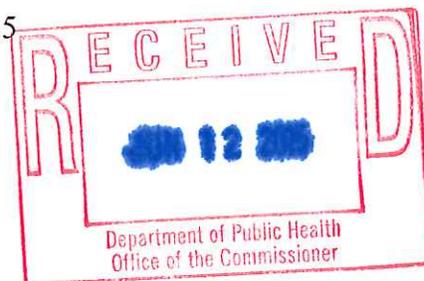




Jennifer Groves Fusco  
(t) 203.786.8316  
(f) 203.772.2037  
jfusco@uks.com

June 11, 2015



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

Re: Discontinuance of Sharon Hospital's Sleep Center Services

Dear Deputy Commissioner Brancifort:

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

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

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

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

**Updike, Kelly & Spellacy, P.C.**

One Century Tower ■ 265 Church Street ■ New Haven, CT 06510 (t) 203.786.8300 (f) 203.772.2037 [www.uks.com](http://www.uks.com)

Janet Brancifort, MPH, RRT

June 11, 2015

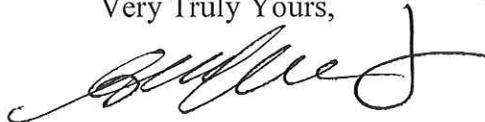
Page 2

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

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

Please feel free to contact me with any questions.

Very Truly Yours,



Jennifer Groves Fusco

/jgf

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



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

## RepublicanAmerican Classifieds

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

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

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

# AT YOUR SERVICE DIRECTORY

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

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

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



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

July 14, 2015

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



Re: Discontinuance of Sharon Hospital's Sleep Center

Dear Deputy Commissioner Brancifort:

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

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

Very Truly Yours,

Jennifer Groves Fusco

/jgf

cc: Kimberly Lumia, President and CEO, Sharon Hospital



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

---

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

---

**Contents:**

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

## All Supplemental Forms

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

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

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

## Checklist

### Instructions:

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

---

### For OHCA Use Only:

Docket No.: 15-32014-022 Check No.: 059487  
OHCA Verified by: SWT Date: 7/14/15

## General Information

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

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

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

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

Title of Attachment:

Is the applicant an existing facility? If yes, attach a copy of the resolution of partners, corporate directors, or LLC managers, as the case may be, authorizing the project.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>Governing Board Meeting Minutes,          May 28, 2015          Attached as Exhibit A</b>
--	--	--

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

**Contact:**

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

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

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

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

# Affidavit

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

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

I, **Kimberly A. Lumia, MSN, MBA, RN, President and Chief Executive Officer of Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital** being duly sworn, depose and state that the (Facility Name) 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.

Kimberly A. Lumia  
Signature

6/23/15  
Date

Subscribed and sworn to before me on 6/23/15

Helen P. Carberry

Notary Public/Commissioner of Superior Court

My commission expires: **HELEN P. CARBERRY**  
**NOTARY PUBLIC**  
**MY COMMISSION EXPIRES SEP. 30, 2015**

**SHARON HOSPITAL**

PO BOX 789  
SHARON, CONNECTICUT 06069

REGIONS BANK  
NASHVILLE, TN

87-11640  
5101

CHECK NO: 059487  
VENDOR NO: S00722

**CHECK AMOUNT**

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

VOID AFTER 90 DAYS

CHECK DATE: 06/24/15

**PAY** FIVE HUNDRED 00/100

TO THE  
ORDER OF

TREASURER, STATE OF CONNECTICUT

*Pamela Hunter*  
AUTHORIZED SIGNATURE

*Michael W. Brander*  
AUTHORIZED SIGNATURE



SHARON HOSPITAL  
SHARON, CONNECTICUT 06069

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

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

AFFIDAVIT OF PUBLICATION

STATE OF CONNECTICUT  
County of New Haven

Waterbury

June 15th 20 15

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

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

[Signature]

SUBSCRIBED AND SWORN BEFORE ME THIS THE 10th

day of June 20 15

[Signature: Susan Atwood]

Notary Public

My Commission Expires: 3/31/18



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

Legals/ Public Notices

FATHER'S DAY CONTEST

11 Odds of winning determined by the number of entries received

LEGAL NOTICE
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital is applying for a certificate of need pursuant to section 19a-638(a)(5) of the Connecticut General Statutes.

Legal Notice
Waterbury Housing Authority will continue to accept public housing applications for 3, 4, and 5 bedroom apartments until further notice.

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

Legals/ Public Notices

LEGAL NOTICE
Regional School District No. 6 is seeking bids to install a chair lift at Goshen Center School. Please contact Scott Cleary for the bid packet by Monday, June 1, 2015.

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

PROPERTY ADDRESS:
257 MILL PLAIN AVENUE
WATERBURY, CT
DATE OF SALE:
SATURDAY, JUNE 13, 2015

COMMITTEE FOR SALE:
MICHELLE N. HOLMES, ESQ.
TELEPHONE NO.:
(203) 596-1091

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

Notice of Permit Application
City: North Canaan

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

Legals/ Public Notices

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

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

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

RepublicanAmerican

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

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

21, 2015, ordered that all claims be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Thomas P. Brunno, Judge

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

R-A June 4, 2015

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

The Hon. Peter E. Mariano,

Legals/ Public Notices

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

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

Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Thomas P. Brunno, Judge

The fiduciary is:
Harry Montalvo
c/o Atty Manuela M. Freitas
Dressler Strickland
84 Cedar Street
Hartford, CT 06106

R-A June 4, 2015

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

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

21, 2015, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Thomas P. Brunno, Judge

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

Legals/ Public Notices

SOLICITATION OF BIDS
2014 Road Reconstruction Project Contract #5
Seymour, CT The Town of Seymour, Connecticut is seeking sealed bids for furnishing all labor, tools, materials and equipment required for the employment to be given to in-come residents of the project area and contracts for work in connection with the project be awarded to business concerns, which are located in, or owned in substantial part by persons residing in the area of the project.

The right is reserved to reject any or all bids, in whole or in part, to award any items, group of items or total bid, and to waive any informality or technical defects, if it is deemed to be in the best interest of the Town of Seymour.

No bidder may withdraw their bid within thirty (30) days after the actual date of the opening thereof.

W. Kurt Miller, First Selectman
Town of Seymour, CT
Dated
RA 6/4 & 6/7/2015

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

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

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RepublicanAmerican
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THE CLASSIFIEDS YOU WANT TO READ

SOLICITATION OF BIDS
Rubberized Asphalt Track Surface at Seymour High School

Legals/ Public Notices

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

Sealed bids from qualified vendors are invited to submit proposals for Custodial Services for PUBLIC WORKS DEPARTMENT

ADVERTISEMENT FOR BIDS

Sealed bids from qualified firms to replace the vinyl siding on the Bantam Fire Department building located at 92 Doyle Road, Bantam, Connecticut will be received at the Office of the First Selectman, Litchfield Town Hall, 74 West Street, Litchfield, CT 06799.

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

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

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



...s necessary uses in a residential Zone, (B) Residential Activities, (C) ...

...Chairman, Richard H. Rowe, c/o Atty Tanva A. Saurin

...ment of Energy and Environmental Protection is an Affirmative Action and ...

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

**Legals/**  
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**Legals/**

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**Tree care**

**Announcements**  
**Republican**  
**American**

**Republican American**

**Legals/**

HEALTH RECREATION EDUCATION PRINCIPAL INTEREST	2,905,788 395,014 72,388,484 2,525,000 1,165,656
<b>TOTAL BOND REDEMPTION</b>	<b>3,710,656</b>
INSURANCE	1,557,006
PENSION & BENEFITS	11,911,528
TAX COLLECTOR	479,250
CONTINGENCY	250,000
<b>TOTAL MISCELLANEOUS</b>	<b>14,197,784</b>
<b>Additional Reductions to be determined</b>	<b>(240,000)</b>
<b>TOTAL BUDGET</b>	<b>125,600,910</b>
<b>RECAPITULATION</b>	<b>125,600,910</b>
<b>TOTAL BUDGET</b>	<b>(37,961,714)</b>
<b>ESTIMATED INCOME</b>	<b>0</b>
<b>TOTAL NET BUDGET</b>	<b>97,709,196</b>

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

**Legals/**

**HEALTH RECREATION EDUCATION PRINCIPAL INTEREST**

**TOTAL BOND REDEMPTION**

**INSURANCE**

**PENSION & BENEFITS**

**TAX COLLECTOR**

**CONTINGENCY**

**TOTAL MISCELLANEOUS**

**Additional Reductions to be determined**

**TOTAL BUDGET**

**RECAPITULATION**

**TOTAL BUDGET**

**ESTIMATED INCOME**

**TOTAL NET BUDGET**

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

**Legals/**

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

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

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

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

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

10. Void where prohibited by law.

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

**Legals/**

**Republican American Classifieds**

**LEGAL NOTICE**

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

RA 6/4,6,6,2015

**Legals/**

Mobile Manufactured Home, Serial #4076A & B, Model Monticello, owned by Richard J. Blaszow, shall be held at 56 Thunderbird Drive, Naugatuck, Connecticut on June 10, 2015 at 4:00 pm.

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

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

PLANTIFF  
THOMAS T. LONARDO  
ITS ATTORNEY  
290 PRATT STREET  
MERIDEN, CT 06460  
203-639-9660 JURIS #401603

June 3, 6 & 8, 2015

**Commercial**

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

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

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

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## Executive Summary

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

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

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

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

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

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

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

## **Project Description**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Provide the following information:
- a. utilizing OHCA Table 1, list all services to be added, terminated or modified, their physical location (street address, town and zip code), the population to be served and the existing/proposed days/hours of operation;

**RESPONSE:** See OHCA Table 1 attached.

---

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

- b. identify in [OHCA Table 2](#) the service area towns and the reason for their inclusion (e.g., provider availability, increased/decreased patient demand for service, market share);

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

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

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

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

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

**RESPONSE: See Exhibit B attached.**

- b. a list of all key professional, administrative, clinical and direct service personnel related to the proposal and attach a copy of their Curriculum Vitae;

**RESPONSE: Attached as Exhibit F are copies of the Curriculum Vitae for the following individuals:**

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

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

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

- d. letters of support for the proposal;

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

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

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

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

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

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

## Public Need and Access to Care

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

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

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

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

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

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

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

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

#### Plan, Section 1.1.

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

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

8. With respect to the proposal, provide evidence and documentation to support clear public need:
  - a. identify the target patient population to be served;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- i. discuss any alternative proposals that were considered.

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

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

9. Describe how the proposal will:

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

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

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

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

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

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

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

Moreover, patients will have continued access to sleep services at certified programs in the area. Most insurers will pay for home studies ordered by certified providers and these are less costly than the facility studies that Sharon provides. Certified programs are also able to obtain reimbursement for a broader range of sleep services thereby avoiding potential out-of-pocket costs for patients.

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

**RESPONSE:** Discontinuance of the Sharon Sleep Center will result in patients obtaining sleep services at certified programs in the area. These programs have the ability to order and seek reimbursement for a broader range of sleep services, including home studies, which Sharon is unable to order. This allows the center to coordinate a continuum of care for patients, to monitor their progress and to order any necessary examinations, studies or procedures required to treat their sleep disorders. Patients benefit from convenience of access to all services at a single location. These centers also typically have more flexibility in hours, offering patients services on weekends if needed.

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

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

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

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

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

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

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

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

## Financial Information

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

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

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

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

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

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

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

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

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

17. Include as an attachment:

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

**RESPONSE:** Sharon Hospital's most recent audited financials are on file with OHCA.

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

**RESPONSE:** See **Exhibit G** attached.

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

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

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

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

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

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

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

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

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

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

## Utilization

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

21. Complete [OHCA Table 5](#) and [OHCA Table 6](#) for the past three fiscal years ("FY"), current fiscal year ("CFY") and first three projected FYs of the proposal, for each of the Applicant's existing and/or proposed services. Report the units by service, service type or service level.

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

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

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

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

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

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

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

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

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

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

**RESPONSE:** See [OHCA Table 8](#) attached. Utilization is reported as number of Sleep Center visits.

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

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

**RESPONSE:** See [OHCA Table 9](#) attached.

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

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

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

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

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

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

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

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

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

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

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

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

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

## Tables

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

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

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**TABLE 2  
SERVICE AREA TOWNS**

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

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

\* Village or place names are not acceptable.

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**TABLE 3  
TOTAL PROPOSAL CAPITAL EXPENDITURE**

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

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

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

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

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**TABLE 4  
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

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

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

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**TABLE 5  
HISTORICAL UTILIZATION BY SERVICE**

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

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

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

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

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**TABLE 6  
PROJECTED UTILIZATION BY SERVICE**

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

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

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

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

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

\* Includes managed care activity.

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

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**TABLE 8  
UTILIZATION BY TOWN**

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

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

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

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**TABLE 9  
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS**

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

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

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

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

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

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

**1. Project Description: Service Termination**

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

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

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

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

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

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

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

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

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

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

- ii. whether CON authorization was received and,

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

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

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

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

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

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

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

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

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

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

## 2. Termination's Impact on Patients and Provider Community

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

**TABLE A**  
PROVIDERS ACCEPTING TRANSFERS/REFERRALS

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

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

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

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

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

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

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

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

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

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

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

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

**RESPONSE: Not applicable.**

# *EXHIBIT A*

**President's Report –Mrs. Lumia**

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

# ***EXHIBIT B***

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0071

General Hospital

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

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

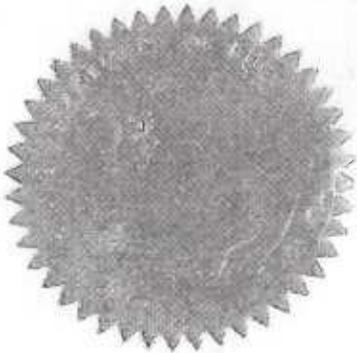
**Sharon Hospital** is located at 50 Hospital Hill Road, Sharon, CT 06069.

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

16 Bassinets

78 General Hospital Beds

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



A handwritten signature in cursive script that reads "Jewel Mullen MD".

Jewel Mullen, MD, MPH, MPA  
Commissioner

# *EXHIBIT C*

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

April 6, 2015

BY CERTIFIED MAIL

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

Re: Notice of Resignation

Dear Ms. Lumia:

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

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

Very truly yours,



Irving Smith, D.O.

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

Received

APR 8 REC'D

Administration Office  
Sharon Hospital

APR 8 X 2015

# ***EXHIBIT D***



# Charlotte Hungerford Hospital

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

JUN 15 2015

June 9, 2015

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

Dear Kim,

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

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

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

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

Sincerely,

Daniel J. McIntyre  
President and Executive Director

CC: John Capobianco



**WATERBURY  
HOSPITAL**

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

June 16, 2015

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

Dear Ms. Martone:

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

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

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

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

Thanks and best wishes.

Sincerely,

Darlene Stromstad, FACHE  
President/CEO

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

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

June 30, 2015

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

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

Dear Ms. Lumia:

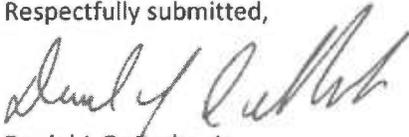
This letter is in reference to Sharon Hospital's application to the Office of Health Care Access for a certificate of need to permit the hospital to terminate its sleep medicine program.

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

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

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

Respectfully submitted,



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

# *EXHIBIT E*



June 1, 2015

Dear Patients of Regional Healthcare Associates:

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

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

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

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

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

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



## SLEEP CENTERS

### Connecticut

**Charlotte Hungerford Hospital Sleep Center:**

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

**New Milford Sleep Disorders:**

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

**Danbury Sleep Disorders Center:**

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

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

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

### New York

**Columbia Medical Sleep Wake Disorder Center:**

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

**Northern Dutchess Hospital Sleep Center:**

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

**Sleep Center Poughkeepsie, NY:**

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

**Vassar Brothers Center for Sleep:**

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

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

(845) 334-3088

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

**Massachusetts**

**Berkshire Sleep Disorders Center:**

(413) 447-2701

BMC Hillcrest Campus  
165 Tor Court  
Pittsfield, MA 01201

# *EXHIBIT F*

# Kimberly A. Lumia

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

## EDUCATION

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

## AWARDS

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

## EXPERIENCE

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

Sharon Hospital Essent Healthcare, Sharon, CT <b>Chief Nursing Officer/Chief Operating Officer/ Interim CEO</b>	<b>3/30/09 – 9/10</b>
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Acting Chief Executive Officer 7/10

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

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

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

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

**12/03 – 3/27/09**

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

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

**Nursing Care Coordinator**

**6/02 – 12/03**

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

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

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

**5/99 – 5/02**

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

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

**Front and BackOffice Assistant – Gynecology Clinic**

**5/96 – 5/99**

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

## LICENSURE

Arizona Nursing License (Inactive)

Connecticut Nursing License (Active)

**CERTIFICATIONS**

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

**BIOGRPHICAL DATA**

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

**COMMITTEES/CONFRENCES/COMMUNITY SERVICE**

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

**LANGUAGES**

English – Native language

Spanish – speak, read and write

**AFFILIATIONS**

National Association of Hispanic Nurses

American Association of Critical Care Nurses

South Central Chapter of American Association of Critical Care Nurses

Sigma Theta Tau

AONE

NAHCE

# CHRISTIAN S. BERGERON

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

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## FINANCE PROFESSIONAL

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

### *Core Competencies include:*

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

### *Key Accomplishments include:*

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

## PROFESSIONAL EXPERIENCE

FALLON COMMUNITY HEALTH PLAN

WORCESTER, MASSACHUSETTS

SENIOR DIRECTOR, STRATEGIC COST ANALYSIS

(2011 TO CURRENT)

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

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

**Report To:** Chief Financial Officer

**Direct Reports:** 9 finance professionals

### **Selected Achievements:**

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

CIGNA

BLOOMFIELD, CONNECTICUT

**CONTROLLER/MANAGER, IT FINANCE**

**(2008 TO 2011)**

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

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

**Report To:** Senior Director

**Direct Reports:** 2 finance professionals

**Selected Achievements:**

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

UNITEDHEALTH GROUP

HARTFORD, CONNECTICUT

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

**(2004 TO 2008)**

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

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

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

**Direct Reports:** 5 finance professionals

**Selected Achievements:**

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

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

**(2004)**

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

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

**Report To:** Vice President

**Direct Reports:** 8 finance professionals

**Selected Achievements:**

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

**COST CONTROLLER (UNIPRISE)**

**(2002 TO 2004)**

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

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

**Report To:** Director

**Direct Reports:** 5 finance professionals

**Selected Achievements:**

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

**REGIONAL FINANCE MANAGER (UNIPRISE)**

**(1999 TO 2002)**

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

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

**Report To:** Regional Vice President

**Direct Reports:** Individual Contributor

**Selected Achievements:**

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

**BUSINESS MANAGER (UNIPRISE)**

**(1997 TO 1999)**

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

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

**Report To:** Site Director

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

**Selected Achievements:**

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

**ST. PETER'S HOSPITAL**

**ALBANY, NEW YORK**

**FINANCIAL TRANSACTION COORDINATOR**

**(1992 TO 1997)**

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

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

**Report To:** Director

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

**Selected Achievements:**

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

**PREVIOUS EMPLOYERS**

**ALBANY, NEW YORK**

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

1991 to 1992

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

1989 to 1991

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**EDUCATION AND CREDENTIALS**

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

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

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

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

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

**COMPUTER SKILLS**

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

**PROFESSIONAL ASSOCIATIONS & HONORS**

Healthcare Financial Management Association (2008 to Present)

Beta Gamma Sigma – University of Hartford (Honors)

# PETER R. CORDEAU, RN, BSN, MBA

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

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

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

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## PROFESSIONAL EXPERIENCE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

One of the nation's leading healthcare companies.

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

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

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

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

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

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

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

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

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

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

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

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

- Obtained exclusive contract with Connecticut Health Plan.

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

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

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

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

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

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

### **EDUCATION**

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

University of Hartford, West Hartford, Connecticut

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

University of Connecticut, Storrs, Connecticut

### **ADDITIONAL TRAINING**

Advanced Cardiac Life Support

Baptist Leadership Training

### **PROFESSIONAL ACTIVITIES**

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

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

Chairman SMH Cardiac Quality

Co-Chair Joint Quality Oversight Committee

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

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

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

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

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

Executive Champion CAUTI collaborative with Connecticut Hospital Association

Member 2008 United Way Committee

Former Member, Connecticut Thoracic Society

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

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

### **EDUCATION**

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

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

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

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

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

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

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

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

### **MEDICAL LICENSURE**

NJ License number 25MB08588600  
Valid through June 2011

### **EXAMINATIONS**

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

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

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

ACLS, Exp. Date: June 2011

PALS, Exp. Date: June 2011

### **RESEARCH EXPERIENCE**

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

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

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

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

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

### **PROFESSIONAL EXPERIENCES**

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

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

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

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

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

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

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

### **POSTER PRESENTATIONS**

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

### **PUBLICATIONS**

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

### **AWARDS/ACCOMPLISHMENTS**

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

### **VOLUNTEER EXPERIENCES**

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

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

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

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

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

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

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

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

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

**AFFILIATED ASSOCIATIONS**

American Academy of Sleep Medicine April 2008-present.

American Osteopathic Association June 2000 – present.

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

**ACTIVITIES AND INTERESTS**

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

# Christopher F. Miller, MHA

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

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## Military Experience

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

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

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

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

### Assistant Operations Officer/Plans Officer

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

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

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

### Platoon Leader

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

## Education, Training and Professional Development

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

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

## Community Involvement

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

## Professional Affiliations

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

# *EXHIBIT G*



## Greer, Leslie

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

Please add to the original file.

Thank you!

Steve

### *Steven W. Lazarus*

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



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

Steve/Alla,

Per your request, attached are the following:

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

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

Thanks,  
Jen

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

Good Afternoon Ms. Lumia,

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

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

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

Thanks,  
Steve

***Steven W. Lazarus***

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



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in this e-mail is unauthorized and may be unlawful. If you are not an addressee, please inform the sender immediately and permanently delete and/or destroy the original and any copies or printouts of this message. Thank you. Updike, Kelly & Spellacy, P.C.

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

**Revised OHCA Table 4:**

**TABLE 4  
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

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

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

**Revised OHCA Table 6:**

**TABLE 6  
PROJECTED UTILIZATION BY SERVICE**

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

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

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

**Revised OHCA Table 7:**

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

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

\* Includes managed care activity.

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

**FOR-PROFIT**

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

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

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

**FOR-PROFIT**

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

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

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

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

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

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

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

## Greer, Leslie

---

**From:** Lazarus, Steven  
**Sent:** Thursday, August 13, 2015 1:59 PM  
**To:** Jennifer Groves Fusco (jfusco@uks.com)  
**Cc:** 'Kimberly.lumia@sharonhospital.com'; Veyberman, Alla; Greer, Leslie; Riggott, Kaila; Hansted, Kevin  
**Subject:** re: Docket Number 15-32014-CON  
**Attachments:** 15-32014- Deemed Complete Letter.pdf

Dear Attorney Groves,

Please see the attached letter deeming the CON application of Sharon Hospital for the termination of Sleep Laboratory Services Complete. If you have any questions, please do not hesitate to contact Alla Veyberman or myself.

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





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

August 13, 2015

VIA EMAIL ONLY

Jennifer Fusco, Esq.  
Updike, Kelly & Spellacy, P.C.  
One Century Tower  
265 Church Street  
New Haven, CT 06510

RE: Certificate of Need Application; Docket Number: 15-32014-CON  
Sharon Hospital  
Termination of Sleep Laboratory Services at Sharon Hospital

Dear Attorney Fusco:

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 August 13, 2015.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "S. Lazarus".

Steven W. Lazarus  
Associate Health Care Analyst

C:Kimberly Lumia, President and Chief Executive Officer, Sharon Hospital

*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

## Greer, Leslie

---

**From:** Greer, Leslie  
**Sent:** Tuesday, September 15, 2015 10:23 AM  
**To:** kimberly.lumia@sharonhospital.com  
**Subject:** DN: 15-32014-CON Hearing Notice  
**Attachments:** 32014\_201509150913.pdf

Ms. Lumia,  
Attached is the hearing notice for DN: 15-32014-CON.

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](http://www.ct.gov/ohca)



## Greer, Leslie

---

**From:** Greer, Leslie  
**Sent:** Tuesday, September 15, 2015 10:26 AM  
**To:** Veyberman, Alla; Lazarus, Steven; Riggott, Kaila; Hansted, Kevin; Martone, Kim  
**Cc:** Casagrande, Antony A; Furniss, Wendy; Gerrish, William; Kennedy, Jill; Stan, Christopher; Ward, DeVaughn  
**Subject:** DN: 32014-CON Hearing Notice  
**Attachments:** 32014\_201509150913.pdf

Attached is the hearing notice for DN: 15-32014-CON to terminate Sharon Hospital's sleep center.

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](http://www.ct.gov/ohca)





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

September 14, 2015

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

RE: Certificate of Need Application, Docket Number 15-32014-CON  
Sharon Hospital  
Termination of Sharon Hospital's Sleep Center

Dear Ms. Lumia,

With the receipt of the completed Certificate of Need ("CON") application information submitted by Sharon Hospital ("Applicant") on August 13, 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: Sharon Hospital

Docket Number: 15-32014-CON

Proposal: Termination of Sharon Hospital's Sleep Center

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

Date: October 1, 2015  
Time: 4:00 p.m.  
Place: Chaplin Meeting Room  
Town of Sharon  
63 Main Street  
Sharon, CT 06069

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,

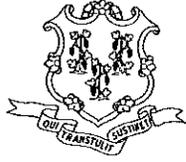


Kimberly R. Martone  
Director of Operations

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:SWL:AV:lmg



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

September 14, 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 **Tuesday, September 15, 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,

A handwritten signature in cursive script, appearing to read "Kim Martone", written over a horizontal line.

Kimberly R. Martone  
Director of Operations

Attachment

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

KRM:SWL:AV:img

**PLEASE INSERT THE FOLLOWING:**

Office of Health Care Access Public Hearing

Statute Reference: 19a-638  
Applicant: Sharon Hospital  
Town: Sharon  
Docket Number: 15-32014-CON  
Proposal: Termination of Sharon Hospital's Sleep Center  
Date: October 1, 2015  
Time: 4:00 p.m.  
Place: Chaplin Meeting Room  
Town of Sharon  
63 Main Street  
Sharon, CT 06069

Any person who wishes to request status in the above listed public hearing may file a written petition no later than September 25, 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](http://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.

## Greer, Leslie

---

**From:** ADS <ADS@graystoneadv.com>  
**Sent:** Monday, September 14, 2015 11:19 AM  
**To:** Greer, Leslie  
**Subject:** Re: Hearing Notice

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](mailto:ads@graystoneadv.com)  
<http://www.graystoneadv.com/>

---

**From:** <Greer>, Leslie <[Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)>  
**Date:** Monday, September 14, 2015 10:44 AM  
**To:** ads <[ads@graystoneadv.com](mailto:ads@graystoneadv.com)>  
**Subject:** Hearing Notice

Please run the attached hearing notice in the Connecticut Post by 9/15/15. For billing purposes, please refer to P.O. # 54772. In addition, please forward 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](http://www.ct.gov/ohca)

## Greer, Leslie

---

**From:** Robert Taylor <RTaylor@graystoneadv.com>  
**Sent:** Monday, September 14, 2015 4:37 PM  
**To:** Greer, Leslie  
**Subject:** FW: Hearing Notice  
**Attachments:** 15-32014np CT Post.doc

Good afternoon,

This notice is set to publish tomorrow.  
\$335.50

Thanks,

Robert Taylor  
Graystone Group Advertising  
[www.graystoneadv.com](http://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](mailto:ADS@graystoneadv.com)>  
**Date:** Mon, 14 Sep 2015 11:18:36 -0400  
**To:** RTaylor <[rtaylor@graystoneadv.com](mailto:rtaylor@graystoneadv.com)>  
**Subject:** FW: Hearing Notice

---

**From:** <Greer>, Leslie <[Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)>  
**Date:** Monday, September 14, 2015 10:44 AM  
**To:** ads <[ads@graystoneadv.com](mailto:ads@graystoneadv.com)>  
**Subject:** Hearing Notice

Please run the attached hearing notice in the Connecticut Post by 9/15/15. For billing purposes, please refer to P.O. # 54772. In addition, please forward 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](http://www.ct.gov/ohca)

## Greer, Leslie

---

**From:** Greer, Leslie  
**Sent:** Tuesday, September 15, 2015 12:10 PM  
**To:** ads@graystoneadv.com  
**Subject:** Hearing Notice DN: 15-32014-CON  
**Attachments:** 15-32014np Republican-American.doc

Please run the attached hearing notice in the American-Republican by 9/16/15. For billing purposes, please refer to P.O. # 54772. In addition, please forward me a copy of the "proof of publication" when it becomes available.

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](http://www.ct.gov/ohca)





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

September 15, 2015

P.O. #54772

American-Republican. Inc.  
389 Meadow Street  
P.O. Box 2090  
Waterbury, CT 06722

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, September 16, 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,

A handwritten signature in cursive script, appearing to read "Kimberly R. Martone".

---

Kimberly R. Martone  
Director of Operations

Attachment

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

KRM:SWL:AV:lmg

**PLEASE INSERT THE FOLLOWING:**

Office of Health Care Access Public Hearing

Statute Reference: 19a-638  
Applicant: Sharon Hospital  
Town: Sharon  
Docket Number: 15-32014-CON  
Proposal: Termination of Sharon Hospital's Sleep Center  
Date: October 1, 2015  
Time: 4:00 p.m.  
Place: Chaplin Meeting Room  
Town of Sharon  
63 Main Street  
Sharon, CT 06069

Any person who wishes to request status in the above listed public hearing may file a written petition no later than September 25, 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](http://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.

## Greer, Leslie

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**From:** Robert Taylor <RTaylor@graystoneadv.com>  
**Sent:** Wednesday, September 16, 2015 10:14 AM  
**To:** Greer, Leslie  
**Subject:** Re: Hearing Notice DN: 15-32014-CON

Hi Leslie,

It is on page 4C.

The cost is \$160.20

Thanks,

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

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**From:** "Greer, Leslie" <[Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)>  
**Date:** Wed, 16 Sep 2015 13:59:51 +0000  
**To:** RTaylor <[rtaylor@graystoneadv.com](mailto:rtaylor@graystoneadv.com)>  
**Subject:** FW: Hearing Notice DN: 15-32014-CON

Hi Robert,  
Can you tell me if this ran in today's paper? I can't seem to find it.  
Thanks,  
Leslie

---

**From:** ADS [<mailto:ADS@graystoneadv.com>]  
**Sent:** Tuesday, September 15, 2015 1:42 PM  
**To:** Greer, Leslie  
**Subject:** Re: Hearing Notice DN: 15-32014-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](mailto:ads@graystoneadv.com)  
<http://www.graystoneadv.com/>

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**From:** <Greer>, Leslie <[Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)>  
**Date:** Tuesday, September 15, 2015 12:09 PM  
**To:** ads <[ads@graystoneadv.com](mailto:ads@graystoneadv.com)>  
**Subject:** Hearing Notice DN: 15-32014-CON

Please run the attached hearing notice in the American-Republican by 9/16/15. For billing purposes, please refer to P.O. # 54772. In addition, please forward me a copy of the "proof of publication" when it becomes available.

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](http://www.ct.gov/ohca)



Articles for sale

COMFORTER Shic Shabby queen, white, excellent condition \$50. 203-525-7569

COMPUTER DESK \$100. LG KIT TABLE 10" X 3/4" WIDE W/4 CHAIRS \$75. CALL 203-525-4069/203-592-4063.

COUCH dark blue fabric; 8' long w/dual recliners at each end; smoke / pet-free environment; great condition \$250. (203) 217-5259 anytime; 203-879-5675 after 6 wkdays; anytime weekends

DRAFTING TBL \$75 Belmont facial steamer \$75 2 snare drums box'd \$95 203-757-6849

DRESSER with mirror \$100; boys tan pants \$10; ladies purses \$5. 203-232-8696

DRYER ELECTRIC 400 SERIES \$50. 203-519-0707

DUVET Queen White 600 thread count Egyptian cotton exc. cond. \$60. 203-525-7659

GARDEN RAIN BARREL orig. \$120 now \$40; complete child desk \$20, antique mirror \$20. 203-910-7729

GIRLS CLOTHES USED newborn to size 14-16 \$1-3. Little Tikes toys (W/D, Kit, fridge) \$25 ea. Call 203-217-5158.

HANDICAP RAMP excellent condition, \$225/best, 203-808-8783/203-573-9671

HEATER LIFE-PRO Infrared, Heats 1,500 sq. ft. w/remote 3 settings. \$75. 203-527-4345

HOME THEATRE Bose \$400; WWI mirror \$350; \$75's colonial chair \$125; 860-582-5658

HP WIRELESS DESKJET 1051 \$50, HP 2540 \$50, HP LASER 4L \$45, LEXMARK 21300 \$15 860-567-0648

HUTCH/TABLE 3/0 solid wood \$99 ea. 203-645-7892

KITCHEN TABLES 1-Wood, \$100, 1-Metal, \$80, Must Sell. 860-329-4210

LEAF BLOWER GHP, \$100 or best offer. Call 203-264-3637

LIFT CHAIR good condition. \$150 203-592-3346

MATCHING CHAIRS (2) \$25 ea. 1 RECLINER \$25, 1 COUCH \$75. All in Excl. Cond. 203-693-7707

POOL 24' above grnd, new liner w/wall & fir pads, cover, more. P/U \$250 203-753-3926.

PRINTER CANON MX432 \$50. Kodak Photo Paper New \$12, Kodica paper New \$25. 860-567-0648

PROJECT DRAW IMAGE w/ Gauge TraceMaster, bulb incl, \$60 (\$170 new) 203-558-0792

PUZZLES 300-1500 pieces, \$2-\$5 each, call 203-879-9278

RABBIT/GUINEA PIG CAGE like new \$20, Hunt Rocker \$65, Call 860-274-6583.

RCA STEREO AM/FM, db cassette, CD, 1100/best; DVD player \$25. 203-568-0792

RECLINER BEIGE GD COND. \$75, BABY CRIB \$75. CALL 203-525-4069/203-592-4063.

RECLINER dark blue fabric; smoke / pet-free environment; mint condition \$150. (203) 217-5259 anytime; 203-879-5675 after 6 wkdays; anytime weekends

REMOTE CARS Less than 3 hours on each. Comes w/many extras. \$200 or both \$300 860-482-5565

STOVE (ELECTRIC) glass receptionist desk 5x8; best offer under \$100. 475-222-7144.

TV HD 50" Zenith rear projection \$75. Fog machine w/projector \$15 Mint cond 203 725 6046

WASHER \$99. DRYER needs belt but works great. \$50. 203-645-7892

WASHER MACHINES Coin-op comm'n \$150 each. Call 860-567-8562

Articles for sale

WATER FILTER Conditioner \$150. Call 860-567-8562

WINE MAKING EQUIPMENT Please call 203-233-3473

WOODWORKERS estate tool sale. Band saws, planer, uni-saw, drill press, & more Serious inq. only. 860-482-5565

WORKBENCH \$80; End table \$95; Rocker \$85; Phone bench \$25; Cash. 860-582-5658

Feed & fertilizer

CLEAN TOPSOIL, fill, gravel, stone, delivery available 203-362-8135

FILL Clean \$9/yard; delivered (18 yards min). Sand, stone, process, top soil avail. 860-274-3014

SCREENED TOPSOIL \$20/yd local delivery. 7 yd. Min. \$17 per yard picked up. Call 860-601-7334 or 860-601-7330

TOPSOIL - SCREENED FILL Crushed Stone- Fill Process Pickup/Delivery 203-596-1354

Furniture

DINING SET Mission Oak, 42" x 66" lighted hutch, 12' leaf, pic-nbms57@gmail.com

Musical merchandise

ACOUSTIC GUITAR \$100/best; Rec chair \$65/best; Other items, call 203-519-4979

Seeds, plants, flowers

JAPANESE DOGWOOD TREES beautiful in pots. Fall planting \$10 each. 203-755-6924

Wanted to buy

A BETTER PRICE coins, jewelry diamonds, stamps, silver, clocks, estates purchased / auctioned for over 36 yrs auctioneer. Tim Chapulis 860-459-0964 timsauction.com

AARON BAYS Toolmaker, machinist tools, metal lathes & more. Call 203-525-0608

ACCORDIANS, advertising, all antiques, audio, amps, guitars, musical instr, old toys, watches, art, radios, HAM EQ 860-707-9350

ACCORDIANS ALL GUITARS DRUMS musical instruments. Cash paid any cond 508-688-5138.

Antiques/Collectibles/Old Items Jewelry, Art, Signs, Toys, Slvr, Gold Call about anything 203-828-8129

HELLO SENIORS for a safe fun visit from an antique dealer. Picking 45 years 203-527-8121

MACHINIST TOOLS AND TOOLING CARBIDE INSERTS, MECHANIC TOOLS, 860-985-5760

Wood & fuel

FIREWOOD Seasoned, Cut, & Split. \$250/cord. 203-232-6342

Pets & Animals

Accessories/Services Household Pets Livestock

Livestock

LOST YOUR CHICKENS TO PREDATORS? I have 20 pullets to spare. Will be laying soon. \$20 each. 860-671-0327.

Real Estate For Rent

Apartment Condos Garages Houses Mobile homes Motels & hotels Out-of-town Rental services Roomates Rooms Storage Suburban Vacation Wanted to rent

NAUGATUCK 1 BR, 1st flr, lg deck heat, elect, cable 1 car prkg incl. \$750/mo. No pets; 929-294-0949

NAUGATUCK 2 BR, W/D hkup, off-st. parking, Sect. 8 ok, \$725 Call 203-994-7518 or 203-775-2808

Apartment for rent

NAUGATUCK 1 BR, 1st flr, lg deck heat, elect, cable 1 car prkg incl. \$750/mo. No pets; 929-294-0949

NAUGATUCK 2 BR, W/D hkup, off-st. parking, Sect. 8 ok, \$725 Call 203-994-7518 or 203-775-2808

NAUGATUCK 2BR 3BR, 1.5 bath, twtnsh, no pets/smoke. \$995. Owner/agent 203-736-4896

NAUGATUCK SAFE & QUIET

1 BDRM \$800; 2 BR \$900; includes heat, cooking gas & storage 203-723-5991; 1-914-835-0512

NORTHFIELD/LITCHFIELD Country setting 1BR, W/D hkup, appl incl. \$750+ sec. 860-484-0686

OAKVILLE 2 BR 2nd flr, all appls, prkg, nice & spacious no pets 1st & sec. \$875. 203-841-6880.

OAKVILLE 5 RM. apt., WD hookop, off st prkg, nice backyard. \$900. No pets. Call 203-768-9055

PLYMOUTH 10 min. from Wtby. 1 BR appl, Indry, non-smoke/pets sec/ref. \$610. 860-585-1914.

PROSPECT 2BR avail asap, one of a few apartments in Prospect. Lg. tile kit/hrdwd flrs, 1st flr of 2 family house, off st. prkg, lg. yard w/back porch. W/D incl. + 2 window AC's. Cr check recd., no pets. 203 206 1251

PROSPECT 3 Room, 1BR, EIK, LR, Deck, Garage, Heat/HW incl. \$900. Avail. 10/01 203-299-0285.

THOMASTON 3BR apt for rent, washer, dryer and garage. Call 203-768-9756 for more info.

WATERBURY 0, 1 & 2 BR UNITS 1ST MONTH RENT FREE \$255-\$800 ALL UTILITIES INCLUDED! Se habla español Rosie 203-525-9702

WATERBURY 1, 2, 3 & 4 BR apts. available. Property Management Center (203) 755-6649.

WATERBURY 1, 2, 3, 4 BR Apts & Houses available NEWLY RENOVATED Agent 203-565-9639

WATERBURY 1,2&3 rm apts clean, appl, util secure bldg Indry \$465/up, Sect 8 OK. 203-753-3239

WATERBURY 1, 2 & 3 rms, nice, heat & appl, secure building, prkg, \$450 & up (203) 206-4051

WATERBURY 1BR, HT/HW appl & carpet busline no pets lead free. 203-479-2218, 8-10am or 4-6pm

WATERBURY \$1200 6 BR, comprising of 2nd & 3rd flrs. No pets Velez Realty (203) 574-7777

WATERBURY 174 Willow st, studio, 1br, 2br start @ \$450 H/HW incl. Sect 8 ok. 203-317-3665

WATERBURY 1br, 1 car gar, Craftwood Rd \$800, Landlord does credit checks. 203-768-5717

WATERBURY 1br 1st flr, util incl, no pets. \$850 +refs/sec. Avail now! 860-378-5556

WATERBURY 1BR, 2BR, 3BR available starting @ \$475. Section 8 accepted. 203-510-6177

WATERBURY 1st flr, lg 2 bdr in two family home. Great loc, Plenty of storage. \$850, 203-746-2793

Apartment for rent

WATERBURY 2 BR, 1 bath, new kitchen floor, new carpet, clean & quiet \$825/mo. 203-598-1577.

WATERBURY 2 BR East End 1st flr., private prkg, W/D hkup, ht, HW, electric incl. \$1100. 203-206-3800

WATERBURY 2br 3rd flr. like penthouse, avail now, refs/sec, no pets \$800. 860-378-5556

WATERBURY 2BR TOWNHOUSES NEWLY BUILT Full appl kit, 1.5 ba, HW fr & tile, AC, gas ht, gar EZ Rt 8/184 start@ \$1200. 203-756-7068

WATERBURY 3 BR 199 Chestnut Av 3RD flr, LR, Kit, DR \$725 +dep. No pets. 203-722-7171, 203-565-4083

WATERBURY 3br, 2nd flr, no utilis. \$700. Call 203-525-2811 or 203-596-1627.

WATERBURY 3BR 3rd flr newly renovated, 1 car garage, W/D hkup, new kitchen. 203-510-3621

WATERBURY 4 BR \$900 no util incl. W/D hookop 1st sec & dep. No pets. 9 Kenyon St. 203-231-3321

WATERBURY 4 rms, 2nd flr, stove, refrig, heat & water, prkg, quiet, \$850/mo, +sec. 203-757-9309

WATERBURY 4br, 3rd flr, hrdwd flrs, W/D hkup, appls & wtr includ., gas heat, security system, newly painted. On the bus line, Near downtown & Brass City Mall, Easy access to Rt 184 & Rt8 no pets, \$800. 757-553-0564

WATERBURY 6 lg, clean rms, 1st flr, parking, yard, W/D hookop, Sect. 8 OK. \$925. 860-350-4221

WATERBURY Angel Dr. 3 BR condo. 1 1/2 mo. security + 1st mo. rent. Sect. 8 OK. \$925. 203-843-5096

WATERBURY Bunker Hill exc. loc. Renov. 3rd flr, 2BR, porches, W/D hkup \$750+2mo sec. 203-528-4004

WATERBURY Downtown Beautiful renov. apts in modern 10 story fireproof Elev. Bldg. w/great views; 1BR \$610; Low rentals incl: 1 Parking Space, Carpet/HW Flr., Security / Lndry Rm., No Pets. Habla Espanol. Mgmt. 203-756-1999; 203-837-7428

WATERBURY large 2 BR units fully appl, W/D, gar \$895+up+sec. 203-879-4126; 203-577-7516

WATERBURY T. Plot, 2BR, 1 1/2, W/D, AC, gar. No pets. 1st, last, 1 sec. \$1125/mo. 203-451-5006

WATERTOWN 2BR TH 1.5 ba appl W/D hkup \$900. Sec. & last mo No pet/smK Refs. 203-232-1458

WATERBURY 1BR clean and quiet, off st prkg. \$650 no pets 860-868-1256 Wayne

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Apartment for rent

WATERBURY nice 2BR 1st flr, renov. \$750. 113 Division St. W/D hookop. No pets. 203-942-9529

WATERBURY RIDGEGATE APTS 2 Story T/H 2-3 BR H/HW incl. appls, prkg, w/d hkup HW Fr. Start \$850, Sect. 8 OK 3 BR 1/2 off 1st month (qualified tenants only) 203-575-1680 Ext. 106

WATERBURY ROBINS ST. Studio & 1 BR \$450-\$675/Month Heat&HW incl. Rosie 203-560-9702

WATERBURY spacious 1 & 2 BR's, freshly painted, on busline, starting at \$650. 860-810-2941

WATERBURY Studio, 1, 2 BR's \$450-\$800/month All Utilities Included-Cable Ready Rosie 203-560-9702

WATERBURY studios, 1brs, 2br, 3brs, single families & mults. Call Moe 203-982-0116

WATERBURY 5rms 2br gashp, appls 2ndflr 5mo secw/prkg \$820. 860-274-7056

WATERBURY Town Plot 4rms, appl W/D hkup, quiet off st. prkg, no pets/smK, \$775, 203 758 1357

WATERBURY / WOLCOTT LINE Mod. elev. bldgs convenient well maintained HILLTOP MANOR Studios \$550; 1BR from \$650; LIBERTY COURT heat, HW, elect. incl.; studios \$640 1BR \$760; both incl. prkg., carpet/HW flrs, sec. & laundry. No pets. Mgmt: 203-755-0621; 203-470-9808

WATERBURY 2BR 1st flr quiet, conv.d downtown loc, cats/sec 8 OK newly renov \$925 203-206-7627

WATERTOWN 2nd floor, 5 rms, including stove/refrig, no pets. 203-558-3562 / 860-274-3936

WATERTOWN 3 rms Remod., heat, util, & appls incl. Quiet, no pets/smoke \$800 203-758-1357

Wanted to rent

NORTHWEST CORNER semi retired gentleman looking to rent furn/urntm room w/kit priv. in the NW country home. Willing to work around the home for reduced rental fee. Outdoor person, veteran with some livestock exp. Refs. avail. House/estate caretaker also avail. Email: cervus8x@att.net

Condos for rent

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WATERBURY large 2 BR units fully appl, W/D, gar \$895+up+sec. 203-879-4126; 203-577-7516

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WATERBURY 1BR clean and quiet, off

PUBLIC NOTICES

LEGAL NOTICE CONNECTICUT LOTTERY CORPORATION NOTICE OF START OF SCRATCH GAME

The Connecticut Lottery hereby gives notice that sales of the scratch game "Star" (#1320) will begin on or about 9/14/15 and continue until the game ends.

The Official Procedures for All Scratch Games will apply to this new game. Those Official Procedures are available at ctlottery.org (under the "Games & Winning Numbers" tab) and from CT Lottery Games Dept., 777 Brook St., Rocky Hill, CT 06067.

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 INLAND WETLAND AND WATERCOURSES AGENCY'S DESIGNATED AGENT INTENDS TO APPROVE THE FOLLOWING APPLICATION FOR A CERTIFICATE OF WETLANDS CONFORMANCE:

Certificate No. 2015-16-23 Owner's Name: Petrizzi Assessor's Map: 14 Parcel No: 13 Location of proposed activity (address): 457 Stevenson Road - Type of activity: Construction of a 2-story addition and garage within a regulated area.

ANY PERSON OBJECTING TO THE APPROVAL OF THIS CERTIFICATE MAY SUBMIT A WRITTEN AND DATED PETITION TO THE INLAND WETLAND AGENCY WITHIN FIFTEEN(15) CALENDAR DAYS OF THIS NOTICE FOR THE PURPOSE OF REQUIRING REVIEW OF THE CERTIFICATE BY THE INLAND WETLAND AGENCY.

FAIRFIELD CONSERVATION COMMISSION ACTING AS THE INLAND WETLAND AND WATERCOURSES AGENCY FAIRFIELD CONSERVATION COMMISSION KEVIN GUMPPER, CHAIRMAN CATHERINE S. O'DONNELL, SECRETARY BETTY GABRIEL, CLERK

APARTMENTS FOR RENT

\*\* Bridgeport \*\* Remodeled Lg. 1BR apt. w/ stove, refrig, Indry & osp. 340 Palisade Ave. \$800 heat & hot water inc. 203-384-1844

Know what's going on in your community? Read the Connecticut Post in print & online CTPOST.COM

PUBLIC NOTICES

STATE OF CONNECTICUT SUPERIOR COURT JUVENILE MATTERS ORDER OF NOTICE NOTICE TO: Anthony Mattocks; Father of a female child born, on 7-10-14, to Rebecca C. in Waterbury, CT of parts unknown

A petition has been filed seeking: Commitment of minor child(ren) of the above named or vesting of custody and care of said child(ren) of the above named in a lawful, private or public agency or a suitable and worthy person.

Therefore, ORDERED, that notice of the hearing of this petition be given by publishing this Order of Notice once, immediately upon receipt, in the: Connecticut Post, a newspaper having a circulation in the Town / City of Bridgeport, CT

Honorable Joseph W. Doherty Judge, Joseph Inman, Admin Clerk Date signed 9-10-15 RIGHT TO COUNSEL: Upon proof of inability to pay for a lawyer, the court will provide one for you at court expense.

APARTMENTS FOR RENT



BRIDGEPORT/FAIRFIELD EXECUTIVE HOUSE LUXURY HIGH-RISE Studios-\$995/m. 1BRs-starting at \$1275/m. 3900 Park Ave. Balcnry. HT/HW CA, Appl, DW, Drman, Secure Prkg. Stop-in! (days) 12-7: 203-334-1307



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



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

DERBY 1&2BRs Very clean! Convenient loc. appl. carpet, off st. prk. \$925 - \$1025. No pets/smkg. Credit chk. 203-734-7543, lv. msg.

DERBY - One bedroom, half duplex close to RT 8 and Griffin hospital Stove, refrig, washer and dryer incl. one off street pkg. \$925/mo Pepe Realty • 203-929-6775

PUBLIC NOTICES

Request For Expressions of Interest (RFEOI) "Civic Block" Mixed-Use Redevelopment Project Stratford Avenue, Bridgeport Responses due no later than 2:00 PM on Thursday, November 12, 2015

The City of Bridgeport's Office of Planning and Economic Development (OPED) is seeking Qualified Developers, Contractors, Business Owners or Operators interested in developing a new mixed-use project at the "Civic Block," a 3-acre parcel located along Stratford Avenue, (CT Route 130), 3 blocks east of I-95's Exit 29 and the Steelpointe Harbor (home to Bass Pro Shop, Starbucks and Chipotle).

PUBLIC NOTICES

STATE OF CT. SHELTON PROBATE DISTRICT NOTICE TO CREDITORS

ESTATE OF ROBERT G. McCLEARNON, deceased (15-00310)

The Hon. Fred J. Anthony, Judge of the Court of Probate, District of Shelton Probate District, by decree dated September 14, 2015, ordered that all claims must be presented to the fiduciary at the address below.

The fiduciary is: Mary Therese McClernon4 Gale F. McClemon c/o Lawrence J. Mix, Esq., Mix & Goldman, LLC, 57 North Street, Suite 214, Danbury, CT 06810

PUBLIC NOTICES

STATE OF CT. STRATFORD PROBATE DISTRICT NOTICE TO CREDITORS

ESTATE OF LILLIAN DIMAURO (15-00331)

The Hon. Kurt M. Ahlberg, Judge of the Court of Probate, District of Stratford Probate District, by decree dated August 13, 2015, ordered that all claims must be presented to the fiduciary at the address below.

The fiduciary is: Jennie-Lynn Mainville, Asst. Clerk Frank G. DiMauro, Executor c/o Attorney Barry C. Knott, Knott, Knott & Dunn, 1656 Main Street, Stratford, CT 06615

PUBLIC NOTICES

STATE OF CT. TRUMBULL PROBATE DISTRICT NOTICE TO CREDITORS

ESTATE OF SHIRLEY E. CORNUT of Monroe (15-00421)

The Hon. T.R. Rowe, Judge of the Court of Probate, District of Trumbull Probate District, by decree dated August 24, 2015, ordered that all claims must be presented to the fiduciary at the address below.

The fiduciary is: Gena Salerno, Asst. Clerk Sharyn L. Fowler c/o Jeffrey A. Nirenstein, Esq., Nirenstein, Horowitz & Associates, P.C., 43 Woodland Street, Suite 520, Hartford, CT 06105.

APARTMENTS FOR RENT

DERBY - 1br apt, 1st flr. Some off st. prkg. \$1100, incl heat, stove, refrig., W/D. Please call (203)231-3041, after 5pm for appointment.



FAIRFIELD OFFICE SPACE 1600 s/f - 4 offices Single Ofc. Furn'd., Utis. includ. \$450/m. Also: Single Ofc. avail. in 1600 sf Ofc suite, incl: Conf. Room, kitchenette and priv. restroom. \$795/m. Utis. includ. Across from new Walgreens Owner, 203-332-0436



Labor Day SPECIAL!! 3BR w/d hup, hwd fls. \$1100 3BR Sixth St. \$1200 3BR N. End hwd fls. DR \$1350 3BR Williams St. 2bathrooms hwd flrs. tiled KIT W/D hup Section 8 ready. Shelter + Connections & all programs! Call 203.572.8691 and 203.543.1862

MILFORD 2BR apt. 1 mile from beach! Painted. Pkng, no pets. Cred. ck. \$875. 203-513-0468 or 203-722-1533

NAUGATUCK 1st flr. 1BR, lrg. deck. Cable, electri. & heat incl. 17 Pond St. \$725. Call (929)294-0949

ORANGE 1BR apt. avail. Age restricted 62 & older. \$1000 per mo. Incls heat and hot water. Agent Spruce Manor • 203-799-0557

PROBATE NOTICES

STATE OF CT. TRUMBULL PROBATE DISTRICT NOTICE TO CREDITORS

ESTATE OF CHARLES B. KNIGHT, SR. of Trumbull AKA Charles B. Knight, AKA Charles Knight, Sr. AKA Charles Knight (15-00391)

The Hon. T.R. Rowe, Judge of the Court of Probate, District of Trumbull Probate District, by decree dated August 24, 2015, ordered that all claims must be presented to the fiduciary at the address below.

The fiduciary is: Robin Knight c/o Michael C. Sohon, Esq., 345 Monroe Turnpike, Monroe, CT 06468

STATE OF CT. TRUMBULL PROBATE DISTRICT NOTICE TO CREDITORS

ESTATE OF ARTHUR C. LASKE, JR. of Trumbull (15-00150)

The Hon. T.R. Rowe, Judge of the Court of Probate, District of Trumbull Probate District, by decree dated August 24, 2015, ordered that all claims must be presented to the fiduciary at the address below.

The fiduciary is: Arthur C. Laske, III c/o David McHugh, Esq., 1261 Post Road, Fairfield, CT 06824.

STATE OF CT. TRUMBULL PROBATE DISTRICT NOTICE TO CREDITORS

ESTATE OF ANN P. NOTARO of Trumbull AKA Ann Palma Notaro (15-00390)

The Hon. T.R. Rowe, Judge of the Court of Probate, District of Trumbull Probate District, by decree dated August 24, 2015, ordered that all claims must be presented to the fiduciary at the address below.

The fiduciary is: Gena Salerno, Asst. Clerk Carol Greenberg c/o John M. Massih, Esq., Massih Law, LLC, 115 Technology Drive, Unit B307, Trumbull, CT 06611

STATE OF CT. TRUMBULL PROBATE DISTRICT NOTICE TO CREDITORS

ESTATE OF MARY V. DiBLASI of Easton (15-00087)

The Hon. T.R. Rowe, Judge of the Court of Probate, District of Trumbull Probate District, by decree dated September 3, 2015, ordered that all claims must be presented to the fiduciary at the address below.

The fiduciary is: Gena Salerno, Asst. Clerk Pauline A. DiBlasi, 21 East 22nd Street, Apt. 8C, New York, NY 10010

APARTMENTS FOR RENT

STRATFORD sm clean rm, quiet area. 2nd flr, no kit. \$125/wk 203-895-6616 334-2323, blk ext/0161

STRATFORD 2BR, 1st fl. Osp, No pets/smkg. 1st/last/Sec. \$1100+utis. Credit ck. req. (203)260-9999

STRATFORD nicely updated 3rd flr apt. DR, LR, EIK, \$975+utis. No pets/smkg. Sect 8 OK. 1 assigned prkg space. 203-249-8023

STRATFORD - Paradise Green, 2rm studio, 2nd fl, EIK, full bath, no pets/no smkg, \$900+sec 203-470-3638

WATERBURY 2BR Townhouses, NEWLY BUILT, full appl kit, 1.5 ba, HW fir & tile, AC, gas ht, gar. EZ RT 8/184. Start @ \$1200. 203-756-7068

FURNISHED RENTALS

BRIDGEPORT Furn'd room. Shr kit & ba. Cbl. Nr. bus! \$140/wk. No pet /smk. www.kdcenterprize.com \*203-644-6599

SHELTON FURN 1br apt, 1st fl. Stov/refrig/off st. prk. WD, No pets smk. \$700 475-239-0030, aft 3pm

STRATFORD 1BR 3rd fl. apt. Furn'd, inc. util+ht. Off st. prk, No smk/peats, Refs+sec. \$950/m. (203)377-0423

HOUSES FOR RENT

ANSONIA - 2 BR ranch style home HW flrs, Large EIK, fully appl'd, fpl'd LR 2 car gar. \$1500/mo Pepe Realty • 203-929-6775

NAUGATUCK 3BR/2bath RRanch C/Air, fpl, FR, 2c. gar. No pets/smkg \$1600/m. Sec. 8 ok. 203-725-7940

SEYMOUR - Home on river w/boat ramp, dock, 4BR/1b. 1500sf. \$1700/m+refs. & sec. (203)377-5355 or c. (203)209-2856

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

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

TRUMBULL Edison Rd area. 3-4BR 1.5bath Ranch on cul-de-sac. lease \$1695 (203)268-7680/(203)372-0684

CONDOS FOR RENT

BRIDGEPORT/FFLD LINE Lg. Studio Condo: Balc, Applc, Prkg, 24hr drman, Ht/Hw. \$900. Agent, 203-913-5818

BROOKLAWN, Fairfield border Large 2BR/2BA, EIK condo, Totally renovated!!!! Fireplace, W/D, Bsmt., Deck, 1C. Garage. No pets. \$1600+ sec. & refs. Call 203-226-0409

STRATFORD 3BR/2.5ba duplex. Remodeled, backyrd, drive. \$1775. BLACK ROCK Walk to the new Ffld RR station/St. Mary's by the Sea/restaurants! 3BR/2ba, newly renov'd condo. \$1825. Sandy, Raveis: (203)395-3582

OFFICE SPACE

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 dwtwn or nr RR. Hwd flrs, Hi-speed internet, fireplaces, kitchenettes, skylights, etc. Flex terms. 203-226-6969. Leiferproperties.com

BOATS & ACCESSORIES

14 FT Aluminum Boat, 9.9 Merc, trolling motor, battery & charger, swivel seats, rod holders, boat cover, trailer with roller guides, spare tire, Never in salt water. \$2,500. Call 203-522-5161, ask for Joe.

PROBATE NOTICES

STATE OF CT. COURT OF PROBATE TRUMBULL PROBATE DISTRICT NOTICE OF INSOLVENT ESTATE

ESTATE OF MARGARET I. CASTELLUCCI Late of Trumbull AKA Margaret Castellucci (14-00588)

The Hon. T.R. Rowe, Judge of the Court of Probate, District of Trumbull Probate District, at a hearing held on August 31, 2015 found the above estate to be insolvent. Any creditor who fails to present his or her claim to the fiduciary at the address below, on or before January 28, 2016, shall be forever barred from asserting or recovering on such claim from the fiduciary, the estate of the decedent, or any creditor of the estate.

The fiduciary is: Gena Salerno, Asst. Clerk John K. Cohane, Esq., 883 Black Rock Turnpike, Fairfield, CT 06825.

STATE OF CT. STRATFORD PROBATE DISTRICT NOTICE TO CREDITORS

ESTATE OF KENNETH CLARK (15-00356)

The Hon. Kurt M. Ahlberg, Judge of the Court of Probate, District of Stratford Probate District, by decree dated September 2, 2015, ordered that all claims must be presented to the fiduciary at the address below.

The fiduciary is: Lorraine Maglione, Assistant Clerk Attorney David N. Feliu, Administrator, 182 Grand Street, Suite 411, Waterbury, CT 06702.

VEHICLES FOR SALE

07' HONDA ACCORD LX A REAL PEACH. 85k mi. Very good cond., 6cyl, LOADED, blk ext/blk inter., blk lthr, tilt wheel, wood trim, GPS, stereo/CD, heated seats, good tires, sunroof, chrome pipe ext., Asking \$7,800. Call 203.258.6650

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

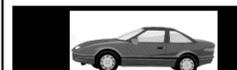
2001 Buick Century Ltd 50,000 mi, 2nd owner(1st owner elderly lady I knew), tan with tan leather interior. Reliable, excellent condition, V-6, 25 MPG, 18" XXR wheels with high performance tires, also OEM 16" Alloy wheels with winter tires(great in the snow); Upgraded Pioneer Stereo system and speakers: \$4900, or \$4500 without the 18" wheels/tires. Call 203-727-0015 for more details (leave a message and I'll call you back)

BMW 328xi, 2009. Blue/Beige leather int, 8,000 mi, GPS, loaded. \$21,000. Call 203-972-0295

BMW 740 iL, 2000. Silver, Black interior, fully loaded, auto, 141k mi, \$2,000/obo. Call 347-668-0175

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

CHEVROLET EXPRESS VAN 2500, 2011. 27,000 easy miles, good cond. \$15,999. Call 203-655-9420.



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 ESCAPE, 2006, AWD, 118k miles, clean carfax, exc cond. \$5,200/firm. 203-377-1111

FORD TAURUS, 2002 Must sell. \$1200. Call 203-613-6893.

GMC BOX TRUCK, 2002, great condition. \$5,900. Call 860-806-4492

GMC SAFARI VAN, 2002. 67,800 miles, good cond, well maint, one owner. \$6,000/obo. 203-869-7707

HONDA ELEMENT 2003 Exc. condition! 69,380 mi. \$6,500. (203)929-6303, please call mornings, only.

HYUNDAI ACCENT GS, 2010, 23,800 mi, 2door hatchback, great cond. AC, auto, MP3 with Bluetooth. \$6,650. Danbury 203-456-5100

HYUNDAI GENESIS 2013 MINT CONDITION Only 15k mi, 1 owner, always garaged, power ev-erything, always maintained by Hyundai, gray, 100k mi. "bumper to bumper" warr., transferable to new ownr. Owner financing available. \$30,900 (203)223-7334-anytime.

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

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

MERCEDES BENZ S550, 2008, 52,200k mi, Black/Tan int, excellent cond. \$29,900. Call 203-650-7823

VOLKSWAGON CABRIO GLX 2001 Black on black, 5-spd, new clutch & transmission. Htd. seats. 103k mi. Excellent cond, in & out. \$4200 obo Call/text (203)788-5724

VOLKSWAGEN BEETLE Convertible 2009, Beige/Cream top-newer been down. Immaculate. Only 2k miles! A rare jewel. \$16,000. (203) 219-6122

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



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

Table with 2 columns: Office of Health Care Access Public Hearing, Applicant: Sharon Hospital, Docket Number: 15-32014-CON, etc.

Any person who wishes to request status in the above listed public hearing may file a written petition no later than September 25, 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.

Notice of Tentative Determination to Approve An Exemption to Connecticut General Statutes Section 25-68d(b) (Flood Management) And Intent to Waive Public Hearing Applicant(s): CT Department of Economic & Community Development

The Commissioner of the Department of Energy and Environmental Protection ("DEEP") hereby gives notice that a tentative determination has been reached to approve the following application.

Table with 2 columns: Application Number: FM-201505824, Applicant's Name and Address: CT Department of Economic & Community Development, etc.

COMMISSIONER'S FINDINGS/REGULATORY CONDITIONS

According to CGS Section 25-68d(d), the commissioner, after public notice of the application for exemption and an opportunity for a public hearing in accordance with the provisions of this Section, may approve such exemption if he determines that the agency has shown that the activity or critical activity is in the public interest.

INFORMATION REQUESTS/PUBLIC COMMENT This application has been assigned No. FM-201505824; please use this number when corresponding with DEEP regarding this application.

Before making a final decision on this application, the Commissioner shall consider written comments on the application from interested persons. Written comments on the application should be directed to Jeff Caiola, Bureau of Water Protection & Land Reuse, Inland Water Resources Division

PETITIONS FOR HEARING

Petitions shall be signed by 25 persons and should include the application number noted above and also identify a contact person to receive notifications. Petitions may also identify a person who is authorized to engage in discussions regarding the application and, if resolution is reached, withdraw the petition.

September 15, 2015 Publication Date Cheryl A. Chase, Director Inland Water Resources Division Bureau of Water Protection and Land Reuse

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.

## Greer, Leslie

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**From:** Veyberman, Alla  
**Sent:** Wednesday, September 16, 2015 12:00 PM  
**To:** Lumia, Kimberly (Kimberly.Lumia@sharonhospital.com); Hansted, Kevin; Greer, Leslie; Lazarus, Steven  
**Cc:** jfusco@uks.com  
**Subject:** Sharon Hospital Prefiled request 15-32014  
**Attachments:** Prefiled request 15-32014.pdf

Hello Ms. Lumia,

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](mailto:Alla.Veyberman@ct.gov)





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

September 16, 2015

VIA EMAIL ONLY

Kimberly Lumia, MSN, MBA, RN  
50 Hospital Hill Rd  
Sharon, CT 06069

RE: Certificate of Need Application, Docket Number 15-32014-CON  
Sharon Hospital  
Termination of the Sharon Hospital Sleep Center

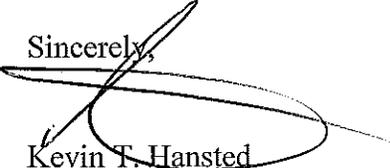
Dear Mrs. Lumia:

The Office of Health Care Access ("OHCA") will hold a public hearing on Thursday, October 1, 2015 starting at 4:00 p.m. at the Sharon Town Hall, 63 Main Street, Sharon, CT 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 by 12:00 p.m. **on Friday, September 25, 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

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: September 22, 2015

RE: Certificate of Need Application; Docket Number: 15-32014-CON  
Sharon Hospital  
Termination of Sharon Hospital's Sleep Center

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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](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

## Greer, Leslie

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**From:** Veyberman, Alla  
**Sent:** Friday, September 25, 2015 8:00 AM  
**To:** Riggott, Kaila; Hansted, Kevin  
**Cc:** Roberts, Karen; Greer, Leslie; Olejarz, Barbara  
**Subject:** FW: Sharon Hospital Sleep Center -- Docket No. 15-32014-CON  
**Attachments:** Sharon Hospital.pdf

FYI

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**From:** Jennifer Groves Fusco [<mailto:jfusco@uks.com>]  
**Sent:** Friday, September 25, 2015 7:31 AM  
**To:** User, OHCA <[OHCA@ct.gov](mailto:OHCA@ct.gov)>; Lazarus, Steven <[Steven.Lazarus@ct.gov](mailto:Steven.Lazarus@ct.gov)>; Veyberman, Alla <[Alla.Veyberman@ct.gov](mailto:Alla.Veyberman@ct.gov)>  
**Cc:** Kim Lumia ([kimberly.lumia@sharonhospital.com](mailto:kimberly.lumia@sharonhospital.com)) <[kimberly.lumia@sharonhospital.com](mailto:kimberly.lumia@sharonhospital.com)>; Deb Alexa <[DAlexa@uks.com](mailto:DAlexa@uks.com)>  
**Subject:** Sharon Hospital Sleep Center -- Docket No. 15-32014-CON

Steve/Alla,

Attached is Sharon Hospital's submission for the October 1 hearing in Docket No. 15-32014-CON. I am sending the original (and 4 copies) via Fed Ex for Monday morning delivery. Please let me know if you have any questions or if you need the original today.

Thanks,  
Jen

Jennifer Groves Fusco, Esq.  
Principal  
Updike, Kelly & Spellacy, P.C.  
One Century Tower  
265 Church Street  
New Haven, CT 06510  
Office (203) 786.8316  
Cell (203) 927.8122  
Fax (203) 772.2037  
[www.uks.com](http://www.uks.com)

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**LEGAL NOTICE:** Unless expressly stated otherwise, this message is confidential and may be privileged. It is intended for the addressee(s) only. If you are not an addressee, any disclosure, copying or use of the information in this e-mail is unauthorized and may be unlawful. If you are not an addressee, please inform the sender immediately and permanently delete and/or destroy the original and any copies or printouts of this message. Thank you. Updike, Kelly & Spellacy, P.C.



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

September 25, 2015

***VIA ELECTRONIC & OVERNIGHT MAIL***

Hon. Janet Brancifort, M.P.H.  
Deputy Commissioner  
Office of Health Care Access Division  
Department of Public Health  
410 Capitol Avenue  
Post Office Box 340308  
Hartford, CT 06134-0308

***Re: Sharon Hospital  
Discontinuance of Sharon Hospital Sleep Center  
Docket No. 15-32014-CON***

Dear Deputy Commissioner Brancifort:

This office represents Sharon Hospital in connection with the above-referenced docket. Enclosed are an original and four (4) copies of the following:

- Notice of Appearance of Updike, Kelly & Spellacy, P.C.;
- Prefiled Testimony of Kimberly A. Lumia, President and Chief Executive Officer, Sharon Hospital.
- Prefiled Testimony of Peter R. Cordeau, Chief Operating Officer and Chief Nursing Officer, Sharon Hospital; and

These documents are being submitted in connection with the public hearing on the above matter scheduled for October 1, 2015 at 4:00 p.m. Ms. Lumia and Mr. Cordeau will be present at the hearing to adopt their prefiled testimony under oath and for cross-examination.

Should you require anything further, please feel free to call me at (203) 786-8316.

Very truly yours,

Jennifer Groves Fusco

Enclosures

cc: Kimberly A. Lumia (w/enc)

**Updike, Kelly & Spellacy, P.C.**

One Century Tower ■ 265 Church Street ■ New Haven, CT 06510 (t) 203.786.8300 (f) 203.772.2037 [www.uk.com](http://www.uk.com)

SH000079  
09/25/2015

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

..... )  
IN RE: DISCONTINUANCE OF SHARON ) DOCKET NO. 15-32014-CON  
HOSPITAL SLEEP CENTER )  
)  
)  
)  
)  
..... ) SEPTEMBER 25, 2015

**NOTICE OF APPEARANCE**

In accordance with Section 19a-9-28 of the Regulations of Connecticut State Agencies, please enter the appearance of Updike, Kelly & Spellacy, P.C. (“Firm”) in the above-captioned proceeding on behalf of Sharon Hospital (“Sharon”). The Firm will appear and represent Sharon at the public hearing on this matter, scheduled for October 1, 2015.

Respectfully Submitted,

SHARON HOSPITAL

By:   
JENNIFER GROVES FUSCO, ESQ.  
Updike, Kelly & Spellacy, P.C.  
265 Church Street  
One Century Tower  
New Haven, CT 06510  
Tel: (203) 786-8300  
Fax (203) 772-2037

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

..... )  
IN RE: DISCONTINUANCE OF SHARON ) DOCKET NO. 15-32014-CON  
HOSPITAL SLEEP CENTER )  
 )  
 ) SEPTEMBER 25, 2015  
.....

**PREFILED TESTIMONY OF KIMBERLY A. LUMIA, MSN, MBA, RN,**  
**PRESIDENT AND CHIEF EXECUTIVE OFFICER,**  
**ESSENT HEALTHCARE OF CONNECTICUT, INC. d/b/a SHARON HOSPITAL**

Good afternoon Hearing Officer Hansted and members of the Office of Health Care Access (“OHCA”) staff. My name is Kimberly Lumia and I am the President and Chief Executive Officer of Sharon Hospital (“Sharon” or the “Hospital”). Thank you for this opportunity to speak in support of Sharon’s request for Certificate of Need (“CON”) approval to discontinue sleep services at the Hospital.

With me today is the Hospital’s Chief Operating Officer and Chief Nursing Officer, Peter Cordeau. Mr. Cordeau and I will offer testimony about the recent decline in Sleep Center (“Center”) volume and the reasons why the Center has been underutilized historically. As OHCA knows, the Hospital is unable to continue providing sleep services due to the recent resignation of the Center’s Medical Director, Dr. Irving Smith, and our inability to recruit a qualified replacement physician. Notwithstanding the foregoing, Sharon has worked diligently

to ensure that the small number patients displaced by closure of the Center have continued access to high quality care at the numerous other sleep providers in our area.

For reasons related to lack of need and the availability of alternative providers in the Sharon area, among others, we respectfully request that our CON application to discontinue sleep services be approved.

### *Professional Background*

By way of brief background, I have been with Sharon Hospital since 2009, and have served as both Chief Nursing Officer and President and CEO. Sharon is a 78 bed community hospital that serves the Northwestern corner of our state. We are currently Connecticut's only for-profit acute-care general hospital. I assumed the role of interim CEO in the summer of 2009, when our then-CEO Charles Therrien resigned. I was named permanent President and CEO in September of 2010.

### *History of Sleep Center Services at Sharon Hospital*

Sharon has offered sleep services since October of 2010. The Center was established at the request of its former Medical Director, Dr. Smith. In 2010, the Sharon area, like many other areas of the state, was in need of additional internal medicine physicians. Dr. Smith was recruited to provide internal medicine services for Regional Healthcare Associates ("RHA"), a physician-owned medical group located in Sharon that has a Services Agreement with the Hospital. Dr. Smith's training included a fellowship involving neurological studies of sleep disorders. He wanted to offer sleep services as part of his practice in Sharon and expressed this to Mr. Therrien at the time he was recruited. In order to accommodate Dr. Smith's request, Sharon built, equipped and staffed a sleep center with a clinic and beds for overnight studies.

The Hospital saw this as a “value added” service for its patients and a means to ensure much-needed internal medicine coverage for benefit of the Sharon community.

The Center offered an array of sleep services including, notably, overnight studies. Referrals came from various community physicians, including primary care physicians and specialists in the fields of cardiovascular, pulmonology and endocrinology. Sleep services were covered by all payer types and accessible by all Hospital patients. However, as Mr. Cordeau will discuss in greater detail the Center’s lack of accreditation status prohibited reimbursement for certain sleep studies.

Sharon experienced a significant reduction in sleep service volume in recent years. Visits declined by 47% between 2011 and 2015, from 299 sleep studies in 2011 to an estimated 158 studies in 2015. The Hospital was unable to achieve its projected volume for the Center for a number of reasons, which Mr. Cordeau will discuss in his testimony.

#### ***Decision to Discontinue the Sleep Services***

The decision to discontinue sleep services at Sharon was precipitated by Dr. Smith’s resignation. In April of 2015, Dr. Smith notified Sharon and RHA that he was relocating to New Hampshire in July of 2015. His resignation was unexpected. Hospital administrators worked diligently to identify a replacement Medical Director so that the Center could stay open to meet what limited demand continued to exist. We spoke with physician practices in New Milford, Torrington and Pittsfield, Massachusetts about providing physician coverage. None were interested, largely because these towns have their own sleep centers available to serve their patients. Also, the Sharon sleep service was not full-time, which was a prerequisite for many of the physicians we spoke with. Lastly, as you are aware there are geographic challenges with

recruiting physicians to practice in Sharon, one of the more remote towns in Connecticut. Without a Medical Director, Sharon had no choice but to close its Center.

***Impact of Discontinuance of Sleep Services***

The discontinuance of Sharon’s sleep services will have no adverse impact on the accessibility, quality or cost-effectiveness of care in the community. In fact, it may have a positive impact. There are numerous sleep centers in the greater Sharon area including providers in Connecticut, New York and Massachusetts. To the best of our knowledge, virtually all of these providers are American Academy of Sleep Medicine (“AASM”) certified, which was not the case with our service. This means that their programs subject to rigorous third-party quality standards and they can order and be reimbursed for a broader range of studies. This ensures continued access and a potential improvement in the quality and cost-effectiveness of care for former Sharon patients, while eliminating an unnecessary and duplicative service. Several Connecticut hospitals, including Charlotte Hungerford, Waterbury, Danbury, and New Milford, have submitted letters of support for our proposal that demonstrate their ability and willingness to accommodate the small number of patients displaced by closure of the Center.

Discontinuing the Center will also have a positive impact on the Hospital. It will result in cost savings and the ability to reallocate money, space and resources for other Hospital programs. This includes the possible repurposing of space for additional Senior Behavioral Health beds. Sharon has one of only three geriatric inpatient psychiatric programs in the state. The ability to expand the service is critical as the population ages and demand for this type of specialized care increases.

## *Conclusion*

For these reasons, and for the reasons discussed in our CON submissions, we respectfully request that OHCA approve the closure of Sharon's Sleep Center. There is minimal demand for this service in the Sharon area and the Hospital is unable to provide adequate professional staffing to support the program. Access to high-quality, cost-effective sleep services is ensured through many existing providers in our region. The Hospital and the community will benefit from this proposal, which accomplishes cost savings, avoids the unnecessary duplication of services and streamlines the regional delivery of care.

Thank you again for this opportunity to testify in support of our request for permission to discontinue sleep services at the Hospital. My colleagues and I are available to answer any questions that you have.

The foregoing is my sworn testimony.

  
\_\_\_\_\_

Kimberly A. Lumia, MSN, MBA, RN  
President and Chief Executive Officer  
Essent Healthcare of Connecticut, Inc.  
d/b/a Sharon Hospital

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

..... )  
IN RE: DISCONTINUANCE OF SHARON ) DOCKET NO. 15-32014-CON  
HOSPITAL SLEEP CENTER )  
 )  
 ) SEPTEMBER 25, 2015  
.....

**PREFILED TESTIMONY OF PETER R. CORDEAU, RN, BSN, MBA,**  
**CHIEF OPERATING OFFICER & CHIEF NURSING OFFICER**  
**ESSENT HEALTHCARE OF CONNECTICUT, INC. d/b/a SHARON HOSPITAL**

Good afternoon Hearing Officer Hansted and members of the Office of Health Care Access (“OHCA”) staff. My name is Peter Cordeau and I am the Chief Operating Officer and Chief Nursing Officer at Sharon Hospital (“Sharon” or the “Hospital”). Thank you for this opportunity to speak in support of Sharon’s request for Certificate of Need (“CON”) approval to discontinue sleep services at the Hospital. As my colleague Kimberly Lumia testified, I will be providing an overview of sleep services at Sharon and an explanation of the decline in volume that our Sleep Center (the “Center”) has experienced in recent years. I will also testify regarding our efforts keep the Center open and to transition patients once we knew the Center would have to close. This included arranging with the numerous alternate sleep providers in our area to accommodate the small number of patients displaced by the closure. Based on the lack of need for the Center, and the fact that continued access to high-quality care has been ensured for our

patients, we respectfully request that OHCA grant CON approval for the discontinuance of sleep services at Sharon.

### ***Professional Background***

I have been with Sharon Hospital since 2013. I serve as both the Chief Operating Officer and Chief Nursing Officer and am part of the administrative team tasked with the operation and ongoing oversight of clinical services at the Hospital. I was actively involved with operation of the Sleep Center and the transition of patients once we were notified by Dr. Irving Smith, the Center's Medical Director, that he was resigning effective July of 2015. I was also involved in discussions around recruiting a replacement Medical Director and with area hospitals about their ability and willingness to accommodate any patients displaced by closure of the Center.

### ***Sleep Center Services, Patient Population & Utilization***

The Sleep Center was established in October of 2010. It was located on the main campus of the Hospital and offered services including consultations and overnight sleep studies, as well as CPAP/BiPAP titrations, polysomnograms, split-night studies, maintenance of wakefulness testing, and multiple sleep latency tests. Referrals came from various community physicians, including primary care physicians and specialists in the fields of cardiovascular, pulmonology and endocrinology. The Center had two beds for overnight studies and clinic space for patient consultations and follow-up care. The clinic was initially open three days per week, but prior to closing in July of 2015, hours were reduced to the equivalent of one full day per week due to low patient volume.

Patient volume at the Center has been in a steady decline since 2011. In 2011, the Center's busiest year, 299 sleep studies were performed. Studies decreased to 248 in 2012; 214

in 2013; 177 in 2014; and an estimated 158 in 2015. This represents a 47% decline in volume in the Center's four years of operation.

There are several reasons for this decline in patient volume. These include, most notably, the fact that Dr. Smith is not board certified in sleep medicine. He was unable to sit for his sleep boards because he had not passed his internal medicine boards (a prerequisite for sleep medicine certification). Without a board certified Medical Director, the Hospital could not get the Center certified by the American Academy of Sleep Medicine ("AASM"), which impacted our ability to perform and/or be reimbursement for certain studies. For example, most payers will not authorize home studies for patients of a non-certified sleep center. And most payers will not authorize an overnight facility study until a patient has failed a home study.

Other factors that contributed to the decline in volume include a general decline in facility studies in favor of home studies, which offer greater patient comfort and convenience. Also, Dr. Smith was required to dedicate additional hours to his internal medicine practice in order to meet community demand, which left him with less time to devote to the Center. Sharon used its best efforts to market the Center to area physicians and patients, but these efforts were not sufficient to overcome the issues related to staffing and certification.

#### ***Continuity of Access to Care for Sleep Center Patients***

With Dr. Smith's resignation, the Hospital attempted to recruit a new Medical Director. Our hope was that we could recruit a board certified physician so that the Center could be certified by AASM. This would have allowed us to perform and be reimbursed for a broader range of sleep services and, in turn, increase utilization of the Center. Unfortunately, for the reasons detailed by Ms. Lumia in her testimony, our recruitment efforts were unsuccessful.

Because we knew that Dr. Smith was leaving in July of 2015 and the Center would be without a Medical Director, and because we were unable to recruit a replacement physician, we were required to begin the process of transitioning patient care. In May of 2015, we stopped accepting patients for long-term studies (those that would require follow-up beyond July of 2015). In addition, we worked together with RHA to ensure a smooth transition and continuity of care for existing patients. We notified our primary referring physicians that the Center would be closing with Dr. Smith's departure. In addition, RHA notified patients of Dr. Smith's resignation and provided contact information for the numerous existing sleep centers in the area. We also had discussion with executives from Charlotte Hungerford Hospital, Waterbury Hospital, Danbury Hospital, and New Milford Hospital about their willingness to accept any patients displaced by closure of the Center. Each hospital has provided a letter of support for this proposal attesting to its ability to provide care for area patients.

Through this process we are confident that there will be no adverse impact on the accessibility of sleep services for our patients. In addition, because most of the existing providers in the Sharon area are ASSM certified, a transition of care to these providers may in fact enhance the quality and cost-effectiveness of sleep services for patients.

### ***Conclusion***

For all of these reasons, we respectfully request that OHCA approve the closure of Sharon's Sleep Center. Both the Hospital and our patients will benefit from this proposal, which ensures continued access to high-quality, cost-effective sleep services in the region while eliminating an unnecessary and duplicative service.

Thank you again for this opportunity to testify in support of our request for permission to discontinue sleep services at the Hospital. I am available to answer any questions that you have.

The foregoing is my sworn testimony.

Peter R. Cordeau

Peter R. Cordeau, RN, BSN, MBA  
Chief Operating Officer &  
Chief Nursing Officer  
Essent Healthcare of Connecticut, Inc.  
d/b/a Sharon Hospital



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

## TABLE OF THE RECORD

**APPLICANT:** Sharon Hospital

**DOCKET NUMBER:** 15-32014-CON

**PUBLIC HEARING:** October 1, 2015 at 4:00 p.m.

**PLACE:** Sharon Town Hall  
Chaplin Meeting Room  
63 Main Street  
Sharon, CT 06069.

EXHIBIT	DESCRIPTION
A	Letter from Sharon Hospital (Applicant) to OHCA dated June 11, 2015 enclosing a copy of the legal notice pertaining to the Certificate of Need (CON) application for discontinuance of Sharon Hospital's Sleep Center, received by OHCA on June 12, 2015 (3 pages)
B	Letter from Sharon Hospital (Applicant) dated July 14, 2015 enclosing the Certificate of Need (CON) application for the discontinuance of Sharon Hospital's Sleep Center under Docket Number 15-32014, received by OHCA on July 14, 2015. (74 Pages)
C	OHCA's letter to the Applicant dated August 11, 2015, requesting additional information and/or clarification in the matter of the CON application under Docket Number 15-32014 and Applicant's response to OHCA's letter dated August 12, 2015 in the matter of the CON application filed under Docket Number 15-32014, received by OHCA August 12, 2015. (6 Pages)
D	OHCA's letter to the Applicant dated August 13, 2015 deeming the application complete in the matter of the CON application filed under Docket Number 15-32014. (1 page)
E	OHCA's request for legal notification in the <i>Connecticut Post</i> of OHCA's Notice to the Applicant of the public hearing scheduled for October 1, 2015, in the matter of the CON application under Docket Number 15-32014, dated September 14, 2015. (4 pages)

*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

<b>F</b>	OHCA's letter to the Applicant dated September 16, 2015 requesting prefile testimony in the matter of the CON application under Docket Number 15-32014. (1 page)
<b>G</b>	Designation letter dated September 22, 2015 of Hearing Officer in the matter of the CON application under Docket Number 15-32014. (1 page)
<b>H</b>	Letter from the Applicant to OHCA dated September 25, 2015 noticing the appearance of Updike, Kelly & Spellacy, P.C. and enclosing prefiled testimony in the matter of the CON application under Docket Number 15-32014, received by OHCA on September 25, 2015. (11 pages)



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

**TENTATIVE AGENDA**

**HEARING**

**Docket Number: 15-32014-CON**

**Sharon Hospital**

**Termination of Sharon Hospital's Sleep Center**

**October 1, 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

\* \* \* COMMUNICATION RESULT REPORT ( SEP. 29. 2015 3:15PM ) \* \* \*

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E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: KIMBERLY LUMIA  
FAX: 860 364-4011  
AGENCY: SHARON HOSPITAL  
FROM: OHCA  
DATE: 9/29/13 Time: \_\_\_\_\_  
NUMBER OF PAGES: 4  
*(including transmittal sheet)*

**Comments:** Please see attached information regarding the hearing scheduled for October 1, 2014 regarding DN: 15-32014, Termination of Sharon Hospital's sleep center

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

Phone: (860) 418-7001

Fax: (860) 418-7053

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

\* \* \* COMMUNICATION RESULT REPORT ( SEP. 29. 2015 3:16PM ) \* \* \*

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

**FAX SHEET**

**TO:** JENNIFER FUSCO

**FAX:** 203 772-2037

**AGENCY:** UPDIKE, KELLY & SPELLACY PC

**FROM:** OHCA

**DATE:** 9/29/15 **Time:** \_\_\_\_\_

**NUMBER OF PAGES:** 4  
*(including transmittal sheet)*

**Comments:** Please see attached information regarding the hearing scheduled for October 1, 2014 regarding DN: 15-32014, Termination of Sharon Hospital's sleep center

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

Phone: (860) 418-7001

Fax: (860) 418-7053

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

**OHCA HEARINGS - EXHIBIT AND LATE FILE FORM**

Applicants: Sharon Hospital

DN: 15-32014-CON

Hearing Date: October 1, 2015

Time: 4:00 p.m.

Proposal: Termination of Sharon Hospital's Sleep Center

OHCA  
Exhibit # Description

1	
2	
3	
4	
5	

Applicant Late File #	Description	Due Date	Rec'd
1	<i>FY 12,13,14 incremental Fin. Worksheet</i>	<i>oct. 9</i>	
2			
3			
4			
5			
6			

**PUBLIC HEARING  
 APPLICANT  
 SIGN UP SHEET**

October 1, 2015  
 4:00 p.m.

Docket Number: 15-32014-CON  
 Sharon Hospital  
 Termination of Sharon Hospital's Sleep Center

PRINT NAME	Phone	Fax	Representing Organization
CHRIS MILLER	860-364-4017		SHARON HOSPITAL
CHRISTIAN BERGERON	860-364-4084		Sharon Hospital
Peter R. Cordreau	860-364-4408		Sharon Hospital
Kimberly A. Lucia	860-364-4012	860-364-4011	Essent Healthcare of CT Inc Sharon Hospital DBA
Jill Grady Hesselman	860.364.4444	"	Sharon Hospital

ORIGINAL

1

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



SHARON HOSPITAL

TERMINATION OF SHARON HOSPITAL'S SLEEP CENTER

DOCKET NO. 15-32014-CON

OCTOBER 1, 2015

4:02 P.M.

TOWN HALL  
63 MAIN STREET  
SHARON, CONNECTICUT

POST REPORTING SERVICE  
HAMDEN, CT (800) 262-4102

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

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 termination of Sharon Hospital's Sleep Center, held at  
5 Town Hall, 63 Main Street, Sharon, Connecticut, on  
6 October 1, 2015 at 4:02 p.m. . . .

7  
8  
9  
10 HEARING OFFICER KEVIN HANSTED: Good  
11 afternoon, everyone. This public hearing before the  
12 Office of Health Care Access, identified by Docket No.  
13 15-32014-CON, is being held on October 1, 2015 to  
14 consider Sharon Hospital's application for the  
15 termination of its sleep center.

16 This public hearing is being held pursuant  
17 to Connecticut General Statutes, Section 19a-639a, and  
18 will be conducted as a contested case, in accordance with  
19 the provisions of Chapter 54 of the Connecticut General  
20 Statutes.

21 My name is Kevin Hansted, and I have been  
22 designated by Commissioner Jewel Mullen of the Department  
23 of Public Health to act as the Hearing Officer this  
24 afternoon.

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1           The staff members assigned to assist me in  
2 this matter are Kaila Riggott and Alla Veyberman, and the  
3 hearing is being recorded by Post Reporting Services.

4           In making its decision, OHCA will consider  
5 and make written findings concerning the principles and  
6 guidelines set forth in Section 19a-639 of the  
7 Connecticut General Statutes.

8           Sharon Hospital has been designated as a  
9 party in this proceeding.

10           At this time, I will ask staff to read  
11 into the record those documents already appearing in  
12 OHCA's Table of the Record.

13           All documents have been identified in the  
14 Table for reference purposes. Ms. Veyberman?

15           MS. ALLA VEYBERMAN: Good afternoon. Alla  
16 Veyberman, OHCA Staff. We would like to enter into the  
17 record Exhibits A through H.

18           HEARING OFFICER HANSTED: And, counsel,  
19 are there any objections?

20           MS. JENNIFER GROVES FUSCO: No, the  
21 Applicant has no objection.

22           HEARING OFFICER HANSTED: Thank you. And,  
23 this afternoon, we'll first hear from the Applicant for  
24 an overview of the project, and then, if any members of

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1 the public appear to give comment, we'll go to that  
2 portion of the hearing. At this time, you may proceed.

3 MS. GROVES FUSCO: With me today is  
4 Kimberly Lumia, the President and Chief Executive Officer  
5 of Sharon Hospital, and she's going to begin our  
6 presentation.

7 HEARING OFFICER HANSTED: Okay. And just  
8 to remind you, if you submitted pre-filed testimony,  
9 please adopt it for the record before you speak.

10 MS. KIMBERLY LUMIA: Absolutely.

11 HEARING OFFICER HANSTED: Thank you.

12 MS. LUMIA: Good afternoon, Hearing  
13 Officer Hansted and members of the Office of Health Care  
14 Access staff. My name is Kimberly Lumia, and I'm  
15 President and Chief Executive Officer of Sharon Hospital.

16 Thank you for this opportunity to speak in  
17 support of Sharon's request for a Certificate of Need,  
18 approval to discontinue sleep services at the hospital.

19 I would like to adopt my pre-filed  
20 testimony at this time.

21 HEARING OFFICER HANSTED: Thank you.

22 MS. LUMIA: My remarks today will focus on  
23 the reasons why Sharon Hospital Sleep Center had to close  
24 and the efforts we made to insure continued access for

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1 those patients, who would otherwise have used our sleep  
2 services.

3 As we mentioned in our CON submission, the  
4 Sleep Center was conceived of by our prior CEO, my  
5 predecessor, Charlie Therrion(phonetic).

6 The Center's former Medical Director, Dr.  
7 Irving Smith, in order to recruit Dr. Smith to Sharon to  
8 provide a much needed internal medicine service, primary  
9 care practice, the hospital undertook to establish sleep  
10 services that Dr. Smith would direct. This service was a  
11 value added for our patients, but it never achieved the  
12 volume that the hospital and Dr. Smith had hoped for or  
13 expected.

14 The Center's best year was in its first  
15 year, 2011, when nearly 300 facility sleep studies were  
16 performed, but, by 2015, volume was down by almost 50  
17 percent.

18 We were performing, on average, two to  
19 four studies each week when we needed to perform at least  
20 eight to realize a gain from operations.

21 There were many reasons for this drastic  
22 decline in volume, which my colleague, Peter Cordeau, our  
23 Chief Nursing Officer and Chief Operating Officer, will  
24 discuss in his remarks.

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1                   In April of this year, we received notice  
2                   from Dr. Smith that he was resigning and relocating to  
3                   New Hampshire. His resignation was unexpected and left  
4                   us scrambling to find a replacement Medical Director.

5                   Our intention was to recruit a physician,  
6                   preferably one who is Board Certified in sleep medicine,  
7                   so that we could continue sleep services and get the  
8                   Sharon Sleep Center certified by the American Academy of  
9                   Sleep Medicine.

10                   Unfortunately, our efforts were  
11                   unsuccessful. We spoke with physician practices in  
12                   Connecticut and Massachusetts and could not find a  
13                   physician, who was willing to relocate to the Sharon area  
14                   and run our sleep service.

15                   As you know, recruiting physicians to our  
16                   remote area of Connecticut can be a challenge. Without a  
17                   Medical Director, we were forced to close the Sleep  
18                   Center in July.

19                   As Mr. Cordeau will discuss, both Sharon  
20                   and Regional Health Care Associates, Dr. Smith's  
21                   employer, worked to insure that patients have notice of  
22                   the discontinuance of sleep services at Sharon and  
23                   information on alternative providers in our area.

24                   I have personally spoken with a number of

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1 sleep services and have confirmed that they had the  
2 capacity and willingness to absorb any of the patients  
3 displaced by the closure of the center.

4 To this end, we have included those  
5 letters from Charlotte Hungerford from June 15th,  
6 Waterbury Hospital, June 16th, Danbury Hospital, June  
7 30th, and New Milford Hospital in our CON submissions.

8 All four providers and many others  
9 referenced in our CON provide services to Medicaid and  
10 uninsured patients.

11 To the best of our knowledge, virtually  
12 all of the existing sleep providers in the Sharon area  
13 are certified by the American Academy of Sleep Medicine,  
14 which was not the case of our service.

15 This means that their programs were  
16 subject to rigorous third party quality standards, and  
17 they can order and be reimbursed for a broader range of  
18 studies. For example, home studies.

19 This insures continued access and a  
20 potential improvement in the quality and cost  
21 effectiveness of care for former Sharon patients while  
22 eliminating an unnecessary and duplicative service.

23 Discontinuing the center will also have a  
24 positive impact on the hospital. It will result in a

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1 cost savings, the ability to reallocate money, space and  
2 resources for other hospital programs. This includes the  
3 possible repurposing of a space for additional senior  
4 behavioral beds.

5 Sharon has one of only three geriatric  
6 inpatient psychiatric programs in the state, and the  
7 ability to expand the service is critical, as the  
8 population ages and the demand for this type of  
9 specialized care increases.

10 There is minimal demand for sleep services  
11 in the Sharon area, and the hospital is unable to provide  
12 adequate professional staffing to support the program.

13 Access to high-quality, cost-effective  
14 sleep services is insured throughout many of the existing  
15 providers in our region.

16 The hospital and the community will  
17 benefit from this proposal, which accomplishes cost  
18 savings, avoids the unnecessary duplication of service,  
19 and streamlines the regional delivery of care.

20 For these reasons, we respectfully request  
21 that OHCA approve our proposal to discontinue the Sleep  
22 Center.

23 I will now turn the presentation over to  
24 my colleague, Mr. Cordeau. Mr. Cordeau and I, as well as

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1 several of our other administrators here, are able to  
2 answer any questions that you may have. Thank you for  
3 your time.

4 HEARING OFFICER HANSTED: Thank you.

5 MR. PETER CORDEAU: Good afternoon,  
6 Hearing Officer Hansted and members of the Office of  
7 Health Care Access staff.

8 HEARING OFFICER HANSTED: Good afternoon.

9 MR. CORDEAU: My name is Peter Cordeau,  
10 and I am the Chief Operating Officer and Chief Nursing  
11 Officer at Sharon Hospital.

12 I'd like to thank you for this opportunity  
13 to speak in support of Sharon's request for a Certificate  
14 of Need approval to discontinue sleep services at the  
15 hospital.

16 At this time, I would like to adopt my  
17 pre-filed testimony.

18 HEARING OFFICER HANSTED: Thank you.

19 MR. CORDEAU: You're welcome. My remarks  
20 today will focus primarily on the reasons why we were  
21 never able to achieve the volume we anticipated when the  
22 center opened and the process by which we have  
23 transitioned care to insure that patients have continued  
24 access to sleep services.

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1           As Ms. Lumia testified, volume at the  
2 center has been in a steady decline since 2011. In 2011,  
3 the center's busiest year, 299 sleep studies were  
4 performed. Studies decreased to 248 in 2012, 214 in  
5 2013, 177 in 2014 and an estimated 158 in 2015. This  
6 represents a 47 percent decline in volume in the center's  
7 four years of operation.

8           There are several reasons for this decline  
9 in patient volume. These include, most notably, the fact  
10 that Dr. Smith is not Board Certified in sleep medicine.

11           He was unable to sit for his sleep Boards,  
12 because he had not passed his internal medicine Boards,  
13 which is a prerequisite for sleep medicine certification.

14           Without a Board Certified Medical  
15 Director, the hospital could not get center certified by  
16 American Academy of Sleep Medicine, which impacted our  
17 ability to perform and/or be reimbursed for certain  
18 studies.

19           Other factors that contributed to the  
20 decline in volume included general decline in facility  
21 studies in favor of home studies, which offer greater  
22 patient comfort and convenience.

23           Also, Dr. Smith was required to dedicate  
24 additional hours to his internal medicine practice, in

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1 order to meet community demand, which left him with less  
2 time to devote to the center.

3 As Ms. Lumia mentioned, once we received  
4 Dr. Smith's resignation, we attempted to recruit a  
5 replacement Medical Director. Despite our best efforts,  
6 we were unsuccessful.

7 Because we knew that Dr. Smith was leaving  
8 in July of 2015 and the center would be without a Medical  
9 Director, we were required to begin the process of  
10 transitioning patient care.

11 We stopped accepting patients for long-  
12 term studies in May, and we worked together with RHA to  
13 make necessary notifications.

14 We notified our primary referring  
15 physicians that the center would be closing with Dr.  
16 Smith's departure.

17 In addition, RHA notified patients of Dr.  
18 Smith's resignation and provided contact information for  
19 the numerous existing sleep centers in the area.

20 Through this process, we are confident  
21 that there will be no adverse impact on the accessibility  
22 of sleep services for our patients.

23 In addition, because most of our existing  
24 providers in Sharon are AASM certified, a transition of

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1 care to these providers may, in fact, enhance the quality  
2 and cost effectiveness of sleep services for the area  
3 residents.

4 For these reason, we respectfully request  
5 that OHCA approve the closure of Sharon Sleep Center. As  
6 Ms. Lumia said, both the hospital and our patients will  
7 benefit from this proposal, which insures continued  
8 access to high-quality, cost-effective sleep services in  
9 the region while eliminating any unnecessary and  
10 duplicative services.

11 Thank you, again, and I am available to  
12 answer any questions that you may have.

13 HEARING OFFICER HANSTED: Thank you.

14 MR. CORDEAU: You're welcome.

15 HEARING OFFICER HANSTED: Counsel, do you  
16 have anything further?

17 MS. GROVES FUSCO: No. That concludes our  
18 presentation. Thank you.

19 HEARING OFFICER HANSTED: At this point,  
20 OHCA doesn't have any questions. Are there any members  
21 of the public here that would like to give comment on  
22 this proposal?

23 Okay, hearing and seeing none, it's early,  
24 so we'll break until 5:30, and we'll go back on the

HEARING RE: SHARON HOSPITAL  
OCTOBER 1, 2015

1 record, just to check to see if there are any members of  
2 the public here at that time, and then we'll go from  
3 there.

4 MS. GROVES FUSCO: Thank you very much.

5 HEARING OFFICER HANSTED: You're welcome.

6 (Off the record)

7 HEARING OFFICER HANSTED: Okay, we're back  
8 on the record, and, before we find out about public  
9 comment, we do have one late file that we're going to  
10 get. Ms. Veyberman?

11 MS. VEYBERMAN: Yes. You provided, in the  
12 original application, you provided a Worksheet A,  
13 financial worksheet.

14 MS. GROVES FUSCO: Um-hum.

15 MS. VEYBERMAN: And can we have the  
16 updated Worksheet A with fiscal year '12, '13 and '14,  
17 with the column, which will have the project incremental  
18 numbers, as well?

19 MS. GROVES FUSCO: Okay.

20 HEARING OFFICER HANSTED: And I'll order  
21 that as Late File No. 1, and I'll order that that be  
22 filed by October 9th. Does that give you enough time?  
23 That's next Friday.

24 MS. VEYBERMAN: It's similar to what you

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1 have now for '15, '16 and '17.

2 MS. GROVES FUSCO: Yeah, and you want '14,  
3 as well, the year that we gave you the actual form?

4 MS. VEYBERMAN: Correct. Yes. You gave  
5 us the actual, but we have to have the project  
6 incremental for '14, as well.

7 MS. GROVES FUSCO: Perfect. Will do.

8 MR. CHRISTIAN BERGERON: Christian  
9 Bergeron, CFO, Sharon Hospital. So are you just looking  
10 for the actual results? So '14 is already in the file,  
11 so equivalent to column one for '12 and '13?

12 MS. GROVES FUSCO: You're looking for it  
13 with each year with three columns --

14 MS. VEYBERMAN: Correct.

15 MS. GROVES FUSCO: -- incremental, so it  
16 will be '12, '13, '14 in the same format as '15 through -  
17 -

18 MS. VEYBERMAN: Correct.

19 MR. BERGERON: Okay. Gotcha. The  
20 projected just being the Sleep Center piece, is what  
21 you're trying to isolate there, because there won't be  
22 any --

23 HEARING OFFICER HANSTED: No, that's  
24 correct. Just the Sleep Center.

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1 MS. GROVES FUSCO: Perfect.  
2 (Whereupon, the hearing portion of the  
3 hearing concluded.)

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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 5th day of October, 2015.

  
Paul Landman  
President

**Post Reporting Service**  
**1-800-262-4102**

## Greer, Leslie

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**From:** Lazarus, Steven  
**Sent:** Thursday, October 08, 2015 4:22 PM  
**To:** Greer, Leslie  
**Cc:** Hansted, Kevin; Riggott, Kaila  
**Subject:** FW: Follow up (Docket No. 15-32014-CON)  
**Attachments:** SH Sleep CON Financial Workbook Termination.xlsx

Please add to the record.

Steve

### *Steven W. Lazarus*

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410 Capitol Avenue  
Hartford, CT 06134  
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**From:** Jennifer Groves Fusco [<mailto:jfusco@uks.com>]  
**Sent:** Thursday, October 08, 2015 2:25 PM  
**To:** Veyberman, Alla; Lazarus, Steven  
**Cc:** Kim Lumia ([kimberly.lumia@sharonhospital.com](mailto:kimberly.lumia@sharonhospital.com))  
**Subject:** RE: Follow up (Docket No. 15-32014-CON)

Alla/Steve,

Attached is revised Financial Worksheet A. Please let me know if you need anything else.

Thanks,  
Jen

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**From:** Veyberman, Alla [<mailto:Alla.Veyberman@ct.gov>]  
**Sent:** Friday, October 2, 2015 10:01 AM  
**To:** Jennifer Groves Fusco; Lazarus, Steven  
**Cc:** Lazarus, Steven  
**Subject:** RE: Follow up (Docket No. 15-32014-CON)

Good morning Jen,

Just a quick follow up regarding the late file. In case it left some confusion, there is the worksheet A attached (with all the columns requested).

Please note that for FY16-FY19, the Sleep Center incremental s/b zero since the Sleep Center was closed as of July 2015 (the first column (Projected w/o CON) will be the same as the third (Projected with CON))  
Please give us a call if any questions,

Thank you.

Alla

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**From:** Jennifer Groves Fusco [<mailto:jfusco@uks.com>]  
**Sent:** Saturday, September 26, 2015 4:12 PM  
**To:** Lazarus, Steven <[Steven.Lazarus@ct.gov](mailto:Steven.Lazarus@ct.gov)>; Veyberman, Alla <[Alla.Veyberman@ct.gov](mailto:Alla.Veyberman@ct.gov)>  
**Subject:** YNHH Foxon Urgent Care -- Appearance (Docket No. 15-32011-CON)

Steve/Alla,

Attached is my Appearance for Monday's YNHH/Foxon Urgent Care public hearing. I will be appearing in addition to Jennifer Willcox from YNHH.

Thanks,  
Jen

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**LEGAL NOTICE:** Unless expressly stated otherwise, this message is confidential and may be privileged. It is intended for the addressee(s) only. If you are not an addressee, any disclosure, copying or use of the information in this e-mail is unauthorized and may be unlawful. If you are not an addressee, please inform the sender immediately and permanently delete and/or destroy the original and any copies or printouts of this message. Thank you. Updike, Kelly & Spellacy, P.C.

**Applicant: Sharon Hospital  
Financial Worksheet (A)**

**NON-PROFIT**

Please provide **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)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
		FY12 Projected W/out CON	FY12 Projected Incremental	FY12 Projected With CON	FY13 Projected W/out CON	FY13 Projected Incremental	FY13 Projected With CON	FY14 Projected W/out CON	FY14 Projected Incremental	FY14 Projected With CON	FY15 Projected W/out CON	FY15 Projected Incremental	FY15 Projected With CON	FY16 Projected W/out CON	FY16 Projected Incremental	FY16 Projected With CON	FY17 Projected W/out CON	FY17 Projected Incremental	FY17 Projected With CON
<b>A. OPERATING REVENUE</b>																			
1	Total Gross Patient Revenue	\$138,431,770	(\$938,898)	\$137,492,872	\$147,441,042	(\$876,207)	\$146,564,835	\$145,172,345	(\$864,540)	\$144,307,805	\$150,232,989	(\$627,667)	\$149,605,322	\$151,735,319	\$0	\$151,735,319	\$153,252,672	\$0	\$153,252,672
2	Less: Allowances	\$82,582,153	(\$704,174)	\$81,877,980	\$89,772,556	(\$657,155)	\$89,115,401	\$91,176,876	(\$648,405)	\$90,528,471	\$93,374,142	(\$511,840)	\$92,862,302	\$94,307,883	\$0	\$94,307,883	\$95,250,962	\$0	\$95,250,962
3	Less: Charity Care	\$760,089	\$0	\$760,089	\$941,923	\$0	\$941,923	\$892,961	\$0	\$892,961	\$892,961	\$0	\$892,961	\$901,891	\$0	\$901,891	\$910,910	\$0	\$910,910
4	Less: Other Deductions	\$530,703	\$0	\$530,703	\$686,153	\$0	\$686,153	\$745,895	\$0	\$745,895	\$745,895	\$0	\$745,895	\$753,354	\$0	\$753,354	\$760,887	\$0	\$760,887
	<b>Net Patient Service Revenue</b>	<b>\$54,558,825</b>	<b>(\$234,725)</b>	<b>\$54,324,101</b>	<b>\$56,040,410</b>	<b>(\$219,052)</b>	<b>\$55,821,358</b>	<b>\$52,356,613</b>	<b>(\$216,135)</b>	<b>\$52,140,478</b>	<b>\$55,219,991</b>	<b>(\$115,827)</b>	<b>\$55,104,164</b>	<b>\$55,772,191</b>	<b>\$0</b>	<b>\$55,772,191</b>	<b>\$56,329,913</b>	<b>\$0</b>	<b>\$56,329,913</b>
5	Medicare	\$25,473,538	(\$75,362)	\$25,398,176	\$26,498,542	(\$70,330)	\$26,428,212	\$24,219,846	(\$69,394)	\$24,150,452	\$25,953,396	(\$36,546)	\$25,916,850	\$26,212,930	\$0	\$26,212,930	\$26,475,059	\$0	\$26,475,059
6	Medicaid	\$2,002,907	(\$10,473)	\$1,992,434	\$2,090,929	(\$9,774)	\$2,081,155	\$2,823,684	(\$9,644)	\$2,814,040	\$3,092,319	(\$5,079)	\$3,087,240	\$3,123,243	\$0	\$3,123,243	\$3,154,475	\$0	\$3,154,475
7	CHAMPUS & TriCare	\$216,741	\$0	\$216,741	\$119,495	\$0	\$119,495	\$76,138	\$0	\$76,138	\$82,830	\$0	\$82,830	\$83,658	\$0	\$83,658	\$84,495	\$0	\$84,495
8	Other	\$1,266,299	\$0	\$1,266,299	\$1,762,147	\$0	\$1,762,147	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total Government</b>	<b>\$28,959,485</b>	<b>(\$85,836)</b>	<b>\$28,873,649</b>	<b>\$30,471,113</b>	<b>(\$80,104)</b>	<b>\$30,391,009</b>	<b>\$27,119,668</b>	<b>(\$79,038)</b>	<b>\$27,040,630</b>	<b>\$29,128,545</b>	<b>(\$41,625)</b>	<b>\$29,086,920</b>	<b>\$29,419,831</b>	<b>\$0</b>	<b>\$29,419,831</b>	<b>\$29,714,029</b>	<b>\$0</b>	<b>\$29,714,029</b>
9	Commercial Insurers	\$21,634,020	(\$153,013)	\$21,481,007	\$21,985,125	(\$142,796)	\$21,842,329	\$22,016,169	(\$140,895)	\$21,875,274	\$22,198,436	(\$74,202)	\$22,124,234	\$22,420,421	\$0	\$22,420,421	\$22,644,625	\$0	\$22,644,625
10	Uninsured	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11	Self Pay	\$680,119	\$0	\$680,119	\$450,286	\$0	\$450,286	\$308,473	\$0	\$308,473	\$1,159,620	\$0	\$1,159,620	\$1,171,216	\$0	\$1,171,216	\$1,182,928	\$0	\$1,182,928
12	Workers Compensation	\$789,887	\$0	\$789,887	\$735,669	\$0	\$735,669	\$821,555	\$0	\$821,555	\$821,555	\$0	\$821,555	\$829,771	\$0	\$829,771	\$838,068	\$0	\$838,068
13	Other	\$2,495,314	\$0	\$2,495,314	\$2,398,217	\$0	\$2,398,217	\$2,090,748	\$0	\$2,090,748	\$1,911,835	\$0	\$1,911,835	\$1,930,953	\$0	\$1,930,953	\$1,950,263	\$0	\$1,950,263
	<b>Total Non-Government</b>	<b>\$25,599,340</b>	<b>(\$153,013)</b>	<b>\$25,446,327</b>	<b>\$25,569,297</b>	<b>(\$142,796)</b>	<b>\$25,426,501</b>	<b>\$25,236,945</b>	<b>(\$140,895)</b>	<b>\$25,096,050</b>	<b>\$26,091,446</b>	<b>(\$74,202)</b>	<b>\$26,017,244</b>	<b>\$26,352,361</b>	<b>\$0</b>	<b>\$26,352,361</b>	<b>\$26,615,884</b>	<b>\$0</b>	<b>\$26,615,884</b>
	<b>Net Patient Service Revenue<sup>a</sup> (Government-Non-Government)</b>	<b>\$54,558,825</b>	<b>(\$238,849)</b>	<b>\$54,319,976</b>	<b>\$56,040,410</b>	<b>(\$222,901)</b>	<b>\$55,817,509</b>	<b>\$52,356,613</b>	<b>(\$219,933)</b>	<b>\$52,136,680</b>	<b>\$55,219,991</b>	<b>(\$115,827)</b>	<b>\$55,104,164</b>	<b>\$55,772,191</b>	<b>\$0</b>	<b>\$55,772,191</b>	<b>\$56,329,913</b>	<b>\$0</b>	<b>\$56,329,913</b>
14	Less: Provision for Bad Debts	\$2,999,367	\$0	\$2,999,367	\$2,293,507	\$0	\$2,293,507	\$2,270,700	\$0	\$2,270,700	\$2,766,551	\$0	\$2,766,551	\$2,794,217	\$0	\$2,794,217	\$2,822,159	\$0	\$2,822,159
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$51,559,458</b>	<b>(\$234,725)</b>	<b>\$51,324,734</b>	<b>\$53,746,903</b>	<b>(\$219,052)</b>	<b>\$53,527,851</b>	<b>\$50,085,913</b>	<b>(\$216,135)</b>	<b>\$49,869,778</b>	<b>\$52,453,440</b>	<b>(\$115,827)</b>	<b>\$52,337,613</b>	<b>\$52,977,974</b>	<b>\$0</b>	<b>\$52,977,974</b>	<b>\$53,507,754</b>	<b>\$0</b>	<b>\$53,507,754</b>
15	Other Operating Revenue	\$453,530	\$0	\$453,530	\$429,185	\$0	\$429,185	\$420,954	\$0	\$420,954	\$425,846	\$0	\$425,846	\$430,104	\$0	\$430,104	\$434,406	\$0	\$434,406
17	Net Assets Released from Restrictions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	<b>TOTAL OPERATING REVENUE</b>	<b>\$52,012,988</b>	<b>(\$234,725)</b>	<b>\$51,778,264</b>	<b>\$54,176,088</b>	<b>(\$219,052)</b>	<b>\$53,957,036</b>	<b>\$50,506,867</b>	<b>(\$216,135)</b>	<b>\$50,290,732</b>	<b>\$52,879,286</b>	<b>(\$115,827)</b>	<b>\$52,763,459</b>	<b>\$53,408,079</b>	<b>\$0</b>	<b>\$53,408,079</b>	<b>\$53,942,160</b>	<b>\$0</b>	<b>\$53,942,160</b>
<b>B. OPERATING EXPENSES</b>																			
1	Salaries and Wages	\$17,406,817	(\$164,389)	\$17,242,428	\$17,249,976	(\$139,948)	\$17,110,028	\$17,023,741	(\$132,951)	\$16,890,790	\$18,023,741	(\$93,343)	\$17,930,398	\$18,384,216	\$0	\$18,384,216	\$18,751,900	\$0	\$18,751,900
2	Fringe Benefits	\$4,042,088	(\$49,103)	\$3,992,985	\$4,231,182	(\$41,803)	\$4,189,379	\$4,272,914	(\$39,713)	\$4,233,201	\$4,523,959	(\$26,136)	\$4,497,823	\$4,614,438	\$0	\$4,614,438	\$4,706,727	\$0	\$4,706,727
3	Physicians Fees	\$1,399,248	\$0	\$1,399,248	\$1,670,355	\$0	\$1,670,355	\$1,992,369	\$0	\$1,992,369	\$1,992,369	\$0	\$1,992,369	\$1,992,369	\$0	\$1,992,369	\$1,992,369	\$0	\$1,992,369
4	Supplies and Drugs	\$6,607,624	(\$11,470)	\$6,596,154	\$6,628,436	(\$5,491)	\$6,622,945	\$5,992,935	(\$5,216)	\$5,987,719	\$5,992,935	(\$3,080)	\$5,989,855	\$5,992,935	\$0	\$5,992,935	\$5,992,935	\$0	\$5,992,935
5	Depreciation and Amortization	\$3,051,773	(\$31,800)	\$3,019,973	\$3,004,141	(\$31,800)	\$2,972,341	\$2,563,946	(\$31,800)	\$2,532,146	\$2,563,946	(\$1,250)	\$2,562,696	\$2,563,946	\$0	\$2,563,946	\$2,563,946	\$0	\$2,563,946
6	Provision for Bad Debts-Other <sup>b</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7	Interest Expense	\$136,325	\$0	\$136,325	\$0	\$0	\$0	\$11,263	\$0	\$11,263	\$11,263	\$0	\$11,263	\$11,263	\$0	\$11,263	\$11,263	\$0	\$11,263
8	Malpractice Insurance Cost	\$1,113,805	\$0	\$1,113,805	\$1,146,180	\$0	\$1,146,180	\$1,435,298	\$0	\$1,435,298	\$1,435,298	\$0	\$1,435,298	\$1,435,298	\$0	\$1,435,298	\$1,435,298	\$0	\$1,435,298
9	Lease Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10	Other Operating Expenses	\$16,841,744	(\$1,536)	\$16,840,208	\$15,471,215	(\$10,779)	\$15,460,436	\$14,272,054	(\$10,240)	\$14,261,814	\$14,272,054	(\$168)	\$14,271,886	\$14,272,054	\$0	\$14,272,054	\$14,272,054	\$0	\$14,272,054
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$50,599,424</b>	<b>(\$258,298)</b>	<b>\$50,341,126</b>	<b>\$49,401,485</b>	<b>(\$229,821)</b>	<b>\$49,171,664</b>	<b>\$47,564,520</b>	<b>(\$219,920)</b>	<b>\$47,344,600</b>	<b>\$48,815,565</b>	<b>(\$123,977)</b>	<b>\$48,691,588</b>	<b>\$49,266,519</b>	<b>\$0</b>	<b>\$49,266,519</b>	<b>\$49,726,492</b>	<b>\$0</b>	<b>\$49,726,492</b>
	<b>INCOME/(LOSS) FROM OPERATIONS</b>	<b>\$1,413,564</b>	<b>\$23,574</b>	<b>\$1,437,138</b>	<b>\$4,774,603</b>	<b>\$10,769</b>	<b>\$4,785,372</b>	<b>\$2,942,347</b>	<b>\$3,785</b>	<b>\$2,946,132</b>	<b>\$4,063,721</b>	<b>\$8,150</b>	<b>\$4,071,871</b>	<b>\$4,141,560</b>	<b>\$0</b>	<b>\$4,141,560</b>	<b>\$4,215,668</b>	<b>\$0</b>	<b>\$4,215,668</b>
	<b>NON-OPERATING REVENUE</b>	<b>\$1,853,677</b>	<b>\$0</b>	<b>\$1,853,677</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>												
	<b>EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>\$3,267,241</b>	<b>\$23,574</b>	<b>\$3,290,815</b>	<b>\$4,774,603</b>	<b>\$10,769</b>	<b>\$4,785,372</b>	<b>\$2,942,347</b>	<b>\$3,785</b>	<b>\$2,946,132</b>	<b>\$4,063,721</b>	<b>\$8,150</b>	<b>\$4,071,871</b>	<b>\$4,141,560</b>	<b>\$0</b>	<b>\$4,141,560</b>	<b>\$4,215,668</b>	<b>\$0</b>	<b>\$4,215,668</b>
	Principal Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>C. PROFITABILITY SUMMARY</b>																			
1	Hospital Operating Margin	2.6%	-10.0%	2.7%	8.8%	-4.9%	8.9%	5.8%	-1.8%	5.9%	7.7%	-7.0%	7.7%	7.8%	0.0%	7.8%	7.8%	0.0%	7.8%
2	Hospital Non Operating Margin	3.4%	0.0%	3.5%	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%	0.0%	0.0%
3	Hospital Total Margin	6.1%	-10.0%	6.1%	8.8%	-4.9%	8.9%	5.8%	-1.8%	5.9%	7.7%	-7.0%	7.7%	7.8%	0.0%	7.8%	7.8%	0.0%	7.8%
	<b>D. FTEs</b>	<b>256</b>	<b>0</b>	<b>256</b>	<b>247</b>	<b>(2)</b>	<b>245</b>	<b>260</b>	<b>(2)</b>	<b>258</b>	<b>304</b>	<b>(2)</b>	<b>302</b>	<b>260</b>	<b>0</b>	<b>260</b>	<b>260</b>	<b>0</b>	<b>260</b>
<b>E. VOLUME STATISTICS<sup>c</sup></b>																			
1	Inpatient Discharges	2,685	0	2,685	2,878	0	2,878	2,616		2,616	2,633	0	2,633	2,659	0	2,659	2,686	0	2,686
2	Outpatient Visits	97,069	(248)	96,821	92,900	(214)	92,686	90,012	(177)	89,835	95,501	(96)	95,405	96,456	0	96,456	97,421	0	97,421
	<b>TOTAL VOLUME</b>	<b>99,754</b>	<b>(248)</b>	<b>99,506</b>	<b>95,778</b>	<b>(214)</b>	<b>95,564</b>	<b>92,628</b>	<b>(177)</b>	<b>92,451</b>	<b>98,134</b>	<b>(96)</b>	<b>98,038</b>	<b>99,115</b>	<b>0</b>	<b>99,115</b>	<b>100,106</b>	<b>0</b>	<b>100,106</b>

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

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

<sup>c</sup>Provide 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.

**Applicant: Sharon Hospital**  
**Financial Worksheet (A)**

LINE	Total Entity:	(19)	(20)	(21)	(22)	(23)	(24)
		FY18	FY18	FY18	FY19	FY19	FY19
		Projected	Projected	Projected	Projected	Projected	Projected
	Description	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON
<b>A. OPERATING REVENUE</b>							
1	Total Gross Patient Revenue	\$154,785,199	\$0	\$154,785,199	\$156,333,051	\$0	\$156,333,051
2	Less: Allowances	\$96,203,472	\$0	\$96,203,472	\$97,165,507	\$0	\$97,165,507
3	Less: Charity Care	\$920,019	\$0	\$920,019	\$929,219	\$0	\$929,219
4	Less: Other Deductions	\$768,496	\$0	\$768,496	\$776,181	\$0	\$776,181
	<b>Net Patient Service Revenue</b>	<b>\$56,893,212</b>	<b>\$0</b>	<b>\$56,893,212</b>	<b>\$57,462,144</b>	<b>\$0</b>	<b>\$57,462,144</b>
5	Medicare	\$26,739,810	\$0	\$26,739,810	\$27,007,208	\$0	\$27,007,208
6	Medicaid	\$3,186,020	\$0	\$3,186,020	\$3,217,880	\$0	\$3,217,880
7	CHAMPUS & TriCare	\$85,340	\$0	\$85,340	\$86,193	\$0	\$86,193
8	Other	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total Government</b>	<b>\$30,011,169</b>	<b>\$0</b>	<b>\$30,011,169</b>	<b>\$30,311,281</b>	<b>\$0</b>	<b>\$30,311,281</b>
9	Commercial Insurers	\$22,871,071	\$0	\$22,871,071	\$23,099,782	\$0	\$23,099,782
10	Uninsured	\$0	\$0	\$0	\$0	\$0	\$0
11	Self Pay	\$1,194,757	\$0	\$1,194,757	\$1,206,705	\$0	\$1,206,705
12	Workers Compensation	\$846,449	\$0	\$846,449	\$854,913	\$0	\$854,913
13	Other	\$1,969,766	\$0	\$1,969,766	\$1,989,463	\$0	\$1,989,463
	<b>Total Non-Government</b>	<b>\$26,882,043</b>	<b>\$0</b>	<b>\$26,882,043</b>	<b>\$27,150,864</b>	<b>\$0</b>	<b>\$27,150,864</b>
	<b>Net Patient Service Revenue<sup>a</sup></b>	<b>\$56,893,212</b>	<b>\$0</b>	<b>\$56,893,212</b>	<b>\$57,462,145</b>	<b>\$0</b>	<b>\$57,462,145</b>
14	Less: Provision for Bad Debts	\$2,850,380	\$0	\$2,850,380	\$2,878,884	\$0	\$2,878,884
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$54,042,832</b>	<b>\$0</b>	<b>\$54,042,832</b>	<b>\$54,583,260</b>	<b>\$0</b>	<b>\$54,583,260</b>
15	Other Operating Revenue	\$438,750	\$0	\$438,750	\$443,137	\$0	\$443,137
17	Net Assets Released from Restrictions	\$0	\$0	\$0	\$0	\$0	\$0
	<b>TOTAL OPERATING REVENUE</b>	<b>\$54,481,581</b>	<b>\$0</b>	<b>\$54,481,581</b>	<b>\$55,026,397</b>	<b>\$0</b>	<b>\$55,026,397</b>
<b>B. OPERATING EXPENSES</b>							
1	Salaries and Wages	\$19,126,938	\$0	\$19,126,938	\$19,509,477	\$0	\$19,509,477
2	Fringe Benefits	\$4,800,861	\$0	\$4,800,861	\$4,896,879	\$0	\$4,896,879
3	Physicians Fees	\$1,992,369	\$0	\$1,992,369	\$1,992,369	\$0	\$1,992,369
4	Supplies and Drugs	\$5,992,935	\$0	\$5,992,935	\$5,992,935	\$0	\$5,992,935
5	Depreciation and Amortization	\$2,563,946	\$0	\$2,563,946	\$2,563,946	\$0	\$2,563,946
6	Provision for Bad Debts-Other <sup>b</sup>	\$0	\$0	\$0	\$0	\$0	\$0
7	Interest Expense	\$11,263	\$0	\$11,263	\$11,263	\$0	\$11,263
8	Malpractice Insurance Cost	\$1,435,298	\$0	\$1,435,298	\$1,435,298	\$0	\$1,435,298
9	Lease Expense	\$0	\$0	\$0	\$0	\$0	\$0
10	Other Operating Expenses	\$14,272,054	\$0	\$14,272,054	\$14,272,054	\$0	\$14,272,054
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$50,195,665</b>	<b>\$0</b>	<b>\$50,195,665</b>	<b>\$50,674,221</b>	<b>\$0</b>	<b>\$50,674,221</b>
	<b>INCOME/(LOSS) FROM OPERATIONS</b>	<b>\$4,285,917</b>	<b>\$0</b>	<b>\$4,285,917</b>	<b>\$4,352,176</b>	<b>\$0</b>	<b>\$4,352,176</b>
	<b>NON-OPERATING REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	<b>EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>\$4,285,917</b>	<b>\$0</b>	<b>\$4,285,917</b>	<b>\$4,352,176</b>	<b>\$0</b>	<b>\$4,352,176</b>
	Principal Payments	\$0	\$0	\$0	\$0	\$0	\$0
<b>C. PROFITABILITY SUMMARY</b>							
1	Hospital Operating Margin	7.9%	0.0%	7.9%	7.9%	0.0%	7.9%
2	Hospital Non Operating Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3	Hospital Total Margin	7.9%	0.0%	7.9%	7.9%	0.0%	7.9%
<b>D. FTEs</b>							
		260	0	260	260	0	260
<b>E. VOLUME STATISTICS<sup>c</sup></b>							
1	Inpatient Discharges	2,713	0	2,713	2,740	0	2,740
2	Outpatient Visits	98,395	0	98,395	99,379	0	99,379
	<b>TOTAL VOLUME</b>	<b>101,108</b>	<b>0</b>	<b>101,108</b>	<b>102,119</b>	<b>0</b>	<b>102,119</b>

<sup>a</sup>Total amount should equal the total amount on c

<sup>b</sup>Provide the amount of any transaction associated

<sup>c</sup>Provide projected inpatient and/or outpatient stat

## Greer, Leslie

---

**From:** Veyberman, Alla  
**Sent:** Thursday, October 15, 2015 11:25 AM  
**To:** Lumia, Kimberly (Kimberly.Lumia@sharonhospital.com)  
**Cc:** Greer, Leslie; Lazarus, Steven; Riggott, Kaila; Hansted, Kevin; jfusco@uks.com  
**Subject:** Closure of Public Hearing  
**Attachments:** Closure of Public Hearing.pdf

Ms. Lumia,

Attached is the Closure of Hearing letter. Please let us 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](mailto:Alla.Veyberman@ct.gov)





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

October 15, 2015

VIA EMAIL ONLY

Kimberly Lumia, MSN, MBA, RN  
50 Hospital Hill Rd  
Sharon, CT 06069

RE: Certificate of Need Application; Docket Number: 15-32014-CON  
Sharon Hospital  
Termination of the Sharon Hospital Sleep Center  
Closure of Public Hearing

Dear Ms. Lumia:

Please be advised, by way of this letter, the public hearing held on October 1, 2015, in the above referenced matter is hereby closed as of October 15, 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,

A handwritten signature in black ink, appearing to read "Kevin T. Hansted".

Kevin T. Hansted  
Hearing Officer

KTH:swl, av

## Greer, Leslie

---

**From:** Lumia, Kimberly <Kimberly.Lumia@sharonhospital.com>  
**Sent:** Thursday, October 15, 2015 11:49 AM  
**To:** Veyberman, Alla  
**Cc:** Greer, Leslie; Lazarus, Steven; Riggott, Kaila; Hansted, Kevin; jfusco@uks.com  
**Subject:** RE: Closure of Public Hearing

Thank you very much!

Kimberly A. Lumia, MSN, MBA, RN  
President & Chief Executive Officer  
Sharon Hospital  
50 Hospital Hill Road  
Sharon, CT 06069  
860-364-4012 p  
860-364-4011 f  
203-525-7107 c  
[Kimberly.lumia@sharonhospital.com](mailto:Kimberly.lumia@sharonhospital.com)  
RegionalCare Hospital Partners



---

**From:** Veyberman, Alla [<mailto:Alla.Veyberman@ct.gov>]  
**Sent:** Thursday, October 15, 2015 11:25 AM  
**To:** Lumia, Kimberly  
**Cc:** Greer, Leslie; Lazarus, Steven; Riggott, Kaila; Hansted, Kevin; [jfusco@uks.com](mailto:jfusco@uks.com)  
**Subject:** Closure of Public Hearing

Ms. Lumia,

Attached is the Closure of Hearing letter. Please let us 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](mailto:Alla.Veyberman@ct.gov)



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## Greer, Leslie

---

**Subject:** FW: Sharon Hospital  
**Attachments:** 32014-4.pdf

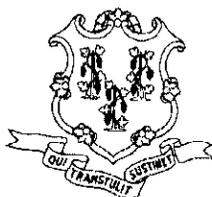
**From:** Olejarz, Barbara  
**Sent:** Wednesday, November 25, 2015 1:59 PM  
**To:** 'jfusco@uks.com' <[jfusco@uks.com](mailto:jfusco@uks.com)>  
**Cc:** Veyberman, Alla <[Alla.Veyberman@ct.gov](mailto:Alla.Veyberman@ct.gov)>  
**Subject:** Sharon Hospital

11/25/15

Attached is the Final Decision for the termination of Sharon Hospital Sleep Center Services at its Main Campus, docket number: 15-32014.

Barbara K. Olejarz  
Administrative Assistant for Kimberly Martone  
Office of Health Care Access  
Department of Public Health  
Phone: (86) 418-7005  
Email: [Barbara.Olejarz@ct.gov](mailto:Barbara.Olejarz@ct.gov)





**Department of Public Health  
Office of Health Care Access  
Certificate of Need Application**

**Final Decision**

**Applicant:** Sharon Hospital  
50 Hospital Hill Road, Sharon, CT 06069

**Docket Number:** 15-32014-CON

**Project Title:** Termination of Sharon Hospital Sleep Center Services at its Main Campus

**Project Description:** Sharon Hospital (“Applicant” or “Hospital”) seeks authorization to terminate its sleep center services at its main campus.

**Procedural History:** The Applicant published notice of its intent to file a Certificate of Need (“CON”) application in *The Republican American* (Waterbury) on June 4, 5 and 6, 2015. On July 14, 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 August 13, 2015.

On September 16, 2015, the Applicant was notified of the date, time, and place of the public hearing. On September 15, 2015, a notice to the public announcing the hearing was published in *The Republican American*. Thereafter, pursuant to Connecticut General Statutes (“Conn. Gen. Stat.”) § 19a-639a(e), a public hearing regarding the CON application was held on October 1, 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 October 15, 2015. Deputy Commissioner Brancifort considered the entire record in this matter.

## Findings of Fact and Conclusions of Law

1. Sharon Hospital is a 94-bed acute-care hospital located at 50 Hospital Hill Road, Sharon, Connecticut. Ex. A, p. 13.
2. The Sleep Center (“Center”) is located on the second floor of the main Hospital building. The Center contains two beds for overnight studies and clinic space. Ex. A, pp. 12-13
3. The Sleep Center services include consultations, sleep studies, follow-up services, CPAP<sup>1</sup>/BiPAP<sup>2</sup> titrations, polysomnograms, split-night studies, maintenance of wakefulness testing, and multiple sleep latency tests. Ex. A, p. 13
4. The Hospital proposes to terminate its Sleep Center services. Ex. A, pp. 12-13
5. The Center was established in October 2010 to accommodate Dr. Irving Smith, who was recruited as an internal medicine and primary care physician and wanted to provide sleep services as part of his practice. Ex. A, pp. 12-13, Tr., Testimony of Ms. Kimberly Lumia, President and CEO of Sharon Hospital, p. 6
6. The Sleep Center clinic was initially open three days per week, but was subsequently reduced to one full day per week (split over two days – one morning and one afternoon) due to lack of patient volume. Ex. A, p. 12
7. On April 6, 2015, Dr. Smith notified the Hospital that he would be resigning effective July 5, 2015. Ex. A, p. 15
8. The Hospital tried to find a replacement Medical Director so the Sleep Center could continue to operate. Despite the Applicant’s efforts to recruit two different physicians (one from New Milford, CT and one from Pittsfield, MA), neither was interested in relocating to Sharon to service a part-time Center. Ex. A, p. 20
9. Because the Sleep Center cannot operate without the oversight of a Medical Director, the Hospital ceased its sleep services effective July 5, 2015. Ex. A, p. 14, Tr., Testimony of Ms. Lumia, p. 6
10. There are 5 sleep programs, located in Connecticut, all within a 44 mile radius of the Sleep Center. Several of these providers’ sites are located nearby, in terms of geographic proximity, to the Hospital’s patients. These programs have more flexibility in hours, offering services on weekends.

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<sup>1</sup> Continuous Positive Airway Pressure is a type of ventilation (breathing) therapy, *Farlex Partner Medical Dictionary* © Farlex 2012

<sup>2</sup> Bi-level positive airway pressure is a form of non-invasive mechanical pressure support ventilation that uses a time-cycled or flow-cycled change between two different applied levels of applied levels of positive airway pressure, <https://en.wikipedia.org>

**TABLE 1  
SLEEP SERVICE PROVIDERS**

State	Provider / Program Name	Provider's Address	Hours/Days of Operation
Connecticut	Charlotte Hungerford Hospital Sleep Center	Winsted, CT	6 nights per week
	New Milford Hospital Sleep Disorders Center	New Milford, CT	7 nights per week
	Danbury Hospital Sleep Disorder Center	Danbury, CT	7 nights per week
	Waterbury Hospital Regional Sleep Center	Middlebury, CT	M-F, 9am-4pm, 6 nights per week
	Saint Mary's Hospital Sleep Center*	Waterbury, CT	

\*Number of nights per week is unknown

Ex. A, pp.12, 18-19, 21, 33-34

11. All of the existing sleep centers in the Hospital's service area are certified by the American Academy of Sleep Medicine ("AASM") and are subject to performance standards that allow for added scrutiny, better controls on quality and a broader base of reimbursement. Ex. A, pp. 18-19, 34
12. The Hospital's Sleep Center could not be certified by the AASM because Dr. Smith was unable to pass his internal medicine boards. Without certification, the Center was not able to provide and bill for a broader range of sleep services and was required to send studies out to be interpreted. Ex. A, pp. 14-15, 19-20
13. The other area providers have board-certified programs and offer a much wider range of sleep services. Also, the certified programs are able to obtain reimbursement for a broader range of sleep services and avoid out-of-pockets costs for their patients. Ex. A, pp.19, 21
14. Patients of the Sharon Sleep Center are between ages 13 and 93 and have or are suspected to have sleep disorders that require study, treatment and monitoring. Approximately 75% of the patients who received services at the Sharon Sleep Center in 2014 came from the following towns:

**TABLE 2  
SERVICE AREA TOWNS**

Town	Utilization	Percentage by town
Dover Plains, NY	25	14%
Canaan, CT	25	14%
Sharon, CT	16	9%
Millerton, NY	16	9%
Amenia, NY	14	8%
Salisbury, CT	12	7%
Wassaic, NY	8	5%
Millbrook, NY	5	3%
Cornwall, CT	5	3%

Norfolk, CT	4	2%
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Ex. A, p. 32

15. The Hospital's patients will continue to have access to sleep services at Charlotte-Hungerford Hospital, Waterbury Hospital, New Milford Hospital and Danbury Hospital. Each of these hospitals has confirmed that they have capacity to accommodate Sharon patients. Ex. A, p. 12
16. There is minimal demand for sleep services in the Sharon area and the Hospital is unable to provide adequate professional staffing to support the program. Tr., Testimony of Ms. Lumia, p. 8
17. Sleep studies are on the decline due to the prevalence of home study services, which offer a greater level of comfort and convenience to patients. Because Sharon's Sleep Center was not certified, payers could not authorize the Center to order home studies. Ex. A, p. 14
18. Sleep Center volume has been declining steadily since 2011. The Center operated limited hours, with sleep studies occurring on average one to two nights per week. In order for the Sleep Center to remain financially viable, eight studies per week were necessary.

**TABLE 3  
HISTORICAL UTILIZATION BY SERVICE**

Service	Actual Volume				
	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015*
Sleep Studies	299	248	214	177	66
<b>Total</b>	299	248	214	177	66

\*Activity for 10/1/14-5/31/15  
Ex. A, p. 15, Tr., Testimony of Ms. Lumia, p. 5

19. Discontinuance of the Sleep Center will result in an increase of operational income for the Hospital because the program was operating at a loss, historically.

**TABLE 4  
HOSPITAL'S HISTORICAL INCREMENTAL REVENUES AND EXPENSES**

	FY 2012	FY 2013	FY 2014	FY 2015*
Revenue from Operations	\$234,725	\$219,052	\$216,135	\$115,827
Total Operating Expenses*	\$258,298	\$229,821	\$219,920	\$123,977
<b>Gain/(Loss) from Operations</b>	<b>(\$23,573)</b>	<b>(\$10,769)</b>	<b>(\$3,785)</b>	<b>(\$8,150)</b>

\* Hospital ceased its sleep services effective July 5, 2015  
Ex. A, p. 23

20. The Hospital projects gains from operations in each of the first three years following the proposed termination (FY 2016-2018).

**TABLE 5  
HOSPITAL'S PROJECTED REVENUES AND EXPENSES**

Description	FY 2016	FY 2017	FY 2018
Revenue from Operations	\$53,408	\$53,942	\$54,481
Total Operating Expenses	\$49,266	\$49,726	\$50,195
<b>Gain/(Loss) from Operations</b>	<b>\$4,141</b>	<b>\$4,215</b>	<b>\$4,285</b>

Ex. A, p. 74, Ex. C, pg. 75

21. No costs will be incurred as a result of the termination of sleep medicine services at the Sleep Center. Ex. A, p. 29
22. The Sleep Center's payer mix is provided below:

**TABLE 6  
HOSPITAL'S SLEEP CENTER PAYER MIX**

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

Ex. B, p. 75

23. This proposal will limit the unnecessary duplication of sleep service providers in the Hospital's service area. Ex. A, p. 27
24. The majority of sleep programs in the area are hospital-based and will accommodate Medicaid and uninsured patients. Ex. A, p. 19
25. All patients of Dr. Smith were notified about the closure of the Sleep Center and provided contact information for the existing sleep centers in the area. Tr., Testimony of Mr. Cordeau, p. 9

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 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 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 Applicant's historical utilization in the area supports this proposal. (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).

Sharon Hospital (“Hospital” or “Applicant”) is a 94-bed acute care hospital. *FF1* The Hospital’s Sleep Center was established in October 2010 to accommodate Dr. Irving Smith, who was recruited as an internal medicine and primary care physician and wanted to provide sleep services as part of his practice. The Hospital is proposing to terminate its Sleep Center, which ceased operations as of July 5, 2015. *FF4-5*

The Hospital has experienced an overall historical decline in Sleep Center utilization and has been unable to recruit a new Medical Director to replace Dr. Smith. *FF8,18* Consequently, the Hospital is unable to sustain a clinically and financially viable Sleep Center. Between 2011 and 2014, visit volume declined by 41%. Between October 1, 2014 and May 31, 2015, the Center performed 66 studies, on average 2.2 per week. The Sleep Center requires an average of eight studies per week to remain financially viable. *FF18*

The low utilization is directly attributable to the minimal demand for sleep services in the Sharon area and the fact that the Sleep Center is not certified by the American Academy of Sleep Medicine (“AASM”). Dr. Smith, was not able to pass his internal medicine boards and without a board certified Medical Director the Hospital’s Sleep Center could not be certified, which limited its ability to provide and bill for a broader range of sleep services. *FF12* Hospital efforts to recruit another Medical Director following Dr. Smith’s departure in July 2015 were not successful. *FF8*

There are 5 sleep centers within a 44 mile radius of the Sleep Center that are available to the Hospital’s patients. *FF10* Medicaid recipients and indigent persons will continue to have access to sleep services at Charlotte-Hungerford Hospital, Waterbury Hospital, New Milford Hospital and Danbury Hospital. Each of these hospitals has confirmed that they have capacity to accommodate Sharon patients. *FF15* Moreover, all of the existing sleep centers are certified by the AASM and are subject to its performance standards that allow for added scrutiny, better controls on quality and a broader base of reimbursement. *FF11* Based upon the foregoing, the Applicant has satisfactorily demonstrated that access to sleep medicine services will be maintained and the quality of sleep medicine services for the relevant patient populations, including Medicaid patients, will be improved.

There is no capital expenditure associated with terminating the Sleep Center and Sharon Hospital projects gains from operations in each of the first three years following the proposed termination. *FF21* Therefore, the Applicant has shown that the proposal is financially feasible.

The AASM certified programs are able to obtain reimbursement for a broader range of sleep services and avoid out-of-pockets cost for patients. *FF13* Hence, this proposal will allow for sleep medicine services to be provided in a more cost-effective setting. It is also reflective of the changing model of sleep medicine service delivery that has the potential to reach a larger number of patients by providing home studies that offer more comfort and convenience for patients. *FF17* Thus, the Applicant has sufficiently demonstrated a clear public need for this proposal.

Moreover, the Applicant has demonstrated that its proposal is consistent with the Statewide Health Care Facilities and Services Plan by limiting the unnecessary duplication of services in the Applicant's service area. *FF23*

## Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application of Sharon Hospital for the termination of Sharon Hospital's Sleep Center 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

11/25/15  
Date

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

## Olejarz, Barbara

---

**From:** Jennifer Groves Fusco <jfusco@uks.com>  
**Sent:** Wednesday, November 25, 2015 2:39 PM  
**To:** Olejarz, Barbara  
**Cc:** Veyberman, Alla  
**Subject:** RE: Sharon Hospital

Thank you. Happy Thanksgiving!

Sent with Good (www.good.com)

-----Original Message-----

**From:** Olejarz, Barbara [[Barbara.Olejarz@ct.gov](mailto:Barbara.Olejarz@ct.gov)]  
**Sent:** Wednesday, November 25, 2015 01:58 PM Eastern Standard Time  
**To:** Jennifer Groves Fusco  
**Cc:** Veyberman, Alla  
**Subject:** Sharon Hospital

11/25/15

Attached is the Final Decision for the termination of Sharon Hospital Sleep Center Services at its Main Campus, docket number: 15-32014.

Barbara K. Olejarz  
Administrative Assistant for Kimberly Martone  
Office of Health Care Access  
Department of Public Health  
Phone: (86) 418-7005  
Email: [Barbara.Olejarz@ct.gov](mailto:Barbara.Olejarz@ct.gov)



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## Huber, Jack

---

**From:** Huber, Jack  
**Sent:** Wednesday, November 25, 2015 2:26 PM  
**To:** 'kimberly.lumia@sharonhospital.com'  
**Cc:** Roberts, Karen  
**Subject:** Notice of CON Expiration Date for the Final Decision Rendered under Docket Number: 15-32014-CON

Dear Ms. Lumia:

On November 25, 2015, in a final decision under Docket Number: 15-32014-CON, the Office of Health Care Access authorized a Certificate of Need ("CON") to Sharon Hospital for the termination of its Sleep Center services. Pursuant to Section 19a-639b of the Connecticut General Statutes ("C.G.S."), *"a certificate of need shall be valid for two years from the date of issuance by this office."*

With this letter, please be advised that pursuant to Section 19a-639b, C.G.S., the current CON authorization issued under Docket Number: 15-32014-CON will expire on November 25, 2017. Please contact me at (860) 418-7069 or Karen Roberts, Principal Health Care Analyst at (860) 418-7041, if you have any questions regarding this notification.

Sincerely,

*Jack A. Huber*

Jack A. Huber

Health Care Analyst

Department of Public Health | Office of Health Care Access | 410 Capitol Avenue

P.O. Box 340308 MS #13HCA | Hartford, CT 06134 | Ph: 860-418-7069 | Fax: 860-418-7053 | email: [Jack.Huber@ct.gov](mailto:Jack.Huber@ct.gov)