19,272,054	(\$168)	\$20,272,054	\$21,272,054	(\$168)	\$22,272,054	\$23,272,054
29	INCOME/(LOSS) FROM OPERATIONS	\$2,942,247	\$2,942,247	\$4,063,721	\$8,160	\$4,071,871	\$4,063,721	\$8,160	\$4,071,871	\$4,063,721	\$8,160	\$4,071,871	\$4,063,721	\$8,160	\$4,071,871	\$4,063,721
30	NON-OPERATING INCOME	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
31	Income tax provision for income taxes	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
32	Provision for income taxes <sup>c</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
33	NET INCOME	\$2,942,247	\$2,942,247	\$4,063,721	\$8,160	\$4,071,871	\$4,063,721	\$8,160	\$4,071,871	\$4,063,721	\$8,160	\$4,071,871	\$4,063,721	\$8,160	\$4,071,871	\$4,063,721
34	Retained Earnings, beginning of year	\$26,489,714	\$26,489,714	\$30,377,579	\$0	\$30,377,579	\$34,441,300	\$0	\$34,441,300	\$38,505,021	\$0	\$42,568,742	\$46,632,463	\$0	\$50,700,184	\$54,764,905
35	Retained Earnings, end of year	\$30,377,579	\$30,377,579	\$34,441,300	\$8,160	\$34,449,460	\$38,513,460	\$8,160	\$42,576,620	\$46,640,620	\$8,160	\$50,712,780	\$54,777,001	\$8,160	\$58,929,160	\$62,993,381
36	Income Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
37	PROFITABILITY SUMMARY	5.8%	7.7%	7.7%	-7.0%	7.7%	7.7%	-9.1%	7.8%	7.8%	-11.2%	7.9%	7.9%	-13.4%	7.9%	7.9%
38	Hospital Operating Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
39	Hospital Non-Operating Margin	5.8%	7.7%	7.7%	-7.0%	7.7%	7.7%	-9.1%	7.8%	7.8%	-11.2%	7.9%	7.9%	-13.4%	7.9%	7.9%
40	Hospital Total Margin															
41	FTEs	260	260	304	(2)	302	260	(2)	258	260	(2)	258	260	(2)	258	260
42	VOLUME STATISTICS <sup>d</sup>	2,713	2,713	2,636	0	2,559	2,636	0	2,559	2,636	0	2,559	2,636	0	2,559	2,636
43	Inpatient Discharges	92,613	92,613	92,613	0	92,613	92,613	0	92,613	92,613	0	92,613	92,613	0	92,613	92,613
44	Outpatient Discharges	92,613	92,613	92,613	0	92,613	92,613	0	92,613	92,613	0	92,613	92,613	0	92,613	92,613
45	TOTAL VOLUME	185,226	185,226	185,226	0	185,226	185,226	0	185,226	185,226	0	185,226	185,226	0	185,226	185,226

<sup>a</sup>Total amount should equal total amount on cell line "Net Patient Revenue" Row 14.  
<sup>b</sup>Provide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No.2011-07, July, 2011.  
<sup>c</sup>Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to this proposal.

## Greer, Leslie

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**From:** Lazarus, Steven  
**Sent:** Wednesday, August 12, 2015 1:11 PM  
**To:** Greer, Leslie  
**Cc:** Veyberman, Alla  
**Subject:** FW: Follow Up for Sharon Hospital's Termination of Sleep Lab, DN: 15-32014  
**Attachments:** DOCS-#1046776-v1-SHARON\_HOSPITAL\_SLEEP\_CENTER\_CQ\_RESPONSES\_(PDF\_FINAL).pdf; DOCS-#1046777-v1-SHARON\_HOSPITAL\_SLEEP\_CENTER\_CQ\_REPONSES\_FINANCIALS\_(PD....pdf; DOCS-#1046313-v2-SHARON\_HOSPITAL\_SLEEP\_CENTER\_CQ\_RESPONSES.DOCX; DOCS-#1046755-v1-SHARON\_SLEEP\_CENTER\_CQ\_RESPONSES\_(FINANCIALS).xlsx

Please add to the original file.

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



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**From:** Jennifer Groves Fusco [<mailto:jfusco@uks.com>]  
**Sent:** Wednesday, August 12, 2015 12:08 PM  
**To:** Lazarus, Steven  
**Cc:** Veyberman, Alla; [Kimberly.lumia@sharonhospital.com](mailto:Kimberly.lumia@sharonhospital.com)  
**Subject:** RE: Follow Up for Sharon Hospital's Termination of Sleep Lab, DN: 15-32014

Steve/Alla,

Per your request, attached are the following:

1. PDF with revised OHCA tables (Requests 1-3) (Bates #s SH000075-SH000076);
2. PDF of revised Financial Worksheet (Request 4) (Bates #s SH000077-SH000078);
3. Word document with revised OHCA tables; and
4. Excel workbook with revised Financial Worksheet.

Please let us know if you need any additional information. The best way to reach me is by cell at (203) 927-8122.

Thanks,  
Jen

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**From:** Lazarus, Steven [<mailto:Steven.Lazarus@ct.gov>]  
**Sent:** Tuesday, August 11, 2015 1:53 PM  
**To:** Jennifer Groves Fusco  
**Cc:** Veyberman, Alla; [Kimberly.lumia@sharonhospital.com](mailto:Kimberly.lumia@sharonhospital.com)  
**Subject:** Follow Up for Sharon Hospital's Termination of Sleep Lab, DN: 15-32014

Good Afternoon Ms. Lumia,

As indicated in in our telephone conversation, please address the following in an email response to OHCA **no later than** 4:00 pm, Thursday August 13, 2015:

1. Revise Table 4 on p. 29 to reflect no projected revenue or expenses for FY16-FY18.
2. Update Table 5 on p. 30 to identify FYs (presumably FYs 16-18),
3. Revise Table 7, on p. 31 to include Payer Mix for the Completed FY 2014 and label the projected FYs (presumably FYs. 16-18).
4. In reference to financial Worksheet submitted on p. 74, revise the projected FY16-FY18 to reflect no revenue or expenses incremental to the project.

Please feel free to contact Alla Veyberman (860) 418-7007 or me, if you have any questions.

Thanks,  
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



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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.

**Essent Healthcare of Connecticut d/b/a Sharon Hospital  
Discontinuance of Sharon Hospital Sleep Center  
Docket No. 15-32014-CON  
Completeness Question Responses (Revised Tables & Attachments)**

**Revised OHCA Table 4:**

**TABLE 4  
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

	<b>FY 2016*</b>	<b>FY 2017*</b>	<b>FY 2018*</b>
Revenue from Operations	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Total Operating Expenses	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Gain/Loss from Operations</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

**Revised OHCA Table 6:**

**TABLE 6  
PROJECTED UTILIZATION BY SERVICE**

<b>Service*</b>	<b>Projected Volume</b>		
	<b>FY 2016**</b>	<b>FY 2017**</b>	<b>FY 2018**</b>
<b>Not Applicable Termination of Services</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Total</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

\* 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.

**Revised OHCA Table 7:**

**TABLE 7  
APPLICANT'S CURRENT & PROJECTED PAYER MIX**

Payer	FY 2014		Current FY 2015**		Projected					
					FY 2016**		FY 2017**		FY 2018**	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*	<b>86</b>	<b>49%</b>	<b>33</b>	<b>50%</b>	<b>N/A</b>		<b>N/A</b>		<b>N/A</b>	
Medicaid*	<b>23</b>	<b>13%</b>	<b>8</b>	<b>12%</b>						
CHAMPUS & TriCare										
<b>Total Government</b>	<b>109</b>	<b><u>62%</u></b>	<b>41</b>	<b><u>62%</u></b>						
Commercial Insurers	<b>67</b>	<b>38%</b>	<b>25</b>	<b>38%</b>						
Uninsured	<b>1</b>	<b>0%</b>								
Workers Compensation										
<b>Total Non- Government</b>	<b>68</b>	<b><u>38%</u></b>	<b>25</b>	<b><u>38%</u></b>						
<b>Total Payer Mix</b>	<b><u>177</u></b>	<b><u>100%</u></b>	<b><u>66</u></b>	<b><u>100%</u></b>						

\* 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.

**FOR-PROFIT**

**Applicant Name: Sharon Hospital**  
**Financial Worksheet (B)**

Please provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

LINE	Total Entity:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
		FY 2014	FY 2015	FY 2015	FY 2015	FY 2016	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2018	FY 2018	FY 2018
Description		Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
Results		W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	
<b>A. OPERATING REVENUE</b>														
1	Total Gross Patient Revenue	\$145,172,345	\$150,232,989	(\$627,667)	\$149,605,322	\$151,735,319	\$0	\$151,735,319	\$153,252,672	\$0	\$153,252,672	\$154,785,199	\$0	\$154,785,199
2	Less: Allowances	\$91,176,876	\$93,374,142	(\$511,840)	\$92,862,302	\$94,307,883	\$0	\$94,307,883	\$95,250,962	\$0	\$95,250,962	\$96,203,472	\$0	\$96,203,472
3	Less: Charity Care	\$892,961	\$892,961	\$0	\$892,961	\$901,891	\$0	\$901,891	\$910,910	\$0	\$910,910	\$920,019	\$0	\$920,019
4	Less: Other Deductions	\$745,895	\$745,895	\$0	\$745,895	\$753,354	\$0	\$753,354	\$760,887	\$0	\$760,887	\$768,496	\$0	\$768,496
	<b>Net Patient Service Revenue</b>	<b>\$52,356,613</b>	<b>\$55,219,991</b>	<b>(\$115,827)</b>	<b>\$55,104,164</b>	<b>\$55,772,191</b>	<b>\$0</b>	<b>\$55,772,191</b>	<b>\$56,329,913</b>	<b>\$0</b>	<b>\$56,329,913</b>	<b>\$56,893,212</b>	<b>\$0</b>	<b>\$56,893,212</b>
5	Medicare	\$24,219,846	\$25,953,396	(\$34,546)	\$25,918,850	\$26,212,930	\$0	\$26,212,930	\$26,475,059	\$0	\$26,475,059	\$26,739,810	\$0	\$26,739,810
6	Medicaid	\$2,823,684	\$3,092,319	(\$5,079)	\$3,087,240	\$3,123,243	\$0	\$3,123,243	\$3,154,475	\$0	\$3,154,475	\$3,186,020	\$0	\$3,186,020
7	CHAMPUS & TriCare	\$76,138	\$82,830	\$0	\$82,830	\$83,658	\$0	\$83,658	\$84,495	\$0	\$84,495	\$85,340	\$0	\$85,340
8	Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total Government</b>	<b>\$27,119,668</b>	<b>\$29,128,545</b>	<b>(\$39,625)</b>	<b>\$29,088,920</b>	<b>\$29,419,831</b>	<b>\$0</b>	<b>\$29,419,831</b>	<b>\$29,714,029</b>	<b>\$0</b>	<b>\$29,714,029</b>	<b>\$30,011,169</b>	<b>\$0</b>	<b>\$30,011,169</b>
9	Commercial Insurers	\$22,016,169	\$22,198,436	(\$74,202)	\$22,124,234	\$22,420,421	\$0	\$22,420,421	\$22,644,625	\$0	\$22,644,625	\$22,871,071	\$0	\$22,871,071
10	Uninsured	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11	Self Pay	\$308,473	\$1,159,620	\$0	\$1,159,620	\$1,171,216	\$0	\$1,171,216	\$1,182,928	\$0	\$1,182,928	\$1,194,757	\$0	\$1,194,757
12	Workers Compensation	\$821,555	\$821,555	\$0	\$821,555	\$829,771	\$0	\$829,771	\$838,068	\$0	\$838,068	\$846,449	\$0	\$846,449
13	Other	\$2,090,748	\$1,911,835	\$0	\$1,911,835	\$1,930,953	\$0	\$1,930,953	\$1,950,263	\$0	\$1,950,263	\$1,969,766	\$0	\$1,969,766
	<b>Total Non-Government</b>	<b>\$25,236,945</b>	<b>\$26,091,446</b>	<b>(\$74,202)</b>	<b>\$26,017,244</b>	<b>\$26,352,361</b>	<b>\$0</b>	<b>\$26,352,361</b>	<b>\$26,615,884</b>	<b>\$0</b>	<b>\$26,615,884</b>	<b>\$26,882,043</b>	<b>\$0</b>	<b>\$26,882,043</b>
	<b>Net Patient Service Revenue<sup>a</sup> (Government+Non-Government)</b>	<b>\$52,356,613</b>	<b>\$55,219,991</b>	<b>(\$113,827)</b>	<b>\$55,106,164</b>	<b>\$55,772,191</b>	<b>\$0</b>	<b>\$55,772,191</b>	<b>\$56,329,913</b>	<b>\$0</b>	<b>\$56,329,913</b>	<b>\$56,893,212</b>	<b>\$0</b>	<b>\$56,893,212</b>
14	Less: Provision for Bad Debts	\$2,270,700	\$2,766,551	\$0	\$2,766,551	\$2,794,217	\$0	\$2,794,217	\$2,822,159	\$0	\$2,822,159	\$2,850,380	\$0	\$2,850,380
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$50,085,913</b>	<b>\$52,453,440</b>	<b>(\$115,827)</b>	<b>\$52,337,613</b>	<b>\$52,977,974</b>	<b>\$0</b>	<b>\$52,977,974</b>	<b>\$53,507,754</b>	<b>\$0</b>	<b>\$53,507,754</b>	<b>\$54,042,832</b>	<b>\$0</b>	<b>\$54,042,832</b>
15	Other Operating Revenue	\$420,954	\$425,846	\$0	\$425,846	\$430,104	\$0	\$430,104	\$434,406	\$0	\$434,406	\$438,750	\$0	\$438,750
17	Net Assets Released from Restrictions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	<b>TOTAL OPERATING REVENUE</b>	<b>\$50,506,867</b>	<b>\$52,879,286</b>	<b>(\$115,827)</b>	<b>\$52,763,459</b>	<b>\$53,408,079</b>	<b>\$0</b>	<b>\$53,408,079</b>	<b>\$53,942,160</b>	<b>\$0</b>	<b>\$53,942,160</b>	<b>\$54,481,581</b>	<b>\$0</b>	<b>\$54,481,581</b>
<b>B. OPERATING EXPENSES</b>														
1	Salaries and Wages	\$17,023,741	\$18,023,741	(\$93,343)	\$17,930,398	\$18,384,216	\$0	\$18,384,216	\$18,751,900	\$0	\$18,751,900	\$19,126,938	\$0	\$19,126,938
2	Fringe Benefits	\$4,272,914	\$4,523,959	(\$26,136)	\$4,497,823	\$4,614,438	\$0	\$4,614,438	\$4,706,727	\$0	\$4,706,727	\$4,800,861	\$0	\$4,800,861
3	Physicians Fees	\$1,992,369	\$1,992,369	\$0	\$1,992,369	\$1,992,369	\$0	\$1,992,369	\$1,992,369	\$0	\$1,992,369	\$1,992,369	\$0	\$1,992,369
4	Supplies and Drugs	\$5,992,935	\$5,992,935	(\$3,080)	\$5,989,855	\$5,992,935	\$0	\$5,992,935	\$5,992,935	\$0	\$5,992,935	\$5,992,935	\$0	\$5,992,935
5	Depreciation and Amortization	\$2,563,946	\$2,563,946	(\$1,250)	\$2,562,696	\$2,563,946	\$0	\$2,563,946	\$2,563,946	\$0	\$2,563,946	\$2,563,946	\$0	\$2,563,946
6	Provision for Bad Debts-Other <sup>b</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7	Interest Expense	\$11,263	\$11,263	\$0	\$11,263	\$11,263	\$0	\$11,263	\$11,263	\$0	\$11,263	\$11,263	\$0	\$11,263
8	Malpractice Insurance Cost	\$1,435,298	\$1,435,298	\$0	\$1,435,298	\$1,435,298	\$0	\$1,435,298	\$1,435,298	\$0	\$1,435,298	\$1,435,298	\$0	\$1,435,298
9	Lease Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10	Other Operating Expenses	\$14,272,054	\$14,272,054	(\$168)	\$14,271,886	\$14,272,054	\$0	\$14,272,054	\$14,272,054	\$0	\$14,272,054	\$14,272,054	\$0	\$14,272,054
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$47,564,520</b>	<b>\$48,815,565</b>	<b>(\$123,977)</b>	<b>\$48,691,588</b>	<b>\$49,266,519</b>	<b>\$0</b>	<b>\$49,266,519</b>	<b>\$49,726,492</b>	<b>\$0</b>	<b>\$49,726,492</b>	<b>\$50,195,665</b>	<b>\$0</b>	<b>\$50,195,665</b>
	<b>INCOME/(LOSS) FROM OPERATIONS</b>	<b>\$2,942,347</b>	<b>\$4,063,721</b>	<b>\$8,150</b>	<b>\$4,071,871</b>	<b>\$4,141,560</b>	<b>\$0</b>	<b>\$4,141,560</b>	<b>\$4,215,668</b>	<b>\$0</b>	<b>\$4,215,668</b>	<b>\$4,285,917</b>	<b>\$0</b>	<b>\$4,285,917</b>
	<b>NON-OPERATING INCOME</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	Income before provision for income taxes	\$2,942,347	\$4,063,721	\$8,150	\$4,071,871	\$4,141,560	\$0	\$4,141,560	\$4,215,668	\$0	\$4,215,668	\$4,285,917	\$0	\$4,285,917
	Provision for income taxes <sup>c</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	<b>NET INCOME</b>	<b>\$2,942,347</b>	<b>\$4,063,721</b>	<b>\$8,150</b>	<b>\$4,071,871</b>	<b>\$4,141,560</b>	<b>\$0</b>	<b>\$4,141,560</b>	<b>\$4,215,668</b>	<b>\$0</b>	<b>\$4,215,668</b>	<b>\$4,285,917</b>	<b>\$0</b>	<b>\$4,285,917</b>
C.	Retained Earnings, beginning of year	\$26,489,714	\$30,377,579	\$0	\$30,377,579	\$34,449,450	\$0	\$34,449,450	\$38,591,010	\$0	\$38,591,010	\$42,806,677	\$0	\$42,806,677
	Retained Earnings, end of year	\$30,377,579	\$34,441,300	\$8,150	\$34,449,450	\$38,591,010	\$0	\$38,591,010	\$42,806,677	\$0	\$42,806,677	\$47,092,594	\$0	\$47,092,594
	Principal Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>D. PROFITABILITY SUMMARY</b>														

**FOR-PROFIT**

**Applicant Name: Sharon Hospital**  
**Financial Worksheet (B)**

Please provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

LINE	Total Entity:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
		FY 2014	FY 2015	FY 2015	FY 2015	FY 2016	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2018	FY 2018	FY 2018
	Description	Actual Results	Projected W/out CON	Projected Incremental	Projected With CON	Projected W/out CON	Projected Incremental	Projected With CON	Projected W/out CON	Projected Incremental	Projected With CON	Projected W/out CON	Projected Incremental	Projected With CON
1	Hospital Operating Margin	5.8%	7.7%	-7.0%	7.7%	7.8%	0.0%	7.8%	7.8%	0.0%	7.8%	7.9%	0.0%	7.9%
2	Hospital Non Operating Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3	Hospital Total Margin	5.8%	7.7%	-7.0%	7.7%	7.8%	0.0%	7.8%	7.8%	0.0%	7.8%	7.9%	0.0%	7.9%
<b>E. FTEs</b>		260	304	(2)	302	260	0	260	260	0	260	260	0	260
<b>F. VOLUME STATISTICS<sup>d</sup></b>														
1	Inpatient Discharges	2,616	2,633	0	2,633	2,659	0	2,659	2,686	0	2,686	2,713	0	2,713
2	Outpatient Visits	90,012	95,501	(96)	95,405	96,456	0	96,456	97,421	0	97,421	98,395	0	98,395
<b>TOTAL VOLUME</b>		<b>92,628</b>	<b>98,134</b>	<b>(96)</b>	<b>98,038</b>	<b>99,115</b>	<b>0</b>	<b>99,115</b>	<b>100,106</b>	<b>0</b>	<b>100,106</b>	<b>101,108</b>	<b>0</b>	<b>101,108</b>

<sup>a</sup>Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

<sup>b</sup>Provide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No.2011-07, July 2011.

<sup>c</sup>Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

<sup>d</sup>Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.