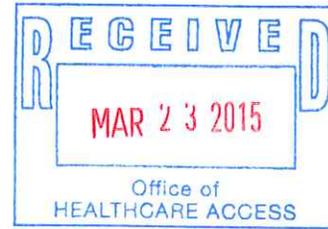


March 23, 2015



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

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

Dear Ms. Martone:

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Nancy Rosenthal".

Nancy Rosenthal
Senior Vice President, Health Systems Development

Enclosures

20 York Street
New Haven, CT 06504

Yale-New Haven Hospital

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

March 23, 2015

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Exhibit I – Checklist & General Information

Checklist

Instructions:

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

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

For OHCA Use Only:

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

General Information

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

*For additional sites

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

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

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

Title of Attachment:

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

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

Contact:

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

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

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

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

Exhibit II – Filing Fee Check

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

Cashier's Check - Customer Copy

No. 1340003012

Void After 90 Days 30-1/1140
NTX

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

YALE NEW HAVEN HOSPITAL
0004 0021178 0144

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

***\$500.00

To The Order Of TREASURER, STATE OF CONNECTICUT
YNHHRU

Not-Negotiable
Customer Copy
Retain for your Records

Remitter (Purchased By): MATTHEW MCKENNAN

001641005594

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



Cashier's Check

No. 1340003012

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

Void After 90 Days 30-1/1140
NTX

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

YALE NEW HAVEN HOSPITAL
0004 0021178 0144

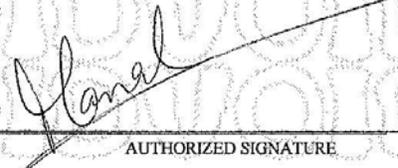
Pay  **BANK OF AMERICA** **500.00**
FIVE ZERO ZERO CTSCTS

***\$500.00

To The Order Of TREASURER, STATE OF CONNECTICUT
YNHHRU

Remitter (Purchased By): MATTHEW MCKENNAN

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


AUTHORIZED SIGNATURE

⑈ 1340003012⑈ ⑆ 114000019⑆ 00 1641005594⑈

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

Exhibit III – Evidence of Public Notice

CLASSIFIED NEW HAVEN REGISTER REAL ESTATE

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

www.nhregis

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

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

\$640,000
2 Cross St: Provident Funding Assoc to
Thach and Kim Nguyen, \$272,000

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

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

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8

HELP WANTED FULL TIME

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

HELP WANTED PART TIME

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

HEALTHCARE

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

RESTAURANT FOOD SERVICE

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



RESTAURANT FOOD SERVICE

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

SITUATIONS WANTED

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

LEGAL NOTICES

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

PUBLIC NOTICE

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

LEGAL NOTICES

NOTICE OF PUBLIC HEARING WEST HAVEN WATER POLLUTION CONTROL COMMISSION

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

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

Peter O'Neill, Chairman
Water Pollution Control Commission

PROBATE NOTICES

NOTICE TO CREDITORS
ESTATE OF James Joseph Mabe

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

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

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

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

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

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

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

PETITIONS FOR HEARING
Petitions for a hearing should include the application and be filed with the DEEP Office of Island Sound Programs, 79 Elm Street, Hartford, CT 06106, no later than April 9, 2015.

LEGAL NOTICES

Connecticut Legal Notice

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

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

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

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

Housing Authority of the City of New Haven

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

LEGAL NOTICES

LEGAL NOTICE PUBLIC HEARING

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

LIQUOR PERMIT

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

NOTICE OF PERMIT APPLICATION

Town(s): New Haven

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

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

LEGAL NOTICES

NOTICE OF PUBLIC HEARING WEST HAVEN WATER POLLUTION CONTROL COMMISSION

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

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

Peter O'Neill, Chairman
Water Pollution Control Commission

PUBLIC NOTICE

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

FORECLOSURES

LEGAL NOTICE FORECLOSURE AUCTION SALE

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

FORECLOSURES

LEGAL NOTICE FORECLOSURE AUCTION SALE

Docket No. NNH-CV-14-6047747-S
Case Name: Federal National Mortgage Association vs. Marc Suraci, Et Al
Property Address: 120 Wooster St, Unit O New Haven, CT
Property Type: Residential Condominium

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

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

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

LEGAL NOTICE FORECLOSURE AUCTION SALE

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

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

Date of Sale: Sat., March 14, 2015

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

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

LEGAL NOTICE FORECLOSURE

B4 CLASSIFIED

NEW HAVEN REGISTER
monster.

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

www.nhregister.com

▶▶ HOW TO PLACE A CLASSIFIED AD:

CALL ▶ 1.800.922.7066 (Toll Free)

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

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

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

APARTMENTS FOR RENT (UNFURNISHED)

LOOK!

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

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

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

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

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

NEW HAVEN 1 & 2 BR

HELP WANTED FULL TIME

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

HEALTHCARE

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

RESTAURANT FOOD SERVICE

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



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

HOW TO WRITE A classified

SITUATIONS WANTED

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

LEGAL NOTICES

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

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

LEGAL NOTICES

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

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

LEGAL NOTICES

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

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

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

LEGAL NOTICES

PUBLIC NOTICE

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

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

Exhibit IV – Affidavit

INSERT SIGNED AND NOTARIZED AFFIDAVIT

Executive Summary

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

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

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

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

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

Project Description

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

Response

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

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

IRU at YNHH

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

Musculoskeletal Center at YNHH & IRU Relocation to Milford Hospital

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

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

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

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

Collaboration with MH

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

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

Geographic Area Served

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

Timeframe

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

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

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

Response

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

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

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

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

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

3. Provide the following information:
- 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

Please refer to completed Table 1.

- 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

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

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

Response

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

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

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

Response

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

- 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

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

Key personnel:

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

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

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

Response

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

- d. letters of support for the proposal;

Response

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

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

Response

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

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

Response

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

Public Need and Access to Care

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

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

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

Response

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

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

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

Response

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

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

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

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

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

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

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

Response

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

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

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

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

Response

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

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

Response

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

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

Response

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

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

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

Response

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

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

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

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

Source: US Census Bureau

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

Response

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

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

change was necessary;

Response

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

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

Response

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

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

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

- i. discuss any alternative proposals that were considered.

Response

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

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

9. Describe how the proposal will:

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

Response

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

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

Response

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

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

Response

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

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

Response

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

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

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

Response

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

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

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

Response

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

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

Response

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

Financial Information

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

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

Response

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

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

Response

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

Construction Description

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

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

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

Response

YNHH will fund the capital with operating funds.

17. Include as an attachment:

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

Response

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

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

Response

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

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

Response

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

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

Response

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

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

Response

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

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

Response

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

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

Utilization

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

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

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

Response

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

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

Response

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

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

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

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

Response

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

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

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

Response

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

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

Response

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

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

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

Response

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

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

Response

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

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

Response

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

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

Response

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

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

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

Response

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

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

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

Response

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

Tables

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

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

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

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

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**TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE**

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

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

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**TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

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

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

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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
IRU Discharges	390	257	197	221 (annualized)
Total	390	257	197	221

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

** Identify each service type and level adding lines as necessary. Provide the number of visits or discharges as appropriate for each service type and level listed.

*** Fill in years. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

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**TABLE 6
PROJECTED UTILIZATION BY SERVICE**

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

* Identify each service type by location and add lines as necessary. Provide the number of visits/discharges as appropriate for each service listed.

** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

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

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

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

* Includes managed care activity.

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

*** Slight differences due to rounding

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TABLE 8
UTILIZATION BY TOWN

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

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

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

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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**
St. Vincent's Medical Center Bridgeport Hospital Norwalk Hospital Stamford Hospital	IRU (10 beds)	1396751616	2800 Main Street, Bridgeport, CT	24/7	32
	IRU (16 beds)	1649260845	267 Grant Street, Bridgeport	24/7	58
	IRU (12 beds)	1649263880	34 Maple Street, Norwalk	24/7	24
	IRU (17 beds)	1356331425	30 Shelburne Road, Stamford	24/7	73

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

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

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

Applicant: Yale-New Haven Hospital

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

2. Project Description: Service Termination

a. Please provide

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

Response

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

- ii. whether CON authorization was received and,

Response

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

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

Response

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

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

Response

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

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

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

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

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

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

Response

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

3. Termination's Impact on Patients and Provider Community

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

Response

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

Table A
PROVIDERS ACCEPTING TRANSFERS/REFERRALS

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

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

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

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

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

Response

Not applicable. There will be no displaced patients.

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

Response

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

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

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

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

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

Response

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

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

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

Response

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

ATTACHMENTS