

Greer, Leslie

From: Martone, Kim
Sent: Wednesday, April 15, 2015 3:23 PM
To: Hansted, Kevin
Cc: Greer, Leslie; Riggott, Kaila
Subject: FW: Reuest for CON Modification
Attachments: Cover letter.pdf; CON Modification Request.pdf

From: Durdy, Barbara [<mailto:Barbara.Durdy@hhchealth.org>]
Sent: Wednesday, April 15, 2015 3:02 PM
To: Martone, Kim
Subject: Reuest for CON Modification

Kim,
Please see attached Request for CON Modification. The original documents will be delivered to your office tomorrow.
Thank you
Barbara

Barbara A. Durdy
Director, Strategic Planning



Hartford HealthCare

181 Patricia M. Genova Blvd.

Newington, CT 06111

Office: 860.972.4231

Cell: 203.859.8174

barbara.durdy@hhchealth.org

www.hartfordhealthcare.org

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April 14, 2015

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
Division of the Department of Public Health
410 Capital Avenue, MS#13HCA
Hartford, CT 06106

Re: MidState Medical Center, Hospital of Central Connecticut
Termination of Inpatient Behavioral Health Service at MidState Medical Center
Docket # 12-31775 CON

Dear Ms. Martone:

Enclosed please find a request to Modify Certificate of Need authorization under Docket Number 12-31775 CON to extend the authorization period to July 1, 2015.

Please do not hesitate to contact me if you require additional information. Thank you for your time and consideration.

Sincerely,


Barbara A. Durdy
Director, Strategic Planning
Hartford HealthCare

Enclosures



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	MidState Medical Center	The Hospital of Central Connecticut
Doing Business As		
Name of Parent Corporation	Hartford HealthCare, Inc.	Hartford HealthCare, Inc.
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	435 Lewis Avenue Meriden, CT 06451	100 Grand Street New Britain, CT 06050
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	NP
Name of Contact person, including title	Barbara A. Durdy	Barbara A. Durdy
Contact person's street mailing address	181 Patricia M. Genova Blvd Newington, CT 06111	181 Patricia M. Genova Blvd Newington, CT 06111
Contact person's phone, fax and e-mail address	860-972-4231 phone 860-972-9025 fax Barbara.durdy@hhchealth.org	860-972-4231 phone 860-972-9025 fax Barbara.durdy@hhchealth.org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Title of Previously Authorized Project and Associated Docket Number(s):
Termination of Inpatient Behavioral Health Services at MidState Medical Center

- b. Location of proposal (Town including street address):
New Britain, Connecticut

- 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:

- a. Certificate of Need expiration date per CON Final Decision: **April 8, 2015**

- b. Requested revised CON expiration date: **July 1, 2015**

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

As previously reported to OHCA in July 2014, the behavioral health leadership team of the Central Region meets regularly with executive leadership from the Central Region and Hartford Healthcare to review project implementation plans and timeframes. Severe weather, unanticipated demolition and renovation issues as described below have delayed the completion date for this project.

The severe winter weather significantly impacted the implementation of this project as installation of the new roof-top mounted air handling equipment was delayed. The piled and drifted snow provided an extremely challenging situation where structural support and roofing membranes had to be installed prior to the equipment being “craned” in and placed on the roof. When the snow finally melted to a manageable level, to facilitate the work, hot water transferred by large hoses was utilized to strategically melt snow in various areas of the roof.

On the building's interior, the 1923 vintage structure also provided various unforeseen challenges. In addition to two episodes of uncovered asbestos temporarily halting work, we also experienced a delay with unforeseen mechanical problems. The additional work, totaling approximately \$60,000, included replacement of corroded steam lines and valves. There was also a slight delay due to a redesign of space on the third floor due to ductwork and medical gas locations serving the floor below.

Respectfully, MidState Medical Center and The Hospital of Central Connecticut are requesting an eleven week extension of the CON expiration date. The anticipated completion date for this project is now July 1, 2015.

**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.

N/A

- b. Provide the rationale for such requested change:

SECTION VI. OTHER

- a. Submit a completed CON Modification Affidavit.

Please see completed CON Modification Affidavit attached.

- 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.

N/A

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

Hartford HealthCare's Central Region has established an Organizational Design Team (ODT), a multi-disciplinary, cross-functional team to manage the facility renovation project and to provide oversight and management of workflow process for all

departments involved in the integration of the behavioral health inpatient units at MidState and HOCC.

To date the following project tasks have been completed:

1. Operational model developed / concept of operations
2. Staffing model established
3. Regionalization of leadership
4. Completed the design for the new consolidated and expanded inpatient unit at HOCC
5. Demolition completed
6. In preparation for renovations to begin, vacating the space at HOCC which will house the new consolidated behavioral health inpatient unit has been completed including:
 - The entire third floor of the Pavilion Building at HOCC has been vacated
 - Relocated the department of medicine
 - Relocated physician offices and cardiac rehabilitation
 - Relocated the Joslin Goodlife Center

Project tasks in process and / or scheduled include:

8. Construction completed by week of 5/25 and DPH onsite visit planned
9. Equipment training will start the end of May and continue through June
10. Leadership Training for all required departments scheduled for June
11. Planned days for ancillary staff training, month of June
12. Fire drill training during the month of June
13. Day in the Life – 3 hour mock scenario drills, month of June

As of this point in time, the project has been substantially completed. The remaining work to be done to complete the renovation and expansion of the new inpatient units includes painting, flooring, door and hardware installation and various finishes.

CON MODIFICATION AFFIDAVIT

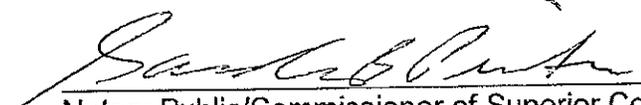
Applicant: **MidState Medical Center**
The Hospital of Central Connecticut

Project Title: **Termination of Inpatient Behavioral Health Services at MidState Medical Center**

I, Lucille Janatka, Senior Vice President of Hartford HealthCare and President of **MidState Medical Center and The Hospital of Central Connecticut** 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  Date 4/15/15

Subscribed and sworn to before me on April 15, 2015


Notary Public/Commissioner of Superior Court

My commission expires: My Commission Expires March 31, 2016



April 14, 2015

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
Division of the Department of Public Health
410 Capital Avenue, MS#13HCA
Hartford, CT 06106



Re: MidState Medical Center, Hospital of Central Connecticut
Termination of Inpatient Behavioral Health Service at MidState Medical Center
Docket # 12-31775 CON

Dear Ms. Martone:

Enclosed please find a request to Modify Certificate of Need authorization under Docket Number 12-31775 CON to extend the authorization period to July1, 2015.

Please do not hesitate to contact me if you require additional information. Thank you for your time and consideration.

Sincerely,


Barbara A. Durdy
Director, Strategic Planning
Hartford HealthCare

Enclosures



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Office of Health Care Access
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Authorized Certificate of Need**

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Name of Contact person, including title	Barbara A. Durdy	Barbara A. Durdy
Contact person's street mailing address	181 Patricia M. Genova Blvd Newington, CT 06111	181 Patricia M. Genova Blvd Newington, CT 06111
Contact person's phone, fax and e-mail address	860-972-4231 phone 860-972-9025 fax Barbara.durdy@hhchealth.org	860-972-4231 phone 860-972-9025 fax Barbara.durdy@hhchealth.org

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N/A

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As of this point in time, the project has been substantially completed. The remaining work to be done to complete the renovation and expansion of the new inpatient units includes painting, flooring, door and hardware installation and various finishes.

CON MODIFICATION AFFIDAVIT

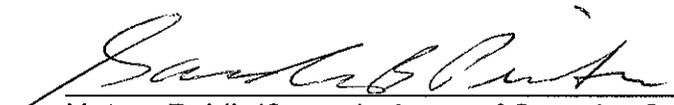
Applicant: **MidState Medical Center**
The Hospital of Central Connecticut

Project Title: **Termination of Inpatient Behavioral Health Services at MidState Medical Center**

I, Lucille Janatka, Senior Vice President of Hartford HealthCare and President of **MidState Medical Center and The Hospital of Central Connecticut** 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  Date 4/15/15

Subscribed and sworn to before me on April 15, 2015


Notary Public/Commissioner of Superior Court

My commission expires: _____ My Commission Expires March 31, 2016

Greer, Leslie

From: Greer, Leslie
Sent: Friday, April 17, 2015 10:48 AM
To: 'klowry@clrp.org'; 'phortonmd@aol.com'; 'execdir@rmhb2.org'; susiern59@aol.com
Cc: Barbara Durdy; Hansted, Kevin; Martone, Kim
Subject: MidState Medical Center and The Hospital of Central CT Modification Request
Attachments: 31991_201504171007.pdf

Attached is correspondence relating to the MidState Medical Center and The Hospital of Central Connecticut's request for modification.

Leslie M. Greer 

CT Department of Public Health

Office of Health Care Access

410 Capitol Avenue, MS#13HCA

Hartford, CT 06134

Phone: (860) 418-7013

Fax: (860) 418-7053

Website: www.ct.gov/ohca



Please consider the environment before printing this message



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

April 16, 2015

Via Facsimile or Email Transmission Only

Kristie Barber
Executive Director
Region II Regional Mental Health Board
P.O. Box 351
Middletown, CT 06457

Susan Duclos, R.N.
susiern59@aol.com

Paul C. Horton, M.D.
240 Pomeroy Avenue, Suite 205
Meriden, CT 06450

Kirk W. Lowry, Esq.
Legal Director
Connecticut Legal Rights Project, Inc.
1000 Silver Street, P.O. Box 351
Beers Hall, 2nd Floor
Middletown, CT 06457

RE: Docket Number 15-31991-MDF: A Request for Modification of the Certificate of Need authorized under Docket Number 12-31775-CON MidState Medical Center and The Hospital of Central Connecticut

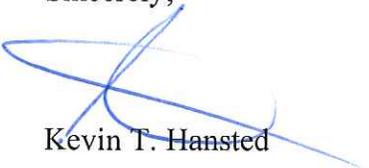
To Whom it May Concern:

On April 16, 2015, OHCA received a request for a modification from MidState Medical Center and The Hospital of Central Connecticut ("Petitioners"). The request is to extend the certificate of need expiration date of the Agreed Settlement issued by OHCA under Docket Number 12-31775-CON.

The Petitioners are requesting that the certificate of need expiration date, which is currently April 8, 2015, be extended to July 1, 2015. You may view the Petitioner's request on OHCA's internet website.

This letter is to inform you that OHCA will be issuing a decision on the Petitioner's request for modification. If you would like to submit any comments regarding this matter, please do so in writing to OHCA on or before Friday, May 15, 2015.

Sincerely,

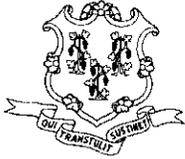

Kevin T. Hansted

CC: Barbara A. Durdy, Hartford Healthcare, Inc.

An Equal Opportunity Provider

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

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov



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

May 20, 2015

IN THE MATTER OF:

An Application for a Certificate of Need filed
Pursuant to Section 19a-639a, C.G.S. by:

MidState Medical Center
The Hospital of Central Connecticut

Notice of Final Decision
Office of Health Care Access
Docket Number: 15-31991-MDF

**Requested Modification of Previous
Certificate of Need authorization
12-31775-CON.**

To: Barbara A. Durdy
Hartford HealthCare, Inc.
181 Patricia M. Genova Blvd.
Newington, CT 06111

Dear Ms. Durdy:

Enclosed please find a copy of the decision rendered in the above-referenced matter pursuant to Connecticut General Statutes § 4-181a(b).

Thank you,

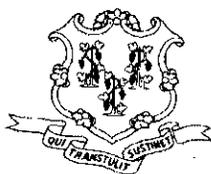
Kimberly R. Martone
Director of Operations

Enclosure
KRM:KH:bko

C: Paul C. Horton, M.D.
Susan Duclos, R.N.
Kristie Barber, Region II Regional Mental Health Board
Kirk W. Lowery, Esq., Connecticut Legal Rights Project, Inc.

An Equal Opportunity Provider

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



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

Final Decision

**Modification of a Previously
Authorized Certificate of Need**

Applicants: MidState Medical Center
435 Lewis Avenue, Meriden, CT 06451
The Hospital of Central Connecticut
100 Grand Street, New Britain, CT 06050

Docket Number: 15-31991-MDF

Project Description: Modification of Previous Certificate of Need
Authorization 12-31775-CON

Procedural History: On April 8, 2013, the Office of Health Care Access ("OHCA") granted a Certificate of Need ("CON") to MidState Medical Center ("MidState"), The Hospital of Central Connecticut ("HOCC"), and Hartford HealthCare Corporation ("HHC") by way of an Agreed Settlement issued under Docket Number 12-31775-CON, for the termination of inpatient behavioral health services at MidState Medical Center.

On April 16, 2015, OHCA received a Request for Modification seeking to extend the CON expiration date to July 1, 2015. On April 16, 2015, OHCA notified the Intervenors, Region II Regional Mental Health Board; Paul C. Horton, M.D.; Connecticut Legal Rights Project, Inc.; and Susan Duclos, R.N., of the Applicants' Request for Modification and asked that comments be submitted to the office on or before May 15, 2015. No comments were received by the Intervenors. Deputy Commissioner Brancifort has reviewed the entire record in this matter.

Findings of Fact

1. On April 8, 2013, OHCA granted a CON to MidState, HOCC, and HHC for the termination of inpatient behavioral health services at MidState.
2. Pursuant to the CON, HOCC would renovate its inpatient unit and add an additional ten beds so as to allow for the re-establishment of the inpatient behavioral health services at HOCC.
3. Severe winter weather delayed the installation of the new roof-top mounted air-handling equipment.
4. Two episodes of uncovered asbestos temporarily halted work on the renovation.
5. Unforeseen mechanical problems caused construction delays and additional work including replacement of corroded steam lines and valves.

Discussion

Connecticut General Statutes § 4-181a (b) provides in relevant part: "On a showing of changed conditions, the agency may reverse or modify the final decision, at any time, at the request of any person or on the agency's own motion." The Applicants are seeking to extend the CON expiration date to July 1, 2015 as a result of changed conditions related to construction delays caused by severe weather, asbestos and mechanical problems. The Applicants have sufficiently identified certain unforeseen conditions which impacted the timely completion of the construction required to implement the CON.

Order

Based upon the foregoing, the request to extend the CON expiration date to July 1, 2015 is hereby **GRANTED**.

May 21, 2015
Date

Janet M. Brancifort
Janet M. Brancifort, MPH, RRT
Deputy Commissioner

* * * COMMUNICATION RESULT REPORT (MAY. 22. 2015 10:13AM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	MAY. 22. 2015 10:04AM OPTION	ADDRESS	RESULT	PAGE
083	MEMORY TX	912032625035	E-3) 3)	0/4

REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER

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



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

FAX SHEET

TO: KIRK W. LOWERY, ESQ.

FAX: 203 262 5035

AGENCY: CONNECTICUT LEGAL RIGHTS PROJECT, INC.

FROM: OHCA

DATE: 5/20/15 **Time:** _____

NUMBER OF PAGES: _____
(including transmittal sheet)

Comments:
 Modification for Docket Number 15-31991. Request to extend the CON expiration date until July 1, 2015

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

Phone: (860) 418-7001

Fax: (860) 418-7053

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

* * * COMMUNICATION RESULT REPORT (MAY. 22. 2015 10:05AM) * * *

FAX HEADER:

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082 MEMORY TX		912032352506	OK	4/4

REASON FOR ERROR
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 E-3) NO ANSWER

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



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

FAX SHEET

TO: PAUL C. HORTON

FAX: 203 235-2506

AGENCY: _____

FROM: OHCA

DATE: 5/23/15 Time: _____

NUMBER OF PAGES: _____
(including transmittal sheet)

Comments:

Modification for Docket Number 15-31991. Request to extend the CON expiration date until July 1, 2015

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

Phone: (860) 418-7001

Fax: (860) 418-7053

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

* * * COMMUNICATION RESULT REPORT (MAY. 22. 2015 10:03AM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	MAY. 22. 2015 10:02AM OPTION	ADDRESS	RESULT	PAGE
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REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER

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



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

FAX SHEET

TO: BARBARA DURDY

FAX: 860-972-9025

AGENCY: HARTFORD HEALTHCARE, INC.

FROM: OHCA

DATE: 5/22/15 Time: _____

NUMBER OF PAGES: _____
(including transmittal sheet)

Comments: Modification for Docket Number 15-31982. Request to extend the CON expiration date until July 1, 2015

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

Phone: (860) 418-7001

Fax: (860) 418-7053

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

* * * COMMUNICATION RESULT REPORT (MAY. 22. 2015 10:04AM) * * *

FAX HEADER:

TRANSMITTED/STORED : MAY. 22. 2015 10:03AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

081 MEMORY TX

98602625028

OK

4/4

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

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



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

FAX SHEET

TO: KRISTIE BARBER

FAX: 860 262 5028

AGENCY: REGION II REGIONAL MENTAL HEALTH BOARD

FROM: OHCA

DATE: 5/20/15 Time: _____

NUMBER OF PAGES: _____
(including transmittal sheet)

Comments:
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PLEASE PHONE Barbara K. Olejars IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

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

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Friday, May 22, 2015 11:03 AM
To: 'susiern59@aol.com'
Subject: Modification decision
Attachments: 31991.pdf

5/22/15

Attached is a copy of the Modification decision regarding a request to extend the CON expiration date by MidState Medical and The Hospital of Central Connecticut.

Barbara K. Olejarz

Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
410 Capitol Ave., MS#13HCA
Hartford, CT 06134
Phone: 860 418-7005
Email: Barbara.olejarz@ct.gov

