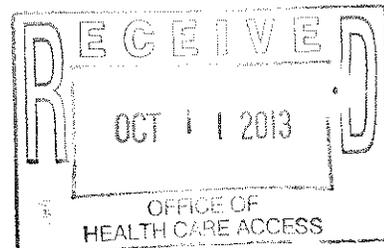


Yale-New Haven Hospital's

Docket Number: 12-31747-CON and 12-31747-MDF:

Yale-New Haven Hospital's Acquisition
of the Saint Raphael Healthcare System, Inc



Certificate of Need Modification

October 11, 2013

October 11, 2013

Lisa A. Davis, MBA, BSN, RN
Deputy Commissioner
Office of Healthcare Access
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06106

Re: Docket Number: 12-31747-CON and 12-31747-MDF: Yale-New Haven Hospital's Acquisition
of the Saint Raphael Healthcare System, Inc.

Dear Deputy Commissioner Davis:

I have enclosed a CON Modification request for the above referenced CON application. YNHH requests that the November 30 due date included in Condition #3 be changed to December 20 in order to allow for completion of the year-end audit and reporting to the Board of Trustees. In addition, in lieu of reporting semi-annual financial data, YNHH is proposing that the December 20th report will include twelve months of financial data for the recently completed fiscal year. This request is being made in order to provide OHCA with complete and accurate data and to ensure year-end results have been audited and provided to the Board of Trustees before such data is available on the public record.

Please do not hesitate to contact me with any questions. Thank you for your time and attention.

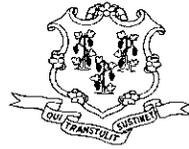
Sincerely,


Nancy Rosenthal

Senior Vice President – Health Systems Development

Enclosures

Copy to: Kimberly Martone, Director of Operations



State of Connecticut Office of Health Care Access Form for Modification of a Previously Authorized Certificate of Need

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Yale-New Haven Hospital	
Doing Business As		
Name of Parent Corporation	Yale New Haven Health System	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06510	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	
Name of Contact person, including title	Nancy Rosenthal, Sr. Vice President, Health Systems Development	
Contact person's street mailing address	20 York Street New Haven, CT 06510	
Contact person's phone, fax and e-mail address	(203) 863-3908 (PH) (203) 863-4736 (Fax) nancy.rosenthal@greenwichhospital.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Title of Previously Authorized Project and Associated Docket Number(s):
Yale-New Haven Hospital's Acquisition of the Saint Raphael Healthcare System, Inc. DN: 12-31747-CON as subsequently modified as DN: 12-31747-MDF

- b. Location of proposal (Town including street address):
20 York Street, New Haven, CT 05610

- c. Type of Modification Request:
 - Change in the Scope of the Authorized Certificate of Need Project
 - Extension of CON Expiration Date
 - Change in a CON Order Condition (*other than to extend expiration date*)
 - Other – Describe: _____

SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:

- a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

N/A

SECTION IV. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE: N/A

- a. Certificate of Need expiration date per CON Final Decision: _____

- b. Requested revised CON expiration date: _____

- c. Rationale for increased time to fully complete and implement the authorized project:

**SECTION V. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

Condition #3

- b. Provide the rationale for such requested change:

Condition #3 identifies semi-annual reporting periods and due dates. YNHH requests that the November 30 due date be changed to December 20 in order to allow for completion of the year-end audit and reporting to the Board of Trustees. In addition, in lieu of reporting semi-annual financial data, YNHH is proposing that the December 20th report will include twelve months of financial data for the recently completed fiscal year. This request is being made in order to provide OHCA with complete and accurate data and to ensure year-end results have been audited and provided to the Board of Trustees before such data is available on the public record. No change is needed for the May 31 semi-annual reporting due date. YNHH will provide a report on May 31st which will summarize financial data for the time period of October 1 – March 31.

SECTION VI. OTHER

- a. Submit a completed CON Modification Affidavit.

A completed CON Modification Affidavit has been included as Attachment I.

- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification.

Not applicable

- c. Identify what has been accomplished to date in terms of full project implementation.

Integration activities are progressing consistent with the Three-Year Integration Plan submitted to OHCA on March 31, 2013. An updated narrative of all progress completed through fiscal year 2013 will be provided along with the financial reporting in accordance with Condition #3.

**ATTACHMENT I
AFFIDAVIT**

CON MODIFICATION AFFIDAVIT

Applicant: Yale-New Haven Hospital

Project Title: Yale-New Haven Hospital's Acquisition of the Saint Raphael Healthcare System, Inc.

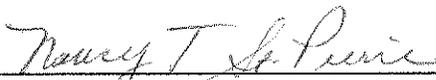
I, Richard D'Aquila, President and Chief Operating Officer
(Name) (Position – CEO or CFO)

of Yale-New Haven Hospital being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.


Signature

10/10/13
Date

Subscribed and sworn to before me on October 11, 2013


Notary Public/Commissioner of Superior Court

My commission expires: September 30, 2016