BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

RECEIVED
JUN 29 2015
Office of
HEALTHCARE ACCESS

June 29, 2015

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

Re: Bridgeport Hospital CON Submission
Termination of the Inpatient Rehabilitation Unit

Dear Ms. Martone:

Please find enclosed one (1) original and four (4) copies of a Certificate of Need application for the termination of Bridgeport Hospital's (BH) 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.

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

Sincerely,

Nancy Rosenthal
Senior Vice President, Health Systems Development

Enclosures

267 Grant Street
Bridgeport, CT 06610

Bridgeport Hospital

Certificate of Need Application
Termination of the Inpatient Rehabilitation Unit

June 29, 2015

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.: _____ **Check No.:** _____
OHCA Verified by:_____ **Date:** _____

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Exhibit I – General Information

General Information

Main Site				
	MAIN SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	MAIN SITE NAME
	N/A as per OHCA	004025003	Acute Care Hospital	Bridgeport Hospital
	STREET & NUMBER			
	267 Grant Street			
	TOWN			ZIP CODE
	Bridgeport			06610

Project Site				
	PROJECT SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	PROJECT SITE NAME
	N/A as per OHCA	004025003	Acute Care Hospital	Bridgeport Hospital
	STREET & NUMBER			
	267 Grant Street			
	TOWN			ZIP CODE
	Bridgeport			06610

Operator			
	OPERATING CERTIFICATE NUMBER	TYPE OF FACILITY	LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator)
	(NPI) 1649260845	Acute Care Hospital	Bridgeport Hospital
	STREET & NUMBER		
	267 Grant Street		
	TOWN		ZIP CODE
	Bridgeport		06610

Chief Executive				
	NAME		TITLE	
	William Jennings		President and Chief Executive Officer	
	STREET & NUMBER			
	267 Grant Street			
	TOWN		STATE	ZIP CODE
	Bridgeport		**CT**	**06610**
	TELEPHONE	FAX	E-MAIL ADDRESS	
	(203) 384-3478		William.Jennings@bpthosp.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 ☒ NO ☐	Attachment I

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

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, Strategy and Regulatory Planning	
STREET & NUMBER			
5 Perryridge Road			
TOWN		STATE	ZIP CODE
Greenwich		**CT**	**06830**
TELEPHONE		FAX	E-MAIL ADDRESS
(203) 863-3908		(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

Bank of America

Cashier's Check

No. 1340003412

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 06/26/15 12:07:34 PM

YALE NEW HAVEN HOSPITAL

0003 0021178 0068

Pay BANK OF AMERICA FIVE ZERO ZERO 00 CTS CTS

***$500.00

To The Order Of TREASURER, STATE OF CONNECTICUT

Remitter (Purchased By): MATTHEW J MCKENNAN

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

AUTHORIZED SIGNATURE

⑈1340003412⑈ ⑆114000019⑆ 001641005594⑈

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

Bridgeport Hospital IRU
Certificate of Need
Public Notice
In accordance with Connecticut General Statute Section 19a-638, Bridgeport Hospital plans to submit a Certificate of Need Application to the Connecticut Department of Public Health's Office of Health Care Access for the termination of its Inpatient Rehabilitation Unit located at 267 Grant Street, Bridgeport, Connecticut. The total capital expenditure for the project will be $582,752.

Unit 4032Jesus Rodriguez
Unit C25Frederick King
Unit B52James Ferrara
Unit C87Kathleen Lathrop
Unit C24Lashawn Pascal
Unit D155Latesha Jones
Unit 4035Melissa Bracero
Unit A146Rohan Lewin Jr.
Unit D91Enio R. Gomez
Unit D79Betty Clark
Unit 1013Otis Burnett III
Unit D144Ryan McCrea
UnitB 38Adam Sabol
UnitC 59Iris Flores-Arroyo
UnitA 11Mr. Guilford's
Food Service Group LLC
UnitC 107Ramona Dinkins

tions may also identify a person who is authorized to engage in discussions regarding the application and, if resolution is reached, withdraw the petition. Original petitions must be mailed or delivered within the comment period noted above to: DEEP Office of Adjudications, 79 Elm Street, 3rd floor, Hartford, 06106-5127. Petitions cannot be sent by fax or email. For additional information visit www.ct.gov/deep/adjudications.
Date: June 8, 2015

Approved By:
Brian P. Thompson, Director

ADA PUBLICATION STATEMENT
The Connecticut Department of Energy and Environmental Protection is an Affirmative Action and Equal Opportunity Employer that is committed to complying with the Americans with Disabilities Act. To request an accommodation contact us at (860) 418-5910 or deep.accommodations@ct.gov .

3.RESOLUTION TC25-177: BE IT RESOLVED, That the B Fee schedule is hereby established effective July 1, 2015.

4.RESOLUTION TC25-172: BE IT RESOLVED AND ORI Chapter 18 Taxation of the Trumbull Municipal Code is her to include Article VI, Senior and Disabled Volunteer Tax Abat

5.RESOLUTION TC25-173: BE IT RESOLVED AND ORI Chapter 2 Administration, Article II of the Trumbull Muni hereby amended to include Section 2-55 et seq, Trumbull (Plan for non-union, appointed and elected officials.

A copy of the resolution is on file and open to public inspec fice of the Town Clerk.
Dated the 8th of June, 2015
Suzanne Burr Monaco, Town Clerk

MERCHANDISE FOR SALE

BUNK BEDS (TWIN), Light wood, exc. condition. Made in USA. $395. 203-249-7039

Capezzio Dance Shoes size 7-1/2, Excellent condition. $50 203-814-4556. Black with strap

CEILING FAN 4 Paddles 52". Excellent condition, works Great. $20. Call 203-261-3496

CEILING FAN, Good condition, $30. call 203-243-4457

CERAMIC Christmas tree, excellent condition. 1½ ft tall. $50. 203-449-0727

CHAIR, WHITE PAINTED "HITCHCOCK" CANE FOR PORCH $17 PLS CALL 203 375-8560

CHAIRS (LR or den) upholstered, lt blue fabric, casters, 28"W x 29"D, exc cond. $200/both. Call for photo. 203-335-1575

CHAIRS, 2 maple barrel chairs, $20. 203-268-6976

CHILDREN of the WORLD PLATES, 7 pcs set w/CA & boxes, like new $125. 203-261-5925

CHINA HUTCH CABINET, Solid Oak. Perfect Condition, beautiful piece $225.00 call: 203-933-4553

CHINA CLOSET, mahogany, glass & drawers, 37"Wx16"Dx78"H. Exc cond. $225. firm. Call for photos. 203-335-1575

COFFEE TBL/MATCHG END TBLS, Modern, Blond wood, slatted shelves. Glass tops (removable to clean) EXC COND. $155 203-218-... all hardware $5 each. 203-521-7791

DOOR KNOBS, Brass color 30 sets all hardware $5 each. 203-521-7791

DOORS - Brand New! set of 5 fireproof doors - rated to last 20mins. $125 or best offer. Serious inquiries only. 203-336-6387.

DOORS, NEW, MAHOGANY 30X82 $125. 203-725-5260

DORM ROOM STUFF, Over the bed stand alone shelf $55, Mini Fridge $25. 203-327-4998

DOUBLE BED spring & mattress set with headboard, used one year. $200. 203-268-3917

EAGLE, solid wood, hand carved & had painted, one of a kind from WWII artist $275 203-258-2570

HEARING IMPAIRED PHONE by Clarity, brand new, includes base & 3 cordless phones, $115. 203-258-2570

HEDGE TRIMMER, Black & Decker 16" with go back power supply, needs battery, $25 BO. 203-795-3282

HEDGE CLIPPER, Echo battery, 30" long, double sided blades, new, $100. 203-795-3282

HELMET NY GIANTS Authentic NFL by Riddell, Brand New in Box $200 203-377-1111

HEWLETT PACKARD 20" LCD color monitor. $50. 203-449-0727

HOSPITAL BED, no mattress, ex cond, $100. 203-259-6073

HOUSEPLANTS, MANY VARIETIES $5 AND UP PERENNIALS TOO CALL 203 375-8560

HUTCH, Maple Hutch, solid wood, 36" lg. 60" h-17" w., $125. 203-377-7593

ITALIAN RECORDS, From the 40's in-cluding: Roselli, Pavarotti. Call Joe: 203-372-9700 or cell: 203-313-5704

KIDKRAFT RETRO STYLE PINK KITCHEN, Refridge, stove & sink. Exc cond. Ffld 203-367-4942, $125

KITCHEN TABLE, Solid Oak, includes 6 chairs perfect condition $400.00 call:203-933-4553

KITCHEN TABLE, 4 chairs, white, 43" round with 18"leaf, good condition. Best offer 203-516-7177

MINK STOLE, Blonde mink stole. $40. 203-377-7593

MINK STOLE, MINK STOLE, BLONDE, EXC. COND. $150. 1-203-735-5260

MIRROR, Beveled edged 72x40. $50 203-878-4411

MIRROR, Plate Glass 18 x 68" $30. 203-261-5925

MOVING BLANKETS for sale, $10 a blanket. Large size Industrial size Please call 203-892-1323

MOVING BLANKETS for sale, $10 a blanket. Large size Industrial size Please call 203-892-1323.

NEW LARGE WINDOW 36x65in $100. 203-367-3419

NEW LARGE WINDOW 36x65in $100. 203-367-3419

NIGHT STAND, solid wood like new $50.00 call: 203-933-4553

OIL PAINTING ON CANVAS framed signed DONKERS, $225. 203-261-5925

OIL PAINTING ON CANVAS framed signed DONKERS, $225. 203-261-5925

OLD TIME HUNTER RETIRING, CORK WORKING DECOYS W/ WOOD HEADS & GLASS EYES SOME W/ WEIGHTS MALLARDS & BLACK DUCKS $40 EACH $70 PAIR CANADIAN GEESE $60 EACH $100 PAIR ALL WOOD GOLDEN EYES $50 EACH $90 PAIR FOAM BROADBILL $5 EACH $20 FOR 5 CALL AF-TER 5 PM 203-377-...

REFRIGERATOR 18 cubic feet. White, Kenmore. Good cond. $100. 203-888-7658

RIDING LAWN MOWER Craftsman, 28" cut, rear motor, excellent cond. $600. Call 203-378-4692

ROBOTIC POOL CLEANER, Dolphin robotic pool cleaner. Cleans up to 60 foot pools. Includes power caddy. Used 2 seasons. Original cost $800. Sell for $475 Contact Bob at 203-538-5381 or bobbitzberger@hotmail.com.

ROCKING CHAIR, solid wood stationary with cushions, very comfy, $115. 203-258-2570

ROSE OF SHARON $7 PLS CALL ALSO PACHYSANDRA 100 PLTS FOR $20. 203 375-8560

SCREENS, For Windows Netted 14 wood and metal $5 each, $40 for all. 203-445-1619

SECTIONAL LIVING ROOM furniture, Sectional Living room furniture in good condition, light beige color, one section is a sleeper and the other section has two recliners. asking $499. 203-778-0711

SEEDS, FIELD OF FLOWERS COSMOS SUNFLOWER DIFF VARIETIES $10. CALL 203 375-8560

SERVICE & REPAIR MANUALS from 1940-1990, $10 to $20 each. 203-459-9759

SEWING MACHINE (Brother Co.) instructions, attachments, extra features, exc cond, $38. 203-378-3319

TEA BELL CANDELSTCKS, Pair, nickle silver, engravd 3.5"high, $40. 203-261-5925

TEA BELL CANDELSTCKS, Pair, nickle silver, engravd 3.5"high, $40. 203-261-5925

TEETERTOT'S BABY CHAIRS (2) $100 for both. call 203-892-1323

TELEVISION, 27 " tube tv its a spare works well. $50 neg. 203-331-6643

TELEVISION, 27 " tube tv its a spare works well. $50 neg. 203-331-6643

TERRARIUMS 2, 1 bo polished stones. $10. 20

TIMBER TECK BALU pcs, 27" long, grey colo offer. 203-795-3282

TIRE, PIRELLE 195/60/ dition 203 988 5101, 30

TIRES & RIMS, call for 203-981-4678

TIRES-$75, 2 new 205/5 al tires 203-232-5665

PUBLIC NOTICES

Bridgeport Hospital IRU
Certificate of Need
Public Notice
In accordance with Connecticut General Statute Section 19a-638, Bridgeport Hospital plans to submit a Certificate of Need Application to the Connecticut Department of Public Health's Office of Health Care Access for the termination of its Inpatient Rehabilitation Unit located at 267 Grant Street, Bridgeport, Connecticut. The total capital expenditure for the project will be $582,752.

health agencies must be able to provide psychiatric and psychological evaluations/assessments, group and individual counseling. Interested agencies may also be required to provide assessment/counseling services, on site, at the U.S. Probation Department office(s) located in either, New Haven, Bridgeport or Hartford.

The United States Probation Department, District of Connecticut is also soliciting bids for federal contracts to provide inpatient, long-term and/or short-term residential substance abuse treatment.

Sex Offender programs must provide individual and group counseling along with polygraph testing.

The contracts will commence on October 1, 2015. Prospective offerors should fax (203) 773-2200, mail or email a letter of interest indicating which services they would like to bid on to: Alicia A. Catanzarita, Sr. U.S. Probation Officer, 157 Church Street, 22nd Floor, New Haven, Connecticut 06510, Alicia_Catanzarita@ctp.uscourts.gov. Letters must be received by 5:00 p.m. on June 22, 2015.

PUBLIC NOTICES

OPTIMUS HEALTH CARE, INC
INTERIOR RENOVATIONS PHASE 2
982 EAST MAIN STREET
BRIDGEPORT CT

INVITATION TO BID

Optimus Health Care Inc., hereinafter called the Owner, is se petitive proposals for a General Contractor to perform interio at the 982 East Main Street Bridgeport, Ct

The Contract Documents may be purchased by General Contr mencing April 29, 2015 by contacting County Reproductio Belden Street, Stamford, Ct., by visiting their website (county or by phone (203.348.3759). Allow 4 hrs. for printing after req picking up the documents.

The Owner will conduct a mandatory pre-bid conference Main Street, Bridgeport CT, on Monday, June 10th at 1:00pm at the front lobby of the facility.

Each Bid must be accompanied by a Statement of Qualificatio dicating the following:
A.Experience working on health centers, and doctor's offices
B.Experience working with non-profit organizations.
C.The contractor who is selected to perform this State projec visual concepts that will be provided at Bidsync.com by p descriptions provided herein. Opening is on Wed. July 2:00pm.

Information about this bid may also be ob http://www.bidsync.com .

Minority Business Enterprises Are Encouraged to Re City encourages Minority Business Enterprises ("MBEs") to qualifications. An MBE firm that is a member of a Target G tled to Evaluation Credits (as described below) under the p the Minority Business Enterprise Ordinance, Section 3.12.13 Ordinances ("MBE Ordinance"). Target Groups for this procur

Firm Selection will be based upon the following criteria :
(5) Conceptual Renderings
Previous Experience with Similar Projects
Innovation/Environmental Considerations
Project Timeline for Completion

Circumstances may require the rescheduling or cancellation Should this action be necessary, the City of Bridgeport wo

Sat. 6/6/15

VEHICLES FOR SALE

LINCOLN CONTINENTAL 2000 Beautiful, pristine cond. $51,500ml. $5,000. Email: fsaf1@hotmail.com.

MAZDA 3 '06, 4-dr sedan. Exc. cond. Silver, Bose 6-disc cd changer. 5-spd manual. 116k mi. $6,000. Call 203-264-2605

MERCEDES C300 Sports, 2014 Fully loaded. Lease transfer. 18mos. w/18k mi. $1500 down & $410/m. (646)270-2743

MERCEDES C230 1999 Exc. cond. Low mi-80K! 2nd owner. $4,590. (203)332-0436•(203)374-1006, eves.

MERCEDES S550 4Matic, 2009. Exc cond, 37,775 mi, Blk int/ext, luxury pkg, fully loaded w/Nav & Blutooth. $36,000. 917-608-9148.

MERCEDES ML550, 2011, like new, must be seen. 8 cyol. 16k mi. Silver & Black leather, fully loaded. Call: 203-622-5848

MINI COOPER Convertible. '07. 70k mi., stick shift; heated seats. $9975. (203)324-2126 or (203)554-3600

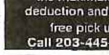
VEHICLES WANTED

1-203-375-1109
STRATFORD COLLISION
Lic# U-6805
Junk Cars & Trucks Wanted.
No title required. All areas.

1-203-526-3874 AARON SAYS ACT NOW! BUYING CARS, TRUCKS, ANY CONDITION FOR CASH. FAST SERVICE

Want back copies of a story that you read in the Connecticut Post? Have them sent to your home or arrange to pick them up by calling 203-330-6604

VEHICLES WANTED



DONATE YOUR CAR
to the SPCA and receive the maximum tax deduction and quick, free pick up.
Call 203-445-9978

TIRES ACCESSORIES / PARTS

CORVETTE FACTORY RIMS, 05-13, silver finish, fronts 18 inch, rears 19 inch, $480 BO. 203-858-1302

PUBLIC NOTICES

STATE OF CONNECTICUT

DOCKET NO.FBT-CV-14-6046371-S	: SUPERIOR COURT
THE ROOSEVELT CONDOMINIUM ASSOCIATION,INC	: JUDICIAL DISTRICT OF FAIRFIELD AT BRIDGEPORT
VS. SHEILA E. TAYLOR, ET AL.	: APRIL 29, 2015

ORDER OF NOTICE
NOTICE TO: THE HEIRS, BENEFICIARIES, OF SHEILA E. TAYLOR,FORMERLY OF 77 SIMSBURY STREET, WATERBURY CONNECTICUT AND ALL UNKNOWN PERSONS CLAIMING OR WHO MAY CLAIM ANY RIGHTS, TITLE, INTEREST OR ESTATE IN OR LIEN OR ENCUMBRANCE UPON THE REAL PROPERTY DESCRIBED IN THIS COMPLAINT, ADVERSE TO THE PLAINTIFF, WHETHER SUCH CLAIM OR POSSIBLE CLAIM BE VESTED OR CONTINGENT.

PUBLIC NOTICES

HISTORIC DISTRICT COMMISSION #1
Notice is hereby given that at a meeting of Historic District Commission #1 of the City of Bridgeport held on Tuesday, June 2, 2015, the Commission took the following actions:

1.Certificate of Appropriateness: Application #2015 - 04 by Jeffrey Cepeda for a Certificate of Appropriateness to remove existing asbestos shingles, replace siding, replace all windows, repair and replace roof shingles and demo existing wood fences and all trees and shrubbery at 325 Harriet Street/179 Maple Street in the Pembroke City Historic District.
APPROVED WITH CONDITIONS

2.Certificate of Appropriateness: Application #2015 - 05 by Jackie Moore for a Certificate of Appropriateness to replace the roof at 141 Beach Street in the Pembroke City Historic District.
APPROVED
Stuart Sachs, Chairman

PUBLIC NOTICE OF PENDING APPROVAL FOR A CERTIFICATE OF WETLANDS CONFORMANCE FAIRFIELD, CONNECTICUT
PURSUANT TO SECTION 6.4 OF THE INLAND WETLANDS AND WATERCOURSES REGULATIONS OF THE TOWN OF FAIRFIELD, CONNECTICUT, PUBLIC NOTICE IS HEREBY GIVEN THAT THE IN-

PUBLIC NOTICES

AT&T Mobility, LLC proposes to modify an existing wireless telecommunications facility on a building at 955 Main Street, Bridgeport, CT. Three additional antennas (1 per sector) will be mounted at center heights of 140 feet and 144 feet above ground level. Any interested party wishing to submit comments regarding the potential effects the proposed facility may have on any historic property may do so by sending such comments to: Project 6115002899-ALC c/o EBI Consulting, 21 B Street, Burlington, MA 01803 or 315-373-5016.

Bridgeport Hospital IRU
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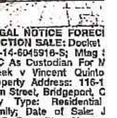
LEGAL NOTICE
CONNECTICUT LOTTERY CORPORATION
NOTICE OF
END OF INSTANT GAME
The Connecticut Lottery Corporation hereby gives notice that sales of the scratch game "Wild $25s"

FORECLOSURE NO

FORECLOSURE AUCTIO
Docket Number: FB 6031810 S
Case Name: Town of E Amir Bijan John Janati, et
Address: 438 Westport Ro Easton
Property Type: Residentia
Sale Date: June 13, 2015
Committee: Margaret C. Esq.,Phone: 203-381-980
See Foreclosure Sa www.jud.ct.gov for more information.



LEGAL NOTICE FORECL AUCTION SALE: Docket CV-14-6045916-S; Mtag LLC As Custodian For M Creek v Vincent Quinto Property Address: 116-1 ... ram Street, Bridgeport, C erty Type: Residential Family; Date of Sale: J 2015; Committee Name: Bryk, Esq.; Committee Number: 203-332-5762; S closure Sales at www.ju for more detailed informati

Exhibit IV – Affidavit

Affidavit

Applicant: Bridgeport Hospital

Project Title: Termination of Inpatient Rehabilitation Unit

I, John Skelly, Vice President, Finance

(Name) (Position – CEO or CFO)

of Bridgeport Hospital being duly sworn, depose and state that the (Bridgeport Hospital) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature June 23, 2015
Date

Subscribed and sworn to before me on the 23rd day of

June, 2015 ~ Victoria E. Choma

Notary Public/Commissioner of Superior Court

My commission expires: VICTORIA E. CHOMA
NOTARY PUBLIC
State of Connecticut
My Commission Expires
May 31, 2020

Executive Summary

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

This proposal requests that the Office of Health Care Access (OHCA) approve this Certificate of Need application to permit Bridgeport Hospital (BH) to terminate its Inpatient Rehabilitation Unit (IRU) which will enable it to cost-effectively expand acute inpatient medical-surgical bed capacity within its currently licensed bed count.

Community demand for BH's acute inpatient medical-surgical services has been growing, as demonstrated by excessively high occupancy rates, according to both the average midnight census and 5:00 a.m. contact census. Acute care medical-surgical occupancy rates have consistently been between 85% and 96%. The 5:00 a.m. census has exceeded 80% occupancy on 340 days and exceeded the number of beds in operation on 115 days during the past year. BH has been addressing medical-surgical capacity issues for approximately 5 years. A number of initiatives have been pursued and continue to be underway to create additional medical-surgical bed capacity. Despite all of the strategies employed, more medical-surgical beds are required to meet the current and future demand.

The only way to add medical-surgical beds is to utilize an existing unit or build a new patient care building, the cost of which would be prohibitive, making such a response not financially feasible. The IRU is the only current inpatient service that can be terminated at BH and provided by other area providers with minimal negative impact on patients, physicians and staff. Inpatient rehabilitation services are provided following an acute hospitalization and do not have to be located onsite. There are several area inpatient rehabilitation providers who can absorb BH's IRU volume. The majority of patient volume can be absorbed by Yale-New Haven Hospital (YNHH). As OHCA is aware, YNHH is opening a brand new 24-bed IRU at Milford Hospital located approximately 7 miles (12-15 minute driving time) from BH (see Docket No. 15-31987-CON). The Milford location offers major benefits to patients and families during long rehabilitation stays including ample free parking, a small campus to navigate, and a state-of-the-art IRU and therapy space. YNHH will offer employment to the existing BH IRU staff which will help to ensure continuity of staff and patient care.

This proposal aligns well with the Connecticut DPH *Statewide Health Care Facilities and Services Plan* as it addresses the public need for additional medical/surgical beds, creates one regional IRU for the Yale New Haven Health System and takes into consideration the existing service area providers to best meet future demand for care. The proposal improves access for medical-surgical beds, is cost effective, financially feasible and promotes the continued coordination of care.

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

Project Description

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

Response

This proposal requests that the Office of Health Care Access (OHCA) approve this Certificate of Need application to permit Bridgeport Hospital (BH) to terminate its Inpatient Rehabilitation Unit (IRU) which will enable it to cost-effectively expand acute inpatient medical and surgical bed capacity within its currently licensed bed count.

Background

BH is a 383 licensed bed (includes 10 bassinets) acute care hospital located at 267 Grant Street in Bridgeport, Connecticut. BH offers a comprehensive range of acute care and outpatient services and has the only Burn unit in the State of Connecticut. BH patient visits include approximately 20,000 admissions, 192,000 outpatient visits, 75,000 emergency department treat and release visits, 5,000 observation visits and 38,000 outpatient rehabilitation visits.

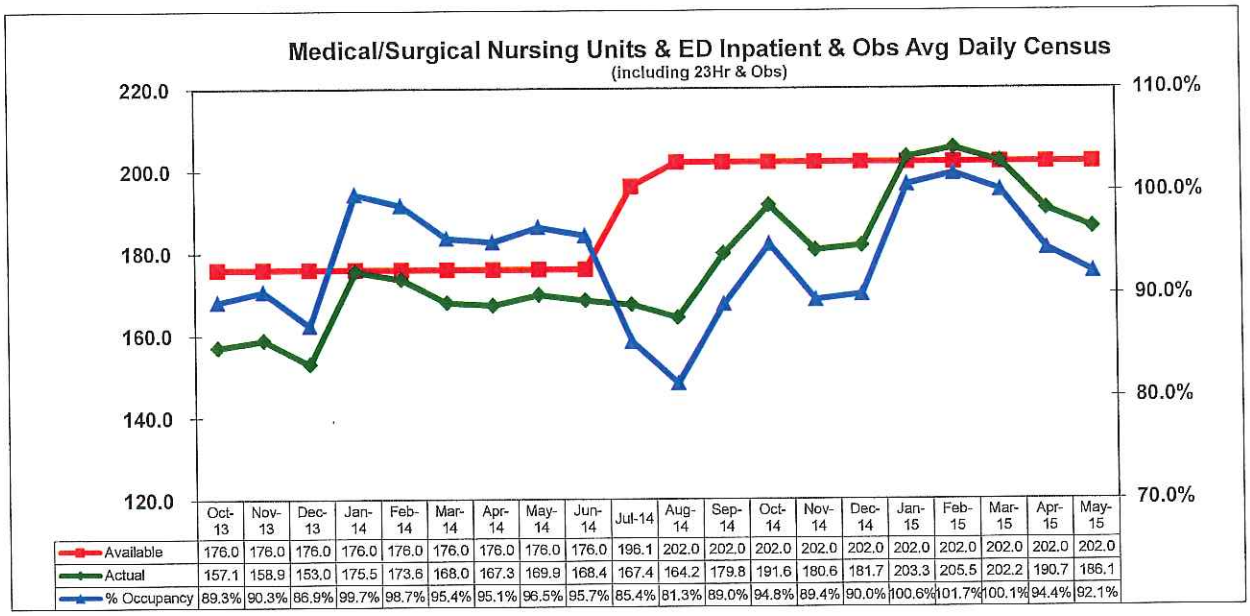
BH has approximately 2,600 employees, nearly 600 active attending physicians representing more than 60 subspecialties, and 235 medical/surgical residents and fellows in programs affiliated with Yale University School of Medicine. BH is a member of the Yale New Haven Health System (YNHHS) and through its relationship with YNHHS, has regionalized its pediatric and neonatal intensive care services. Although these services are provided on the BH campus, they are managed and staffed by Yale-New Haven Children's Hospital (YNHCH) [see Docket No. 11-31714-CON].

Medical-Surgical Inpatient Demand at BH

Demand for medical-surgical inpatient services is significant and growing at BH. Although licensed for 383 inpatient acute care beds (including 10 bassinets), BH currently has 357 beds in operation with 202 dedicated to medical-surgical services. Due to evolving patient care requirements such as the need for more isolation rooms and improved patient privacy, the physical plant at BH has been unable to create space for all 383 licensed beds. As a result of the success of BH's clinical programs and growing demand for its services, the hospital is currently facing considerable capacity constraints in its medical-surgical areas.

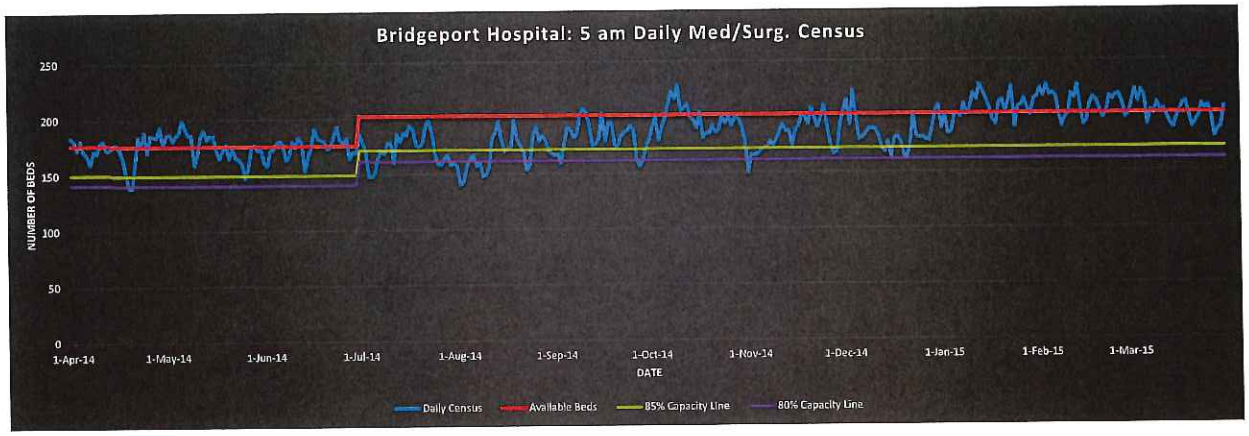
Community demand for BH's acute inpatient medical-surgical services has been growing, as demonstrated by excessively high occupancy rates, according to both the average midnight census and 5 a.m. contact census. Since October of 2013, acute

care medical-surgical occupancy rates (including observation and admitted patients in the ED) have consistently been above 90% and during some months reaches 100% (based on average midnight census tracking). This is illustrated in the graph below.



	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Available	176.0	176.0	176.0	176.0	176.0	176.0	176.0	176.0	176.0	196.1	202.0	202.0	202.0	202.0	202.0	202.0	202.0	202.0	202.0	202.0
Actual	157.1	158.9	153.0	175.5	173.6	168.0	167.3	169.9	168.4	167.4	164.2	179.8	191.6	180.6	181.7	203.3	205.5	202.2	190.7	186.1
% Occupancy	89.3%	90.3%	86.9%	99.7%	98.7%	95.4%	95.1%	96.5%	95.7%	85.4%	81.3%	89.0%	94.8%	89.4%	90.0%	100.6%	101.7%	100.1%	94.4%	92.1%

Census figures collected at 5:00 a.m. show a similar trend. This census shows the daily frequency of excessively high occupancy which can be "lost" when measuring a monthly midnight census average. Between April 2014 and March 2015, the 5:00 a.m. census exceeded 80% occupancy on <u>340 days</u> and exceeded the number of beds in operation on <u>115 days</u>. The graph below illustrates the 5:00 a.m. daily census in comparison to occupancy levels (the purple and green lines) and available beds (the red line). The 5:00 a.m. census captures patients who may have been admitted during the night as well as those who have not yet been discharged and therefore reflects a the number of actual patients within the organization on a given day. As seen below, the number of staffed medical-surgical beds increased in July of 2014 from 176 to 202 when BH opened another unit on North West 7, as noted below. Despite these efforts, the occupancy rates place considerable constraints on staff and in placing patients in an appropriate acute care bed. Further, the physical plant at BH has been unable to create space for additional beds.



BH does not currently have a dedicated observation patient unit and therefore must use inpatient bed space to accommodate observation patients. Observation patients are those who do not require an inpatient licensed bed as they are considered outpatients by payers, yet these patients typically require similar nursing staff attention as offered on an inpatient unit. A small 5-bay area was created in the Emergency Department (ED) for observation patients, but on any given day there are approximately 12-14 observation patients in the hospital.

To further illustrate the need for medical surgical capacity, the ED frequently provides extended care to patients who are "admitted" and require inpatient level acute care services, but remain in the ED due to inpatient bed unavailability. During FY 2015 to date there was an average of 6 (and a range of 4-8) patients "boarding" in the ED as shown in the table below.

FY 2015 Month	BH Average Number of Daily ED Boarders
Oct 2014	5.35
Nov 2014	5.07
Dec 2014	4.39
Jan 2015	6.55
Feb 2015	7.50
March 2015	6.05
FY '15 (YTD)	5.80

The capacity constraints have required BH to employ various approaches to safely and efficiently accommodate all patients that seek care at BH, including the following:

- Transition private and semi-private medical-surgical rooms into doubles and triple rooms;
- Utilize dedicated beds in the angioplasty suite for overnight and weekends for medical-surgical admissions;
- Utilize five (5) beds in the surgical intensive care unit to house medical-surgical patients;
- Open 5 patient bays as an observation unit in the emergency department for medical-surgical inpatients;
- Relocate obstetrical patients to the Northwest side of the 5th floor in order to

make available the West Tower side for overflow medical-surgical patients; and
- Open 23 additional beds on North West 7 in July of 2014 for medical-surgical admissions.

Despite all of these efforts, occupancy rates continue to reach approximately 90% in the medical-surgical areas.

Care Efficiency Improvements

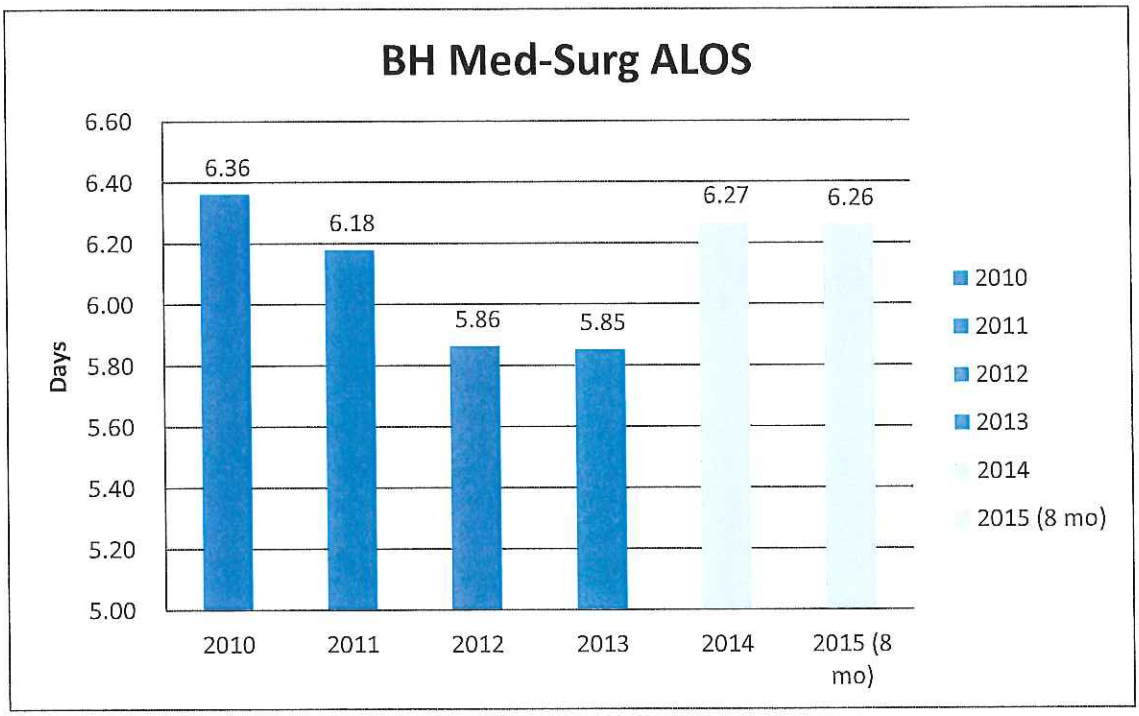
In addition to the measures described above to create additional bed capacity, BH has been working to improve patient flow and care efficiency to maximize any existing bed capacity. The following initiatives have shown significant improvements:

- Median discharge time of day for medical-surgical units has steadily declined from approximately 3:15 p.m. in October 2014 to 2:00 p.m. by April 2015.
- The median time between arrival in the ED and admission to an inpatient bed has consistently declined over the past several years. This initiative has been in place since 2011 when patients commonly waited 8 or 9 hours for an inpatient bed. In FY 2015, the wait is down to 6 hours and was 5 hours and 38 minutes in April 2015.

A number of length of stay improvement initiatives have also been underway for the past several years. Approximately five years ago, BH created a new position, Medical Director of Care Coordination (MDCC) and empowered a physician leader to work closely with the medical and hospital staff on length of stay reduction. The MDCC has led a number of ongoing initiatives that address length of stay improvements including:

- Routine reporting and sharing of length of stay data with attending physicians;
- In depth case review and resolution for long stay patients;
    - A Long Stay Patient Coordinator was hired approximately 3 months ago to work closely with families and the medical team to facilitate discharge for long stay cases.
- Weekly Progression of Care meetings to review and discuss any patient hospitalized for more than 10 days;
- Conducting Transition Care Rounds which occur daily and include all key members and disciplines from the care team to ensure efficient discharge planning; and
- Working more closely with long term acute care hospitals (LTACHs), subacute facilities and home care providers to facilitate timely patient referral processing to reduce hospital length of stay.

These efforts have led to average length of stay (ALOS) reduction in the medical and surgical cases between 2010 and 2013. Although ALOS increased in FY 2014, this was due to Medicare's new regulations pertaining to the definition of inpatient status implemented in the fall of 2013 (often referred to as the Two Midnight Rule). As a result of this change, many short stay inpatients were converted to observation status. As a result of short stay inpatients converting to observation status, the length of stay of those cases remaining as inpatients increased.



Source: BH Finance, ALOS for Med-Surg by Nursing Unit

However, despite all of these efforts to improve efficiency of care and create additional medical-surgical patient care areas, occupancy levels continue to remain extremely high. Placing patients on patient care units not typically intended for a patient's primary diagnosis or keeping patients in temporary bed locations can negatively impact patient care and patient, physician, and staff satisfaction. Such temporary arrangements place a significant strain on nursing and other ancillary staff and make it more difficult to manage patient flow and deliver high quality patient care.

Proposed Solution

BH proposes to terminate its IRU and convert these beds to a medical-surgical inpatient unit to accommodate growing demand. BH's campus has no available space to create an additional unit. There is only one other space that could house inpatient beds on campus, however, that space is being renovated to serve as a swing unit that will be used while BH renovates a number of other patient care areas. The swing unit will be required over the next several years as there are significant renovations to other patient care units that must occur. Thus, the only way to add medical-surgical beds is to utilize an existing unit or build a new patient care building, and the cost of building a new patient care building is prohibitive.

Given the physical and financial constraints on BH's existing campus, BH's management team has reviewed all other clinical services provided and considered a number of factors (e.g. historical and projected demand, community health needs and service area capacity) to determine if any could be terminated and provided by other area providers to make space for medical-surgical beds. The IRU is the only current inpatient service that can be terminated at BH and provided by other area providers with minimal negative impact on patients, physicians and staff. Inpatient rehabilitation services are provided following an acute hospitalization and do not have to be located onsite. 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.

The IRU currently is located on Tower 8 in the main patient care building. The unit includes 16 beds as well as support space. With some minor renovations, the space can house a 22 bed medical-surgical patient care unit. No additional licensed beds will be required for this proposal. There are several area IRU providers who can absorb BH's IRU volume. The majority of patient volume can be absorbed by YNHH. YNHH is opening a new 24-bed IRU at Milford Hospital located only approximately 7 miles (12-15 minute driving time) from BH. The Milford location offers major benefits to patients and families during a longer rehabilitation stay including ample free parking, a small campus to navigate, and a state-of-the-art IRU and therapy space. YNHH will offer employment to the existing BH IRU staff which will help to promote continuity of staff and patient care. A single regional IRU service would then exist in YNHHS. Establishing a regional IRU service within YNHHS is consistent with health reform efforts to reduce unnecessary duplication of services and improve care delivery and efficiency.

In addition to YNHH, there are several other inpatient rehabilitation providers in the area including:

- St. Vincent's Medical Center, Bridgeport
- Norwalk Hospital, Norwalk
- Danbury Hospital, Danbury
- Stamford Hospital, Stamford

BH has contacted each of these facilities about its plans to terminate its IRU and was told that each unit has capacity to accept patients from BH. Attachment III contains letters from each hospital verifying this information and offering their willingness to accept inpatient rehabilitation referrals from BH.

Geographic Area Served

The BH IRU primarily serves patients who live in the following geographic areas (in order):

- Bridgeport
- Stratford
- Fairfield
- Shelton
- Trumbull
- Milford
- Monroe
- Easton

Implementation Timeline

BH plans to close its IRU as soon as is practicable after CON approval. Admitted IRU patients would be offered the option to receive inpatient rehabilitation services at YNHH's Milford IRU or if not, another inpatient rehabilitation provider. On the day of closure, BH will absorb the cost of transporting any currently admitted IRU patient to

the provider selected. Ongoing transportation costs will be paid either by the patient's insurance or the receiving facility as is standard practice. Once the IRU is vacated, the renovations necessary to convert the unit to medical-surgical beds will begin and are expected to be complete within approximately three months. Upon completion of all renovations, a 22-bed medical-surgical unit will open (targeted for January 1, 2016).

Once the IRU is converted to a 22-bed medical-surgical unit, medical-surgical occupancy levels are expected to decline to 86% for the next several years as shown in the table below.

Bridgeport Hospital						
Medical/Surgical Avg Daily Census						
(including 23Hr & Obs)						
	Oct14-May15	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Med Surg	YTD Actual	Forecast	(22 beds Jan'16)			
Available Beds	202.0	202.0	218.5	224.0	224.0	224.0
Average Daily Census	184.3	177.8	186.8	192.8	192.8	192.8
% Occupancy	91.2%	88.0%	85.5%	86.1%	86.1%	86.1%

Source: BH Finance Department

Summary

In summary, this proposal is necessary to create much needed inpatient medical-surgical capacity at BH. Termination of the BH IRU will permit the creation of a 22-bed medical-surgical patient care unit which will significantly improve the organization's ability to meet the demand for these services. BH IRU patients will be offered care at YNHH's IRU at Milford Hospital or another area IRU. The new YNHH IRU unit will offer a state-of-the-art facility, can be easily accessed by patients and their families and will offer employment to current BH IRU staff. This proposal offers the most cost-effective and time efficient option for creating medical-surgical bed capacity while ensuring continued access to IRU services.

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

Response

BH has been addressing medical-surgical capacity issues for approximately 5 years. As previously stated, a number of initiatives have been pursued and continue to be underway to create additional medical-surgical bed capacity. During late FY 2014, it became apparent that despite all of the strategies employed, more medical-surgical beds would be required. The costs to construct a new building to house additional beds are prohibitive. The IRU was identified as a service that could be terminated at BH and provided by YNHH and other area providers.

Discussion began with YNHH when plans were being developed by YNHH to move its IRU to Milford in the spring of 2014. Board approval was obtained in late 2014 for the termination and the referral of patients to YNHH's IRU and/or other area IRUs. However, these discussions were put "on hold" when YNHH was informed by OHCA that a CON was required to move its unit to Milford, and BH began to consider whether to terminate its IRU even without the possibility of transferring patients and employees to an affiliated regional IRU in Milford. Now that YNHH has approval from

OHCA to move its IRU to Milford, and YNHH is able to offer employment to the IRU staff, BH is ready to move forward with the initial plan of terminating inpatient rehabilitation services and repurposing the IRU beds for medical-surgical patients.

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.

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 BH'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 BH's acute care license issued by the State of Connecticut, Department of Public Health (DPH) is provided in Attachment IV.

   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 V.

   Key personnel:
   - **William M. Jennings, President & Chief Executive Officer**
   - **Pamela L. Scagliarini, Chief Operating Officer**
   - **John Skelly, Vice President, Finance**
   - **Michael Ivy, M.D., Senior Vice President for Medical Affairs and Chief Medical Officer**

- **Gina Calder, Executive Director, Clinical Services**
- **Lisa Webb, MD, Medical Director (IRU)**

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 VI.

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 physiatrists, 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 referenced in the response to question 5(d), YNHH, St. Vincent's Medical Center, Norwalk Hospital, Danbury Hospital and Stamford Hospital have provided letters indicating their ability to accept BH IRU patients. YNHH's letter also addresses its offer of employment to the IRU staff.

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. Termination of the BH IRU requires Certificate of Need approval which is being pursued.

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
This proposal aligns well with the Connecticut DPH *Statewide Health Care Facilities and Services Plan*. Specifically, the 2014 supplement identifies a need for 258 medical-surgical beds at BH by 2020 (see page 145). Medical-surgical beds represent the largest area of bed need at BH. In addition, page 116 of the 2014 supplement illustrates the significant growth in medical surgical discharges between 2011 and 2014 as summarized in the table below:

BH Service	% Change in Discharges 2011-2013
Cancer Care Med/Surg	15.5%
Renal Med/Surg	5.9%
Medicine	9.3%

The *Statewide Health Care Facilities and Services Plan* includes the following acute care recommendation:

> ***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.***

This proposal addresses the public need for additional medical/surgical beds, creates one regional IRU for the YNHHS and will refer patients to other area IRU providers, thus taking into consideration existing service area providers to best meet future demand for care.

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 to be served includes both individuals requiring acute care level services for medical and surgical conditions or disease and patients requiring post-acute care hospital rehabilitation services.

   BH's historical patient volume and growth in medical-surgical areas is evidence of clear public need for these services. As shown below and based on internal statistics, medical-surgical discharges have increased.

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015 *ytd May)
BH Medical-Surgical Discharges	10,234	10,351	11,240	11,083	11,100	8,282 (8 mo) 12,423 annualized
% Change		1.6%	8.4%	0.4%	-0.6%	13.0% annualized

Source: BH Finance Med-Surg Discharges by Nursing Unit

IRU patient volume has remained fairly consistent over the past several years as shown in the table below.

	FY 2012	FY 2013	FY 2014	FY 2015 *ytd May)
BH IRU Discharges	383	386	358	241
% Change		0.8%	-7.2%	N/A

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

Response
The target patient population is currently being served at BH, however medical-surgical patients will be better served with adequate inpatient bed availability that can be created with approval of this proposal. The target population is also being served at various other providers in the area with IRUs.

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

Response
Please refer to responses to questions 1, 7 and 8.

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

Response
Please refer to question 1.

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

Response
According to the Connecticut State Data Center, the population in Fairfield County will grow between 2010 and 2020 as shown below:

County	Population 2010	Population 2020	% Change
Fairfield	916,829	944,692	3.0%

The 65+ and the 85+ populations are projected to increase much more substantially, as summarized below. This is the target population for medical-surgical services, which includes IRU patients, as older persons have higher rates of hospitalization and suffer from more chronic diseases and conditions.

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%

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
BH provides care to low income persons, racial and ethnic minorities, disabled persons and other underserved groups. In FY 2014, approximately 24% of all medical-surgical patients and 18% of IRU patients were insured by Medicaid. The City of Bridgeport is racially diverse and includes a high percentage (20%) of families with income below the poverty level (Source: US Census Bureau). BH has provided care to these populations consistently and will continue to do so. This population has demonstrated need for medical-surgical acute care services which will be better addressed with this proposal. In addition, individuals in these groups who require and meet IRU clinical admission criteria will be provided inpatient rehabilitation care at YNHH's IRU or other area providers.

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

Response
If this CON is approved, BH will no longer provide inpatient rehabilitation services.

h. explain how access to care will be affected;

Response
BH has taken steps to ensure continued access to IRU services for its hospitalized patients. It is expected that the overwhelming majority of patients will seek IRU services from YNHH at Milford Hospital. BH and YNHH are both members of YNHHS and utilize the same electronic medical record system as well as many other protocols and policies. The YNHH IRU will offer employment to BH IRU staff. This continuity in staff and care will likely be desired by many IRU patients. If patients prefer to seek IRU services at another IRU in the area, referrals will be pursued to the appropriate institution. Please refer to the response to question 1.

i. discuss any alternative proposals that were considered.

Response
Please refer to the response to question 1.

> § *"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
   Additional medical-surgical bed capacity at BH will improve the quality and efficiency of care delivery. As previously stated, patients have had to remain in the ED for extended time periods, are placed on alternate patient care units or are admitted to double rooms intended for one patient or triple bed rooms intended for two patients. It should be noted that BH has maintained strong quality outcomes measures and maintained patient safety despite these space challenges, but with added medical-surgical bed capacity, the delivery of high quality care will be made significantly easier.

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

   Response
   Accessibility to acute care health care services in the region will be improved with this proposal. Specifically, accessibility to acute inpatient medical-surgical beds will be improved with the creation of a 22 bed patient care unit. Accessibility to IRU services can be ensured through existing providers in the service area and beyond. IRU patients' families visiting their loved one at the YNHH IRU at Milford Hospital will find easy access to the institution via car or public transportation.

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

   Response
   This proposal represents the most cost effective solution to create medical-surgical beds at BH by creating space currently occupied by IRU services. The cost of building a new patient care building could be in excess of $140 million. This proposal involves a modest capital investment to renovate the IRU to house 22 acute care medical-surgical beds. The incorporation of BH's staff and medical leadership into the YNHH IRU unit will also generate some labor cost efficiencies including the need for only one nurse manager and medical director.

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
This proposal will ensure the coordination of patient care. Specifically, BH and YNHH utilize the same Epic electronic medical record system. Patient clinical records from BH can be shared with YNHH for patients transferred from BH to the YNHH IRU. The YNHH IRU will offer employment to the BH IRU staff and all staff is familiar with patient transfers between the two organizations.

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
Access to medical-surgical services at BH will be enhanced for Medicaid recipients and indigent persons with the additional bed capacity. Access to IRU services for this population who meet the IRU admission criteria will be maintained and provided by the YNHH IRU, and other area providers.

Families that rely on public transportation will be able to access the YNHH IRU easily via bus or train.

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 should be no adverse impact to patient health care costs. There will be minor changes to charges associated with IRU services provided by YNHH instead of BH. Reimbursement for IRU services at the YNHH IRU will be based on YNHH's existing Medicare, Medicaid and commercial insurance rates.

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
    The capital expenditure for this project totals $582,752 which is required to complete renovations to the existing BH IRU and expand the unit to house 22 beds. There is no capital expenditure specifically associated with terminating the IRU.

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

    Response
    Not applicable. The project will be funded with operating cash.

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
       BH 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 VII.

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 VIII.

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

Response
Not applicable. There are no incremental losses from operations.

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 medical-surgical discharges required to show an incremental gain from operations in each projected fiscal year are summarized below:

FY	Minimum Number of medical-surgical Discharges to Show Incremental Gain from Operations
2016	509
2017	505
2018	503
2019	502

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.

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.

- **IRU discharges will cease as soon as practicable after CON approval (assumed to be October 2015).**
- **The new medical-surgical unit will have 22 beds. Occupancy is projected to be 86%.**
- **An average daily census of 19 is assumed for FY '17-'19 on the new medical-surgical unit. The average daily census in FY 16 is projected to be 9 which accounts for the unit only being open for 9 out of 12 months.**

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 for the IRU and Medical-Surgical patients.

> *§ "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
OHCA 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
YNHH will experience increases in the number of IRU patients due to the termination of the BH IRU. It is also expected that other area units may see increases in patients as well. As previously referenced, these other IRU providers are able to accommodate BH IRU patients.

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. Existing referral patterns are expected to remain in place, however, it is anticipated that YNHH's IRU at Milford Hospital will be the primary recipient of referrals in lieu of BH's IRU, given the continuity in staff and the ease of patient transfer.

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

Response
IRU referrals from BH will be made to YNHH or other area IRUs if requested.

> *§ "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. The proposal combines two IRUs from the YNHHS into one, thus reducing existing duplication.

> § *"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
Although patients will no longer be able to access IRU services at BH, YNHH IRU will be able to serve the overwhelming majority of BH patients in need of IRU services, and patients will have the choice of seeking inpatient rehabilitation services from other, non-YNHHS providers in the region.

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 (IRU)	267 Grant Street, Bridgeport	Patients in need of rehabilitation services after acute hospitalization	24 hours per day, 7 days per week	Termination of the IRU

[back to question]

TABLE 2
SERVICE AREA TOWNS

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

Town*	Reason for Inclusion (2011-2014) Historical IRU Patient Origin
BRIDGEPORT	27%
STRATFORD	22%
FAIRFIELD	10%
SHELTON	9%
TRUMBULL	8%
MILFORD	5%
MONROE	3%
EASTON	1%

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

[back to question]

TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE

Purchase/Lease	Cost
Equipment (Medical, Non-medical Imaging)	$266,775
Land/Building Purchase*	0
Construction/Renovation**	$292,000
Land/Building Purchase*	
Other (contingency, salaries, prof fees, misc)****	$23,977
Total Capital Expenditure (TCE)	**$582,752**
Lease (Medical, Non-medical Imaging)***	
Total Capital Cost (TCO)	
Total Project Cost (TCE+TCO)	**$582,752**

* If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.

** If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.

*** If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

**** Other includes contingency, salaries, professional fees, signage, moving costs.

[back to question]

TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES

	FY 2016	FY 2017	FY 2018	FY 2019
Revenue from Operations	($1,610)	$2,943	$3,059	$3,176
Total Operating Expenses	($1,940)	($309)	($219)	($127)
Gain/Loss from Operations	$330	$3,252	$3,278	$3,303

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

[back to question]

TABLE 5
HISTORICAL UTILIZATION BY SERVICE

Service**	Actual Volume (Last 3 Completed FYs)			CFY (8 months-May) Volume*
	FY 2012	FY 2013	FY 2014	FY 2015
IRU Discharges	383	386	358	241
Medical-Surgical Discharges	11,240	11,083	11,100	8,282
Total				

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

[back to question]

TABLE 6
PROJECTED UTILIZATION BY SERVICE

Service*	Projected Volume		
	FY 2015	FY 2016	FY 2017
IRU Discharges	358	-385	-358
Medical-Surgical Discharges	12,423	12,974	13,342
Total			

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

[back to question]

TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX - IRU

Payer	Current		Projected							
	FY 2015		FY 2016		FY 2017		FY 2018		FY 2019	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*	217	60.6%	(217)	60.6%	(217)	60.6%	(217)	60.6%	(217)	60.6%
Medicaid*	66	18.4%	(66)	18.4%	(66)	18.4%	(66)	18.4%	(66)	18.4%
Champs & TriCare	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Government	**283**	**79.1%**	**(283)**	**79.1%**	**(283)**	**79.1%**	**(283)**	**79.1%**	**(283)**	**79.1%**
Commercial Insurers	67	18.7%	(67)	18.7%	(67)	18.7%	(67)	18.7%	(67)	18.7%
Uninsured	3	0.8%	(3)	0.8%	(3)	0.8%	(3)	0.8%	(3)	0.8%
Workers Compensation	5	1.4%	(5)	1.4%	(5)	1.4%	(5)	1.4%	(5)	1.4%
Total Non-Government	**75**	**20.9%**	**(75)**	**20.9%**	**(75)**	**20.9%**	**(75)**	**20.9%**	**(75)**	**20.9%**
Total Payer Mix	**358**	**100.0%**	**(358)**	**100.0%**	**(358)**	**100.0%**	**(358)**	**100.0%**	**(358)**	**100.0%**

MED/SURG - Discharges

Payer	Current		Projected							
	FY 2015 (8 mo)		FY 2016		FY 2017		FY 2018		FY 2019	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*	4,610	55.7%	7,232	55.7%	7,444	55.8%	7,444	55.8%	7,444	55.8%
Medicaid*	1,971	23.8%	3,096	23.9%	3,189	23.9%	3,189	23.9%	3,189	23.9%
Champs & TriCare	0	0.0%	1	0.0%	1	0.0%	1	0.0%	1	0.0%
Total Government	**6,581**	**79.5%**	**10,329**	**79.6%**	**10,634**	**79.7%**	**10,634**	**79.7%**	**10,634**	**79.7%**
Commercial Insurers	1,536	18.5%	2,387	18.4%	2,443	18.3%	2,443	18.3%	2,443	18.3%
Uninsured	109	1.3%	174	1.3%	181	1.4%	181	1.4%	181	1.4%
Workers Compensation	56	0.7%	85	0.7%	85	0.6%	85	0.6%	85	0.6%
Total Non-Government	**1,701**	**20.5%**	**2,646**	**20.4%**	**2,709**	**20.3%**	**2,709**	**20.3%**	**2,709**	**20.3%**
Total Payer Mix	**8,282**	**100.0%**	**12,974**	**100.0%**	**13,342**	**100.0%**	**13,342**	**100.0%**	**13,342**	**100.0%**

* Includes managed care activity.
** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided. New programs may leave the "current" column blank.
*** Slight differences due to rounding

[back to question]

TABLE 8
UTILIZATION BY TOWN

Town	Utilization FY 2014 IRU Discharges
BRIDGEPORT	99
STRATFORD	82
FAIRFIELD	32
SHELTON	30
TRUMBULL	31
MILFORD	11
MONROE	9
EASTON	3
ANSONIA	6
OXFORD	4
SEYMOUR	2
DERBY	2
ORANGE	6
NAUGATUCK	-
NEWTOWN	4
BEACON FALLS	-
WESTON	-
WESTPORT	1
OTHER	36
TOTAL	358

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

[back to question]

TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Service or Program Name	Population Served	Facility ID*	Facility's Provider Name, Street Address and Town	Hours/Days of Operation	Current Utilization**
Yale-New Haven Hospital	IRU (24 beds – effective 7/1/15)	1851568828	200 Seaside Avenue, Milford, CT – effective 7/1/15. Current address 1450 Chapel St. New Haven, CT	24/7	43
St. Vincent's Medical Center	IRU (10 beds)	1396751616	2800 Main Street, Bridgeport, CT	24/7	32
Norwalk Hospital	IRU (12 beds)	1649263880	34 Maple Street, Norwalk, CT	24/7	24
Danbury Hospital	IRU (14 beds)	1457516122	24 Hospital Avenue, Danbury, CT	24/7	43
Stamford Hospital	IRU (17 beds)	1124283601	30 Shelburne Road, Stamford, CT	24/7	73

* Provide the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.
** Current utilization based on available CHIME discharge data for DRGs 945 and 946 for FY 2015 (October and November).

[back to question]

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

Applicant: Bridgeport Hospital

Project Name: Termination of Inpatient Rehabilitation Service

1. **Project Description: Service Termination**

b. Please provide

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

Response
BH established a stroke unit in 1974 which was the beginning of the inpatient rehabilitation service. The unit moved to the Park City Hospital in 1993 but returned to BH in 1995.

ii. whether CON authorization was received and,

Response
BH staff are unable to locate a CON application and therefore are unsure whether one was required at the time the unit opened in 1995.

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

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

c. 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
An additional medical-surgical inpatient patient care unit is needed to accommodate the demand. BH's campus has no available space to create an additional unit. BH's management team has reviewed all other clinical services provided and considered a number of factors to determine if any could be terminated and provided by other area providers. The IRU is the only current inpatient service that can be terminated at BH and provided by other area providers with minimal negative impact on patients, physicians and staff. Inpatient rehabilitation services are provided following an acute hospitalization and do not have to be located onsite.

The IRU currently is located on Tower 8 in the main patient care building. The unit includes 16 beds as well as support space. With some minor renovations, the space can house a 22 bed medical-surgical patient care unit. No additional licensed beds will be required for this proposal. There are several area IRU providers who can absorb BH's IRU volume. The majority of patient volume can be absorbed by YNHH. As OHCA is aware, YNHH is opening a brand new IRU at Milford Hospital located only approximately 7 miles (12-15 minute driving time) from BH. The Milford location offers major benefits to patients and families during a longer rehabilitation stay including ample free parking, a small campus to navigate, and a state-of-the-art IRU and therapy space. YNHH will offer employment to the existing BH IRU staff which will help to ensure continuity of staff and patient care. A single regional IRU service would then exist in Yale New Haven Health System. In addition to YNHH, there are several other IRU providers

in the area willing to accept referrals from BH including:

- **St. Vincent's Medical Center, Bridgeport ;**
- **Norwalk Hospital, Norwalk;**
- **Danbury Hospital, Danbury ; and**
- **Stamford Hospital, Stamford**

Please refer to the response to Question1 in the main CON application for additional information.

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

2. Termination's Impact on Patients and Provider Community

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

Response
BH expects that the majority of its IRU patients will seek care from YNHH's IRU. However, patients will have the choice to obtain inpatient rehabilitation services from another area provider. As noted in the main application, letters of support have been obtained from several area providers indicating their ability to accept referrals from BH.

Table A
PROVIDERS ACCEPTING TRANSFERS/REFERRALS

Facility Name	Facility ID*	Facility Address	Total Capacity	Available Capacity	Utilization FY 2014**	Utilization Current CFY2015
Yale-New Haven Hospital	1851568828	200 Seaside Ave. Milford, CT (effective 7/1/15). Currently 1450 Chapel Street, New Haven, CT	24 effective 7/1/15, current 18	Will vary	197 discharges	43 discharges
St. Vincent's Medical Center	1396751616	2800 Main Street, Bridgeport, CT	10 beds	Varies	204 discharges	32 discharges
Norwalk Hospital	1649263880	34 Maple Street, Norwalk, CT	12 beds	Varies	117 discharges	24 discharges
Danbury Hospital	1457516122	24 Hospital Avenue,	14 beds	Varies	273 discharges	73 discharges

Facility Name	Facility ID*	Facility Address	Total Capacity	Available Capacity	Utilization FY 2014**	Utilization Current CFY2015
		Danbury				
Stamford Hospital	1124283601	30 Shelburne Road, Stamford, CT	17 beds	Varies	334 discharges	73 discharges

* 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
Letters from area providers willing to absorb IRU patients have been previously referenced.

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
BH provides care to low income persons, racial and ethnic minorities, disabled persons and other underserved groups. In FY 2014, approximately 24% of all medical-surgical patients and 18% of IRU patients were insured by Medicaid. The City of Bridgeport is racially diverse and includes a high percentage (20%) of families with income below the poverty level (source: US Census Bureau). BH has provided care to these populations consistently and will continue to do so.

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 the following 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.

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. YNHH's IRU at Milford will provide services to any patient who meets admission requirements regardless of insurance coverage.

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

Response

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

Marketing and Communications Plan (Bridgeport Hospital) - Termination of Inpatient Rehabilitation Unit

Initiative	Description	Audience	Target Date
Media Release	Announce termination and benefits of the alternate facility	Media and General Public	Open date
Internal Communications	Capsule (BH Employee Newsletter), Medical Staff Newsletter (BH Medical Staff), NEMG e-Newsletter	BH (employees and medical staff)	
	Memo Inpatient Rehabilitation Unit-Public Notice	BH Leadership Team	6/5/2015
External Communications	Healthy and Wise (BH community newsletter)	Consumer	
Brochure	Outline services	Physicians/ Consumers	Available 6/12/2015
Way-finding Card	Direction reference card given at the front desk	Patients, family, caregivers	In-Progress
Cover Letter	Signed by BH Inpatient Rehabilitation Nursing Director	Patients, family, caregivers	TBD
Social Media	Facebook/Twitter	Consumer	Open date
Webpage	Update on Rehabilitation services page on BH.org http://www.bridgeporthospital.org/ahlbin/InpatientRehab/default.aspx	Consumer	Open date
Paid Advertising	Execute print advertising campaign in local media	Consumer	Open date

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

ATTACHMENT I – AUTHORIZATION RESOLUTION

EXHIBIT A

BRIDGEPORT HOSPITAL BOARD OF TRUSTEES
MANAGEMENT AFFAIRS COMMITTEE

RESOLUTIONS RELATING TO INPATIENT REHABILITATION INTEGRATION

December 11, 2014

WHEREAS, the Management Affairs Committee of the Board of Trustees of Bridgeport Hospital ("Hospital") possesses and may exercise all powers of the full Board of Trustees in the intervals between meetings of the Board; and

WHEREAS, the Hospital's inpatient volume has grown significantly in the past several years, and this increase in volume has challenged the Hospital's current capacity, with associated impacts on patient flow and employee morale; and

WHEREAS, Yale-New Haven Hospital ("YNHH") has reached agreement with Milford Hospital ("MH") regarding an arrangement pursuant to which YNHH will re-locate its inpatient rehabilitation unit from YNHH's St. Raphael's Campus to a location leased from MH on the MH campus (the "YNHH Milford IRU"); and

WHEREAS, YNHH's projections demonstrate that the YNHH Milford IRU will have capacity for the Hospital's inpatient rehabilitation patients; and

WHEREAS, integrating the Hospital's inpatient rehabilitation service with YNHH's rehabilitation service line will would: (i) achieve a high standard of clinical care and customer service for patients and referring physicians; (ii) create a regional program; (iii) leverage service line strategies across HSC; (iv) allow for efficiencies and cost savings; and (v) further the Hospital's efforts to leverage the Yale New Haven Health System brand in the local market; and

WHEREAS, terminating the Hospital's inpatient rehabilitation service and transferring patients appropriate for such service to the YNHH Milford IRU will allow the Hospital to use beds in the former inpatient rehabilitation unit for medical and surgical patients, opening up additional capacity at the Hospital; and

WHEREAS, terminating the inpatient rehabilitation service likely will require Certificate of Need ("CON") approval from the Office of Health Care Access; and

WHEREAS, the Board of Trustees Management Affairs Committee has determined that the foregoing resolutions are in the best interest of the Hospital.

NOW, THEREFORE, BE IT RESOLVED, by the Management Affairs Committee, as follows:

Section 1. The Management Affairs Committee hereby authorizes the termination of Bridgeport Hospital's inpatient rehabilitation service and integration with Yale-New Haven's new inpatient rehabilitation unit on the Milford Hospital campus, contingent on receipt of appropriate regulatory approval that allows Bridgeport Hospital to retain the former inpatient rehabilitation beds and repurpose them as beds for medical/surgical inpatients.

Section 2. The Management Affairs Committee hereby authorizes and directs the President and Chief Executive Officer, Senior Vice President for Operations and Chief Financial Officer to perform and take such other actions (including, without limitation, filing a Certificate of Need application [redacted]) required to consummate the integration of the Bridgeport Hospital inpatient rehabilitation service with Yale-New Haven Hospital, as may be necessary and proper to accomplish the intent and purposes expressed in these resolutions.

Section 3. Any and all actions previously taken by the officers or employees of Bridgeport Hospital in connection with the foregoing resolutions are hereby ratified, approved and confirmed in all respects.

CERTIFICATION

The undersigned assistant secretary of the Bridgeport Hospital Board of Trustees, hereby certifies that the foregoing resolution was duly adopted by the Management Affairs Committee and remains in full force and effect without amendment as of the date hereof.

Adopted this 11th day of December, 2014

Jennifer Willcox
Assistant Secretary

ATTACHMENT II – NON-PROFIT STATUS DOCUMENTATION

Internal Revenue Service

Department of the Treasury

District
Director

10 MetroTech Center
625 Fulton St., Brooklyn, NY 11201

Date: NOV 28 1995

Bridgeport Hospital
c/o Shawmut Bank
267 Grant Street
Bridgeport, CT
06610-2870

Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 06-0646554

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Bridgeport Hospital.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below:

Sincerely yours,

(Patricia Holub)

Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Bridgeport Hospital

Date of Exemption Letter: February 1934

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii) of the Internal Revenue Code.

ATTACHMENT III – LETTERS FROM HOSPITALS

June 18, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford, CT 06134

Dear Deputy Commissioner Brancifort:

Western Connecticut Health Network currently operates Inpatient Rehabilitation Units (IRU) at our Danbury Hospital and Norwalk Hospital campuses. We have been notified by Bridgeport Hospital (BH) that they are applying for CON approval to terminate their IRU and have requested a letter from us indicating our ability to provide IRU services to BH patients should the need arise.

Currently, our IRUs have capacity to accept referrals from BH. We would be happy to work with BH to assist with the transfer of BH patients once discharged from their acute hospitalization to our facilities for IRU services.

Please do not hesitate to contact me at 203-852-2353 should you have any questions or concerns.

Thank you for your attention.

Sincerely,

Michael J. Daglio
President, Norwalk Hospital
Senior Vice President, Western Connecticut Health Network

June 12, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

Dear Deputy Commissioner Brancifort:

St. Vincent's Medical Center currently operates a 10-bed Inpatient Rehabilitation Unit (IRU) at 2800 Main Street, Bridgeport, CT. We have been notified by Bridgeport Hospital (BH) that they are applying for CON approval to terminate their IRU and have requested a letter from us indicating our ability to provide IRU services to BH patients should the need arise.

Currently, our IRU has capacity to accept referrals from BH. We would be happy to work with BH to assist with the transfer of BH patients once discharged from their acute hospitalization to our facility for IRU services.

Please do not hesitate to contact me at (203)576-5760 should you have any questions or concerns.

Thank you for your attention.

Sincerely,

Dale Danowski, RN, MBA
Sr. Vice President/Chief Operating Officer

cc: Dr. Bhalla

affiliate Columbia University College of Physicians and Surgeons
member New York-Presbyterian Healthcare System
A Planetree Hospital

June 19, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT, 06134

Dear Deputy Commissioner Brancifort:

Stamford Hospital currently operates a 17 bed Inpatient Rehabilitation Unit (IRU) at Stamford Hospital. We have been notified by Bridgeport Hospital (BH) that they are applying for a CON approval to terminate their IRU, and have requested a letter from us indicating our ability to provide IRU services to BH patients should the need arise.

Currently, our IRU has capacity to accept referrals from BH. Should the need arise, we would be able to work with BH to assist with the transfer of BH patients, once discharged from their acute hospitalization, to our facility for IRU services.

Please do not hesitate to contact me at 203.276.7510 should you have any questions or concerns.

Thank you for your attention.

Sincerely,

David Smith
Senior Vice President, Strategy and Network Development
Stamford Hospital

ATTACHMENT IV – BRIDGEPORT HOSPITAL ACUTE CARE LICENSE

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0040

General Hospital

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

Bridgeport Hospital of Bridgeport, CT d/b/a Bridgeport Hospital is hereby licensed to maintain and operate a General Hospital.

Bridgeport Hospital is located at 267 Grant Street, Bridgeport, CT 06610.

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

10 Bassinets
373 General Hospital Beds

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

Satellites:

Geriatric Partial Hospital, 305 Boston Avenue, Stratford, CT
Child Partial Hospital, 305 Boston Avenue, Stratford, CT
Psychiatric Adult Partial Hospital Program, 305 Boston Avenue, Stratford, CT
Fairfield Urgent Care Center, 309 Stillson Road, Fairfield, CT
Bridgeport Hospital Primary Care Center, 226 Mill Hill Avenue, Bridgeport, CT

Jewel Mullen, MD, MPH, MPA
Commissioner

ATTACHMENT V – CURRICULUM VITAE

William M. Jennings

William M. Jennings was appointed President & Chief Executive Officer of Bridgeport Hospital and Executive Vice President of Yale New Haven Health System, effective October 1, 2010.

Prior to joining YNHHS, Bill served as the President & Chief Executive Officer of SSM St. Mary's Health Center, a 582-bed urban teaching hospital in St. Louis, Missouri, and President of the SSM St. Louis Heart Institute, both of which are part of the $2.6 billion SSM Health Care System. During his tenure there, the hospital markedly improved patient and physician satisfaction, increased community engagement and enhanced financial performance. In 2008, St. Mary's was the recipient of the Premier National Quality Leader award.

Prior to St. Mary's, Bill served for seven years as the Administrator and Chief Operating Officer at Morton Plant North Bay Hospital, part of the $1.5 billion BayCare Health System on Florida's west coast. There he enhanced patient care quality, improved patient satisfaction, reduced length of stay and achieved positive financial performance in an extremely competitive market.

Bill serves on the Board of the Bridgeport Regional Business Council, the Diversified Network Services Board of the Connecticut Hospital Association and the Board of Central Connecticut Coast YMCA .

Bill earned his Bachelor's degree in Business Administration from Miami University in Ohio and a Master of Health Administration degree from The Ohio State University. In 2012 he was elected, and remains, the Regent for Connecticut with the American College of Healthcare Executives. He and his wife, Kristin, have two children, Sarah and Mason.

Pamela Scagliarini

Pam is the Chief Operating Officer of Bridgeport Hospital and Sr. Vice President at Yale New Haven Health System (YNHHS). In her Operations role at Bridgeport Hospital, Pam has responsibility for the Patient Care Operations, Non Clinical Operations, and the Outpatient facilities. Pam has responsibility to oversee the capital and project budgets; inclusive of new construction.

Supply Chain Management includes Corporate Contracting, Clinical Value Analysis, Procurement Operations, Supply Chain Analytics, Clinical Materials Management, Logistics and Materials Management operations. This includes responsibility for the management of all non labor expenditures for the Health System equating to $1B. Pam is also responsible for the service provider contract with the Northeast Purchasing Coalition, LLC for regional clinical engagement of all clinical and physician product contracting initiatives; encompassing over 100 organizations across 6 states.

In addition, Pam serves on the Board of the Greater New England Minority Supplier Diversity Council, the Board of the Northeast Purchasing Coalition, LLC, previously lead the Connecticut Hospital Association Supplier Diversity Task Force, served on the Board of the Strategic Marketplace Initiative and the Executive Committee for the VHA Large IDN Supply Networks. She speaks at both national and regional conferences on various Supply Chain Management topics.

Pam and her husband, Mike, live in Milford, CT with their three children, Caitlyn, Ryan and Cameron.

John C. Skelly June, 2015

SUMMARY OF EXPERIENCE

2005-Present	**YALE – NEW HAVEN HEALTH SYSTEM** New Haven, CT Vice President, Finance
2000- 2005	**PALISADES MEDICAL CENTER OF NEW YORK PRESBYTERIAN HEALTHCARE SYSTEM** North Bergen, NJ Vice President, Finance and Chief Financial Officer
1998-2000	**NORTHERN WESTCHESTER HOSPITAL ASSOCIATION** Mt. Kisco, NY Director of Finance
1996-1998	**NEW YORK PRESBYTERIAN HEALTHCARE SYSTEM NEW YORK HOSPITAL QUEENS** Queens, NY Director of Finance
1990-1996	**ST. BARNABAS HOSPITAL** Bronx, NY
1990-1993	Assistant Director of Finance
1993-1996	Director of Financial Planning
1984-1990	**PANNELL KERR FORSTER, CPA** New York, NY
1988-1990	Audit Supervisor
1986-1988	Audit Senior
1984-1986	Audit Staff

John C. Skelly June, 2015

DETAIL OF EXPERIENCE

2005 – Present **YALE - NEW HAVEN HEALTH SYSTEM**
New Haven, CT

Vice President, Finance

September 2012 – Present

- Lead financial executive at Bridgeport Hospital. Responsible for oversight of day-to-day financial operations.
- Member Yale–New Haven Hospital and Health System revenue cycle steering committee (this committee overseas initiatives for enhancing revenue in the areas of government appeals, coding strategies, managed care contract compliance, clinical documentation, reimbursement/revenue enhancement strategies).
- Member Board of Directors – Century Financial Services – billing and collections agency owned 48% by Yale–New Haven Network Corporation.

September 2010 – September 2012

- Led Revenue Cycle Team on build, test and implementation of Epic EMR System.
- Implemented Epic System at Greenwich Hospital in April 2012.

2005 – September, 2010

Senior financial executive responsible for Perioperative and Ambulatory Care Service Lines, and System reimbursement.

Other responsibilities include:

- Member Yale - New Haven Hospital and Health System Corporate Compliance Committees.
- Member Yale - New Haven Hospital and Health System revenue cycle steering committee (this committee overseas initiatives for enhancing revenue in the areas of government appeals, coding strategies, managed care contract compliance, clinical documentation, reimbursement/revenue enhancement strategies).
- Member of the System ambulatory care strategy committee.
- Financial responsibility for Y-NHH surgical services and ambulatory care service lines.
- Chair – Finance Committee for MCIC – the Health System's medical malpractice captive insurance company.

John C. Skelly June, 2015

- President – York Enterprises – Yale - New Haven Network Corporation for-profit entity comprised of five store pharmacy chain and real estate holding company.
- Chair - Board of Directors – Century Financial Services – billing and collections agency owned 48% by Yale -New Haven Network Corporation.

Key Accomplishments include:

- Led integration of for-profit ambulatory services to provider-based designation resulting in increased patient quality, safety, and increased reimbursement.
- Directed System three year Enhanced Business Practices initiative aimed at meeting the public company requirements of the Sarbanes Oxley Section 404 regulations.
- Led System Reimbursement department resulting in multi million dollar revenue enhancements through government appeals, charge capture initiatives, contract compliance and various governmental and managed care re-billing projects.

2000- 2005 **PALISADES MEDICAL CENTER OF NEW YORK PRESBYTERIAN HEALTHCARE SYSTEM**
North Bergen, NJ

Vice President, Finance and Chief Financial Officer

Senior financial executive responsible for the overall financial leadership of the Medical Center. Accountabilities include general accounting, accounts payable, payroll, treasury, patient registration, patient accounting, financial counseling, health information management, management information systems, materials management, revenue cycle, budget, financial planning, reimbursement, corporate compliance and internal audit.

Key accomplishments include:

- Implementing the revenue cycle initiatives including work flow redesign, pre-registration and scheduling processes, denials management, receivables reduction and clinical documentation program resulting in increased revenue and cash collections.

- Facilitated the review of and implementation resulting in changes in malpractice insurance and the investment management program.

- Establishing a program of periodic compliance reviews and audits to insure compliance with all billing rules and regulations.

John C. Skelly June, 2015

- Established the process of routine statistical, productivity and expense reporting to efficiently and effectively monitor all aspects of the operation.
- Responsible for the financial reporting of several related corporations; Harborage (239 bed nursing facility); Childcare Center; Foundation and Medical Office Buildings.
- Maintained an investment grade rating with Fitch, Moodys and Standard and Poors since 2000.
- Directed the process of a 2002 revenue bond issuance.
- Redesigned the materials management function resulting in a significant expense reduction.

1998-2000 **NORTHERN WESTCHESTER HOSPITAL ASSOCIATION**
Mt. Kisco, NY

Director of Finance

Accountabilities include general accounting, financial reporting, accounts payable, payroll, treasury, reimbursement, budget, financial planning, patient accounting, registration, materials management, and medical records.

1996-1998 **NEW YORK PRESBYTERIAN HEALTHCARE SYSTEM**
NEW YORK HOSPITAL QUEENS
Queens, NY

Director of Finance

Accountabilities include reimbursement, budget, and financial planning. Major responsibilities include the preparation of the hospital revenue and expense budget, all reimbursement related duties and preparation and/or approval of all business plans. Major accomplishments include leading the independent financial feasibility study for a new ED and maternity program bond issuance.

1990-1996 **ST. BARNABAS HOSPITAL**
Bronx, NY

John C. Skelly June, 2015

1990-1993 Assistant Director of Finance

1993-1996 Director of Financial Planning

Accountabilities include general accounting, financial reporting, accounts payable, payroll, treasury, financial planning, and Partners in Health – Medicaid Managed Care Plan.

1984-1990 **PANNELL KERR FORSTER, CPA**
New York, NY

1988-1990 Audit Supervisor

1986-1988 Audit Senior

1984-1986 Audit Staff

Responsibilities include auditing a diverse portfolio of healthcare entities and coordinating the audit team activities to meet audit objectives.

Michael Ivy, M.D.
Senior Vice President, Medical Affairs and Chief Medical Officer
Bridgeport Hospital

Biography

Michael Ivy is the Senior Vice President for Medical Affairs and Chief Medical Officer for Bridgeport Hospital. He joined the Hospital in 2007 as the Vice President for Performance and Risk Management. Prior to that, he was Director of Surgical Critical Care and Director of the Surgical Critical Care Fellowship at Hartford Hospital from 2004 to 2007. Prior to his experience at Hartford Hospital, Dr. Ivy served as the Chief of Trauma and Surgical Critical Care and the Chair of the Surgical Integrated Quality Team at Bridgeport Hospital. He was also the Associate Program Director for the Yale General Surgery Residency.

Dr. Ivy earned his Bachelor's degree in Biology from Washington University in St. Louis, Missouri and an MD from the University of Connecticut. He completed his general surgery internship at the Naval Medical Center in San Diego and then spent two years as a Battalion Surgeon with First Marine Division. He completed his General Surgery residency at the Naval Medical Center in San Diego and then spent two years in Norfolk, Virginia with Fleet Surgical Team 4. After serving his time with the Navy, he completed a Trauma and Surgical Critical Care fellowship at Yale. He is a fellow of the American College of Surgeons and the American College of Critical Care Medicine.

Gina L. Calder, FACHE

29 Harbour Close, New Haven, CT 06519

(203) 782-0832 Home ♦ (203) 843-0605 Mobile

gina.calder@aya.yale.edu ♦ www.linkedin.com/in/ginacalder

♦ EDUCATION

Yale University, New Haven, CT

M.P.H., Health Policy & Administration, May 2008
B.A., Psychology, May 2003

♦ EXPERIENCE

Bridgeport Hospital, Bridgeport, CT, Member of Yale New Haven Health System, 2009 - Present
425-bed urban community, teaching hospital with assets and annual revenues in excess of $500 million.

June 2014 - present — ***Executive Director of Clinical Services***
Report to Chief Operating Officer

Operational, strategic planning, and business development responsibility for 10 inpatient, outpatient, and ambulatory areas totaling over 85,000 patient visits.

December 2012 - June 2014 — ***Administrative Director of Geriatric Services and Patient Relations***
Report to Chief Operating Officer

Operational, strategic planning, and business development responsibility for 5 cost centers totaling $5M which includes 46 physician, nursing, professional and clerical staff.

- Ranked top hospital for Geriatrics in Fairfield County by United States News and World Report in the 2013, 2012, 2011, and 2010 editions.
- Increased HCAHPS Recommend from 72.1 to 77.1 and Overall Rating from 64.3 to 70.5.
- Reorganized Patient Relations Department and achieved savings of $100,000 with addition of bilingual capabilities and three new roles including Associate Director.
- Reorganized Volunteer Services Department and recruited new Coordinator.
- Led successful patient and staff support efforts as part of inpatient and emergency department EPIC EMR implementation.
- Developed and implemented new service excellence training programs for new and existing staff and physicians.
- Implemented service recovery model and reduced patient/family complaints made directly to Patient Relations by 50%

- Combined three disparate staff recognition programs into one that reinforces system values.
- Develop and expand initiatives to manage population health and be accountable to provide high quality care across the care continuum.
- Manage leadership reports.
- Collaborate with executive and physician leadership across Yale New Haven Health System to align/integrate service excellence efforts and geriatric services and quality outcomes.
- Organize leadership development and staff recognition events.

March 2012 - December 2012 ***Director of Geriatric Services and Patient Relations***
Report to Chief Operating Officer

Operational, strategic planning, and business development responsibility for 5 cost centers totaling $5M which includes 46 physician, nursing, professional and clerical staff.

- Generated $1.8M in revenue for FY 2012 compared to $1.58M projected. Exceeded financial, volume, and productivity targets and generated overall savings of 12.9%.
- Led successful implementation of EPIC EMR for large, paper-based hospital practice and exceeded Meaningful Use targets.
- Organized system wide Service Excellence Conference and achieved highest attendee count of 950.
- Organized annual hospital Management Retreat.
- Organized annual Making the Difference staff recognition event.
- Managed two leadership reports.
- Collaborated with executive and physician leadership across Yale New Haven Health System to align/integrate service excellence efforts and geriatric services and quality outcomes.
- Developed and expanded initiatives to manage population health and be accountable to provide high quality care across the care continuum.

April 2011 - March 2012 ***Pediatric Service Acquisition Coordinator***
Report to President & CEO, Bridgeport Hospital and Vice President, Yale-New Haven Children's Hospital

Led acquisition by Yale-New Haven Children's Hospital (YNHCH) of Pediatric Services at Bridgeport Hospital to create a two-campus YNHCH.

- Completed successful certificate of need application for transfer of 42 inpatient and ICU beds and outpatient pediatric clinic.

- Transferred 48 FTEs from Bridgeport Hospital to Yale-New Haven Hospital with requisite position, salary, and benefits changes.
- Led transition teams across both organizations in reviewing and revising clinical policies and procedures to achieve one clinical standard of care and regulatory readiness.
- Developed service agreements to govern provision of Bridgeport Hospital ancillary and support services to YNHCH at Bridgeport.
- Led credentialing of 300+ Bridgeport Hospital medical staff at Yale-New Haven Hospital.
- Installed registration, clinical and financial crosswalks to ensure accurate health information management and funds flow.
- Developed communication strategy for patients and families, employees, physicians and community.
- Generated $18M in revenue through improved payer contracting and charge capture.
- Positioned YNHCH for market growth and expansion with ability to support additional ambulatory specialties.

April 2011 - March 2012 ***Director of Geriatric Services and Business Development***
Report to Senior Vice President of Planning and Marketing

Operational, strategic planning, and business development responsibility for 3 cost centers totaling $4M including 26 physician, nursing and clerical staff of Center for Geriatrics, Palliative Care Service, and CARE program.

- Generated $1.2M in revenue for FY 2011 compared to $996,000 projected. Exceeded financial, volume, and productivity targets and generated overall savings of 13.5%.
- Led successful integration of 42 bed, 48 FTE inpatient pediatric program and outpatient pediatric clinic with Yale-New Haven Children's Hospital which generated $18M in revenue.
- Establish and expand initiatives to manage population health and be accountable to provide high quality care across the care continuum.
- Collaborate with executive and physician leadership across Yale New Haven Health System to align/integrate geriatric programs and quality outcomes.
- Trained and serve as Peer Advisor resolving interpersonal employee conflicts.

October 2009 - March 2011 ***Manager of Geriatric Services and Business Development***
Report to Senior Vice President of Planning and Marketing

Operational and business development responsibility for 3 cost centers totaling $3M including 19 physician, nursing and clerical staff for Center for Geriatrics and Palliative Care program.

- Generated $728,000 in revenue for FY 2010 compared to $566,000 projected. Exceeded financial, volume, and productivity targets and generated overall savings of 12%.
- Launched Geriatric Emergency Medicine Service (GEMS™) and Palliative Care program in FY 2010 with both programs exceeding volume and revenue targets.

March 2009 - September 2009

Sustainability Manager for Streamlining for Success Initiative
Report to Chief Operating Officer

- Worked closely with Support Services leadership and used Lean methodologies to design and implement process efficiencies that achieved $560,000 in savings.
- Collaborated with hospital-wide leadership and consulting team to achieve over $12M in total savings and secure organization's fiscal health.
- Hardwired processes and monitoring tools to sustain efficiencies.

Yale-New Haven Health System, New Haven, CT, 2008 - 2009
Major regional multi-hospital and physician group system in Connecticut with assets and annual revenues in excess of $2 billion.

June 2008 - March 2009

Administrative Fellow
Report to Executive Vice President, Strategy & System Development

- Worked on various projects with senior leadership of system corporate services and the delivery networks to meet business plan goals.
- Managed the Bridgeport Hospital Geriatrics program: recruited and hired two nurse case managers, improved staff work flow and efficiency, developed performance dashboards, and analyzed, as well as developed and implemented plans to improve physician productivity.

Yale-New Haven Hospital, New Haven, CT, 2007
966-bed academic medical center. Member of Yale New Haven Health System, a multi-hospital and physician group system.

May 2007 - December 2007

Administrative Resident
Report to Director of Operations Support & Director of Patient Relations, Volunteer and Guest Services

- Worked with senior leadership to develop patient and family-centered standards, service line practices, and implementation plans.
- Presented research findings to senior leadership on patient and family-centered care models, costs, and benefits.
- Developed strategy to increase cochlear implant program revenue.

MATRIX Public Health Consultants, Inc., New Haven, CT, 2004 - 2007
Public health consulting firm specializing in program planning, development, and evaluation.

May 2006 - May 2007

Director of Quality of Life Equity
Report to President

- Directed contracts with budgets totaling more than $650,000 annually.
- Recruited, hired, trained, and managed 9 part-time employees, 16 subcontractors, and 4 student interns.
- Evaluated effectiveness of public and private-sector health and human services programs.
- Built organizational capacity to address health and human services disparities and work with communities of color.

August 2004 - May 2006

Associate
Report to President

- Provided technical assistance and capacity building for local, state, and federal contractors.
- Developed evidence-based program standards of care for client implementation.
- Developed and conducted Board and staff trainings for clients.
- Developed fundraising and donor development strategies for clients.

♦ PUBLICATIONS & PRESENTATIONS

Publications

June 2014

Argento, Vivian, Calder, Gina, Ferrigno, Rockman, Skudlarska, Beata. "Geriatric Emergency Medicine Service: A Novel Approach to an Emerging Trend." Connecticut Medicine. 2014;78(6): 339-43.

Presentations

March 2014

American College of Healthcare Executives Congress on Healthcare Leadership (Chicago, IL), **Geriatric Emergency Medicine Service: A Novel Approach to an Emerging Trend**

♦ APPOINTMENTS & MEMBERSHIPS

Professional Organizations

August 2013 – Present	National Association of Health Services Executives Connecticut Chapter, *President and Founding Member*
April 2013 – Present	Frontiers of Health Services Management, *Editorial Board Member*
July 2011–Present	American College of Healthcare Executives, *Fellow*
June 2011–Present	Connecticut Association of Healthcare Executives, *Higher Education Network Co-Chair*
May 2011–Present	Bridgeport Regional Business Council, *Women's Leadership Council Member*
May 2011–Present	American College of Healthcare Executives, CT *Regents Advisory Council Member*
June 2009-July 2011	Young Elected Officials Network, *CT State Director*
March 2008-Present	Connecticut Association of Healthcare Executives, *Member*

Community Organizations

July 2014-Present	Optimus Health Care, *Board Member*
January 2013-Present	FitHaven, *Board Vice President*
February 2009-Present	Greater New Haven NAACP, *Board of Directors*
September 2008-Present	Beulah Heights First Pentecostal Church, *Vice President, Young People's Ministry*
September 2008-Present	Graustein Memorial Fund, *Community Leadership Fellow*
January 2008-July 2011	New Haven Board of Aldermen (City Council), *Ward 2 Alderman*
August 2005-Present	Connecticut Health Foundation, *Leadership Fellow*

♦ PROFESSIONAL AWARDS

June 2011	American College of Healthcare Executives, *Early Career Healthcare Executive Regent's Award*
June 2011	Fairfield County Business Journal, *Fairfield County 2011 40Under40 Leaders Award*
March 2011	Connecticut Association of Healthcare Executives, *Membership Spotlight Award for Exceptional Community Service*

Lisa Blanchette Webb, M.D.
Curriculum Vitae
2015

Business: Neurological Specialists
2590 Main Street
Stratford, CT 06615
203-377-5988 / FAX 203-380-0531

Board Certification: Diplomate of the:

- American Board of Psychiatry & Neurology (Neurology)
- American Board of Physical Medicine & Rehabilitation
- American Board of Neuromuscular & Electrodiagnostic Medicine

Hospital and Administrative Appointments:

1999-2000 Chief Resident in the Department of Rehabilitation Medicine, Hospital of the University of Pennsylvania, Philadelphia, PA

2000-present
Attending Physician, Dept. of Medicine
Divisions of Neurology & Rehabilitation Medicine
Bridgeport Hospital, Bridgeport, CT
Griffin Hospital, Derby, CT

2001-present Medical Director
Ahlbin Center Inpatient Rehabilitation Unit
Bridgeport Hospital, Bridgeport, CT
Bridgeport Hospital, Bridgeport, CT

2002-present Section Chief, Division of Physical Medicine & Rehabilitation, Dept. of Medicine, Bridgeport Hospital

2006-present Stroke Steering Committee, Bridgeport Hospital

Education:

1982-86 B.S. Boston University (Physical Therapy)
1990-94 M.D. University of Connecticut

Postgraduate Training:

1994-1995 Intern in Medicine, University of Connecticut, Farmington, CT

1995-2000 Resident in Neurology/Rehabilitation Medicine combined program, Pennsylvania Hospital/Hospital of the University of Pennsylvania, Philadelphia, PA

Licensure: Connecticut MD License #038663

Awards, Honors and Memberships in Honorary Societies:

1982-86: National Dean's List (all semesters)
Summa Cum Laude graduate, Boston University

Past Employment:

1986 to 1994: Licensed Physical Therapist

Professional Memberships:

National Societies:

- American Academy of Neurology
- American Academy of Physical Medicine & Rehabilitation
- American Association of Neuromuscular & Electrodiagnostic Medicine

Lisa Blanchette Webb, M.D.
Curriculum Vitae
2015

Research Experience:

1991: "Investigation of Oxidative Stress-Induced Proteins Released by Bovine Endothelial Cells", with Henry Smilowitz, Ph.D., Dept. of Pharmacology, University of Connecticut

Presentations:

1996: "Musculoskeletal Disorders of the Shoulder can Mimic Cervical Radiculopathy", with Leo F. McCluskey, M.D., Pennsylvania Hospital Dept. of Neurology
Presented at the Pennsylvania Hospital Fourth Annual Thomas Bond Symposium, June 6, 1997, Philadelphia, PA

1997 - 98: "Distribution of the Apolipoprotein E4 Allele in Patients with Persistent Cognitive Deficits after Mild Traumatic Brain Injury", with M. Elizabeth Sandel, M.D., Rosette Plotkin, Ph.D., et al, University of Pennsylvania Dept. of Rehabilitation Medicine
Presented at:

- Pennsylvania Hospital Fifth Annual Thomas Bond Symposium, June 5, 1998, Philadelphia, PA
- American Academy of Physical Medicine & Rehabilitation 60th Annual Assembly, Nov. 1998, Seattle, WA

1998-99: Case report: "Hereditary Motor and Sensory Neuropathy Type I Associated with Central Nervous System Demyelination"
Presented at:

- American Academy of Electrodiagnostic Medicine 45th Annual Meeting, Oct. 1998, Orlando, FL
- Pennsylvania Hospital Sixth Annual Thomas Bond Symposium, June 4, 1999, Philadelphia, PA

1999: Case Report: "Intrathecal Baclofen Treatment in a Patient with Hereditary Spastic Paraparesis Results in Improved Mobility and Self Care but is Complicated by Chronic Headaches and Cerebrospinal Fluid Leak" Presented at the American Academy of Physical Medicine & Rehabilitation 61st Annual Assembly, Nov. 1999, Washington, DC

2001: Principal Investigator: "PNU-95666E: Double-blind, Placebo-controlled, Dose-response Study of Tolerability, Safety, and Efficacy in Patients with Early Parkinson's Disease", Clinical Research Center, Trumbull, CT, (Pharmacia & Upjohn)

2001: "Evaluation & Treatment of Spasticity" to Ahlbin Center Physical, Occupational & Speech Therapists, at Ahlbin Center, Bridgeport, CT, July 24

"Osteoporosis Rehabilitation & Prevention" ("Osteoporosis Diagnosis & Medical Therapy " presented by Dr. Glenn Rich), Bridgeport Hospital Women's Wellness Program, Trumbull Marriott, Oct. 16

"Utility of Electromyography in the Diagnosis and Management of Neuromuscular Disorders" Dept. of Medicine Grand Rounds, Bridgeport Hospital, Dec. 20

2003: "Stroke Etiologies, Prevention & Treatment" to Valley Heart Club, Rapp's Paradise Inn, Derby, CT, Jan. 21

2013: "Low back pain. Evaluation, management & prevention." Bridgeport Hospital community lecture series, Trumbull Marriott, Sept. 26

"Stroke Rehabilitation." Griffin Hospital Mini-medical school community lecture series, Oct. 24

Lisa Blanchette Webb, M.D.
Curriculum Vitae
2015

Other Teaching Responsibilities:

Bridgeport Hospital Internal Medicine & Medicine/Pediatrics Residents
2000-present:

- Quarterly noon conference lectures, Neurology Topics
  - "Neurological Complications of Diabetes Mellitus"
  - "Alcohol & the Nervous System"
- New Intern Orientation regarding the Acute Level Inpatient Rehabilitation Unit at Bridgeport Hospital
- Teaching Residents on Neurology elective

2002-2009:
Teaching Rehabilitation Medicine to Bridgeport Hospital Internal Medicine Residents on Geriatrics rotation
2009-present:
Teaching Rehabilitation Medicine & Neurology to Geriatric Fellows at Bridgeport Hospital

Publications:

Chapters:

McCluskey LF, Webb LB. Compression and entrapment neuropathies of the lower extremity. In: Spadone, SJ, Willis, JD. Clinics in Podiatric Medicine and Surgery. Clinical Neurology. Philadelphia: W.B. Saunders, 1999; 97-125.

Abstracts:

Webb LB, McCluskey LF. Hereditary motor and sensory neuropathy type I associated with central nervous system demyelination. Muscle and Nerve 1998; 21(11):1575.

Webb LB, Sandel ME et al. Distribution of the apolipoprotein Ee4 allele in patients with persistent cognitive deficits after mild traumatic brain injury. Archives of Physical Medicine and Rehabilitation 1998; 79(9):1147-1148.

Webb LB, Zorowitz RD, Ferrante M. Intrathecal baclofen treatment in a patient with hereditary spastic paraparesis results in improved mobility and self care but is complicated by chronic headaches and cerebrospinal fluid leak. Archives of Physical Medicine and Rehabilitation 1999; 80(9):1189.

References:

Available upon request

To Contact Dr. Webb: LBWEBB@SNET.NET or 203-525-5298

ATTACHMENT VI – LETTERS OF SUPPORT

June 17, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

Dear Deputy Commissioner Brancifort:

I am writing to express my support and encourage your approval of Bridgeport Hospital's (BH) Certificate of Need (CON) Application to terminate its Inpatient Rehabilitation Unit (IRU). The hospital is currently facing considerable capacity constraints in its medical-surgical areas. Community demand for BH's acute inpatient medical surgical services has been growing. Acute care medical-surgical occupancy rates have been consistently between 85% and 96% (based on midnight census tracking) since October 2013. Census figures collected at 5:00 a.m. each day better reflect the frequency of excessively high occupancy. There were 115 days between April 2014 and April 2015 when the inpatient census exceeded the number of available medical-surgical beds and 340 days that exceeded 80% occupancy. This sustained high occupancy necessitates the creation of another medical-surgical inpatient unit; however there is no other available space on the BH campus. The space currently occupied by the IRU can be converted into an acute care medical-surgical unit at significantly less cost than building a new patient care building. I would also like to emphasize that this proposal does not require any change in the number of licensed beds.

We are confident that continued access for IRU services will be available to BH patients, primarily through the YNHH IRU which will be opening in July 2015. YNHH's newly constructed IRU located in leased space within Milford Hospital (MH) will provide a state-of-the-art alternative for BH patients who require IRU services. The YNHH IRU includes 18 private and 2 semi-private rooms, as well as an ambience that will support health and healing. The Milford location is only 15 minutes from BH, easy to access from major highways and offers ample free parking. In addition, we have contacted several other area IRU providers who have indicated they have capacity to accept IRU referrals from BH. Patient choice will of course be honored and should a patient choose IRU services at another facility, BH will facilitate the transfer elsewhere.

An additional benefit for our current BH IRU staff and physicians is that they will be offered employment at YNHH's IRU unit therefore providing continuity in employment as well as providing the needed staffing levels to serve all of the patients in need. This CON application represents a clear example where hospitals and other providers must work together to efficiently utilize resources, control costs and collaborate.

Thank you in advance for your support.

Sincerely,

William Jennings
President & Chief Executive Officer

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

June 18, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

Dear Deputy Commissioner Brancifort:

I am writing to express my support and encourage your approval of Bridgeport Hospital's (BH) Certificate of Need (CON) Application to terminate its Inpatient Rehabilitation Unit (IRU). Yale-New Haven Hospital (YNHH) stands ready to care for the patients previously treated at BH at our new IRU on the Milford Hospital Campus. BH needs more acute care medical-surgical beds and would like to use the space currently occupied by the IRU for this purpose. The YNHH IRU at Milford Hospital can provide IRU care to the majority of BH rehabilitation patients and represents a cost effective solution for both BH and YNHH..

Although the CON involves a termination of the IRU service at BH, YNHH's newly constructed IRU located in leased space within Milford Hospital (MH) will provide a state-of-the-art alternative for BH patients who require IRU services. The YNHH IRU includes 18 private and 2 semi-private rooms, as well as an ambience that will support health and healing. The Milford location is only 15 minutes from BH, easy to access from major highways and offers ample free parking.

BH IRU staff and physicians will be incorporated into YNHH's IRU unit therefore providing continuity in employment as well as providing the needed staffing levels to serve all of the patients in need. This CON application represents a clear example where hospitals and other providers must work together to efficiently utilize resources, control costs and collaborate.

Thank you in advance for your support.

Sincerely,

Richard D'Aquila
President

June 16, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

Dear Deputy Commissioner Brancifort:

The purpose of this letter is to express my support and advocate for your approval of Bridgeport Hospital's (BH) Certificate of Need (CON) Application to terminate its Inpatient Rehabilitation Unit (IRU). The hospital is currently facing considerable capacity constraints in its medical-surgical areas. Community demand for BH's acute inpatient medical surgical services has been growing. Acute care medical-surgical occupancy rates have been consistently between 85% and 96% (based on midnight census tracking) since October 2013. Census figures collected at 5:00 a.m. each day better reflect the frequency of excessively high occupancy. There were 115 days between April 2014 and April 2015 when the inpatient census exceeded the number of available medical-surgical beds and 340 days that exceeded 80% occupancy.

It is clear that the community's need for acute medical-surgical services at BH is not being adequately met. As an acute care hospital, our first priority is to offer acute care level of services to our community. We do not have the sufficient complement of beds to meet this need. This proposal will permit BH to substantially increase its acute medical-surgical beds and will improve the delivery of these services significantly.

When patients have to remain in the Emergency Department (ED) for extended periods of time, be placed on patient care units that typically treat a different patient population, or be the second or third patient placed in a patient room that is intended for one or two patients, our ability to delivery efficient and effective care is compromised. Patient privacy is negatively impacted, staff must alter workflow, and overall patient and physician satisfaction declines. If cost was not a concern, we would build a new patient care tower and create more acute care space. However, in today's health care environment, we must efficiently utilize existing resources, control costs and collaborate with other providers to find solutions to capacity challenges.

The IRU at YNHH will be able to care for the overwhelming majority of BH patients being discharged from an acute medical-surgical hospitalization who require IRU services. There are also other IRUs in the area that have indicated they have capacity to accept referrals from BH should the need arise or based on patients' request. This proposal has the support of the medical staff at BH and represents an excellent solution to a long standing challenge.

267 Grant Street
Bridgeport, CT 06610
(203) 384-3000

I strongly encourage you to approve BH's request to terminate its IRU. Thank you in advance for your support.

Sincerely,

Michael E. Ivy, M.D., F.A.C.S., F.C.C.M.
Chief Medical Officer
Senior Vice-President Medical Affairs
Bridgeport Hospital
Yale-New Haven Health System

267 Grant Street
Bridgeport, CT 06610
(203) 384-3000

June 16, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

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267 Grant Street
Bridgeport, CT 06610
(203) 384-3000

I strongly encourage you to approve BH's request to terminate its IRU. I am excited about the opportunity to enhance continuity of care in my new role where I will follow patients from Bridgeport Hospital to Milford. Thank you in advance for your support.

Sincerely,

Dr. Lisa Webb
Medical Director
Bridgeport Hospital
Yale-New Haven Health System

267 Grant Street
Bridgeport, CT 06610
(203) 384-3000

ATTACHMENT VII – FINANCIAL WORKSHEET A

Applicant:

Financial Worksheet (A)

NON-PROFIT

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

LINE	Total Entity: Description	(1) FY 2014 Actual Results	(2) FY 2015 Projected W/out CON	(3) FY 2015 Projected Incremental	(4) FY 2015 Projected With CON	(5) FY 2016 Projected W/out CON	(6) FY 2016 Projected Incremental	(7) FY 2016 Projected With CON	(8) FY 2017 Projected W/out CON	(9) FY 2017 Projected Incremental	(10) FY 2017 Projected With CON	(11) FY 2018 Projected W/out CON	(12) FY 2018 Projected Incremental	(13) FY 2018 Projected With CON	(14) FY 2019 Projected W/out CON	(15) FY 2019 Projected Incremental	(16) FY 2019 Projected With CON
A.	OPERATING REVENUE																
1	Total Gross Patient Revenue	$1,693,080	$1,732,269		$1,732,269	$1,732,269	($4,023)	$1,728,246	$1,728,246	$10,733	$1,738,979	$1,738,979	$10,733	$1,749,712	$1,749,712	$10,733	$1,760,445
2	Less: Allowances	$1,253,705	$1,259,142		$1,259,142	$1,259,995	($2,413)	$1,257,582	$1,248,993	$7,790	$1,256,783	$1,252,613	$7,674	$1,260,287	$1,256,096	$7,557	$1,263,653
3	Less: Charity Care				$0		$0	$0		$0	$0		$0	$0		$0	$0
4	Less: Other Deductions				$0		$0	$0		$0	$0		$0	$0		$0	$0
	Net Patient Service Revenue	$439,375	$473,127	$0	$473,127	$472,274	($1,610)	$470,664	$479,253	$2,943	$482,196	$486,366	$3,059	$489,425	$493,616	$3,176	$496,792
5	Medicare	$159,487	$176,875		$176,875	$178,998	($960)	$178,038	$181,145	$1,634	$182,779	$183,319	$1,705	$185,024	$185,519	$1,772	$187,291
6	Medicaid	$90,023	$86,276		$86,276	$78,576	$212	$78,788	$78,576	$884	$79,460	$78,576	$908	$79,484	$78,576	$938	$79,514
7	CHAMPUS & TriCare				$0		$0	$0		$0	$0		$0	$0		$0	$0
8	Other				$0		$0	$0		$0	$0		$0	$0		$0	$0
	Total Government	$249,510	$263,151	$0	$263,151	$257,574	($748)	$256,826	$259,721	$2,518	$262,239	$261,895	$2,613	$264,508	$264,095	$2,710	$266,805
9	Commercial Insurers	$189,865	$209,976		$209,976	$214,700	($862)	$213,838	$219,531	$425	$219,956	$224,471	$446	$224,917	$229,521	$466	$229,987
10	Uninsured				$0		$0	$0		$0	$0		$0	$0		$0	$0
11	Self Pay				$0		$0	$0		$0	$0		$0	$0		$0	$0
12	Workers Compensation				$0		$0	$0		$0	$0		$0	$0		$0	$0
13	Other				$0		$0	$0		$0	$0		$0	$0		$0	$0
	Total Non-Government	$189,865	$209,976	$0	$209,976	$214,700	($862)	$213,838	$219,531	$425	$219,956	$224,471	$446	$224,917	$229,521	$466	$229,987
	Net Patient Service Revenue[a] (Government+Non-Government)	$439,375	$473,127	$0	$473,127	$472,274	($1,610)	$470,664	$479,253	$2,943	$482,196	$486,366	$3,059	$489,425	$493,616	$3,176	$496,792
14	Less: Provision for Bad Debts				$0		$0	$0		$0	$0		$0	$0		$0	$0
	Net Patient Service Revenue less provision for bad debts	$439,375	$473,127	$0	$473,127	$472,274	($1,610)	$470,664	$479,253	$2,943	$482,196	$486,366	$3,059	$489,425	$493,616	$3,176	$496,792
15	Other Operating Revenue	$24,321	$28,366		$28,366	$27,586	$0	$27,586	$26,986	$0	$26,986	$26,986	$0	$26,986	$26,986	$0	$26,986
17	Net Assets Released from Restrictions				$0		$0	$0		$0	$0		$0	$0		$0	$0
	TOTAL OPERATING REVENUE	$463,696	$501,493	$0	$501,493	$489,860	($1,610)	$498,250	$506,239	$2,943	$509,182	$513,352	$3,059	$516,411	$520,602	$3,176	$523,778
B.	OPERATING EXPENSES																
1	Salaries and Wages	$157,999	$156,251		$156,251	$160,939	($965)	$159,974	$165,767	($136)	$165,631	$170,740	($82)	$170,658	$175,862	($26)	$175,836
2	Fringe Benefits	$48,105	$51,571		$51,571	$53,118	($321)	$52,797	$54,712	($45)	$54,667	$56,353	($28)	$56,325	$58,044	($9)	$58,035
3	Physicians Fees	$25,569	$28,426		$28,426	$28,710	($64)	$28,646	$28,997	($64)	$28,933	$29,287	($64)	$29,223	$29,580	($64)	$29,516
4	Supplies and Drugs	$55,678	$58,097		$58,097	$58,678	($272)	$58,406	$59,265	($93)	$59,171	$59,857	($81)	$59,776	$60,456	($68)	$60,388
5	Depreciation and Amortization	$30,957	$31,606		$31,606	$31,606	$29	$31,635	$31,606	$29	$31,635	$31,606	$29	$31,635	$31,606	$29	$31,635
6	Provision for Bad Debts-Other[b]				$0		$0	$0		$0	$0		$0	$0		$0	$0
7	Interest Expense	$2,566	$3,108		$3,108	$3,108	$0	$3,108	$3,108	$0	$3,108	$3,108	$0	$3,108	$3,108	$0	$3,108
8	Malpractice Insurance Cost	($285)	$7,664		$7,664	$7,932	$0	$7,932	$8,210	$0	$8,210	$8,497	$0	$8,497	$8,795	$0	$8,795
9	Lease Expense	$5,428	$5,803		$5,803	$5,861	$0	$5,861	$5,920	$0	$5,920	$5,979	$0	$5,979	$6,039	$0	$6,039
10	Other Operating Expenses	$100,747	$107,268		$107,268	$106,213	($346)	$105,866	$103,968	($0)	$103,968	$102,024	$7	$102,030	$100,095	$12	$100,107
	TOTAL OPERATING EXPENSES	$426,764	$449,794	$0	$449,794	$456,195	($1,940)	$454,225	$461,552	($309)	$461,243	$467,451	($219)	$467,232	$473,584	($127)	$473,457
	INCOME/(LOSS) FROM OPERATIONS	$36,932	$51,699	$0	$51,699	$43,695	$330	$44,024	$44,687	$3,252	$47,939	$45,901	$3,278	$49,179	$47,018	$3,303	$50,321
	NON-OPERATING REVENUE	$5,852	$4,188		$4,188	$1,200	$0	$1,200	$1,200	$0	$1,200	$1,200	$0	$1,200	$1,200	$0	$1,200
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	$42,784	$55,887	$0	$55,887	$44,895	$330	$45,224	$45,887	$3,252	$49,139	$47,101	$3,278	$50,379	$48,218	$3,303	$51,521
	Principal Payments	$4,218	$9,260		$9,260	$5,720	$0	$5,720	$6,743	$0	$6,743	$4,478	$0	$4,478	$4,478	$0	$4,478
C.	PROFITABILITY SUMMARY																
1	Hospital Operating Margin	7.9%	10.2%	0.0%	10.2%	8.7%	-20.5%	8.8%	8.8%	110.5%	9.4%	8.9%	107.2%	9.5%	9.0%	104.0%	9.6%
2	Hospital Non Operating Margin	1.2%	0.8%	0.0%	0.8%	0.2%	0.0%	0.2%	0.2%	0.0%	0.2%	0.2%	0.0%	0.2%	0.2%	0.0%	0.2%
3	Hospital Total Margin	9.1%	11.1%	0.0%	11.1%	9.0%	-20.5%	9.1%	9.0%	110.5%	9.6%	9.2%	107.2%	9.7%	9.2%	104.0%	9.8%
D.	FTEs	2,167	2,132		2,132	2,132	(12)	2,120	2,132	(0)	2,132	2,132	(0)	2,132	2,132	(0)	2,132
E.	VOLUME STATISTICS[c]																
1	Inpatient Discharges	18,208	19,998		19,998	19,998	193	20,191	19,998	561	20,559	19,998	561	20,559	19,998	561	20,559
2	Outpatient Visits	277,043	282,370		282,370	282,370	0	282,370	282,370	0	282,370	282,370	0	282,370	282,370	0	282,370
	TOTAL VOLUME	295,251	302,368	0	302,368	302,368	193	302,561	302,368	561	302,929	302,368	561	302,929	302,368	561	302,929

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

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

[c]Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

ATTACHMENT VIII- FINANCIAL ASSUMPTIONS

Bridgeport Hospital

Assumptions:

	Inflation
Revenue:	
Medicare	1.20%
Medicaid	0.00%
Medicaid - FY'16 State budget impact	-$7.7M
Commercial Insurers	2.25%
Other Operating Revenue (general)	0.00%
Meaningful Use - FY'16	-780K
Meaningful Use - FY'17	-600K
Expense:	
Salaries & Benefits	3.00%
Physician Fees	1.00%
Supplies and Drugs	1.00%
Malpractice Insurance	3.50%
Other Operating Expense (deficit mitigation)	-1.50%

Bridgeport Hospital

West Tower 8 - "Super Clean Light" for inpatient beds/renovations

Estimated Capital	Useful Life
$582,752	20

Years	Annual Depreciation
1	$29,138
2	$29,138
3	$29,138
4	$29,138
5	$29,138
6	$29,138
7	$29,138
8	$29,138
9	$29,138
10	$29,138
11	$29,138
12	$29,138
13	$29,138
14	$29,138
15	$29,138
16	$29,138
17	$29,138
18	$29,138
19	$29,138
20	$29,138
Total	**$582,752**

GAYLORD

Stephen T. Holland, M.D.,
FACEP, FAPWCA, ABIM, MPA

Vice President and
Chief Medical
Officer
Gaylord Hospital
P.O. Box 400
Wallingford, CT
06492

203 741-3302 tel
203 294-8712 fax
sholland@gaylord.org

June 12th, 2015

Ms. Janet Brancifort
Deputy Commissioner
Department of Public Health

Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford CT 06134

Dear Deputy Commissioner Brancifort:

Gaylord Hospital currently operates a 137 bed Long Term Acute Care Hospital (LTACH) in Wallingford, CT. We have been notified by Bridgeport Hospital (BH) that they are applying for CON approval to terminate their Inpatient Rehabilitation Unit and have requested a letter from us indicating our ability to provide rehabilitation services to their patients should the need arise in qualified patients meeting LTACH criteria.

Currently, our hospital has capacity to accept referrals from Bridgeport Hospital, which we already do on a routine basis, and see no issues should the referral volume increase. We would be happy to work with BH to assist with the transfer of BH patients once discharged from their acute hospitalization to our facility for rehab services.

Please do not hesitate to contact me should you have any questions or concerns.

Thank you for your attention.

Sincerely,

Stephen T. Holland, MD

RECEIVED
JUN 16 2015
Department of Public Health
Office of the Commissioner

Olejarz, Barbara

Subject: FW: Docket Number: 15-32010 Bridgeport Hospitals Termination of IRU Services.

From: Lazarus, Steven [mailto:Steven.Lazarus@ct.gov]
Sent: Friday, July 17, 2015 2:18 PM
To: Rosenthal, Nancy
Cc: Karen Banoff; Veyberman, Alla; Riggott, Kaila
Subject: Re: Docket Number: 15-32010 Bridgeport Hospitals Termination of IRU Services.

Good Afternoon Nancy,

As indicated in the voice mail I left this afternoon, please address the following in an email response to OHCA **no later than** 4:00 pm, Thursday, **July 23, 2015**:

Since there will be no IRU service provided at Bridgeport Hospital FY 2016 onwards, please revise the following information presented in the CON application:

1. Revise Tables 5&6 to update the year-to-date and annualized IRU utilization.
2. Revise Table 6 on p. 35 to reflect no projected utilization for FY16- FY19.
3. Revise Table 7 on p. 35 to reflect no projected payer mix related to IRU for FY16-FY19
4. In reference to financial Worksheet submitted on p. 82:
   a. Revise and update to include revenues from IRU program for FY15 (Oct 1, 2014-Year-To-Date).
   b. Revise the operating expenses for FY15 to include the expenses related to the IRU, Year-To-Date.
   c. Revise the projected FY16-FY19 to reflect no revenue or expenses incremental to the project.
5. Reconcile the amounts in Table 4 on p. 34 with the amounts reported in the Revised Financial Worksheet.
6. Be sure to provide and/or revise all assumptions for the tables and the financial worksheets requested above.

Please feel free to contact Alla Veyberman (860) 418-7007 or me, if you have any questions. If we do not receive your responses by end of day tomorrow, we may have to send these questions out as part of a Completeness Letter Friday.

Steve & Alla

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

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

Greer, Leslie

From: Lazarus, Steven
Sent: Thursday, July 23, 2015 9:03 AM
To: Greer, Leslie
Cc: Riggott, Kaila; Veyberman, Alla
Subject: FW: Docket Number 15-32010-CON Bridgeport Hospitalk's Terminatin of the Inpatient Rehabilitation Unit
Attachments: 20150723085144399.pdf

Leslie,

Please add to the original file for 15-312010-CON.

Thank you,

Steve

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

From: Rosenthal, Nancy [mailto:Nancy.Rosenthal@greenwichhospital.org]
Sent: Thursday, July 23, 2015 9:00 AM
To: Lazarus, Steven; Veyberman, Alla
Subject: Docket Number 15-32010-CON Bridgeport Hospitalk's Terminatin of the Inpatient Rehabilitation Unit

Steve and Ally,

Please review the following and let me know if this fulfills what you requested on July 17th. If so, I will send the originals by regular mail. If not, we can make the required changes today.

Thank you.

Nancy

Nancy Rosenthal
SVP Health Systems Development, Strategy and Regulatory Planning

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

BRIDGEPORT HOSPITAL
YALE NEW HAVEN HEALTH

July 22, 2015

Mr. Steven Lazarus
Ms. Alla Veyberman
Office of Healthcare Access
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06106

Re: Docket Number 15-32010-CON
Bridgeport Hospital's Termination of the Inpatient Rehabilitation Unit

Dear Mr. Lazarus and Ms. Veyberman:

Attached are responses to questions for Docket Number 15-32010-CON presented on July 17, 2015.

As stated in the respective CON, Bridgeport Hospital is requesting to terminate its Inpatient Rehabilitation Service. The reason for this action is due to the growth of its acute care medical service and the need for beds to serve those patients. Bridgeport Hospital plans to redirect the use of the licensed IRU beds, not to remove them from the Bridgeport Hospital license.

The revised financials do not reflect any financial revenues or expenses associated with the new use of the unit. The assumptions in the attached financials provide further explanation.

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

Sincerely,

Nancy Rosenthal
Senior Vice President, Health Systems Development

267 Grant Street
Bridgeport, CT 06610

15	FY 2016	FY 2017	FY 2018	FY 2019
8,035	$ -	$ -	$ -	$ -
4,098	$ -	$ -	$ -	$ -
3,937	$ -	$ -	$ -	$ -

only reflect the financial impact of the IRU Nursing Unit from 2015-2019.

Actual Volume			Annualized*
12	FY 2013	FY 2014	FY 2015
383	386	358	354
1,240	11,083	11,100	12,423

Projected Volume				
15	FY 2016	FY 2017	FY 2018	FY 2019
354	-	-	-	-
2,423	12,974	13,342	13,342	13,342

ed volumes for FY 2015 and assumes closing the program at the end of this fiscal year.
owth in volume with an ADC of 12 starting in January 2016 and growing to an ADC of 15 starting in FY 2017.

Current		Projected							
015 (Annualized)		FY 2016		FY 2017		FY 2018		FY 2019	
ges	%	Discharges	%	Discharges	%	Discharges	%	Discharges	%
217	61.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62	17.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
279	**78.8%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
67	18.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
3	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5	1.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
75	**21.2%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
354	**100.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**

on FY l arges	Utilization FY 2015 Annualized IRU Discharges
99	102
82	80
32	39
30	33
31	26
11	20
9	11
3	8
6	5
4	3
2	2
2	2
6	-
-	5
4	-
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NON-PROFIT

one year of actual res and three years of projections of Total Entity revenue, expense and volume statistics
ental to and with the CON proposal in the following reporting format:

(1)	(2)	(3)*	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
014 al lts	FY 2015 Projected W/out CON	FY 2015 Projected Incremental	FY 2015 Projected With CON	FY 2016 Projected W/out CON	FY 2016 Rehab Incremental	FY 2016 Projected With CON	FY 2017 Projected W/out CON	FY 2017 Projected Incremental	FY 2017 Projected With CON	FY 2018 Projected W/out CON	FY 2018 Projected Incremental	FY 2018 Projected With CON	FY 2019 Projected W/out CON	FY 2019 Projected Incremental	FY 2019 Projected With CON
93,080	$1,732,269	$27,243	$1,705,026	$1,705,026	$0	$1,677,783	$1,705,026	$0	$1,677,783	$1,705,026	$0	$1,677,783	$1,705,026	$0	$1,677,783
253,705	$1,259,142	$19,209	$1,239,934	$1,232,752	$0	$1,213,544	$1,225,773	$0	$1,206,565	$1,218,660	$0	$1,199,452	$1,211,410	$0	$1,192,201
			$0			$0			$0			$0			$0
			$0			$0			$0			$0			$0
439,375	$473,127	$8,035	$481,162	$472,274	$0	$464,239	$479,253	$0	$471,218	$486,366	$0	$478,331	$493,616	$0	$485,582
159,487	$176,875	$5,102	$171,774	$178,998	$0	$173,896	$181,145	$0	$176,044	$183,319	$0	$178,218	$185,519	$0	$180,418
90,023	$86,276	$401	$85,876	$78,576	$0	$78,176	$78,576	$0	$78,176	$78,576	$0	$78,176	$78,576	$0	$78,176
			$0			$0			$0			$0			$0
			$0			$0			$0			$0			$0
249,510	$263,151	$5,502	$257,649	$257,574	$0	$252,072	$259,721	$0	$254,219	$261,895	$0	$256,393	$264,095	$0	$258,593
189,865	$209,976	$2,456	$207,521	$214,700	$0	$212,245	$219,531	$0	$217,076	$224,471	$0	$222,015	$229,521	$0	$227,066
			$0			$0			$0			$0			$0
			$0			$0			$0			$0			$0
		$77	($77)			($77)			($77)			($77)			($77)
			$0			$0			$0			$0			$0
189,865	$209,976	$2,533	$207,444	$214,700	$0	$212,168	$219,531	$0	$216,999	$224,471	$0	$221,938	$229,521	$0	$226,989
439,375	$473,127	$8,035	$465,093	$472,274	$0	$464,239	$479,253	$0	$471,218	$486,366	$0	$478,331	$493,616	$0	$485,582
			$0			$0			$0			$0			$0
439,375	$473,127	$8,035	$465,093	$472,274	$0	$464,239	$479,253	$0	$471,218	$486,366	$0	$478,331	$493,616	$0	$485,582
24,321	$28,366		$28,366	$27,586		$27,586	$26,986		$26,986	$26,986		$26,986	$26,986		$26,986
			$0			$0			$0			$0			$0
463,696	$501,493	$8,035	$493,459	$499,860	$0	$491,825	$506,239	$0	$498,204	$513,352	$0	$505,317	$520,602	$0	$512,568
57,999	$156,251	$2,086	$154,165	$160,939	$0	$158,853	$165,767	$0	$163,681	$170,740	$0	$168,654	$175,862	$0	$173,776
48,105	$51,571	$695	$50,876	$53,118	$0	$52,423	$54,712	$0	$54,016	$56,353	$0	$55,658	$58,044	$0	$57,348
25,569	$28,426	$64	$28,362	$28,710	$0	$28,646	$28,997	$0	$28,933	$29,287	$0	$29,223	$29,580	$0	$29,516
55,678	$58,097	$520	$57,577	$58,678	$0	$58,158	$59,265	$0	$58,744	$59,857	$0	$59,337	$60,456	$0	$59,936
30,957	$31,606		$31,606	$31,606	$0	$31,606	$31,606	$0	$31,606	$31,606	$0	$31,606	$31,606	$0	$31,606
			$0		$0	$0		$0	$0		$0	$0		$0	$0
$2,566	$3,108		$3,108	$3,108	$0	$3,108	$3,108	$0	$3,108	$3,108	$0	$3,108	$3,108	$0	$3,108
($285)	$7,664		$7,664	$7,932	$0	$7,932	$8,210	$0	$8,210	$8,497	$0	$8,497	$8,795	$0	$8,795
$5,428	$5,803		$5,803	$5,861	$0	$5,861	$5,920	$0	$5,920	$5,979	$0	$5,979	$6,039	$0	$6,039
00,747	$107,268	$732	$106,536	$106,213	$0	$105,480	$103,968	$0	$103,236	$102,024	$0	$101,291	$100,095	$0	$99,363
26,764	$449,794	$4,098	$445,696	$456,165	$0	$452,067	$461,552	$0	$457,454	$467,451	$0	$463,353	$473,584	$0	$469,486
36,932	$51,699	$3,937	$47,762	$43,695	$0	$39,758	$44,687	$0	$40,750	$45,901	$0	$41,964	$47,018	$0	$43,082
$5,852	$4,188		$4,188	$1,200		$1,200	$1,200		$1,200	$1,200		$1,200	$1,200		$1,200
42,784	$55,887	$3,937	$51,950	$44,895	$0	$40,958	$45,887	$0	$41,950	$47,101	$0	$43,164	$48,218	$0	$44,282
$4,218	$9,260		$9,260	$5,720		$5,720	$6,743		$6,743	$4,478		$4,478	$4,478		$4,478
7.9%	10.2%	49.0%	9.6%	8.7%	0.0%	8.1%	8.8%	0.0%	8.2%	8.9%	0.0%	8.3%	9.0%	0.0%	8.4%
1.2%	0.8%	0.0%	0.8%	0.2%	0.0%	0.2%	0.2%	0.0%	0.2%	0.2%	0.0%	0.2%	0.2%	0.0%	0.2%
9.1%	11.1%	49.0%	10.4%	9.0%	0.0%	8.3%	9.0%	0.0%	8.4%	9.2%	0.0%	8.5%	9.2%	0.0%	8.6%
2,167	2,132	27	2,105	2,132	0	2,105	2,132	0	2,105	2,132	0	2,105	2,132	0	2,105
18,208	19,998	354	19,644	19,998	0	19,644	19,998	0	19,644	19,998	0	19,644	19,998	0	19,644
277,043	282,370		282,370	282,370		282,370	282,370		282,370	282,370		282,370	282,370		282,370
295,251	302,368	354	302,014	302,368	0	302,014	302,368	0	302,014	302,368	0	302,014	302,368	0	302,014

FOR-PROFIT

ase provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics out, incremental to and with the CON proposal in the following reporting format:

(1) FY Actual Results	(2) FY Projected W/out CON	(3) FY Projected Incremental	(4) FY Projected With CON	(5) FY Projected W/out CON	(6) FY Projected Incremental	(7) FY Projected With CON	(8) FY Projected W/out CON	(9) FY Projected Incremental	(10) FY Projected With CON	(11) FY Projected W/out CON	(12) FY Projected Incremental	(13) FY Projected With CON
$0	$0	$0	$0			$0			$0			$0
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$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
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FOR-PROFIT

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
FY Actual Results	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON
$0	$0	$0	$0			$0			$0			$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
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$0	$0	$0	$0			$0			$0			$0
$0	$0	$0	$0			$0			$0			$0
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
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0	0	0	0	0	0	0	0	0	0	0	0	0

e "Net Patient Revenue" Row 14.

ı Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No.2011-07, July 2011.

ı Internal Revenue Services for for-profit entities.

: for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

Sale of Non-Profit Hosptal to For-Profit Entity

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
FY Actual Results	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON
			$0			$0			$0			$0
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			$0			$0			$0			$0
			$0			$0			$0			$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			$0			$0			$0			$0
			$0			$0			$0			$0
			$0			$0			$0			$0
			$0			$0			$0			$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			$0			$0			$0			$0
			$0			$0			$0			$0
			$0			$0			$0			$0
			$0			$0			$0			$0
			$0			$0			$0			$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			$0			$0			$0			$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			$0			$0			$0			$0
			$0			$0			$0			$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
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$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			$0			$0			$0			$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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FY Actual Results	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON
			$0			$0			$0			$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			$0			$0			$0			$0
			$0			$0			$0			$0
			$0			$0			$0			$0
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
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			0			0			0			0
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0	0	0	0	0	0	0	0	0	0	0	0	0

"Net Patient Revenue" Row 14.

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Internal Revenue Services for for-profit entities.

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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

July 29, 2015 VIA EMAIL ONLY

Nancy Rosenthal
Senior Vice President
Strategy and Regulatory Planning
5 Perryridge Rd
Greenwich, CT 06830

RE: Certificate of Need Application; Docket Number: 15-32010-CON
Bridgeport Hospital
Termination of Inpatient Rehabilitation Unit

Dear Ms. Rosenthal:

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of July 29, 2015.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7007 or Steven Lazarus at (860) 418-7012.

Sincerely,

A. Veyberman

Alla Veyberman
Health Care Analyst

* * * COMMUNICATION RESULT REPORT (JUL. 29. 2015 12:51PM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 29. 2015 12:51PM

FILE	MODE	OPTION	ADDRESS	RESULT	PAGE
202	MEMORY TX		912038634736	OK	2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: NANCY ROSENTHAL

FAX: 203.863.4736

AGENCY: BRIDGEPORT HOSPITAL

FROM: OHCA

DATE: 7/29/15 **Time:**

NUMBER OF PAGES: 1
(including transmittal sheet

Comments:
Docket Number: 15-32010

PLEASE PHONE 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

Greer, Leslie

From: Greer, Leslie
Sent: Tuesday, August 25, 2015 4:03 PM
To: Veyberman, Alla; Lazarus, Steven; Riggott, Kaila; Hansted, Kevin; Martone, Kim; Olejarz, Barbara
Cc: Casagrande, Antony A; Furniss, Wendy; Gerrish, William; Kennedy, Jill; Stan, Christopher; Ward, DeVaughn
Subject: OHCA Hearing Notice DN: 15-32010-CON
Attachments: 32010_201508251557.pdf

Attached is Bridgeport Hospital's hearing notice.

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

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

August 25, 2015

Nancy Rosenthal
Senior VP, Strategy and Regulatory Planning
Yale-New Haven Health
5 Perryridge Road
Greenwich, CT 06830

RE: Certificate of Need Application, Docket Number 15-32010-CON
Bridgeport Hospital
Termination of Bridgeport Hospital's Inpatient Rehabilitation Services

Dear Ms. Rosenthal:

With the receipt of the completed Certificate of Need ("CON") application information submitted by Bridgeport Hospital ("Applicant") on August 11, 2015, the Office of Health Care Access ("OHCA") has initiated its review of the CON application identified above.

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

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

Applicant:	Bridgeport Hospital
Docket Number:	15-32010-CON
Proposal:	Termination of Bridgeport Hospital's Inpatient Rehabilitation Services

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

Date: September 15, 2015

Time: 4:00 p.m.

Place: Housatonic Community College
Room LH A 101
900 Lafayette Blvd.
Bridgeport, CT 06604

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

Sincerely,

Kimberly R. Martone
Director of Operations

Enclosure

cc: Henry Salton, Esq., Office of the Attorney General
Antony Casagrande, Department of Public Health
Kevin Hansted, Department of Public Health
Wendy Furniss, Department of Public Health
William Gerrish, Department of Public Health
Jill Kentfield, Department of Public Health
Chris Stan, Department of Public Health
DeVaughn Ward, Department of Public Health
Marielle Daniels, Connecticut Hospital Association

KRM:AV:SWL:lmg

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

August 25, 2015 P.O. #54772

Connecticut Post
410 State Street
Bridgeport, CT 06604

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Wednesday, August 26, 2015**. Please provide the following **within 30 days** of publication:

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

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

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Director of Operations

Attachment

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

KRM:SWL:AV:lmg

Connecticut Post **August 25, 2015**
Notice of Public Hearing, Docket Number 15-32010-CON

PLEASE INSERT THE FOLLOWING:

Office of Health Care Access Public Hearing

Statute Reference:	19a-638
Applicant:	Bridgeport Hospital
Town:	Bridgeport
Docket Number:	15-32010-CON
Proposal:	Termination of Bridgeport Hospital's Inpatient Rehabilitation Services
Date:	September 15, 2015
Time:	4:00 p.m.
Place:	Housatonic Community College Room LH A 101 900 Lafayette Blvd. Bridgeport, CT 06604

Any person who wishes to request status in the above listed public hearing may file a written petition no later than September 10, 2015 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at **www.ct.gov/ohca** for more information or call OHCA directly at (860) 418-7001. If you require aid or accommodation to participate fully and fairly in this hearing, please phone (860) 418-7001.

* * * COMMUNICATION RESULT REPORT (AUG. 25. 2015 3:31PM) * * *

FAX HEADER:

TRANSMITTED/STORED : AUG. 25. 2015 3:30PM

FILE	MODE	OPTION	ADDRESS	RESULT	PAGE
242	MEMORY TX		912038634736	OK	5/5

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

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

FAX SHEET

TO: NANCY ROSENTHAL

FAX: (203) 863-4736

AGENCY: YALE-NEW HAVEN HEALTH

FROM: OHCA

DATE: 8/25/15

NUMBER OF PAGES: 5
(including transmittal sheet

Comments: DN: 15-32010-CON Hearing Notice

PLEASE PHONE 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

Greer, Leslie

From: ADS <ADS@graystoneadv.com>
Sent: Tuesday, August 25, 2015 1:13 PM
To: Greer, Leslie
Subject: Re: Hearing Notice DN: 15-32010-CON

Good day!

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

Don't forget to ask for ideas to expand your diversity coverage.

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

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

We sincerely appreciate your business.

Thank you,
Graystone Group Advertising

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

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

From: <Greer>, Leslie <Leslie.Greer@ct.gov>
Date: Tuesday, August 25, 2015 11:01 AM
To: ads <ads@graystoneadv.com>
Cc: "Olejarz, Barbara" <Barbara.Olejarz@ct.gov>
Subject: Hearing Notice DN: 15-32010-CON

Please run the attached hearing notice in the Connecticut Post on 8/26/15. For billing purposes, please refer to P.O. # 54772. In addition, please send me a copy of the "proof of publication" when it becomes available.

Thank you,

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

Greer, Leslie

From: Robert Taylor <RTaylor@graystoneadv.com>
Sent: Tuesday, August 25, 2015 4:22 PM
To: Greer, Leslie
Cc: Olejarz, Barbara
Subject: FW: Hearing Notice DN: 15-32010-CON
Attachments: 15-32010np CT Post.doc

Good afternoon,

This notice is set to publish tomorrow.
$347.38

Thanks,

Robert Taylor
Graystone Group Advertising
www.graystoneadv.com
2710 North Avenue, Suite 200
Bridgeport, CT 06604
Phone: 203-549-0060
Toll Free: 800-544-0005
Fax: 203-549-0061

From: ADS <ADS@graystoneadv.com>
Date: Tue, 25 Aug 2015 13:12:37 -0400
To: RTaylor <rtaylor@graystoneadv.com>
Subject: FW: Hearing Notice DN: 15-32010-CON

From: <Greer>, Leslie <Leslie.Greer@ct.gov>
Date: Tuesday, August 25, 2015 11:01 AM
To: ads <ads@graystoneadv.com>
Cc: "Olejarz, Barbara" <Barbara.Olejarz@ct.gov>
Subject: Hearing Notice DN: 15-32010-CON

Please run the attached hearing notice in the Connecticut Post on 8/26/15. For billing purposes, please refer to P.O. # 54772. In addition, please send me a copy of the "proof of publication" when it becomes available.

Thank you,

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

WANTED TO BUY

CASH FOR MACHINIST TOOLS, Lathe, gages, full tool boxes, accessories, etc. 973-615-5073

☆☆☆☆ **WANTED** ☆☆☆☆
BASEBALL CARDS, AUTOGRAPHS, COINS, ART, RECORDS, COMICS,WATCHES, STERLING SILVER.
JIM, 914-310-5153

WANTED TO BUY: Machinist tools/toolboxes, carbide inserts, mechanics tools/toolboxes. Call 860 478-0042

DOMESTIC ANIMALS

Can't Keep Your Dog?
No Kill Shelter has limited space for owner surrender dogs up to 30lbs OR any size dog under 16 wks old.
Call 203-445-9978

CAT ADOPTION, Sat Aug 29, 11-3 ChoicePet, 1947 Blk Rock Tpk, Ffld

ENGLISH BULLDOG New Puppies For Sale, they are 11 weeks old with champion lines being sold with full breeding rights, a one year pup guarantee, shots and lots of soft wrinkles. Asking Price is $800. For more information Email lisa.cooper101@yahoo.com or call 203-323-4546.

COMMERCIAL PROPERTY LEASE / SALE

STORE FOR rent. 900sf. Reasonable. Sec. & refs. 203-944-0192

WESTPORT RETAIL SPACE: 3400 sq.ft.+1530sq.ft. 1530sq.ft. next to Urban Outfitters/Specs. Excellent visibility 203-226-3366 Leiferproperties.com

★

WESTPORT- POST Road West 1500, 1700, 3000 & 4000 sq. ft. Office spaces
203-226-3366 Leiferproperties.com

ROOMS FOR RENT

BRIDGEPORT Room for rent $600. Share bath. SSI ok. 917-741-5283

BRIDGEPORT-FURN'D.ROOMS 776 N. Ave. Incl. bath • $600/mo & up. Accept SSI. 203-218-2094

STRATFORD FURNISHED ROOM
Share KIT, bath, W/D.
$140/wk, good credit.
203-446-7465

APARTMENTS FOR RENT

ANSONIA 2BR, 1.5bth Dplx. Appls, C/A, W/D, Gar, no pets. 1mo rent, 1 mo sec. $1400/m.+utils. Call 203-735-7950 or 203-735-1107

★

ANSONIA- 2nd and 3rd flr unit 3BR, lg. EIK w/dining area, new windows, carpet & paint, no pets/smk. stove, refrig, w/d, 1 off st. pkg. $1250.
Pepe Realty • 203-929-6775

BLACK ROCK 2BR, applc, off st. prkg. Newly remod! Lg. yard. $1295
Trojanowski R.E. (203)685-3166

BLACK ROCK STUDIO, $700. Off st. prk, secured bldg. (203)520-5206

BRIDGEPORT 3BR Quiet area. New paint. Remodeled. $1100. Sec. 8 ok. 2BR $900 (203) 923-2566

BRIDGEPORT 3 BDRM APT FOR RENT, Lg 3 bdrm w/ spacious kitchen. Gas h/hw. Pets OK. $1100/mo+sec. 203-278-9665

BRIDGEPORT CLEAN 2 BRs, with DR, 1st flr, water & sewer incl, near Stratford line. $1,000/mo+ sec. Call 203-360-6282

BRIDGEPORT -
Get Ready Rentals!
Renvtd Studios, $625 Ht/Ht wtr incl. Limited time. 2225 Main St. North end. **Cambridge Apts**
Russell, 203-673-4420

BRIDGEPORT 3br, 1st fl, Noble Av. Move-in cond. $1200. 1st m. rent+ 2m. sec. Sec.8 ok. 203-913-9293

BRIDGEPORT 3br, 2nd fl, off 27A. Move-in! 56 Locust St. Sec 8 ok. $1500. 203-414-9062 or 203-554-4213

BRIDGEPORT Clermont Ave. 1br w/tiled KIT, Indry, A/C & off st. pkg. Near bus, shops, restaurants. No pets. $825. (203)520-2481

BRIDGEPORT 1BR Near SHU $975/m, all utilities included.
Trojanowski R.E. (203)685-3166

★★★
BRIDGEPORT
near Merritt Prkwy
1 BR & studios.
Nice neighborhood.
Gated parking &
heat included in rent
203-212-1910
Mon-Fri, 1-5 pm.
www.lynn
apartmentsct.com

BRIDGEPORT ATTRACTIVE sunny 1BR, bright, spacious, quiet. DR, kit w/appl Priv prkg. $850. 203.767.0340

★

BRIDGEPORT 333 Lenox Av. Newly ren. 4br $1400. Cr.ck. (203)539-0665

BRIDGEPORT 2br apt, 2nd fl. New paint/cabinets/carp. 478 Noble Av. $875.+1sec. Sec 8 ok (203)545-3249

BRIDGEPORT NE 2br EIK Lndry, osp, Near StVs $1100. 203.209.7057

HOME Sweet HOME

BRIDGEPORT 1st flr 3BR. Prkg. Yard. Sec. 8 ok. Brkr, 203.339.2120

Available **NOW!**

BRIDGEPORT 1BR apt, Large & clean, w/refig, stov, carp, off st prk, heat/h.water includ. $700, No dogs. 360 Palisade Ave. 203-384-1844.

APARTMENTS FOR RENT

BRIDGEPORT Remodeled
Lg. 1BR apt. w/ stov, refrig, Indry
& osp. 340 Palisade Ave. $775
heat & hot water included.
203-384-1844

BRIDGEPORT/ Stfd line 2nd flr 1-2BR EIK. On street parking. No smk/pet. $850/month 1st m. rent &2m. sec. Angela 203.685.7634

BRIDGEPORT MODERN BRICK BUILDINGS
Heat, Hot water,
wall to wall carpet,
appliances, parking
& laundry.
1Brs-St.V's Hospital
& Black Rock area.
1BRs-Waldbaum Area.
(203) 767-5573 or
(203) 371-5339
http://www.nusiterealty-ct.com/

BRIDGEPORT 2-3 BRs, stv/fridge, off st prkg, 1 mo rent + 1 mo sec. $900. Call 203-873-7068.

★★★
BRIDGEPORT
STUDIOS+1BRs
Available!
Located near Hospitals.
$550-$850/m,
Tenant pays utils.
Credit check. No pets.
VAZ REALTY
203-520-8875

BRIDGEPORT FALL SPECIALS!!
1BR Condo Nob Hill $1100, ht/hw incl; 1BR North End $900;
2BR Pixlee St. Hwd. flrs, WD-hup, Newly renovated; 3BR Madison Av;
4BR Upstairs & Dwnstairs WD-hup;
6BR on the North End WD-hup.
Section 8 ready. Shelter + Connections & all programs! Call 203.572.8691 and 203.543.1862

★

BRIDGEPORT 155-211 Birdseye St Lg, newly renovated 1BRs. New carp, ht/hw, AC, Lndry, appls, off street parking. $850/m. Good location! 203-455-4838
www.BridgeportCTApts.com

★

BRIDGEPORT/FAIRFIELD
EXECUTIVE HOUSE
LUXURY HIGH-RISE
Studio, $995/m. • 1BR, $1250/m. 3900 Park Ave. Balcny. HT/HW CA, Appl, DW. Drman, Secure Prkg. Stop-in! (days) 12-7: 203-334-1307

LOOK
DANBURY AREA
Large inventory of 1, 2 & 3BRs.
DaveLampRealty@yahoo.com
203-240-0219

DANBURY APTS. Bright Studios $600-$700, 1BR, $800-$1000. OSP, LAUNDRY. Security Req'd. NO PETS. Applications avail. 203-797-8255 nolanrealestate.org

DERBY SHELTON 1-2BR, 1st flr, all new flrs & new appl., c/ac , Off st. prkg. Near Rt.8/15/34. $775- $925 per month+2m. sec. 203-922-1001

MILFORD *1.5 blocks to beach!* 2BR $1200/mo+ utils. W/D, gas heat, up - dated! Off st. prk. Ownr/ agent. John 203.641.2502, Avl. Now

MILFORD WDMNT 1st fl, appli. 2br. Oceanviews. $1150. 203-828-6218

★

MILFORD
LUXURY GARDEN APTS
★ Spacious ★
Includes Heat, Hot water, Cooking gas, c/ac, Osp, on bus route. Beau - tifully landscaped. Very safe and quiet. Some apts. have a 21ft. patio. 24/hr. service. Come see! Ask for Bill or Sandy 203-877-9395

SEYMOUR Balance Rock, 1st fl, 1 BR, end unit. In-grnd. pool, clb hse. &Tennis. Appl, H/HW incl $900+1sec. No Pets 1yr lse.(203)734-5122 Avl.9/1

SEYMOUR 1BR 3rd flr, prk. Pets ok. $800/mo. 347-249-0788

STRATFORD 2BR, 1st fl. Osp, No pets/smk. 1st/last/sec. $1100+utils. Credit ck. req. (203)260-9999

STRATFORD 2BR, 3rd flr, heat incl. Stov, frig. No pets. 1m. sec. $1000/m. Call 203-377-3885

STRATFORD 3BR apt, 1st fl, hist. dist, W/W, stv/refrig, No smkg/no pets. $1250.mo+sec. 203-378-0596

FURNISHED RENTALS

BRIDGEPORT 1BR Furn'd apt. Washington Park. Inclu. utils. Short term lease ok. Restored Richardson Romanesque brownstone rowhouse, 2nd flr., w/backyard & deck. 1m.+sec. $800. (203)362-7757

SHELTON FURN 1br apt, Lr, Eik, all appls, c/ac, utl, off st prk, WiFi+ cable, no pets/smk, $1650 Shrt term lease ok. 203-924-4868 Joanne - Handicapped Accessible

STRATFORD 1BR 3rd fl. apt. Furnd, inc. util+ht. Off st. prk, No smk/pets, Refs+sec. $950/m. 203-377-0423

HOUSES FOR RENT

HOME Sweet HOME

BRIDGEPORT 3 & 4br w/d hup. Sec 8 ok. Brkr, Marlene 203.339.2120

SHELTON Single family home, 289 Bridgeport Ave, 3BRs, newly remod, 1 car garage. $2,000/mo. Please call 203-922-9432

★

SHELTON - Spacious and Private. Enjoy this home that sits off the road, 2BRs, large LR w/fpl, one garage, appl'd kit, & w/d, quiet White Hills loc. $1600/m.
Pepe Realty • 203-929-6775

HOUSES FOR RENT

STRATFORD Pristine 3BR, 2C gar, lrg yard, granite counters, walk to train, all appliances. Great Area. $1,950/mo. Call 203-377-4354

HOUSES / APARTMENTS TO SHARE

BRIDGEPORT NE Responsible, prof'l. to share home. Pvt. br&ba, quiet area, osp. $700, all incl. 1st&1 sec. No smk/Pet xtra. 203-449-7585

CONDOS FOR RENT

1ST
BRIDGEPORT/FFLD LINE
Lg. studio condo w/balc.
Applc, prkg, 24hr drman Inc.
Ht/Hw. $900 per month.
Agent, 203-913-5818

1ST
BRIDGEPORT - *Madison Commons*
Great 2br, 1.5 bth townhouse, gas heat, cent air, fully appl, finished lower level. No smoking, $1750/m.
Pepe Realty • 203-929-6775

BRIDGEPORT BLACK ROCK, 1BR, 1st flr, great location. $1,090/mo incls ht/hw.Avail now. 203-331-5641

MILFORD FOXWOOD 1Br Lr Dr EIK Deck. Pool & Tennis. Ht+HW incl. No pets/smk. $1250, (203)926-1450

STRATFORD 1BR, Deerfield Woods, remod. 1st. flr. No pets. 1m. sec. $1000/m. Call 203-377-3885

STRATFORD 2BR, 1.5BA Far Mill River. Fresh paint, W/D hkp. $1500 per month. 203-915-6657

OFFICE SPACE

FAIRFIELD Individual office or suite in downtown Fairfield office bldg. C/air, alarm, w/weekly cleaning. Prvt prkg, walk to RR and in perfect cond. 203-258-1329

★

FAIRFIELD Office Space

Single Ofc, Furn'd., Utils. includ. $450/m. Also: Single Ofc. avail, in 1600 sf Ofc suite, incl: Conf. Room, kitchenette and priv. restroom. $795/m. Utils. includ. Across from new Walgreens
Owner, 203-332-0436

★

GREENWICH -
Greenwich Avenue.
Furnished suites, w/reception, conference room & lounge area.
203-661-3343.
EOG, Inc.-Since 1974

WESTPORT: GORGEOUS!
Office suites: Singles, 500, 1,500, 2,100, 3300 up to 12,500sf
Either dwntwn or nr RR. Hwd flrs, Hi-speed internet, fireplaces, kitchenettes, skylights, etc.
Flex terms. 203-226-6969.
Leiferproperties.com

BOATS & ACCESSORIES

1989 24' Hardtop Cabin Cruiser New: 357 Mercruiser 275hp engine, installed 9/2014. Very good cond. *Solid boat.* Asking $14,000 or best offer. Loc: in water, Westport, CT. Owner: 203-330-5865

MOTORCYCLES / MINIBIKES / ETC.

HARLEY DAVIDSON 2012 Softail deluxe. Only 3,000 miles, w/many extras. $12,700. A must see! Call (203)335-6337 or (203)993-4868

VEHICLES FOR SALE

1953 MIGI REPLICA Kit Car, 11,750k mi, rebuilt 1974 VW motor, new brakes & tune-up, Red w/side curtains & tonneau cover, excellent condition, runs great. Asking $6,250. Call 203-512-4339

1969 CADILLAC Eldorado 2-dr, Green w/vinyl top. All maint. up to date. 70,000 miles. Excellent cond. Original owner. $9,500.00. (203)947-2650

2008 NISSAN ALTIMA Low miles, like brand new! Anthony's High Tech Auto, 541 New Haven Ave. (203)874-4335

BMW 328i 1997 Convertible. 23k mi. Summer use only. Lost garage, must sell. $7,500. (203)241-7391.

CADILLAC CLASSIC ELDORADO 1993. Exc cond. 86k, Red ext/Tan int. $2,900. Call 203-966-1348

CHEVY SUBURBAN '2005 223k 4wd A/C,leather,black, v. good cond.Asking $4,000/obo. 203-869-0478

CORVETTE CONVERTIBLE '88 Red/black int. Auto, Pw, Cr, A/c, chome wheels, am/fm/cass/cd. Dealer maintained. $8300.00, obo. (203) 746-3635

DODGE NEON SXT 4-dr sedan. 2003, 97K mi. Completely loaded! 5-spd. 35mpg. Clean car fax. Blue/ gray int. $3,495, (203)733-4342

DODG RAM 1500, 2005. Quad Cab, 4.7, 94k mi, runs excellent, $11,500/obo.Call Rob 203-746-6598

DONATE YOUR CAR
to the SPCA and receive the maximum tax deduction and quick, free pick up.
Call 203-445-9978

FORD BRONCO 1994 V8 **43,000 original miles.** Many new parts. New tires. As is. (203)667-5863

FORD F-55O Dually 2004 6.0 manuel diesel. 4wd, many new parts! Closed in utility body. Chrome wheel simulators. Trailer pindle tow-hitch. Elec. brake controller. Orig. owner. $14,000. (203)948-4783

HONDA CIVIC EX, 2004. Excellent mechanical cond, Gray. 63,850 miles. $5,400/nego. 203-227-6120.

HONDA CIVIC EX 2010 80k miles. 4-dr sedan. Excellent condition. $9,000. Agnes, (203)748-5523

HONDA CIVIC EX 2005. 114k mi, silver metallic, prof'l maintained, exc cond.$6,500/obo. 203-386-9022

HONDA ACCORD EX **1996** Coupe Auto, gold, low miles...128k. Road ready! Asking$2100, Pls. call David at: 203-685-0841

HONDA ACCORD LX 2003 4-dr Sedan, 4cyl, a/c, pb, pdl, timing chain - never needs to be replaced. Good shape. Asking $3200. (203)878-2054

JEEP LIBERTY 2003 226k miles Good cond. $2,800. (203) 297-0453

JEEP WRANGLER SPORT 2010, 50k, many extras, runs exc, no damage. $21,500.Call 203-743-5135

(KIT CAR) Duke Jaguar 1939 Fiberglass body, new Ford 6-cyl motor, auto, 75% complete. $4,500. 203-994-9056

LEXUS ES 350, 2008, Mint cond, all options, always garaged, GPS, satellite radio, back up camera, 51k. $16,500. Call 203-219-6039

LINCOLN MARKVIII 1995 $1000. 134K miles. Needs mech. work. Driven daily. (203)454-0138

MERCEDES BENZ 380SLC 1981 2-dr. sports car. Rare model. Running. 95k+mi. New tires, brakes, ignition, catalytic converter, fuel line. Brown, looks great. $10,000 invested so far. Make best offer. Jonny, 203-661-0398

TOYOTA Land Cruiser '96 287k mi. Full time 4wd. Runs & looks good. Auto, 6cyl. $4,300. (203)581-4314

PUBLIC NOTICES

Notice of Public Comment Period
State of Connecticut
Consolidated Annual Performance and Evaluation Report
for the 2014-2015 Program Year

Pursuant to the provisions of 24 CFR 91, the State of Connecticut Department of Housing (DOH), has prepared the Performance and Evaluation Report (PER) for the 2014-2015 Program Year. This report contains detailed information on the four federal formula grant programs governed by the State's 2015-2019 Consolidated Plan for Housing and Community Development: HOME Investment Partnerships (HOME), Small Cities Community Development Block Grant (SC/CDBG), Emergency Solutions Grant (ESG), and Housing Opportunities for Persons with AIDS (HOPWA). Funding for the 2014-2015 Program Year for the four programs represents $21,023,576. All of these programs were administered by the newly created Department of Housing.

The PER is available for review and public comment from August 27, 2015 through September 11, 2015. A copy of the PER and related documents are available on the Department of Housing's web site, http://www.ct.gov/doh/site/default.asp or at the Department of Housing, 505 Hudson Street, Second Floor, Hartford, CT 06106 by appointment. You may contact Michael Santoro for further information at 860-270-8171.

Comments on the PER may be sent to Michael Santoro, Department of Housing, 505 Hudson Street, Second Floor, Hartford, CT 06106-7107 or CT.Housing.Plans@ct.gov thru September 11, 2015. All comments received will be included in the final version of the CAPER.

Department of Housing programs are administered in a nondiscriminatory manner, consistent with equal employment opportunities, affirmative action, and fair housing requirements. Questions, concerns, complaints or requests for information in alternative formats must be directed to the ADA (504) Coordinator, at (860) 270-8000.

Publication Date: August 27, 2015

Office of Health Care Access Public Hearing

Statute Reference:	19a-638
Applicant:	Bridgeport Hospital
Town:	Bridgeport
Docket Number:	15-32010-CON
Proposal:	Termination of Bridgeport Hospital's Inpatient Rehabilitation Services
Date:	September 15, 2015
Time:	4:00 p.m.
Place:	Housatonic Community College Room LH A 101 900 Lafayette Blvd. Bridgeport, CT 06604

Any person who wishes to request status in the above listed public hearing may file a written petition no later than September 10, 2015 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at www.ct.gov/ohca for more information or call OHCA directly at (860) 418-7001. If you require aid or accommodation to participate fully and fairly in this hearing, please phone (860) 418-7001.

VEHICLES FOR SALE

VOLKSWAGEN BEETLE Convertible 2009, Beige/Cream top-never been down. Immaculate. Only 2k miles! A rare jewel. $16,000. (203) 219-6122

VW TIGUAN SE 4motion Sports Utility 4wd 2009 4cyl Turbo Auto Traction control. ABS Htd seats, daylight running lights, privacy glass. Excellent cond! 75k mi. $10,500. Original owner. Dealer maint. Call (917)304-9167

VEHICLES WANTED

1-203-243-3800
$ $ $
AUTOS & TRUCKS wanted for junk. **Cash Paid**.

1-203-375-1109
STRATFORD COLLISION
Lic# U-6805
Junk Cars & Trucks Wanted.
No title required. All areas.

1-203-333-1470
BUYING CARS & TRUCKS
CASH PAID. FREE PICKUP
TAX RECEIPT FOR TOWN
40 YEARS IN BUSINESS

1-203-526-3874 AARON SAYS
ACT NOW! BUYING CARS, TRUCKS, ANY CONDITION FOR CASH. FAST SERVICE

$ CASH FOR CARS $
Don't get low balled by new car dealers
We Pay TOP Prices
Only nice vehicles please
Call 203-205-2222
We come with actual cash and drive away.

DONATE YOUR CAR
to the SPCA and receive the maximum tax deduction and quick, free pick up.
Call 203-445-9978

PUBLIC NOTICES

Trumbull Town Council
NOTICE OF PUBLIC HEARING
NOTICE IS HERE BY GIVEN THAT the Town Council of the Town of Trumbull will hold a Public Hearing on Wednesday, September 2, 2015 at 7:00 p.m. at the Town Hall, 5866 Main Street, Trumbull, Connecticut, on the following matter:

1. RESOLUTION TC25-193: To consider and act upon a resolution which would amend Article III, Boards, Commissions, Committees, and Agencies Division 6, Board of Finance of the Trumbull Municipal Code to include Section 2-183, Annual Required Contribution (ARC) For the Town's Retirement Plans and the Police Retirement Income Plan.

2. RESOLUTION TC25-194: To consider and act upon a resolution which would enact Section Article II, Section 2-55 of the Trumbull Municipal Code to include Municipal Contracts with Public Officials Prohibited.

Dated at Trumbull, CT this 26th day of August, 2015
Carl A. Massaro, Jr. Chairman
Town Council of the
Town of Trumbull

TRUMBULL
INLAND WETLANDS AND WATERCOURSES COMMISSION
DECISION
WITHOUT A HEARING
NOTICE IS HEREBY GIVEN THAT on August 21, 2015 the Town of Trumbull Inland Wetlands and Watercourses duly authorized agent granted, on the basis of the evidence presented, the following permit approvals under the authority of Section 12.1 of the Town of Trumbull Inland Wetlands and Watercourses Regulations:

Application 15-19, Town of Trumbull- Permit approval remove existing deteriorated billboard signs within a regulated area at 6175 Main Street.

The effective date of action was set for Thursday, September 10, 2015 and a copy thereof has been filed and recorded in the Office of the Town Clerk.

Dated at Trumbull, CT this 26th day of August, 2015.
Inland Wetlands and
Watercourses Commission
Frank Smeriglio,
Town Engineer, P.E.

LIQUOR PERMITS

LIQUOR PERMIT

Notice of Application

This is to give notice that I,

COLIN R STANGE
20 AVALON DR - UNIT 4233
MILFORD, CT 06460-8590

Have filed an application placarded 08/19/2015 with the Department of Consumer Protection to distribute alcoholic liquor as a WHOLESALE LIQUOR permit with a business located at
1526 BARNUM AVENUE
BRIDGEPORT, CT 06610-3238

The business will be owned by:

SARENE CRAFT BEER
DISTRIBUTORS OF
CONNECTICUT LLC

Entertainment will consist of:

Acoustics (not amplified)
Disc Jockeys, Karaoke,
Live Bands

Objections must be filed by:
09/30/2015

COLIN R STANGE

PUBLIC NOTICES

Any Individual with a disability who needs special assistance to participate in the meeting should contact the ADA Coordinator, at 385-4020 or 385-4022 (TDD) 5 days before the meeting if possible.

NOTICE
The STRATFORD BOARD OF ZONING APPEALS will hold a Public Hearing on Tuesday evening, September 1, 2015 at 7:00 P.M. in the Council Chamber, Town Hall, to hear arguments for and against the following:
1.235 DOVER ST. Petition of THEADORE GALLON to waive the side setback from 10 ft. to 3.2 ft. in order to construct an addition and deck on property located in an RM-1 District.
2.105 WASHINGTON PKWY (LOT 310) Petition of JOSEPH SANSONE to waive the side setback from 10 ft. to 2.9 ft. in order to allow an existing two family residence on property located in an RS-4 District.
3.105 WASHINGTON PKWY (LOT 311) Petition of JOSEPH SANSONE to waive lot width of 60 ft. to 50 ft. in order to construct a single family residence on property located in an RS-4 District.
4.2110 MAIN ST. Petition of REV. THOMAS LYNCH to waive maximum fence height from 4 ft.to 6 ft. in order to install a fence on property located in an RS-3/RS-4 District.
5.1601 SOUTH AVE. Petition of GARY TAYLOR to waive the front setback from 15 ft. to 12.7 ft. in order to construct a deck on property located in an RM-1 District.
6.2067 BARNUM AVE & 488 THOMPSON ST. Petition of 2067 BARNUM AVENUE, LLC to waive parking from 22 spaces to 7 spaces; lot area per dwelling unit from 3,750 sq. ft. to 3,545 sq. ft. and required recreational space from 1,200 sq. ft. to 0 sq. ft. in order to construct a second floor for 3 apartments on property located in a CA-District.
7.1350 BARNUM AVE. (AKA 1370 BARNUM AVE.) Petition of PATRICK HUYGE/SITE ENHANCEMENT SERVICES to waive allowed side wall signage from 47 sq. ft. to 71 sq. ft. in order to install a sign on property located in a CA- District.
Maps showing the locations of the above properties are on file in the Office of the Board of Zoning Appeals, Room 113, Town Hall Stratford, CT. A copy of this notice is on file in the Town Clerk's Office.
ATTEST: John M. Dempsey,
Chairman
BOARD OF ZONING APPEALS

State of Connecticut
Court of Probate, District of
Fairfield Probate District
NOTICE TO Guillermo Morales Y Morales, whose last known residence was in the town of Bridgeport, CT.
Pursuant to an order of Hon. Daniel F. Caruso, Judge, a hearing will be held at Fairfield Probate District, Independence Hall, 725 Old Post Road, Fairfield, CT 06824-6684 on September 23, 2015 at 9:00 AM on an application for Removal of Guardian of the Person concerning a certain minor child born on March 7, 2014. The Court's decision will affect your interest, if any, as in said application on file more fully appears.
RIGHT TO COUNSEL: If the above-named person wishes to have an attorney, but is unable to pay for one, the Court will provide an attorney upon proof of inability to pay. Any such request should be made immediately by contacting the court office where the hearing is to be held.
By Order of the Court
Kathleen N. Maxham,
Assistant Clerk

STATE OF CONNECTICUT
COUNTY OF FAIRFIELD
CITY OF BRIDGEPORT
U-HAUL OF LOWER HUDSON VALLEY, 300 WINDSOR HIGHWAY, NEW WINDSOR, NY 12553, HEREBY GIVES NOTICE TO ALL INTERESTED PARTIES THAT THE CONTENTS OF STORAGE UNITS LOCATED 636 BOSTON AVE, BRIDGEPORT, CT 06610, WILL BE SOLD TO THE HIGHEST BIDDER DUE TO THE NONPAYMENT OF RENT AS STATED IN THE RENTAL AGREEMENT. THE CONTENTS OF THESE UNITS CONSISTS OF FURNITURE, HOUSEHOLD GOODS, AND OTHER MISCELLANEOUS PROPERTY.

THE SALE OF THIS PROPERTY WILL BE HELD AT U-HAUL OF BOSTON AVE, 636 BOSTON AVE, BRIDGEPORT, CT 06610, ON September 9th 2015 at 11:30 AM .
0085-87 Jonathon Thomas
0135 Kevin Thompson
0226 Pamela Ciufo
0413 Janyce Prendergast
0414 Rudolph Palmer
0445 Miriam Bonhomme
0480 Carol Lara

STATE OF CONNECTICUT
COUNTY OF FAIRFIELD
CITY OF BRIDGEPORT
U-HAUL OF LOWER HUDSON VALLEY, 300 WINDSOR HIGHWAY, NEW WINDSOR, NY 12553, HEREBY GIVES NOTICE TO ALL INTERESTED PARTIES THAT THE CONTENTS OF STORAGE UNITS LOCATED 3029 FAIRFIELD AVE, BRIDGEPORT, CT 06605, WILL BE SOLD TO THE HIGHEST BIDDER DUE TO THE NONPAYMENT OF RENT AS STATED IN THE RENTAL AGREEMENT. THE CONTENTS OF THESE UNITS CONSISTS OF FURNITURE, HOUSEHOLD GOODS, AND OTHER MISCELLANEOUS PROPERTY.

THE SALE OF THIS PROPERTY WILL BE HELD AT U-HAUL STORAGE OF BLACKROCK, 3029 FAIRFIELD AVE, BRIDGEPORT, CT 06605, ON September 9th 2015 AT 10:00am.
0023 Cheryl Tartasky
0130 Jeffery Carter
0132 Tamara Larson
0336 Frederick Barnes
2002 Sharil Dumas
2022 Anthony Gamiello
2611 John Pietrzak

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

TO: Kevin Hansted, Hearing Officer

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

DATE: August 26, 2015

RE: Certificate of Need Application; Docket Number: 15-32010-CON
Bridgeport Hospital
Termination of Bridgeport Hospital's Inpatient Rehabilitation Services

---

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

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

Greer, Leslie

From: Veyberman, Alla
Sent: Wednesday, September 09, 2015 10:17 AM
To: nancy.rosenthal@greenwichhospital.org
Cc: Riggott, Kaila; Hansted, Kevin; Lazarus, Steven; Greer, Leslie
Subject: Bridgeport Hospital 15-32010-CON
Attachments: Request for Prefiled Testimony.pdf

Good morning Mrs. Rosenthal,

Attached you will find a copy of the letter requesting prefiled testimony of the Applicant in the matter referenced above. Please free to contact me or Steve, if you have any questions.

Thank you,

Alla Veyberman, MS
Health Care Analyst
CT Department of Public Health
Office of Health Care Access (OHCA)
Phone: 860.418.7007
Fax: 860.418.7053
Email: Alla.Veyberman@ct.gov

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

September 9, 2015

VIA EMAIL ONLY

Nancy Rosenthal
5 Perryridge Road
Greenwich, CT 06830

RE: Certificate of Need Application, Docket Number 15-32010-CON
Bridgeport Hospital
Termination of Bridgeport Hospital's Inpatient Rehabilitation Services

Dear Mrs. Rosenthal:

The Office of Health Care Access ("OHCA") will hold a public hearing on Tuesday, September 15, 2015 starting at 4:00 p.m. at the Housatonic Community College, Room LH A 101, 900 Lafayette Boulevard Bridgeport, CT 06604, regarding the Certificate of Need ("CON") application identified above. Pursuant to the Regulations of Connecticut State Agencies § 19a-9-29 (e), any party or other participant is required to prefile in written form all substantive, technical, or expert testimony that it proposes to offer at the hearing. The Applicant's prefiled testimony must be submitted to OHCA on or before the close of business **on Thursday, September 10, 2015.**

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

Please contact Alla Veyberman at (860) 418-7007 or Steven W. Lazarus (860) 418-7012, if you have any questions concerning this request.

Sincerely,

Kevin T. Hansted
Hearing Officer

An Equal Opportunity Employer
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

Greer, Leslie

From: Lazarus, Steven
Sent: Thursday, September 10, 2015 2:57 PM
To: Martone, Kim; Riggott, Kaila; Hansted, Kevin
Cc: Greer, Leslie
Subject: FW: Pre--filed Tesetimony for Docket No.32010-CON Termination of Bridgeport Hospital's Inpatient Rehab Services
Attachments: 2015.09.10_Pre-filed testimony for Docket No 15 32010 CON_LRSD_JW.pdf

FYI- Prefile for Bridgeport Hospital.

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

-----Original Message-----
From: Noel, Irene [mailto:Irene.Noel@ynhh.org]
Sent: Thursday, September 10, 2015 11:28 AM
To: Veyberman, Alla; Hansted, Kevin; Lazarus, Steven
Cc: Willcox, Jennifer; Rosenthal, Nancy
Subject: Pre--filed Tesetimony for Docket No.32010-CON Termination of Bridgeport Hospital's Inpatient Rehab Services

Good Morning,

The above referenced documents are attached. We have also sent out original and copies via Federal Express that should arrive tomorrow morning.

If you have any questions, please call me at 203 688-3781.

Thank you,

Irene Noel
Administrative Assistant to
Jennifer Willcox
Yale New Haven Health System

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

YALE NEW HAVEN HEALTH

September 10, 2015

Kevin Hansted
Hearing Officer
CT Department of Public Health
Office of Health Care Access (OHCA)
Address: 410 Capitol Avenue
Hartford, CT 06134-0308

RE: Pre-filed Testimony for Docket No. 15-32010-CON, Termination of Bridgeport Hospital's Inpatient Rehabilitation Services

Dear Hearing Officer Hansted:

Enclosed please find the pre-filed testimony of the hearing in the above-referenced docket number. The appearance of Jennifer Willcox is also enclosed.

Sincerely,

Irene Noel
Administrative Assistant to
Jennifer Willcox
Deputy General Counsel
Yale New Haven Health System

Originals to follow via Federal Express

STATE OF CONNECTICUT

BEFORE THE DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH CARE ACCESS	: : :	DOCKET NO. 15-32010-CON
IN RE TERMINATION OF BRIDGEPORT HOSPITAL'S INPATIENT REHABILITATIO SERVICES	: :	SEPTEMBER 10, 2015

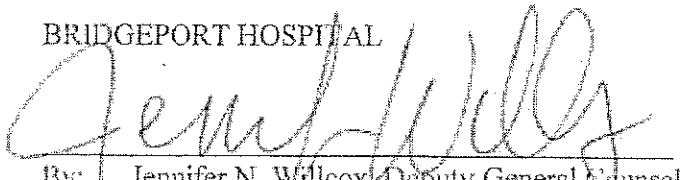
NOTICE OF APPEARANCE

Please enter the appearance of Jennifer Willcox, of the Yale New Haven Health System Legal & Risk Services Department, on behalf of Bridgeport Hospital.

I intend to attend the hearing on Thursday, September 15, 2015 on behalf of my client.

Respectfully submitted,

BRIDGEPORT HOSPITAL



By: Jennifer N. Willcox, Deputy General Counsel
Legal & Risk Services Department
Yale New Haven Health System
789 Howard Avenue
New Haven, CT 06511
203-688-9966 (Telephone)
203-688-3162 (Fax)
Jennifer.Willcox@ynhh.org
Its Attorney

Bridgeport Hospital

Termination of Bridgeport Hospital's Inpatient Rehabilitation Services
Docket Number 15-32010-CON

Pre-file Testimony of William M. Jennings
President and Chief Executive Officer, Bridgeport Hospital

Hearing Officer Hansted and members of the Office of Health Care Access (OHCA) staff, thank you for the opportunity to speak about this important Certificate of Need (CON) application before you for Bridgeport Hospital (BH) to terminate its inpatient rehabilitation services. My name is William Jennings and I am the President and Chief Executive Officer at BH.

I have the distinct privilege of introducing and summarizing the proposed termination. You will also be hearing from my colleague, Dr. Michael Ivy, Senior Vice President for Medical Affairs and Chief Medical Officer.

We are seeking OHCA approval for a CON application to permit BH to terminate its inpatient rehabilitation services so that we can cost-effectively expand acute inpatient medical-surgical bed capacity within our current licensed bed count. This request is necessary in order for BH to meet the persistent and growing demand from service area residents for acute medical-surgical acute care services.

Physical Plant Limitations and Alternatives

Although licensed for 383 inpatient acute care beds (including bassinets), BH currently has 357 beds in operation with 202 dedicated to medical-surgical services. Due to evolving patient care requirements such as the need for more isolation rooms and improved patient privacy, the physical plant at BH cannot accommodate all 383 licensed beds. Of the 202 medical-surgical beds, there are 16-17 currently in use as inpatient rehabilitation beds. We actually have certification for 19 beds from the Centers for Medicare and Medicaid Services, but only have space to operate 16-17 of these beds at this time. As OHCA is aware, the inpatient rehabilitation patient population differs from acute medical-surgical patients as they are receiving intensive rehabilitation services

following an acute hospitalization. BH needs more acute medical-surgical beds and we would like to terminate the inpatient rehabilitation service so those beds can be utilized for acute medical-surgical patients. We plan to pursue some minor renovations which will permit a total of 22 beds to be available for acute medical-surgical patients. Dr. Ivy will provide more details on demand for medical-surgical beds and the efforts we have undertaken over the past several years to try and create more capacity.

BH has undertaken a number of physical plant improvements over the past 5 years, including main lobby and cafeteria upgrades, renovations to our burn unit along with several other medical-surgical unit renovations, and infrastructure improvements including upgraded boilers and new chiller and cooler tower installations. We are continually working to modernize our facilities to be able to provide state-of-the-art technology, improve patient safety, ease of access and enhance patient privacy and comfort. Our inpatient nursing units represent a combination of older units in need of renovation and units which have already been updated. We continue to renovate our inpatient nursing units on a rolling basis through the use of a swing unit. When we do a renovation, we must close a unit for refurbishment and utilize a swing unit as a temporary unit. Our five year capital plan calls for at least one unit renovation per year to address modernization of our nursing units, which requires a swing unit in continuous use.

Because one of our nursing units is reserved as a swing unit, and there are no other spaces on our campus to house an additional inpatient unit without sizeable capital cost, our only cost effective option for creating additional acute medical-surgical bed capacity is to utilize our rehabilitation service beds. We have evaluated the feasibility of terminating other acute care services but due to current and future health needs of the community and current supply of other providers, these services must remain at BH.

I want to also mention that we did evaluate the feasibility of constructing a new patient care building to address our current capacity issues. We estimated that the cost of such a building would be approximately $140 million. The level of expense is not feasible for

BH at this time. We are confident that the proposal we have presented represents the most cost-efficient approach to creating more acute medical-surgical bed capacity.

Other Inpatient Rehabilitation Providers

Inpatient rehabilitation services are provided following an acute hospitalization and do not have to be located in the same place as acute care services. There are several area inpatient rehabilitation providers who can absorb BH's inpatient rehabilitation volume including Yale-New Haven Hospital (YNHH), St. Vincent's Medical Center, Norwalk Hospital, Danbury Hospital and Stamford Hospital. Patient choice will be respected. Each of these facilities provided a letter, which we included in our CON application, indicating they have capacity to accept inpatient rehabilitation patients from BH. The majority of patient volume can be absorbed by YNHH. As OHCA is aware, YNHH opened a new 24-bed inpatient rehabilitation unit at Milford Hospital located approximately 7 miles (12-15 minute driving time) from BH. The Milford location offers major benefits to patients and families during long rehabilitation stays including ample free parking, a small campus to navigate, and a state-of-the-art unit and therapy space. YNHH will also offer employment to the existing BH IRU staff which will help to ensure continuity of staff and patient care. If this CON is granted, on the day of the BH IRU closes, BH will absorb the cost of transporting any currently admitted rehabilitation patient to the alternative provider selected. Going forward, patients who are discharged from BH but require inpatient rehabilitation will be transported to YNHH or the rehabilitation provider of their choice, and the transportation costs will be paid either by the patient's insurance or the receiving facility as is standard practice.

Financial Feasibility

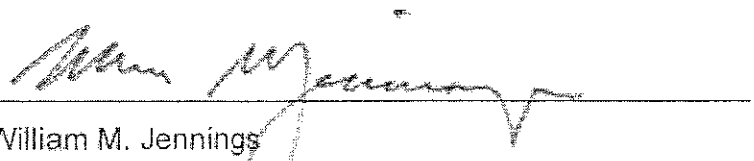
There is a modest capital expense associated with renovating the existing inpatient rehabilitation unit for use as a 22-bed medical-surgical nursing unit. However, despite the capital expense, the proposal is financially feasible for BH. In fact, there are no projected incremental losses and due to the added medical-surgical capacity, this proposal will strengthen BH's financial condition.

Summary

In summary, this proposal is necessary to create much needed inpatient medical-surgical capacity at BH. Termination of the BH rehabilitation unit will permit the addition of 22 medical-surgical acute care beds, within our existing Department of Public Health license, without the need for new construction or substantial facility upgrades, all of which will significantly improve the organization's ability to meet the demand for these services. This proposal offers the most cost-effective, financially feasible, and time efficient option for creating medical-surgical bed capacity while ensuring continued access to inpatient rehabilitation services. I urge you to approve this CON application.

Thank you and now I would like to introduce Dr. Michael Ivy

The foregoing is my sworn testimony.



William M. Jennings
President and Chief Executive Officer
Bridgeport Hospital

Bridgeport Hospital

Termination of Bridgeport Hospital's Inpatient Rehabilitation Services
Docket Number 15-32010-CON

Pre-file Testimony of Michael Ivy, MD
Senior Vice President for Medical Affairs and Chief Medical Officer

Hearing Officer Hansted and members of the OHCA staff, thank you for the opportunity to speak about this important Certificate of Need (CON) application before you for Bridgeport Hospital (BH) to terminate its inpatient rehabilitation services in order to create additional acute medical-surgical beds. My name is Dr. Michael Ivy, and I am the Senior Vice President for Medical Affairs and Chief Medical Officer.

Medical-Surgical Occupancy

As mentioned by Mr. Jennings, BH has been grappling with high medical-surgical occupancy for several years, and this year has been particularly difficult. We measure our occupancy both by the midnight census and a 5:00 a.m. census to best capture all patients in beds each day. Medical-surgical occupancy rates have consistently been between 85% and 96%. The 5:00 a.m. census has exceeded 80% occupancy on 340 days and exceeded the number of beds in operation on 115 days during the past year. Even during the summer months this year, medical-surgical occupancy rates have ranged between 89% and 92%. FY 2015 year-to-date medical-surgical occupancy through August is 94%, including inpatients and observation patients. BH has been addressing medical-surgical capacity issues for approximately 5 years as we have seen our patient demand increase over time given new programs we have added and new physicians who have joined our medical staff.

Past Efforts

BH has employed various approaches to safely and efficiently accommodate all patients that seek care at BH. Our past efforts have included modifying space for medical-surgical inpatients as well as care efficiency initiatives.

Space Modifications

As outlined in our CON application, the following steps were taken to modify space for medical-surgical inpatients:

- Transitioned private and semi-private medical-surgical rooms into doubles and triple rooms;
- Utilized dedicated beds in the angioplasty suite for overnight and weekends for medical-surgical admissions;
- Utilized five (5) beds in the surgical intensive care unit to house medical-surgical patients;
- Opened 5 patient bays as an observation unit in the emergency department for medical-surgical inpatients;
- Relocated obstetrical patients to the Northwest side of the 5th floor in order to make available the West Tower side for overflow medical-surgical patients; and
- Opened 23 additional beds on North West 7 in July of 2014 for medical-surgical admissions.

Many of these actions were short-term solutions to immediate problems, and did not create the optimal patient care environment we would like to provide to our patients. These initiatives had to be pursued to handle pressing patient volume needs within the organization, but are not long-term solutions.

Care Efficiency Improvements

In addition to the measures described above, BH has been working to improve patient flow and care efficiency to maximize any existing bed capacity. The following initiatives have resulted in significant patient flow improvements, but have not relieved the volume pressures at BH:

- Reduce the discharge time of day: Median discharge time of day for medical-surgical units has steadily declined from approximately 3:15 p.m. in October 2014 to 2:10 p.m. by August 2015.
- Reduce the time between arrival in the ED and admission to an inpatient bed:

The median time between arrival in the ED and admission to an inpatient bed has consistently declined over the past several years. This initiative has been in place since 2011 when patients commonly waited 8 or 9 hours for an inpatient bed. In FY 2015, the wait is down to 6 hours and was 5 hours and 22 minutes in July 2015.

- Reduce average length of stay (ALOS): A number of length-of-stay improvement initiatives have been underway for the past several years. Approximately five years ago, BH created a new position, Medical Director of Care Coordination (MDCC) and empowered a physician leader to work closely with the medical and hospital staff on length of stay reduction. The MDCC has led a number of ongoing initiatives that address length of stay improvements including:
  - Routine reporting and sharing of length-of-stay data with attending physicians;
  - In depth case review and resolution for long stay patients;
    - A Long Stay Patient Coordinator was hired approximately 3 months ago to work closely with families and the medical team to facilitate discharge for long stay cases.
  - Weekly Progression of Care meetings to review and discuss any patient hospitalized for more than 10 days;
  - Conducting Transition Care Rounds which occur daily and include all key members and disciplines from the care team to ensure efficient discharge planning; and
  - Working more closely with long term acute care hospitals (LTACHs), subacute facilities and home care providers to facilitate timely patient referral processing to reduce hospital length of stay.

These efforts have led to ALOS reductions in the medical and surgical cases between 2010 and 2013. As OHCA is aware, the Centers for Medicare and Medicaid (CMS) instituted, in the fall of 2013, new regulations pertaining to the definition of inpatient status, often referred to as the "Two Midnight Rule". This new definition resulted in a number of shorter stay cases, being moved

from inpatient to observation or outpatient classification. As a result of short stay inpatients converting to observation status, the length of stay of remaining inpatient cases increased by 0.42 days in FY 2014. However, it is important to recognize that this increase is due to the changed CMS regulation and the type of patients included in the calculation. Our efforts continue to be effective in shortening the ALOS.

Improved patient flow from these measures and length-of-stay reductions is beneficial for patients, but despite all of these efforts to improve efficiency of care and create additional medical-surgical patient care areas, occupancy levels continue to remain extremely high. Placing patients on patient care units not typically intended for a patient's primary diagnosis or keeping patients in temporary bed locations can negatively impact patient, physician, and staff satisfaction. Such temporary arrangements place a significant strain on nursing and other ancillary staff and make it more difficult to manage patient flow and deliver high quality patient care.

Proposal is the Best Option for Patients, Physicians and Staff

The conversion of the inpatient rehabilitation beds to acute medical-surgical beds will create significant increased capacity to meet our current and near term projections. Patients, physicians and staff will be best served by this option as it creates capacity quickly, does not involve significant renovation, and is relatively low cost. Everyone will benefit in the short term and most of all, community residents will be able to efficiently seek high quality inpatient care. Patients, physicians and staff have been struggling for quite some time with BH's capacity limitations, and this proposal will be a major improvement and welcomed change for all involved.

We know BH patients in need of inpatient rehabilitation services following an acute care hospital admission will be well served in either YNHH's new unit located at Milford Hospital or one of the other area hospital units which have indicated they have capacity. As Mr. Jennings stated, inpatient rehabilitation services are provided following an acute hospitalization and do not have to be located in the same place as acute care services.

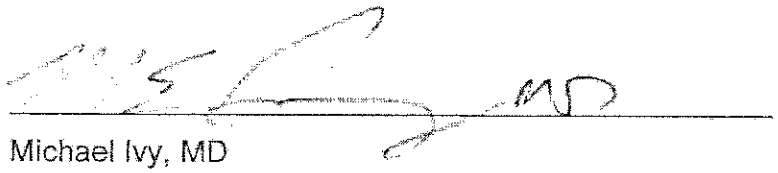
We expect the majority of our patients to utilize YNHH's new inpatient rehabilitation unit located at Milford Hospital. Its close proximity, being part of YNHH, and the fact that the unit will employ many of our rehabilitation unit staff are important features to our referring physicians. YNHH as well as other area providers are long-standing inpatient rehabilitation providers and will offer BH patients care consistent with what they would receive from us. This proposal has the support of BH's medical staff.

Summary

In conclusion, BH has seen a continued increased in medical-surgical demand and has exhausted its options to create any additional acute medical-surgical bed capacity. Termination of the inpatient rehabilitation service will permit the addition of 22 beds for acute medical-surgical patients. Patients will be well served by YNHH's inpatient rehabilitation unit or at other area providers. This proposal significantly improves the organization's ability to deliver care that is consistent with our mission, vision and goals. Patients, physicians and staff are anxious to see our occupancy situation improve quickly and I urge you to approve this CON application.

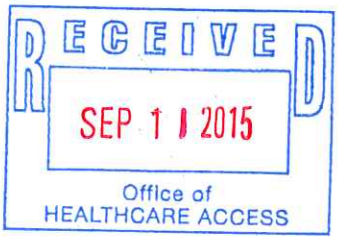
Thank you for your time and attention.

The foregoing is my sworn testimony.



Michael Ivy, MD
Senior Vice President for Medical Affairs and Chief Medical Officer
Bridgeport Hospital

YALE NEW HAVEN HEALTH



September 10, 2015

Kevin Hansted
Hearing Officer
CT Department of Public Health
Office of Health Care Access (OHCA)
Address: 410 Capitol Avenue
Hartford, CT 06134-0308

RE: Pre-filed Testimony for Docket No. 15-32010-CON, Termination of Bridgeport Hospital's Inpatient Rehabilitation Services

Dear Hearing Officer Hansted:

Enclosed please find the pre-filed testimony of the hearing in the above-referenced docket number. The appearance of Jennifer Willcox is also enclosed.

Sincerely,

Irene Noel
Administrative Assistant to
Jennifer Willcox
Deputy General Counsel
Yale New Haven Health System

Originals to follow via Federal Express

STATE OF CONNECTICUT

BEFORE THE DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH CARE ACCESS	: : :	DOCKET NO. 15-32010-CON
IN RE TERMINATION OF BRIDGEPORT HOSPITAL'S INPATIENT REHABILITATIO SERVICES	: :	SEPTEMBER 10, 2015

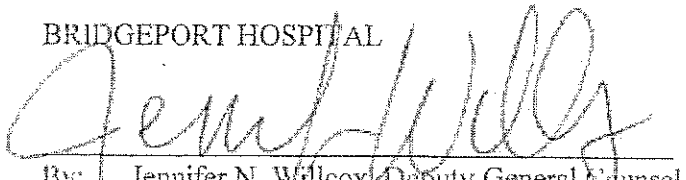
NOTICE OF APPEARANCE

Please enter the appearance of Jennifer Willcox, of the Yale New Haven Health System Legal & Risk Services Department, on behalf of Bridgeport Hospital.

I intend to attend the hearing on Thursday, September 15, 2015 on behalf of my client.

Respectfully submitted,

BRIDGEPORT HOSPITAL



By: Jennifer N. Willcox, Deputy General Counsel
Legal & Risk Services Department
Yale New Haven Health System
789 Howard Avenue
New Haven, CT 06511
203-688-9966 (Telephone)
203-688-3162 (Fax)
Jennifer.Willcox@ynhh.org
Its Attorney

Bridgeport Hospital

Termination of Bridgeport Hospital's Inpatient Rehabilitation Services
Docket Number 15-32010-CON

Pre-file Testimony of William M. Jennings
President and Chief Executive Officer, Bridgeport Hospital

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I have the distinct privilege of introducing and summarizing the proposed termination. You will also be hearing from my colleague, Dr. Michael Ivy, Senior Vice President for Medical Affairs and Chief Medical Officer.

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Although licensed for 383 inpatient acute care beds (including bassinets), BH currently has 357 beds in operation with 202 dedicated to medical-surgical services. Due to evolving patient care requirements such as the need for more isolation rooms and improved patient privacy, the physical plant at BH cannot accommodate all 383 licensed beds. Of the 202 medical-surgical beds, there are 16-17 currently in use as inpatient rehabilitation beds. We actually have certification for 19 beds from the Centers for Medicare and Medicaid Services, but only have space to operate 16-17 of these beds at this time. As OHCA is aware, the inpatient rehabilitation patient population differs from acute medical-surgical patients as they are receiving intensive rehabilitation services

following an acute hospitalization. BH needs more acute medical-surgical beds and we would like to terminate the inpatient rehabilitation service so those beds can be utilized for acute medical-surgical patients. We plan to pursue some minor renovations which will permit a total of 22 beds to be available for acute medical-surgical patients. Dr. Ivy will provide more details on demand for medical-surgical beds and the efforts we have undertaken over the past several years to try and create more capacity.

BH has undertaken a number of physical plant improvements over the past 5 years, including main lobby and cafeteria upgrades, renovations to our burn unit along with several other medical-surgical unit renovations, and infrastructure improvements including upgraded boilers and new chiller and cooler tower installations. We are continually working to modernize our facilities to be able to provide state-of-the-art technology, improve patient safety, ease of access and enhance patient privacy and comfort. Our inpatient nursing units represent a combination of older units in need of renovation and units which have already been updated. We continue to renovate our inpatient nursing units on a rolling basis through the use of a swing unit. When we do a renovation, we must close a unit for refurbishment and utilize a swing unit as a temporary unit. Our five year capital plan calls for at least one unit renovation per year to address modernization of our nursing units, which requires a swing unit in continuous use.

Because one of our nursing units is reserved as a swing unit, and there are no other spaces on our campus to house an additional inpatient unit without sizeable capital cost, our only cost effective option for creating additional acute medical-surgical bed capacity is to utilize our rehabilitation service beds. We have evaluated the feasibility of terminating other acute care services but due to current and future health needs of the community and current supply of other providers, these services must remain at BH.

I want to also mention that we did evaluate the feasibility of constructing a new patient care building to address our current capacity issues. We estimated that the cost of such a building would be approximately $140 million. The level of expense is not feasible for

BH at this time. We are confident that the proposal we have presented represents the most cost-efficient approach to creating more acute medical-surgical bed capacity.

Other Inpatient Rehabilitation Providers

Inpatient rehabilitation services are provided following an acute hospitalization and do not have to be located in the same place as acute care services. There are several area inpatient rehabilitation providers who can absorb BH's inpatient rehabilitation volume including Yale-New Haven Hospital (YNHH), St. Vincent's Medical Center, Norwalk Hospital, Danbury Hospital and Stamford Hospital. Patient choice will be respected. Each of these facilities provided a letter, which we included in our CON application, indicating they have capacity to accept inpatient rehabilitation patients from BH. The majority of patient volume can be absorbed by YNHH. As OHCA is aware, YNHH opened a new 24-bed inpatient rehabilitation unit at Milford Hospital located approximately 7 miles (12-15 minute driving time) from BH. The Milford location offers major benefits to patients and families during long rehabilitation stays including ample free parking, a small campus to navigate, and a state-of-the-art unit and therapy space. YNHH will also offer employment to the existing BH IRU staff which will help to ensure continuity of staff and patient care. If this CON is granted, on the day of the BH IRU closes, BH will absorb the cost of transporting any currently admitted rehabilitation patient to the alternative provider selected. Going forward, patients who are discharged from BH but require inpatient rehabilitation will be transported to YNHH or the rehabilitation provider of their choice, and the transportation costs will be paid either by the patient's insurance or the receiving facility as is standard practice.

Financial Feasibility

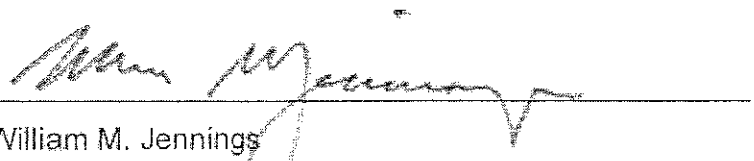
There is a modest capital expense associated with renovating the existing inpatient rehabilitation unit for use as a 22-bed medical-surgical nursing unit. However, despite the capital expense, the proposal is financially feasible for BH. In fact, there are no projected incremental losses and due to the added medical-surgical capacity, this proposal will strengthen BH's financial condition.

Summary

In summary, this proposal is necessary to create much needed inpatient medical-surgical capacity at BH. Termination of the BH rehabilitation unit will permit the addition of 22 medical-surgical acute care beds, within our existing Department of Public Health license, without the need for new construction or substantial facility upgrades, all of which will significantly improve the organization's ability to meet the demand for these services. This proposal offers the most cost-effective, financially feasible, and time efficient option for creating medical-surgical bed capacity while ensuring continued access to inpatient rehabilitation services. I urge you to approve this CON application.

Thank you and now I would like to introduce Dr. Michael Ivy

The foregoing is my sworn testimony.



William M. Jennings
President and Chief Executive Officer
Bridgeport Hospital

Bridgeport Hospital

Termination of Bridgeport Hospital's Inpatient Rehabilitation Services
Docket Number 15-32010-CON

Pre-file Testimony of Michael Ivy, MD
Senior Vice President for Medical Affairs and Chief Medical Officer

Hearing Officer Hansted and members of the OHCA staff, thank you for the opportunity to speak about this important Certificate of Need (CON) application before you for Bridgeport Hospital (BH) to terminate its inpatient rehabilitation services in order to create additional acute medical-surgical beds. My name is Dr. Michael Ivy, and I am the Senior Vice President for Medical Affairs and Chief Medical Officer.

Medical-Surgical Occupancy

As mentioned by Mr. Jennings, BH has been grappling with high medical-surgical occupancy for several years, and this year has been particularly difficult. We measure our occupancy both by the midnight census and a 5:00 a.m. census to best capture all patients in beds each day. Medical-surgical occupancy rates have consistently been between 85% and 96%. The 5:00 a.m. census has exceeded 80% occupancy on 340 days and exceeded the number of beds in operation on 115 days during the past year. Even during the summer months this year, medical-surgical occupancy rates have ranged between 89% and 92%. FY 2015 year-to-date medical-surgical occupancy through August is 94%, including inpatients and observation patients. BH has been addressing medical-surgical capacity issues for approximately 5 years as we have seen our patient demand increase over time given new programs we have added and new physicians who have joined our medical staff.

Past Efforts

BH has employed various approaches to safely and efficiently accommodate all patients that seek care at BH. Our past efforts have included modifying space for medical-surgical inpatients as well as care efficiency initiatives.

Space Modifications

As outlined in our CON application, the following steps were taken to modify space for medical-surgical inpatients:

- Transitioned private and semi-private medical-surgical rooms into doubles and triple rooms;
- Utilized dedicated beds in the angioplasty suite for overnight and weekends for medical-surgical admissions;
- Utilized five (5) beds in the surgical intensive care unit to house medical-surgical patients;
- Opened 5 patient bays as an observation unit in the emergency department for medical-surgical inpatients;
- Relocated obstetrical patients to the Northwest side of the 5th floor in order to make available the West Tower side for overflow medical-surgical patients; and
- Opened 23 additional beds on North West 7 in July of 2014 for medical-surgical admissions.

Many of these actions were short-term solutions to immediate problems, and did not create the optimal patient care environment we would like to provide to our patients. These initiatives had to be pursued to handle pressing patient volume needs within the organization, but are not long-term solutions.

Care Efficiency Improvements

In addition to the measures described above, BH has been working to improve patient flow and care efficiency to maximize any existing bed capacity. The following initiatives have resulted in significant patient flow improvements, but have not relieved the volume pressures at BH:

- Reduce the discharge time of day: Median discharge time of day for medical-surgical units has steadily declined from approximately 3:15 p.m. in October 2014 to 2:10 p.m. by August 2015.
- Reduce the time between arrival in the ED and admission to an inpatient bed:

The median time between arrival in the ED and admission to an inpatient bed has consistently declined over the past several years. This initiative has been in place since 2011 when patients commonly waited 8 or 9 hours for an inpatient bed. In FY 2015, the wait is down to 6 hours and was 5 hours and 22 minutes in July 2015.

- Reduce average length of stay (ALOS): A number of length-of-stay improvement initiatives have been underway for the past several years. Approximately five years ago, BH created a new position, Medical Director of Care Coordination (MDCC) and empowered a physician leader to work closely with the medical and hospital staff on length of stay reduction. The MDCC has led a number of ongoing initiatives that address length of stay improvements including:
  - Routine reporting and sharing of length-of-stay data with attending physicians;
  - In depth case review and resolution for long stay patients;
    - A Long Stay Patient Coordinator was hired approximately 3 months ago to work closely with families and the medical team to facilitate discharge for long stay cases.
  - Weekly Progression of Care meetings to review and discuss any patient hospitalized for more than 10 days;
  - Conducting Transition Care Rounds which occur daily and include all key members and disciplines from the care team to ensure efficient discharge planning; and
  - Working more closely with long term acute care hospitals (LTACHs), subacute facilities and home care providers to facilitate timely patient referral processing to reduce hospital length of stay.

These efforts have led to ALOS reductions in the medical and surgical cases between 2010 and 2013. As OHCA is aware, the Centers for Medicare and Medicaid (CMS) instituted, in the fall of 2013, new regulations pertaining to the definition of inpatient status, often referred to as the "Two Midnight Rule". This new definition resulted in a number of shorter stay cases, being moved

from inpatient to observation or outpatient classification. As a result of short stay inpatients converting to observation status, the length of stay of remaining inpatient cases increased by 0.42 days in FY 2014. However, it is important to recognize that this increase is due to the changed CMS regulation and the type of patients included in the calculation. Our efforts continue to be effective in shortening the ALOS.

Improved patient flow from these measures and length-of-stay reductions is beneficial for patients, but despite all of these efforts to improve efficiency of care and create additional medical-surgical patient care areas, occupancy levels continue to remain extremely high. Placing patients on patient care units not typically intended for a patient's primary diagnosis or keeping patients in temporary bed locations can negatively impact patient, physician, and staff satisfaction. Such temporary arrangements place a significant strain on nursing and other ancillary staff and make it more difficult to manage patient flow and deliver high quality patient care.

Proposal is the Best Option for Patients, Physicians and Staff

The conversion of the inpatient rehabilitation beds to acute medical-surgical beds will create significant increased capacity to meet our current and near term projections. Patients, physicians and staff will be best served by this option as it creates capacity quickly, does not involve significant renovation, and is relatively low cost. Everyone will benefit in the short term and most of all, community residents will be able to efficiently seek high quality inpatient care. Patients, physicians and staff have been struggling for quite some time with BH's capacity limitations, and this proposal will be a major improvement and welcomed change for all involved.

We know BH patients in need of inpatient rehabilitation services following an acute care hospital admission will be well served in either YNHH's new unit located at Milford Hospital or one of the other area hospital units which have indicated they have capacity. As Mr. Jennings stated, inpatient rehabilitation services are provided following an acute hospitalization and do not have to be located in the same place as acute care services.

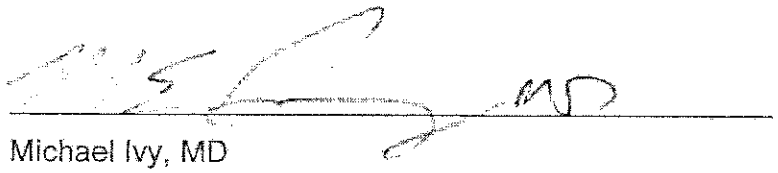
We expect the majority of our patients to utilize YNHH's new inpatient rehabilitation unit located at Milford Hospital. Its close proximity, being part of YNHH, and the fact that the unit will employ many of our rehabilitation unit staff are important features to our referring physicians. YNHH as well as other area providers are long-standing inpatient rehabilitation providers and will offer BH patients care consistent with what they would receive from us. This proposal has the support of BH's medical staff.

Summary

In conclusion, BH has seen a continued increased in medical-surgical demand and has exhausted its options to create any additional acute medical-surgical bed capacity. Termination of the inpatient rehabilitation service will permit the addition of 22 beds for acute medical-surgical patients. Patients will be well served by YNHH's inpatient rehabilitation unit or at other area providers. This proposal significantly improves the organization's ability to deliver care that is consistent with our mission, vision and goals. Patients, physicians and staff are anxious to see our occupancy situation improve quickly and I urge you to approve this CON application.

Thank you for your time and attention.

The foregoing is my sworn testimony.



Michael Ivy, MD
Senior Vice President for Medical Affairs and Chief Medical Officer
Bridgeport Hospital

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

TABLE OF THE RECORD

APPLICANT: **Bridgeport Hospital**

DOCKET NUMBER: **15-32010-CON**

PUBLIC HEARING: **September 15, 2015 at 4:00 p.m.**

PLACE: **Housatonic Community College**
Room LH A 101
900 Lafayette Blvd.
Bridgeport, CT 06604

EXHIBIT	DESCRIPTION
A	Letter from Bridgeport Hospital (Applicant) dated June 29, 2015 enclosing the Certificate of Need (CON) application for the Termination of the Inpatient Rehabilitation Unit under Docket Number 15-32010, received by OHCA on June 29, 2015. (85 Pages)
B	Letter from Gaylord Hospital dated June 12, 2015 in support of the Applicant's request in the matter of the CON application under Docket Number 15-32010, received by OHCA on June 16, 2015. (1 page)
C	OHCA's letter to the Applicant dated July 17, 2015, requesting additional information and/or clarification in the matter of the CON application under Docket Number 15-32010.(1 Page)
D	Applicant's responses to OHCA's letter of July 17, 2015, dated July 22, 2015, in the matter of the CON application under Docket Number 15-32010, received by OHCA on July 23, 2015. (10 Pages)
E	OHCA's letter to the Applicant dated July 29, 2015 deeming the application complete in the matter of the CON application filed under Docket Number 15-32010. (1 page)
F	OHCA's request for legal notification in the *Connecticut Post* of OHCA's Notice to the Applicant of the public hearing scheduled for September 15, 2015, in the matter of the CON application under Docket Number 15-32010, dated August 25, 2015. (4 pages)

G	Designation letter dated August 26, 2015 of Hearing Officer in the matter of the CON application under Docket Number 15-32010. (1 page)
H	OHCA's letter to the Applicant dated September 9, 2015 requesting prefile testimony and enclosing issues in the matter of the CON application under Docket Number 15-32010. (1 page)
I	Letter from the Applicant to OHCA dated September 10, 2015 noticing the appearance of attorney Jennifer Wilcox and enclosing prefiled testimony in the matter of the CON application under Docket Number 15-32010, received by OHCA on September 10, 2015. (11 pages)

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

TENTATIVE AGENDA

HEARING

Docket Number: 15-32010

Bridgeport Hospital

Termination of Bridgeport Hospital's Inpatient Rehabilitation Services

September 15, 2015 at 4:00 p.m.

I. Convening of the Public Hearing

II. Applicant's Direct Testimony

III. OHCA's Questions-Applicant

IV. Public Comment

V. Closing Remarks

VI. Public Hearing Adjourned

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

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

PUBLIC COMMENT

BRIDGEPORT HOSPITAL

TERMINATION OF BRIDGEPORT HOSPITAL'S INPATIENT REHABILITATION SERVICES

September 15, 2015 at 4:00 p.m.

INFORMATIONAL SHEET FOR PERSONS SIGNING UP TO SPEAK FROM THE GENERAL PUBLIC

Any and all persons are welcome to make a comment on the record at the public hearing for Docket Number: 15-32010. All those who wish to speak must sign up prior to speaking.

- Please make sure you have signed up on OHCA's Sign-Up Sheet for the General Public.
- Please only sign up for yourself.
- Individuals who have signed up to speak will be called in the order they appear on the sign-up sheet.
- Your comments should be your own personal opinion.
- Your comments should be limited to **three (3) minutes** or less.
- If you do not wish to speak on the record and would instead like to submit a written comment by mail please do so at your earliest convenience. Such written comments are part of OHCA's administrative record in this matter and have the same weight as all verbal comments made at the hearing. Please address your comments to:

Kimberly R. Martone
Director of Operations
Office of Health Care Access
Division of the Department of Public Health
410 Capitol Avenue, MS #13 HCA
P.O. Box 340308
Hartford, CT 06134-0308

- **Agenda for this Proceeding is located on the back**

OHCA HEARINGS - EXHIBIT AND LATE FILE FORM

Applicants: Bridgeport Hospital

DN: 15-32010-CON

Hearing Date: September 15, 2015

Time: 4:00 p.m.

Proposal: Termination of Bridgeport Hospital's Inpatient Rehabilitation Services

OHCA Exhibit #	Description
1	Exhibit J revised Attachment I
2	
3	
4	
5	

PUBLIC HEARING
APPLICANT
SIGN UP SHEET

September15, 2015
4:00 p.m.

Docket Number: 15-32010-CON
Bridgeport Hospital
Termination of Bridgeport Hospital's Inpatient Rehabilitation Services

PRINT NAME	Phone	Fax	Representing Organization
Matt McKennan	203 863 3458		YNHHS
Nancy Rosenthal	203-863-3458		YNHHS
Karen Barnett	203-459-1601		KMBConsulting / YNHHS
John Iarutis	2032141063		YNHH
Mike Ing	203-727-7270		BH

Bridgeport Hospital

PRINT NAME	Phone	Fax	Representing Organization
Pam Scagliarini	203-215-7356		Bridgeport Hospital
John Skelly	203.384-3953		Bridgport Hospital
[illegible] Jackson	203-384-3763		Bridgeport Hospital
Susan Castegna	203 384-3946		Bridgeport Hospital
William M. Jennings	203-384-3478		Bridgeport Hosp.
Jacie Blake	203-641-2189		Bridgeport Hosp
Gina Calder	203-610-1054		Bridgeport Hospital
Marc Brunotti	203.449-2916		Bridgp Hospital
Lorraine Nelson	203-330-8733		Bridgeport Hospital

Bridgeport Hospital

PRINT NAME	Phone	Fax	Representing Organization

Intervenor Late File #	Description	Due Date	Rec'd
1	payer mix FY14 Bpt hospital	9.18.15	
2			
3			
4			
5			
6			

Notes:

Greer, Leslie

From: Veyberman, Alla
Sent: Thursday, September 17, 2015 2:52 PM
To: Greer, Leslie
Cc: Lazarus, Steven; Olejarz, Barbara
Subject: FW: Docket No. 15-32010-CON
Attachments: OHCA CON Financial Workbook.xlsx

Leslie,
Please add the attached as a Worksheet J.

Thank you.

Alla

From: McKennan, Matthew [mailto:Matthew.McKennan@YNHH.ORG]
Sent: Wednesday, September 16, 2015 12:18 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>; Riggott, Kaila <Kaila.Riggott@ct.gov>; Veyberman, Alla <Alla.Veyberman@ct.gov>
Cc: Rosenthal, Nancy <Nancy.Rosenthal@greenwichhospital.org>; Willcox, Jennifer <Jennifer.Willcox@ynhh.org>; Karen Banoff <kbanoff@kmbconsult.com>
Subject: Docket No. 15-32010-CON

Kevin –

Attached are the files discussed at the Bridgeport Hospital IRU hearing yesterday, including: (i) total payer mix for Bridgeport Hospital, and (ii) an excel version of the financial attachment with the additional years of FY12 and FY13. Please let me know if you have any additional questions. Thank you.

Matt

Matthew McKennan
Senior Planner - Yale New Haven Health

Greenwich Hospital
5 Perryridge Rd.
Greenwich, CT 06830
Phone:(203) 863-3458
Mob:(203) 907-9858

Matthew.McKennan@YNHH.ORG
www.greenwichhospital.org

Please consider the environment
before printing this email.

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

Applicant:

Financial Worksheet (A)

NON-PROFIT

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

LINE	Total Entity:	FY 2012	FY 2013	(1) FY 2014	(2) FY 2015	(3)* FY 2015	(4) FY 2015	(5) FY 2016	(6) FY 2016	(7) FY 2016	(8) FY 2017	(9) FY 2017	(10) FY 2017	(11) FY 2018	(12) FY 2018	(13) FY 2018	(14) FY 2019	(15) FY 2019	(16) FY 2019
		Actual	Actual	Actual	Projected	Projected	Projected	Projected	Rehab	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
	Description	Results	Results	Results	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON
A.	**OPERATING REVENUE**																		
1	Total Gross Patient Revenue	$1,390,798	$1,512,520	$1,693,080	$1,732,269	$27,243	$1,705,026	$1,705,026	$0	$1,677,783	$1,705,026	$0	$1,677,783	$1,705,026	$0	$1,677,783	$1,705,026	$0	$1,677,783
2	Less: Allowances	$970,181	$1,093,693	$1,253,705	$1,259,142	$19,209	$1,239,934	$1,232,752	$0	$1,213,544	$1,225,773	$0	$1,206,565	$1,218,660	$0	$1,199,452	$1,211,410	$0	$1,192,201
3	Less: Charity Care						$0			$0			$0			$0			$0
4	Less: Other Deductions						$0			$0			$0			$0			$0
	Net Patient Service Revenue	**$420,617**	**$418,827**	**$439,375**	**$473,127**	**$8,035**	**$481,162**	**$472,274**	**$0**	**$464,239**	**$479,253**	**$0**	**$471,218**	**$486,366**	**$0**	**$478,331**	**$493,616**	**$0**	**$485,582**
5	Medicare	$149,403	$158,027	$159,487	$176,875	$5,102	$171,774	$178,998	$0	$173,896	$181,145	$0	$176,044	$183,319	$0	$178,218	$185,519	$0	$180,418
6	Medicaid	$83,723	$76,209	$90,023	$86,276	$401	$85,876	$78,576	$0	$78,176	$78,576	$0	$78,176	$78,576	$0	$78,176	$78,576	$0	$78,176
7	CHAMPUS & TriCare						$0			$0			$0			$0			$0
8	Other						$0			$0			$0			$0			$0
	Total Government	**$233,126**	**$234,236**	**$249,510**	**$263,151**	**$5,502**	**$257,649**	**$257,574**	**$0**	**$252,072**	**$259,721**	**$0**	**$254,219**	**$261,895**	**$0**	**$256,393**	**$264,095**	**$0**	**$258,593**
9	Commercial Insurers	$187,491	$184,591	$189,865	$209,976	$2,456	$207,521	$214,700	$0	$212,245	$219,531	$0	$217,076	$224,471	$0	$222,015	$229,521	$0	$227,066
10	Uninsured						$0			$0			$0			$0			$0
11	Self Pay						$0			$0			$0			$0			$0
12	Workers Compensation					$77	($77)			($77)			($77)			($77)			($77)
13	Other						$0			$0			$0			$0			$0
	Total Non-Government	**$187,491**	**$184,591**	**$189,865**	**$209,976**	**$2,533**	**$207,444**	**$214,700**	**$0**	**$212,168**	**$219,531**	**$0**	**$216,999**	**$224,471**	**$0**	**$221,938**	**$229,521**	**$0**	**$226,989**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$420,617**	**$418,827**	**$439,375**	**$473,127**	**$8,035**	**$465,093**	**$472,274**	**$0**	**$464,239**	**$479,253**	**$0**	**$471,218**	**$486,366**	**$0**	**$478,331**	**$493,616**	**$0**	**$485,582**
14	Less: Provision for Bad Debts						**$0**			**$0**			**$0**			**$0**			**$0**
	Net Patient Service Revenue less provision for bad debts	**$420,617**	**$418,827**	**$439,375**	**$473,127**	**$8,035**	**$465,093**	**$472,274**	**$0**	**$464,239**	**$479,253**	**$0**	**$471,218**	**$486,366**	**$0**	**$478,331**	**$493,616**	**$0**	**$485,582**
15	Other Operating Revenue	$16,420	$23,173	$24,321	$28,366		**$28,366**	$27,586		**$27,586**	$26,986		**$26,986**	$26,986		**$26,986**	$26,986		**$26,986**
17	Net Assets Released from Restrictions						**$0**			**$0**			**$0**			**$0**			**$0**
	TOTAL OPERATING REVENUE	**$437,037**	**$442,000**	**$463,696**	**$501,493**	**$8,035**	**$493,459**	**$499,860**	**$0**	**$491,825**	**$506,239**	**$0**	**$498,204**	**$513,352**	**$0**	**$505,317**	**$520,602**	**$0**	**$512,568**
B.	**OPERATING EXPENSES**																		
1	Salaries and Wages	$149,195	$154,411	$157,999	$156,251	$2,086	$154,165	$160,939	$0	$158,853	$165,767	$0	$163,681	$170,740	$0	$168,654	$175,862	$0	$173,776
2	Fringe Benefits	$42,373	$41,582	$48,105	$51,571	$695	$50,876	$53,118	$0	$52,423	$54,712	$0	$54,016	$56,353	$0	$55,658	$58,044	$0	$57,348
3	Physicians Fees	$23,346	$22,467	$25,569	$28,426	$64	$28,362	$28,710	$0	$28,646	$28,997	$0	$28,933	$29,287	$0	$29,223	$29,580	$0	$29,516
4	Supplies and Drugs	$53,108	$56,164	$55,678	$58,097	$520	$57,577	$58,678	$0	$58,158	$59,265	$0	$58,744	$59,857	$0	$59,337	$60,456	$0	$59,936
5	Depreciation and Amortization	$20,175	$22,794	$30,957	$31,606		$31,606	$31,606	$0	$31,606	$31,606	$0	$31,606	$31,606	$0	$31,606	$31,606	$0	$31,606
6	Provision for Bad Debts-Other[b]						$0		$0	$0		$0	$0		$0	$0		$0	$0
7	Interest Expense	$2,742	$1,665	$2,566	$3,108		$3,108	$3,108	$0	$3,108	$3,108	$0	$3,108	$3,108	$0	$3,108	$3,108	$0	$3,108
8	Malpractice Insurance Cost	$2,179	$292	($285)	$7,664		$7,664	$7,932	$0	$7,932	$8,210	$0	$8,210	$8,497	$0	$8,497	$8,795	$0	$8,795
9	Lease Expense	$1,875	$4,704	$5,428	$5,803		$5,803	$5,861	$0	$5,861	$5,920	$0	$5,920	$5,979	$0	$5,979	$6,039	$0	$6,039
10	Other Operating Expenses	$122,675	$118,661	$100,747	$107,268	$732	$106,536	$106,213	$0	$105,480	$103,968	$0	$103,236	$102,024	$0	$101,291	$100,095	$0	$99,363
	TOTAL OPERATING EXPENSES	**$417,668**	**$422,740**	**$426,764**	**$449,794**	**$4,098**	**$445,696**	**$456,165**	**$0**	**$452,067**	**$461,552**	**$0**	**$457,454**	**$467,451**	**$0**	**$463,353**	**$473,584**	**$0**	**$469,486**
	INCOME/(LOSS) FROM OPERATIONS	**$19,369**	**$19,260**	**$36,932**	**$51,699**	**$3,937**	**$47,762**	**$43,695**	**$0**	**$39,758**	**$44,687**	**$0**	**$40,750**	**$45,901**	**$0**	**$41,964**	**$47,018**	**$0**	**$43,082**
	NON-OPERATING REVENUE	**$2,164**	**$3,969**	**$5,852**	**$4,188**		**$4,188**	**$1,200**		**$1,200**	**$1,200**		**$1,200**	**$1,200**		**$1,200**	**$1,200**		**$1,200**
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	**$21,533**	**$23,229**	**$42,784**	**$55,887**	**$3,937**	**$51,950**	**$44,895**	**$0**	**$40,958**	**$45,887**	**$0**	**$41,950**	**$47,101**	**$0**	**$43,164**	**$48,218**	**$0**	**$44,282**
	Principal Payments	**$385**	**$8,838**	**$4,218**	**$9,260**		**$9,260**	**$5,720**		**$5,720**	**$6,743**		**$6,743**	**$4,478**		**$4,478**	**$4,478**		**$4,478**
C.	**PROFITABILITY SUMMARY**																		
1	Hospital Operating Margin	**4.4%**	**4.3%**	**7.9%**	**10.2%**	**49.0%**	**9.6%**	**8.7%**	**0.0%**	**8.1%**	**8.8%**	**0.0%**	**8.2%**	**8.9%**	**0.0%**	**8.3%**	**9.0%**	**0.0%**	**8.4%**
2	Hospital Non Operating Margin	**0.5%**	**0.9%**	**1.2%**	**0.8%**	**0.0%**	**0.8%**	**0.2%**	**0.0%**	**0.2%**	**0.2%**	**0.0%**	**0.2%**	**0.2%**	**0.0%**	**0.2%**	**0.2%**	**0.0%**	**0.2%**
3	Hospital Total Margin	**4.9%**	**5.2%**	**9.1%**	**11.1%**	**49.0%**	**10.4%**	**9.0%**	**0.0%**	**8.3%**	**9.0%**	**0.0%**	**8.4%**	**9.2%**	**0.0%**	**8.5%**	**9.2%**	**0.0%**	**8.6%**
D.	**FTEs**	**2,078**	**2,133**	**2,167**	2,132	27	**2,105**	2,132	0	**2,105**	2,132	0	**2,105**	2,132	0	**2,105**	2,132	0	**2,105**
E.	**VOLUME STATISTICS[c]**																		
1	Inpatient Discharges	18,938	18,454	18,208	19,998	354	**19,644**	19,998	0	**19,644**	19,998	0	**19,644**	19,998	0	**19,644**	19,998	0	**19,644**
2	Outpatient Visits	233,280	242,784	277,043	282,370		**282,370**	282,370		**282,370**	282,370		**282,370**	282,370		**282,370**	282,370		**282,370**
	TOTAL VOLUME	**252,218**	**261,238**	**295,251**	**302,368**	**354**	**302,014**	**302,368**	**0**	**302,014**	**302,368**	**0**	**302,014**	**302,368**	**0**	**302,014**	**302,368**	**0**	**302,014**

*** FY 2015 Projected Incremental is 8 Months Annualized**

FOR-PROFIT

Applicant Name:

Financial Worksheet (B)

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

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$0	$0	$0	$0			$0			$0			$0
2	Less: Allowances	$0	$0	$0	$0			$0			$0			$0
3	Less: Charity Care	$0	$0	$0	$0			$0			$0			$0
4	Less: Other Deductions	$0	$0	$0	$0			$0			$0			$0
	Net Patient Service Revenue	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
5	Medicare	$0	$0	$0	$0			$0			$0			$0
6	Medicaid	$0	$0	$0	$0			$0			$0			$0
7	CHAMPUS & TriCare	$0	$0	$0	$0			$0			$0			$0
8	Other	$0	$0	$0	$0			$0			$0			$0
	Total Government	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
9	Commercial Insurers	$0	$0	$0	$0			$0			$0			$0
10	Uninsured	$0	$0	$0	$0			$0			$0			$0
11	Self Pay	$0	$0	$0	$0			$0			$0			$0
12	Workers Compensation	$0	$0	$0	$0			$0			$0			$0
13	Other	$0	$0	$0	$0			$0			$0			$0
	Total Non-Government	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
14	Less: Provision for Bad Debts	$0	$0	$0	**$0**			**$0**			**$0**			**$0**
	Net Patient Service Revenue less provision for bad debts	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
15	Other Operating Revenue	$0	$0	$0	**$0**			**$0**			**$0**			**$0**
17	Net Assets Released from Restrictions	$0	$0	$0	**$0**			**$0**			**$0**			**$0**
	TOTAL OPERATING REVENUE	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
B.	**OPERATING EXPENSES**													
1	Salaries and Wages	$0	$0	$0	$0			$0			$0			$0
2	Fringe Benefits	$0	$0	$0	$0			$0			$0			$0
3	Physicians Fees	$0	$0	$0	$0			$0			$0			$0
4	Supplies and Drugs	$0	$0	$0	$0			$0			$0			$0
5	Depreciation and Amortization	$0	$0	$0	$0			$0			$0			$0
6	Provision for Bad Debts-Other[b]	$0	$0	$0	$0			$0			$0			$0
7	Interest Expense	$0	$0	$0	$0			$0			$0			$0
8	Malpractice Insurance Cost	$0	$0	$0	$0			$0			$0			$0
9	Lease Expense	$0	$0	$0	$0			$0			$0			$0
10	Other Operating Expenses	$0	$0	$0	$0			$0			$0			$0
	TOTAL OPERATING EXPENSES	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	INCOME/(LOSS) FROM OPERATIONS	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	NON-OPERATING INCOME	**$0**	**$0**	**$0**	**$0**			**$0**			**$0**			**$0**
	Income before provision for income taxes	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

FOR-PROFIT

Applicant Name:

Financial Worksheet (B)

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

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
	Provision for income taxes[c]	**$0**	$0	$0	**$0**			**$0**			**$0**			**$0**
	NET INCOME	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
C.	**Retained Earnings, beginning of year**	**$0**	**$0**	**$0**	**$0**			**$0**			**$0**			**$0**
	Retained Earnings, end of year	**$0**	**$0**	**$0**	**$0**			**$0**			**$0**			**$0**
	Principal Payments	$0	$0	$0	**$0**			**$0**			**$0**			**$0**
D.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
2	Hospital Non Operating Margin	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
3	Hospital Total Margin	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
E.	**FTEs**	**0**	**0**	**0**	**0**			**0**			**0**			**0**
F.	**VOLUME STATISTICS[d]**													
1	Inpatient Discharges	0	0	0	**0**			**0**			**0**			**0**
2	Outpatient Visits	0	0	0	**0**			**0**			**0**			**0**
	TOTAL VOLUME	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

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

[c]Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

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

Greer, Leslie

From: Veyberman, Alla
Sent: Thursday, September 17, 2015 2:50 PM
To: Greer, Leslie
Subject: FW: Docket No. 15-32010-CON
Attachments: CON Payer Mix Update 2.xlsx

Leslie,
Please add the attached as a Late File.
Thank you.

Alla

From: McKennan, Matthew [mailto:Matthew.McKennan@YNHH.ORG]
Sent: Thursday, September 17, 2015 2:45 PM
To: Veyberman, Alla <Alla.Veyberman@ct.gov>
Cc: Rosenthal, Nancy <Nancy.Rosenthal@greenwichhospital.org>; Hansted, Kevin <Kevin.Hansted@ct.gov>; Riggott, Kaila <Kaila.Riggott@ct.gov>
Subject: RE: Docket No. 15-32010-CON

Yes, please see attached. Thank you.

Matt

Matthew McKennan
Senior Planner - Yale New Haven Health

Greenwich Hospital
5 Perryridge Rd.
Greenwich, CT 06830
Phone:(203) 863-3458
Mob:(203) 907-9858

Matthew.McKennan@YNHH.ORG
www.greenwichhospital.org

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From: Veyberman, Alla [mailto:Alla.Veyberman@ct.gov]
Sent: Thursday, September 17, 2015 2:36 PM
To: McKennan, Matthew
Cc: Rosenthal, Nancy; Hansted, Kevin; Riggott, Kaila
Subject: RE: Docket No. 15-32010-CON

Matt-
Can you please also send us the IRU program 2014 payer mix?
Thanks.

Alla

Alla Veyberman, MS

Health Care Analyst
CT Department of Public Health
Office of Health Care Access (OHCA)
Phone: 860.418.7007
Fax: 860.418.7053
Email: Alla.Veyberman@ct.gov

From: McKennan, Matthew [mailto:Matthew.McKennan@YNHH.ORG]
Sent: Wednesday, September 16, 2015 12:18 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>; Riggott, Kaila <Kaila.Riggott@ct.gov>; Veyberman, Alla <Alla.Veyberman@ct.gov>
Cc: Rosenthal, Nancy <Nancy.Rosenthal@greenwichhospital.org>; Willcox, Jennifer <Jennifer.Willcox@ynhh.org>; Karen Banoff <kbanoff@kmbconsult.com>
Subject: Docket No. 15-32010-CON

Kevin –

Attached are the files discussed at the Bridgeport Hospital IRU hearing yesterday, including: (i) total payer mix for Bridgeport Hospital, and (ii) an excel version of the financial attachment with the additional years of FY12 and FY13. Please let me know if you have any additional questions. Thank you.

Matt

Matthew McKennan
Senior Planner - Yale New Haven Health

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5 Perryridge Rd.
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Table 7:
IRU Payer Mix

Payer	Current FY 2014	
	Discharges	%
Medicare*	217	60.6%
Medicaid*	66	18.4%
Champus & TriCare	0	0.0%
Total Government	**283**	**79.1%**
Commercial Insurers	67	18.7%
Uninsured	3	0.8%
Workers Compensation	5	1.4%
Total Non-Government	**75**	**20.9%**
Total Payer Mix	**358**	**100.0%**

ORIGINAL

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF HEALTH CARE ACCESS

RECEIVED
SEP 2 1 2015
Office of
HEALTHCARE ACCESS

BRIDGEPORT HOSPITAL

TERMINATION OF BRIDGEPORT HOSPITAL'S
INPATIENT REHABILITATION SERVICES

DOCKET NO. 15-32010-CON

SEPTEMBER 15, 2015

4:12 P.M.

HOUSATONIC COMMUNITY COLLEGE
900 LAFAYETTE BOULEVARD
BRIDGEPORT, CONNECTICUT

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

1 . . .Verbatim proceedings of a hearing
2 before the State of Connecticut, Department of Public
3 Health, Office of Health Care Access, in the matter of
4 Bridgeport Hospital, termination of Bridgeport Hospital's
5 inpatient rehabilitation services, held at 900 Lafayette
6 Boulevard, Bridgeport, Connecticut, on September 15, 2015
7 at 4:12 p.m. . . .
8
9
10
11 HEARING OFFICER KEVIN HANSTED: Okay,
12 we're on the record. Good afternoon, everyone.
13 This public hearing before the Office of
14 Health Care Access, identified by Docket No. 15-32010-
15 CON, is being held on September 15, 2015 to consider
16 Bridgeport Hospital's application for the termination of
17 its inpatient rehabilitation services.
18 This public hearing is being held pursuant
19 to Connecticut General Statutes, Section 19a-639a, and
20 will be conducted as a contested case, in accordance with
21 the provisions of Chapter 54 of the Connecticut General
22 Statutes.
23 My name is Kevin Hansted, and I have been
24 designated by Commissioner Jewel Mullen of the Department

1 of Public Health to serve as the Hearing Officer for this
2 matter.
3 The staff members assigned to this case
4 are Kaila Riggott and Alla Veyberman. The hearing is
5 being recorded by Post Reporting Services.
6 In making its decision, OHCA will consider
7 and make written findings concerning the principles and
8 guidelines set forth in Section 19a-639 of the
9 Connecticut General Statutes.
10 Bridgeport Hospital has been designated as
11 a party in this proceeding.
12 At this time, I will ask staff to read
13 into the record those documents already appearing in
14 OHCA's Table of the Record in this matter.
15 All documents have been identified in the
16 Table of the Record for reference purposes. Ms.
17 Veyberman?
18 MS. ALLA VEYBERMAN: Good afternoon. Alla
19 Veyberman, OHCA staff. We would like to enter into the
20 record Exhibits A through I.
21 HEARING OFFICER HANSTED: And are there
22 any other exhibits we'd like to enter?
23 MS. VEYBERMAN: Not at this point.
24 HEARING OFFICER HANSTED: Thank you. And

1 are there any objections to any of the exhibits?
2 MS. JENNIFER WILLCOX: No objections.
3 HEARING OFFICER HANSTED: Thank you,
4 counsel. This afternoon into this evening, we'll hear
5 from the Applicant for an overview of the project, and
6 then OHCA will ask its questions, and, then, if we have
7 any members of the public here that wish to give public
8 comment, we'll do so at that time.
9 Out of deference to legislators and
10 municipal officials, we will call them first, and then we
11 will go to the public section of the sign-up sheet.
12 We'll call those individuals as they have signed up on
13 the sheet outside.
14 At this time, would all of the
15 individuals, who are going to testify on behalf of the
16 Applicant, please stand, raise your right hand, and be
17 sworn in by the court reporter?
18 (Whereupon, the parties were duly sworn
19 in.)
20 HEARING OFFICER HANSTED: Thank you,
21 everyone.
22 And just a reminder. For those of you,
23 who have submitted pre-filed testimony, before you
24 testify here this afternoon, just adopt your pre-filed

1 testimony for me on the record.
2 And for anyone else, before you speak or
3 give testimony, please just identify yourself for the
4 record.
5 And, at this time, Bridgeport Hospital,
6 you may proceed.
7 MS. WILLCOX: Certainly. Thank you,
8 Hearing Officer Hansted.
9 HEARING OFFICER HANSTED: You're welcome.
10 MS. WILLCOX: And thank you for inviting
11 us here and giving us this opportunity to speak to OHCA
12 about this very important proposal.
13 My name is Jennifer Willcox. I'm
14 appearing on behalf of the Applicant here, Bridgeport
15 Hospital, in the Certificate of Need proceeding, seeking
16 approval to terminate the Inpatient Rehabilitation Unit
17 at Bridgeport Hospital.
18 With me here today are the Chief Executive
19 Officer, Bill Jennings, and the Chief Medical Officer and
20 Senior Vice President of Medical Affairs, Michael Ivy.
21 They have submitted pre-filed testimony and will be
22 giving statements here today.
23 We also have numerous other members of the
24 Bridgeport Hospital staff and from Yale-New Haven

1 Hospital available to answer questions, and I have
2 instructed them to state their name and their title and
3 spell their name if they do end up stepping forward to
4 answer a question.
5 HEARING OFFICER HANSTED: Thank you,
6 counsel.
7 MS. WILLCOX: Thank you. So, with that, I
8 would ask Mr. William Jennings to start us off today.
9 MR. WILLIAM JENNINGS: Thank you, ladies
10 and gentlemen. Thanks, Jennifer. Hearing Officer
11 Hansted and members of the Office of Health Care Access
12 staff, thank you for the opportunity to speak about this
13 important Certificate of Need application before you for
14 Bridgeport Hospital to terminate its inpatient
15 rehabilitation services.
16 My name is William Jennings. I'm the
17 President and Chief Executive Officer of Bridgeport
18 Hospital, and I do adopt my pre-filed testimony.
19 I have the distinct privilege of
20 introducing and summarizing the proposed termination of
21 service.
22 You will also be hearing from my
23 distinguished colleague, Dr. Michael Ivy, Senior Vice
24 President for Medical Affairs and Chief Medical Officer.

1 We're seeking OHCA approval for a CON
2 application to permit Bridgeport Hospital to terminate
3 its inpatient rehabilitation services, so we can cost
4 effectively expand acute inpatient medical surgical bed
5 capacity within our current licensed bed count.
6 This request is necessary, in order for
7 Bridgeport to meet the persistent and growing demand from
8 service area residents for acute medical surgical care
9 services.
10 Although licensed for 383 inpatient acute
11 beds, including bassinettes, Bridgeport Hospital
12 currently has 357 beds in operation, with 202 of these
13 357 dedicated to medical surgical services.
14 Due to evolving patient care requirements,
15 such as the need for more isolation rooms and improved
16 patient privacy, the physical plant at Bridgeport
17 Hospital cannot accommodate all 383 licensed beds.
18 Of the 202 medical surgical beds, there
19 are 16 to 17 currently in use as inpatient rehabilitation
20 beds.
21 We actually have certification for 19 beds
22 from the Center for Medicare and Medicaid Services, but
23 only have space to operate 16 to 17 of these beds at any
24 given time.

1 As OHCA is aware, the inpatient
2 rehabilitation population differs from acute medical
3 surgical patients, as they are receiving intensive
4 rehabilitation services following an acute
5 hospitalization.
6 Bridgeport Hospital needs more acute
7 medical surgical beds, and we would like to terminate the
8 inpatient rehab services, so those beds can be utilized
9 for acute medical surgical patients.
10 We plan to pursue some minor renovations,
11 which will permit a total of 22 beds to be available for
12 acute medical surgical patients.
13 Dr. Ivy will provide more details on the
14 demand for medical surgical beds and the efforts we have
15 undertaken over the past several years to try to create
16 more capacity.
17 Bridgeport Hospital has undertaken a
18 number of physical plant improvements over the last five
19 years, including the main lobby, the cafeteria,
20 renovations to our Burn Center, the Connecticut Burn
21 Center, along with several other medical surgical
22 renovations, and infrastructure improvements, including
23 upgraded boilers, a new chiller, and new cooling tower
24 installations.

1 We're continually working to modernize our
2 facilities to be able to provide state-of-the-art
3 technology, improve patient safety, ease of access and
4 enhanced patient privacy and comfort.
5 Our inpatient nursing units represent a
6 combination of older units in need of renovation and
7 units, which have recently been updated.
8 We continue to renovate our inpatient
9 nursing units on a rolling basis through the use of a
10 swing unit. When we do a renovation, we have to close
11 the unit to refurbish it and utilize a swing unit as a
12 temporary unit.
13 Our five-year capital plans call for at
14 least one renovation per year to address modernization of
15 our nursing units, which requires a swing unit in
16 continuous use.
17 Because one of our nursing units is
18 reserved as a swing unit, there is no other space on
19 campus to house an additional inpatient unit without a
20 sizeable capital cost.
21 Our only cost-effective option for
22 creating additional medical surgical capacity is to
23 utilize our rehabilitation service beds.
24 We have evaluated the feasibility of

1 terminating other acute care services, but due to current
2 and future health care needs in the community and the
3 current supply of other providers, these services must
4 all remain at Bridgeport Hospital.
5 I want to also mention that we did
6 evaluate the feasibility of constructing a new patient
7 care building to address the current capacity issues, and
8 we estimate that the cost of such a building would be
9 approximately $140 million. This level of expense is not
10 feasible for Bridgeport Hospital at the time.
11 We are confident that the proposal we have
12 presented represents the most cost-efficient approach to
13 creating more acute medical surgical beds.
14 Inpatient rehabilitation services are
15 provided following an acute hospitalization and do not
16 have to be located at the same place as acute care
17 services.
18 There are several area inpatient
19 rehabilitation providers, who can absorb Bridgeport's
20 inpatient rehabilitation volume, including Yale-New Haven
21 Hospital, St. Vincent's Medical Center, Norwalk Hospital,
22 Danbury Hospital and Stamford Hospital. Patient choice
23 will be respected.
24 Each of these facilities provided a

1 letter, which we include in our CON application,
2 indicating that they have capacity to accept inpatient
3 rehabilitation patients from Bridgeport.
4 The majority of our patient volume can be
5 absorbed by Yale-New Haven Hospital, and, as OHCA is
6 aware, Yale-New Haven Hospital opened a new 24-bed
7 rehabilitation unit at Milford Hospital, located
8 approximately seven miles away. This is a 12 to 15-
9 minute drive time from Bridgeport Hospital.
10 The Milford location offers major benefits
11 to patients and families during long rehabilitation
12 stays, including ample free parking, a small campus to
13 navigate, and a state-of-the-art unit and therapy space.
14 Yale-New Haven Hospital will also offer
15 employment to the existing Bridgeport Hospital IRU staff,
16 which will help to insure continuity of staff and patient
17 care.
18 If the CON is granted, on the day of the
19 Bridgeport Hospital IRU closing, Bridgeport will absorb
20 the cost of transporting any currently-admitted
21 rehabilitation patients to the alternative provider
22 selected.
23 Going forward, patients, who are
24 discharged from Bridgeport Hospital, but require

1 inpatient rehabilitation, will be transported to Yale-New
2 Haven Hospital or the rehabilitation provider of their
3 choice, and the transportation costs will be paid either
4 by the patient's insurance or the receiving facility, as
5 is standard practice.
6 There is a modest capital expense
7 associated with the renovation of the existing inpatient
8 rehabilitation unit for use as a 22-bed medical surgical
9 unit.
10 However, despite the capital expense, the
11 proposal is financially feasible for Bridgeport Hospital.
12 In fact, there are no projected incremental losses, and,
13 due to the added medical surgical capacity, this proposal
14 will strengthen Bridgeport Hospital's financial
15 condition.
16 In summary, this proposal is necessary to
17 create much-needed inpatient medical surgical capacity at
18 Bridgeport Hospital.
19 Termination of the Bridgeport Hospital
20 rehabilitation unit will permit the addition of 22
21 medical surgical beds within our existing Department of
22 Public Health license, without the need for new
23 construction or substantial facility upgrades, all of
24 which will significantly improve the organization's

1 ability to meet the demand of these services.
2 This proposal offers the most cost-
3 effective, financially-feasible and time-efficient option
4 for creating medical surgical bed capacity while insuring
5 continued access to inpatient rehabilitation services.
6 I urge you to approve this CON
7 application. Thank you, and I would now like to
8 introduce and turn the testimony over to Dr. Michael Ivy.
9 HEARING OFFICER HANSTED: Thank you.
10 DR. MICHAEL IVY: Thank you, Bill. Good
11 afternoon, Hearing Officer Hansted and members of the
12 OHCA staff. My name is Mike Ivy. I am the Senior Vice
13 President of Medical Affairs and the Chief Medical
14 Officer at Bridgeport Hospital. I adopt my pre-filed
15 testimony.
16 Thank you for this opportunity to speak to
17 you about our Certificate of Need application to
18 terminate the Bridgeport Hospital IRU to accommodate our
19 growing need for additional medical surgical beds.
20 We have been grappling with high medical
21 surgical volume for a number of years, and, this year,
22 the problem has become particularly acute.
23 My pre-filed testimony details the
24 statistics about our occupancy rates, but I would note

1 that, year-to-date through August, we are experiencing a
2 94 percent occupancy rate in our medical surgical
3 services. We are full almost every day.
4 We have employed a number of approaches to
5 care for our increasing volume of patients safety and
6 efficiently. Again, my pre-filed testimony includes
7 numerous examples of the steps we have taken, including
8 transitioning private rooms into doubles and even
9 triples, opening 23 beds in a new patient care unit in
10 the summer of 2014.
11 We've implemented measures to improve
12 patient flow and maximize our use of existing bed
13 capacity. We're proud of our success in these areas,
14 such as reducing the median discharge time, reducing the
15 average length of stay, because these measures help our
16 patients, but, despite these efforts, occupancy rates
17 remain extremely high.
18 Some of the temporary fixes we have
19 implemented are not long-term solutions and put a lot of
20 strain on the staff.
21 We need a permanent solution that will
22 increase our medical surgical capacity, allow us to
23 manage the increasing volume and provide safe patient
24 care, without breaking the bank.

1 The conversion of our Inpatient Rehab Unit
2 to an Acute Medical Surgical Unit meets these challenges.
3 It creates capacity quickly at a relatively low cost and
4 provides for the least impact on our staff, patients and
5 families.
6 As noted in my pre-filed testimony,
7 inpatient rehabilitation services following an acute care
8 hospital stay do not have to be located in the same place
9 as those acute care services.
10 For this reason, some hospitals in
11 Connecticut do not have Inpatient Rehabilitation Units at
12 all.
13 I believe that our patients will be well-
14 served by either Yale-New Haven's unit at Milford
15 Hospital or by any of the other area hospitals, who have
16 indicated they have capacity to treat our patients.
17 While I expect the majority of our
18 patients will utilize Yale-New Haven's Milford Hospital
19 location, those, who wish to stay in Bridgeport, can
20 access similar services at St. Vincent's Medical Center.
21 In closing, this proposal significantly
22 improves Bridgeport Hospital's ability to deliver care
23 that is consistent with our mission, vision and goals.
24 Staff and physicians at Bridgeport

1 Hospital are feeling the stress of our occupancy
2 situation, and this proposal will allow us to address the
3 situation quickly and cost effectively.
4 I urge you to approve this CON
5 application. Thank you for your consideration.
6 HEARING OFFICER HANSTED: Thank you,
7 Doctor.
8 MS. WILLCOX: I think Mr. Jennings and Dr.
9 Ivy stated the case very well, so I have nothing further
10 to add.
11 At this point, if you have any questions,
12 we would be happy to respond to them.
13 HEARING OFFICER HANSTED: Thank you,
14 counsel. I believe OHCA does have some questions.
15 MS. VEYBERMAN: Yes.
16 HEARING OFFICER HANSTED: Ms. Veyberman?
17 MS. VEYBERMAN: Yes. We do have some
18 questions, and I'm not sure who would be better to answer
19 them.
20 If you can please tell us what type of
21 services are provided at the Milford IRU location, and
22 are they the same services as offered right now at the
23 Bridgeport Hospital location, and, if they're not, what's
24 the difference?

1 DR. IVY: Sure. Yeah. I think they are
2 the same services. I mean they'll be providing acute
3 inpatient rehabilitation for stroke patients and people
4 after surgery. Yeah, it's the same services.
5 MS. VEYBERMAN: Is it speech therapy,
6 occupational therapy?
7 DR. IVY: Speech therapy, occupational
8 therapy, physical therapy, yeah.
9 MS. VEYBERMAN: And can you please discuss
10 your current rehab setting, your current unit setting, in
11 terms of how many private, semi-private rooms you have
12 now and how many rooms you're going to have at the
13 Milford location?
14 DR. IVY: Yeah. I think it's -- let's
15 make sure we get the numbers right, since you asked.
16 HEARING OFFICER HANSTED: If you could
17 just identify yourself for the record, please?
18 MS. GINA CALDER: Sure. Good afternoon.
19 My name is Gina Calder, G-I-N-A, is the first name. Last
20 name is C-A-L-D, as in David, E-R, and I'm the Executive
21 Director of Clinical Services at Bridgeport Hospital.
22 HEARING OFFICER HANSTED: Thank you.
23 MS. CALDER: So, today, in our inpatient
24 rehab unit at Bridgeport Hospital, we have 16 private

1 rooms, and one of those rooms is large enough that, if
2 the census dictates, we can make it a semi-private room
3 and accommodate two beds, so that's where we end up with
4 somewhere between 16 and 17 beds.
5 We're typically running at an average
6 daily census of about 15 patients, so, usually, we're
7 running only private rooms.
8 And, then, at the Yale-New Haven
9 Rehabilitation and Wellness Center, which going to or is
10 already open at Milford Hospital, they have 24 rooms.
11 MR. JOHN TARUTIS: Hi. My name is John
12 Tarutis, T-A-R-U-T-I-S. I'm the Executive Director at
13 Yale-New Haven Hospital for Rehabilitation Services, and
14 part of my area of responsibility is the Milford IRU.
15 Thank you.
16 Currently, at that brand new unit, we have
17 18 private rooms and three rooms, which can be semi-
18 private, so we have the ability of accommodating patients
19 in 21 private settings or flexing up, should need be, to
20 a capacity of 24, with three semi-private rooms in that
21 mix.
22 MS. VEYBERMAN: Can you please discuss the
23 advantages that Bridgeport Hospital patients will have at
24 the new location?

1 MR. JENNINGS: So the unit is identical in
2 level of services, and, so, the advantages will be the
3 same as they exist today.
4 It will be more convenient and accessible.
5 The parking and the accessibility to family and visitors
6 is simpler, just because of the size and the complexity
7 of the campus at Milford Hospital, so, in all other ways,
8 shapes and forms, it's identical service.
9 MS. VEYBERMAN: Okay and does the current
10 Bridgeport Hospital have the physical therapy gym or they
11 have state-of-the-art equipment, which they might have at
12 the Milford location?
13 MS. CALDER: So, yes, currently, the unit
14 at Bridgeport Hospital has a separate physical therapy
15 gym, with state-of-the-art equipment.
16 MR. TARUTIS: And the unit in Milford has
17 a larger space for a gym, brand new equipment, state-of-
18 the-art, and, actually, some additional equipment I don't
19 believe that Bridgeport has, as well, another advantage
20 for the patients.
21 MS. KAILA RIGGOTT: I'm sorry. Could you
22 just repeat that last statement you made? Additional?
23 MR. TARUTIS: Another advantage for the
24 patient in Milford.

1 MS. RIGGOTT: All right. Did you say
2 additional equipment?
3 MR. TARUTIS: Additional equipment.
4 MS. RIGGOTT: Do you know what that
5 equipment would be?
6 MR. TARUTIS: Balance Biodex equipment is
7 one that comes to mind. Basically, the ability to
8 measure a patient's ability to balance correctly and risk
9 of fall.
10 HEARING OFFICER HANSTED: Is there any
11 aquatic therapy available?
12 MR. TARUTIS: No, there is not.
13 MS. VEYBERMAN: And you can please discuss
14 in more details what type of physician coverage does your
15 current location have, and will it be the same or
16 different at the new location, Milford location?
17 DR. IVY: Sure. So, currently at
18 Bridgeport Hospital, we have -- the patients are followed
19 by the hospitalist service, and they have a physiatrist,
20 who consults. Milford has essentially exactly the same
21 thing. They have hospitalists, who follow the patients,
22 and they have physiatrists, who consult on the patients.
23 HEARING OFFICER HANSTED: I just have a
24 follow-up on that. Mr. Jennings, you had testified

1 earlier that, if this CON were approved on the day that
2 the Bridgeport Hospital IRU closed, the then existing
3 patients would be transferred to Milford Hospital.
4 Is it possible to, if this were to be
5 approved, to organize this, so there was no transition of
6 existing patients to Milford Hospital, rather, that
7 certain new patients that needed to be seen would go to
8 Milford Hospital directly to start their therapy, just so
9 that therapy isn't interrupted by a new therapist?
10 MR. JENNINGS: It is possible. That's the
11 short version. It's not ideal, and the therapy wouldn't
12 be interrupted. There would be complete continuity of
13 therapy. It might be a different therapist providing the
14 care, but it would not be interrupted in any way, shape,
15 or form.
16 The downside of that, while it is possible
17 the downside is it would reduce the time we have to
18 prepare the vacated unit for the winter surge, which
19 we're worried about.
20 HEARING OFFICER HANSTED: Okay, thank you.
21 Are you all set?
22 MS. VEYBERMAN: Yes.
23 HEARING OFFICER HANSTED: Okay. Do you
24 have any questions?

1 MS. RIGGOTT: I just have one additional
2 general question. Are there any additional benefits to
3 patients where treatment would be received at the Milford
4 location, as opposed to the Bridgeport location?
5 MR. TARUTIS: With respect to the
6 treatment, or the setting, or both?
7 MS. RIGGOTT: The setting.
8 MR. TARUTIS: Yes. There's several
9 advantages. I believe, as Mr. Jennings pointed out
10 earlier, it's a very easily-navigated campus. It's free
11 parking. It's easy to get to the unit.
12 I can share with you our experience from
13 the New Haven Hospital and patient flow going to Milford.
14 High marks from the patients and families. They're
15 really enjoying the experience they have in Milford.
16 HEARING OFFICER HANSTED: Now let me just
17 follow-up on that question.
18 MR. TARUTIS: Sure.
19 HEARING OFFICER HANSTED: I'm trying to
20 recall that transition from Yale to Milford, but I
21 believe there was also the same situation, where existing
22 patients at Yale were being transported to Milford. Is
23 that correct?
24 MR. TARUTIS: Correct.

1 HEARING OFFICER HANSTED: And were there
2 any issues with that at all?
3 MR. TARUTIS: No. It all went very
4 smoothly transition. Nobody missed a beat on therapy.
5 They either received therapy in the morning in New Haven
6 and in the afternoon at Milford.
7 HEARING OFFICER HANSTED: Okay.
8 MR. TARUTIS: So all went well.
9 HEARING OFFICER HANSTED: Okay, thank you.
10 MR. TARUTIS: You're welcome.
11 HEARING OFFICER HANSTED: Anything else?
12 DR. IVY: The one other thing that I would
13 add is that, you know, the location of the current
14 inpatient rehab unit is in need of refurbishment. Again,
15 it is, and, so, one of the advantages is actually going
16 to a much, like a brand new, you know, unit that's
17 actually very nice, clean and state-of-the-art, as
18 opposed to a unit that has not been refurbished in, you
19 know, I'm not sure how long, but awhile, so that is an
20 advantage certainly that patients would perceive.
21 HEARING OFFICER HANSTED: Thank you.
22 Attorney Willcox, OHCA has no further questions, so I
23 don't know if you want to give a closing statement at
24 this point, or if you have anything further to add.

1 MS. WILLCOX: I don't have a closing
2 statement. I did want to be sure. I know you had asked
3 for something either as a late file or for us to bring it
4 here, and I know Nancy brought it. Was that adequate?
5 Did that address?
6 MS. VEYBERMAN: Yes, but we have one more
7 request. We would like to have the payer mix for the
8 most current fiscal year, which will be fiscal year '14.
9 MS. WILLCOX: So payer mix for the
10 hospital, in general, or for rehab services, in
11 particular?
12 MS. VEYBERMAN: For the hospital.
13 MS. WILLCOX: Payer mix for fiscal '14 for
14 the hospital?
15 MS. VEYBERMAN: Yes. Yes.
16 MS. WILLCOX: And you want that in a
17 written submission? We have Mr. Skelley here, who could
18 tell you, but we can submit it as a late file.
19 MS. VEYBERMAN: Yes.
20 MS. WILLCOX: So only one late file?
21 MS. VEYBERMAN: Yes.
22 HEARING OFFICER HANSTED: Okay, so, that
23 will be ordered at Late File No. 1, and did you mark that
24 as an exhibit?

1 MS. VEYBERMAN: No, not yet.
2 HEARING OFFICER HANSTED: Okay, if you
3 want to mark that, what exhibit are we on?
4 MS. VEYBERMAN: We're on I.
5 HEARING OFFICER HANSTED: We're on I?
6 MS. VEYBERMAN: Yes.
7 HEARING OFFICER HANSTED: So, Attorney
8 Willcox, what you handed in today we will mark as Exhibit
9 J for the record. And how long do you need to submit
10 Late File No. 1?
11 MS. WILLCOX: Tomorrow.
12 HEARING OFFICER HANSTED: Tomorrow? Okay.
13 I'll give you until the end of this week, just to be
14 comfortable.
15 MS. WILLCOX: I don't want to over-promise
16 for John. And we have nothing further, Hearing Officer
17 Hansted.
18 HEARING OFFICER HANSTED: Okay, thank you.
19 (Whereupon, the hearing adjourned at 4:38
20 p.m.)

HEARING RE: BRIDGEPORT HOSPITAL
SEPTEMBER 15, 2015

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CERTIFICATE

I, Paul Landman, a Notary Public in and for the State of Connecticut, and President of Post Reporting Service, Inc., do hereby certify that, to the best of my knowledge, the foregoing record is a correct and verbatim transcription of the audio recording made of the proceeding hereinbefore set forth.

I further certify that neither the audio operator nor I are attorney or counsel for, nor directly related to or employed by any of the parties to the action and/or proceeding in which this action is taken; and further, that neither the audio operator nor I are a relative or employee of any attorney or counsel employed by the parties, thereto, or financially interested in any way in the outcome of this action or proceeding.

In witness whereof I have hereunto set my hand and do so attest to the above, this 18th day of September, 2015.

Paul Landman
President

Post Reporting Service
1-800-262-4102

Greer, Leslie

From: Veyberman, Alla
Sent: Tuesday, September 22, 2015 10:51 AM
To: nancy.rosenthal@greenwichhospital.org
Cc: Greer, Leslie; Lazarus, Steven; Hansted, Kevin; Riggott, Kaila
Subject: Closure of Hearing 15-32010-CON
Attachments: Closure of Hearing.pdf

Nancy,
Please see the attached Closure of Hearing letter.
Please let me know if you have any questions regarding the attached notice.

Thank you,

Alla

Alla Veyberman, MS
Health Care Analyst
CT Department of Public Health
Office of Health Care Access (OHCA)
Phone: 860.418.7007
Fax: 860.418.7053
Email: Alla.Veyberman@ct.gov

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

September 22, 2015

VIA EMAIL ONLY

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

RE: Certificate of Need Application; Docket Number: 15-32010-CON
Bridgeport Hospital
Termination of Inpatient Rehabilitation Unit at Brigeport Hospital
Closure of Public Hearing

Dear Ms. Rosenthal:

Please be advised, by way of this letter, the public hearing held on September 15, 2015, in the above referenced matter is hereby closed as of September 22, 2015. OHCA will receive no additional public comments or filings.

If you have any questions regarding this matter, please feel free to contact Alla Veyberman at (860) 418-7007 or Steven W. Lazarus at (860) 418-7012.

Sincerely,

Kevin T. Hansted
Hearing Officer

KTH:swl, av

Department of Public Health
Office of Health Care Access
Certificate of Need Application

Final Decision

Applicant: **Bridgeport Hospital**
267 Grant Street, Bridgeport, CT 06610

Docket Number: **15-32010-CON**

Project Title: **Termination of Bridgeport Hospital's Inpatient Rehabilitation Services**

Project Description: Bridgeport Hospital ("Hospital" or "BH") seeks authorization to terminate its inpatient rehabilitation unit ("IRU") services located in the main patient care building.

Procedural History: The Hospital published notice of its intent to file a Certificate of Need ("CON") application in the *Connecticut Post* (Bridgeport) on June 6, 7 and 8, 2015. On June 29, 2015, the Office of Health Care Access ("OHCA") received the initial CON application from the Hospital for the above-referenced project. OHCA deemed the application complete on July 29, 2015.

On September 9, 2015, the Hospital was notified of the date, time, and place of the public hearing. On August 26, 2015, a notice to the public announcing the hearing was published in the *Connecticut Post*. Thereafter, pursuant to Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a(e), a public hearing regarding the CON application was held on September 15, 2015.

Commissioner Jewel Mullen designated Attorney Kevin T. Hansted as the hearing officer in this matter. The hearing was conducted in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Conn. Gen. Stat.) and Conn. Gen. Stat. § 19a-639a(e). The public hearing record was closed on September 22, 2015. Deputy Commissioner Brancifort considered the entire record in this matter.

Findings of Fact and Conclusions of Law

To the extent the findings of fact actually represent conclusions of law, they should be so considered, and vice versa. *SAS Inst., Inc., v. S & H Computer Systems, Inc.,* 605 F. Supp. 816 (Md. Tenn. 1985).

1. Bridgeport Hospital ("Hospital" or "BH") is a non-profit, 383[1]-bed acute care hospital located at 267 Grant Street in Bridgeport, Connecticut. The hospital provides both inpatient and outpatient rehabilitation medicine along with physical and occupational therapy services. Ex. A., pp. 14, 19

2. The Hospital's inpatient rehabilitation unit ("IRU") includes 16 beds and provides inpatient rehabilitation care to patients who need this service after an acute hospitalization. Ex. A, pp. 13, 19

3. BH proposes to terminate its IRU services. The Hospital will convert those beds into a medical-surgical inpatient unit to accommodate growing demand. Ex. A, pp. 13, 18

4. Inpatient rehabilitation services are provided following an acute hospitalization but do not have to be provided at the original hospitalization location. Ex. A, p. 18; Ex. I, Prefile Testimony, Dr. Michael Ivy, Senior Vice President for Medical Affairs and Chief Medical Officer, p. 101

5. Six area IRU providers have confirmed they have the capacity to accommodate BH's IRU patients: St. Vincent's Medical Center, Norwalk Hospital, Danbury Hospital, Stamford Hospital, Yale-New Haven Hospital ("YNHH") and Gaylord Hospital. Ex. A, pp. 19, 22, 41; Ex. B, letter from Gaylord Hospital; Ex. I, Prefile Testimony, William M. Jennings, President and Chief Executive Officer, Bridgeport Hospital, p. 96

6. The majority of BH's IRU patient volume can be absorbed by YNHH at its Milford IRU. In 2015, the Department of Public Health's Office of Health Care Access approved YNNH's Certificate of Need application to open a new 24-bed IRU at Milford Hospital. Ex. A, pp. 13, 19

7. YNHH's IRU located at Milford Hospital is approximately 7 miles from BH. Ex. A, p. 19

8. BH and YNHH are both members of Yale-New Haven Health System ("YNHHS") and utilize the same electronic medical record system as well as many other protocols and policies. Ex. A, pp. 14, 25, 27

9. BH's IRU only has space to operate 16 to 17 beds at any given time. Exhibit L, Transcript Testimony of Ms. Gina Calder, Executive Director of Clinical Services at Bridgeport Hospital, pp. 17-18.

10. The Bridgeport IRU has not been renovated recently and is in need of refurbishment. Ex. L, Transcript Testimony of Dr. Michael Ivy, p. 23

11. The Milford IRU has 18 private rooms and three additional rooms which can be semi-private, so the facility can accommodate patients in 21 private settings, to serve a total capacity of 24

[1] Includes 10 bassinets

patients. Ex. L, Transcript Testimony of Mr. John Tarutis, Executive Director at YNHH Rehabilitation Services and Milford IRU, p. 18

12. These rooms are adjacent to a new, modern physical therapy gymnasium with state-of-the-art exercise equipment to support rehabilitation services. Ex. L, Transcript Testimony of Mr. John Tarutis, pp. 18-19.

13. The Milford IRU location also has a larger gym space and is furnished with new equipment not available at the Bridgeport IRU. The Milford location has a Balance Biodex system which is designed to measure a patient's ability to balance correctly and assess a patient's risk of fall. Ex. L, Transcript Testimony of Mr. John Tarutis, pp. 19-20.

14. In addition to a state-of-the-art IRU and therapy space, the Milford location offers ample free parking and a small campus to navigate. Ex. A, p. 19

15. At the time of IRU closure, BH will offer the admitted IRU patients the option to obtain inpatient rehabilitation services at YNHH's Milford IRU or at another inpatient rehabilitation provider of their choice. BH will absorb the cost of transporting any currently admitted IRU patient to the provider selected. Ex. A, p. 19-20.

16. Going forward, patients who are discharged from BH but require inpatient rehabilitation will be transported to YNHH or the rehabilitation provider of their choice, and transportation costs will be paid by the patent's insurance or the receiving facility. Ex. I, Prefile Testimony, William M. Jennings, p. 96

17. YNHH will offer employment to the existing BH IRU staff at YNHH's Milford IRU location that will help ensure the continuity of patient care. Ex. L, Transcript Testimony of Mr. William M. Jennings, p. 11.

18. The current patient population includes individuals requiring acute care level services for medical and surgical conditions or disease and patients requiring post-acute care hospital rehabilitation services. A, p. 23

19. 75% of the BH IRU patients live in Bridgeport, Stratford, Fairfield, Shelton and Trumbull.

TABLE 1
BH'S IRU SERVICE AREA TOWNS

Town	IRU Discharges	% Discharges
Bridgeport	99	27%
Stratford	82	22%
Fairfield	32	10%
Trumbull	31	9%
Shelton	30	8%

Ex. A, pp. 33, 36

20. The following table shows BH's IRU historical volume for fiscal years ("FY") 2012-2015:

TABLE 2
BH'S IRU HISTORICAL UTILIZATION

Service	FY 2012	FY 2013	FY 2014	FY2015*
IRU Discharges	383	386	358	354
Total	383	386	358	354

*Annualized, October 2014-May 2015
Ex. A, p. 35

21. There is no capital expenditure associated with the termination of the IRU. Ex. A, p. 28

22. The Hospital projects gains from operations in each of the first three years following the proposed termination (FY 2016-2018).

TABLE 3
BH'S PROJECTED REVENUES AND EXPENSES*

Description	FY 2016	FY 2017	FY 2018
Revenue from Operations	$491,825	$498,204	$505,317
Total Operating Expenses*	$452,067	$457,454	$463,353
Gain/(Loss) from Operations	**$39,758**	**$40,750**	**$41,964**

*in thousands
Ex. J

23. Access to IRU services for all patients, including Medicaid recipients and indigent persons, will be maintained as the service will be provided by the YNHH IRU or other area hospital providers.
Ex. A, p. 27

24. The proposal reduces duplication of IRU services within the YNHHS. Ex. A, p. 32

25. The Hospital's IRU current payer mix is shown below:

TABLE 4
BH'S IRU PAYER MIX

Payer	FY 2014		FY 2015	
	Discharges	%	Discharges	%
Medicare*	217	60.6%	217	61.3%
Medicaid*	66	18.4%	62	17.5%
CHAMPUS & TriCare	0	0%	0	0%
Total Government	**283**	**79.1%**	**279**	**78.8%**
Commercial Insurers	67	18.7%	67	18.9%
Uninsured	3	0.8%	3	0.8%
Workers Compensation	5	1.4%	5	1.4%

Payer	FY 2014		FY 2015	
	Discharges	%	Discharges	%
Total Non-Government	75	20.9%	75	21.2%
Total Payer Mix	358	100%	354	100%

Ex. B, p. 7, Ex. K

26. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))

27. The CON application is consistent with the overall goals of the Statewide Health Care Facilities and Services Plan. (Conn. Gen. Stat. § 19a-639(a)(2))

28. The Applicant has established that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3))

29. The Applicant has satisfactorily demonstrated that its proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))

30. The Applicant has satisfactorily demonstrated that access to services and cost effectiveness will be maintained and the quality of health care delivery will be improved. (Conn. Gen. Stat. § 19a-639(a)(5))

31. The Applicant has shown that there will be no change in access to the provision of health care services to the relevant populations and payer mix, including Medicaid patients and indigent persons. (Conn. Gen. Stat. § 19a-639(a)(6))

32. The Applicant has identified the population to be served and has satisfactorily demonstrated that this population has a need. (Conn. Gen. Stat. § 19a-639(a)(7))

33. The historical utilization of the IRU has been consistent for the past three fiscal years. (Conn. Gen. Stat. § 19a-639(a)(8))

34. The Applicant has satisfactorily demonstrated that the proposal will not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))

35. The Applicant has satisfactorily demonstrated that the proposal will not result in a reduction or change in access to services for Medicaid recipients or indigent persons. (Conn. Gen. Stat. § 19a-639(a)(10))

36. The Applicant has satisfactorily demonstrated that the proposal will not result in a negative impact on the diversity of health care providers in the area. (Conn. Gen. Stat. § 19a-639(a)(11))

37. The Applicant has satisfactorily demonstrated that its proposal will not result in any consolidation that would affect health care costs or accessibility to care. (Conn. Gen. Stat. § 19a-639(a)(12))

Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in Conn. Gen. Stat. § 19a-639(a). The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board,* 309 Conn. 727 (2013).

Bridgeport Hospital ("BH") is a non-profit, 383-bed acute hospital located in Bridgeport, CT. *FF1* The Hospital currently provides inpatient rehabilitation services at its inpatient rehabilitation unit ("IRU") to patients in need of intensive inpatient rehabilitative care after an acute care hospitalization. *FF2*

BH proposes to terminate its 16-bed IRU unit and convert the existing beds into a medical-surgical inpatient unit. *FF2,3* While inpatient rehabilitation services occur following an acute hospitalization, they do not have to be provided at the location where the original hospitalization occurs. *FF4* Six area IRU providers have confirmed they have the capacity to accommodate BH's IRU patients. *FF5*

The Bridgeport IRU has not been renovated recently and is in need of refurbishment. *FF10* Yale-New Haven Hospital ("YNNH) operates a newly-created IRU at Milford Hospital, which is approximately 7 miles from BH. BH's IRU only has space to operate 16 to 17 beds at any given time. *FF6,7,9* In contrast, the Milford IRU has 18 private rooms and three additional rooms which can be semi-private, so the facility can accommodate patients in 21 private settings, to serve a total of 24 patients. *FF11* The Milford IRU location also has a larger gym space and is furnished with new equipment not available at the Bridgeport IRU. The Milford location has a Balance Biodex system which is designed to measure a patient's ability to balance correctly and assess a patient's risk of fall. *FF13* In addition to a state-of-the-art IRU and therapy space, the Milford location offers ample free parking and a smaller campus that patients may find easier to navigate. *FF14*

The majority of BH's IRU patients are expected to utilize YNHH's IRU. *FF6* At the time of IRU closure, BH will offer the admitted IRU patients the option to obtain inpatient rehabilitation services at YNHH's Milford IRU or at another inpatient rehabilitation provider of their choice. BH will absorb the cost of transporting any currently admitted IRU patient to the provider selected. *FF15* Going forward, patients who are discharged from BH but require inpatient rehabilitation will be transported to YNHH or the rehabilitation provider of their choice, and transportation costs will be paid by the patent's insurance or the receiving facility. *FF16* Access to IRU services for Medicaid recipients and indigent persons will be maintained and provided by the YNHH IRU or other area providers. *FF23*

Based on the configuration of YNHH's Milford IRU, additional equipment offered and the continuation of services to the same patient population, the Applicant has satisfactorily demonstrated that quality of care will be improved and access will be maintained. Thus, the Applicant has demonstrated a clear public need for the proposal.

There is no capital expenditure associated with terminating BH's IRU and BH projects gains from operations in each of the first three years following the proposed termination. *FF21,22* Therefore, the Applicant has shown that the proposal is financially feasible.

BH and YNHH are both members of YNHHS and utilize the same electronic medical record system, protocols and policies. *FF8* YNHH will offer employment to the existing BH IRU staff which will help to ensure continuity of patient care. *FF17* By consolidating IRU services within YNHHS, the proposal will result in reducing duplication and create additional medical-surgical bed capacity at BH. *FF24* Thus, the Applicant has demonstrated that its proposal is consistent with the goals of the Statewide Health Care Facilities and Services Plan in that it offers a regional approach to providing inpatient rehabilitation services.

Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application of Bridgeport Hospital for the termination of Bridgeport Hospital's Inpatient Rehabilitation services is hereby **APPROVED**.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Department of Public Health
Office of Health Care Access

October 29, 2015
Date

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