



**YALE-NEW HAVEN  
HOSPITAL**



**Certificate of Need Application**

**Alignment of Yale-New Haven Hospital  
Outpatient Rehabilitation Services**

**November 17, 2015**

# Exhibit I

## 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 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).

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### For OHCA Use Only:

Docket No.: 15-32041-CON  
 OHCA Verified by: 

Check No.: 1321105815  
 Date: 11/17/15

### General Information

<b>Main Site</b>	<b>MAIN SITE</b>	<b>MEDICAID PROVIDER ID</b>	<b>TYPE OF FACILITY</b>	<b>MAIN SITE NAME</b>	
	Yale-New Haven Hospital	004041836	Acute Care Hospital	Yale-New Haven Hospital	
	<b>STREET &amp; NUMBER</b>				
	20 York Street				
	<b>TOWN</b>			<b>ZIP CODE</b>	
	New Haven			06510	

<b>Project Site</b>	<b>PROJECT SITE</b>	<b>MEDICAID PROVIDER ID</b>	<b>TYPE OF FACILITY</b>	<b>PROJECT SITE NAME</b>	
	Yale-New haven Hospital Outpatient Rehabilitation Services	0040425128	Hospital Outpatient Department	Yale-New Haven Hospital Outpatient Rehabilitation Services	
	<b>STREET &amp; NUMBER</b>				
	84 N. Main Street, 2 <sup>nd</sup> Floor				
	<b>TOWN</b>			<b>ZIP CODE</b>	
	Branford			06405	

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

<b>Chief Executive</b>	<b>NAME</b>		<b>TITLE</b>		
	Marna Borgstrom		Chief Executive Officer		
	<b>STREET &amp; NUMBER</b>				
	20 York Street				
	<b>TOWN</b>			<b>STATE</b>	<b>ZIP CODE</b>
	New Haven			CT	06510
	<b>TELEPHONE</b>		<b>FAX</b>	<b>E-MAIL ADDRESS</b>	
(203) 688-2608		N/A	marna.borgstrom@ynhh.org		

		Title of Attachment:
Is the applicant an existing facility? If yes, attach a copy of the resolution of partners, corporate directors, or LLC managers, as the case may be, authorizing the project.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>Not applicable.</b>
Does the Applicant have non-profit status? If yes, attach documentation.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>See Attachment 1</b>
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 10/1	End 9/30

**Contact:**

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

<b>Contact Information</b>	NAME		TITLE
	Nancy Rosenthal		SVP, Strategy and Regulatory Planning
	STREET & NUMBER		
	5 Perryridge Road		
	TOWN	STATE	ZIP CODE
	Greenwich	CT	06830
	TELEPHONE	FAX	E-MAIL ADDRESS
	(203) 863-3908	(203) 863-4736	nancy.rosenthal@ynhh.org
RELATIONSHIP TO APPLICANT	Employee		

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

<b>Prepared by</b>	NAME		TITLE
	Jennifer Fusco		Principal, Updike, Kelly & Spellacy, P.C.
	STREET & NUMBER		
	One Century Tower, 265 Church Street		
	TOWN	STATE	ZIP CODE
	New Haven	CT	06510
	TELEPHONE	FAX	E-MAIL ADDRESS
	(203) 786-8316	(203) 772-2037	jfusco@uks.com
RELATIONSHIP TO APPLICANT	Legal Counsel		

# EXHIBIT II



# EXHIBIT III

# AFFIDAVIT OF PUBLICATION

## NEW HAVEN REGISTER

STATE OF CONNECTICUT, County of New Haven

I Christopher Gilson of New Haven, Connecticut, being duly sworn, do depose and say that I am a Sales Representative of the New Haven Register, and that on the following date 9/9, 10, 11/15..... there was published in the regular daily edition of the said newspaper an advertisement,

[Handwritten Signature]

**PUBLIC NOTICE**

Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

Applicant(s):  
Yale-New Haven Hospital  
Address:  
84 North Main Street,  
Branford, CT 06405

Proposal:  
Discontinuation of outpatient rehabilitation services in Branford, CT.

Estimated Total Project Cost/Expenditure:  
\$0

And that the newspaper extracts hereto annexed were clipped from each of the above-named issues of said newspaper. Subscribed and sworn to this 28th..... day of October 2015....Before me.

[Handwritten Signature]

My commission expires July 31, 2019

LEGAL NOTICES

Legal Notice - Request for Proposals, Integrated Basic Education and Skills Training for the Ex-offender

The Connecticut Department of Labor (DOL) is soliciting proposals for the implementation of "Integrated Basic Education and Skills Training, Second Chance" (-BEST-SC) program targeting ex-offenders in Hartford County as administered by the Department of Labor. The program intent is to help ex-offenders compete in today's labor market by providing relevant training and support that in turn reduces the threat of recidivism. Interested parties will find pertinent solicitation information at http://www.ctdol.state.ct.us/ listed under "News and Announcements". A Letter of Intent must be received no later than 3:30 p.m. on Tuesday September 15, 2015.

NOTICE OF DECISION BETHANY PLANNING & ZONING COMMISSION REGULAR MEETING OF SEPTEMBER 2, 2015

The West Haven Planning and Zoning

LEGAL NOTICES

PUBLIC NOTICE Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

PUBLIC NOTICE Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

Applicant(s): Yale-New Haven Hospital Address 1: 317 Foxon Road, East Haven, CT 06513 Address 2: 84 North Main Street, Branford, CT 06405

LEGAL NOTICES

STATE OF CONN Superior Court Juvenile Matters NOTICE TO Khalif Kierce, of Parts Unknown of Parts Unknown

RIGHT TO COUNSEL: If the above-named person wishes to have an attorney, but is unable to pay for one, the Court will provide an attorney upon proof of inability to pay.

Applicant(s): Yale-New Haven Hospital Address 1: 317 Foxon Road, East Haven, CT 06513 Address 2: 84 North Main Street, Branford, CT 06405

LEGAL NOTICES

STATE OF CONNECTICUT Court of Probate, District of New Haven Regional Children's Probate Court NOTICE TO: Victor M. Casatillo, whose last known residence was in the town of New Haven, Ct.

RIGHT TO COUNSEL: If the above-named person wishes to have an attorney, but is unable to pay for one, the Court will provide an attorney upon proof of inability to pay.

Applicant(s): Yale-New Haven Hospital Address 1: 317 Foxon Road, East Haven, CT 06513 Address 2: 84 North Main Street, Branford, CT 06405

PROBATE NOTICES

NOTICE TO CREDITORS ESTATE OF Mary E. Shackleton The Hon. Beverly K. Streit-Kefalas, Judge of the Court of Probate, District of Milford - Orange Probate District, by decree dated July 24, 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.

NOTICE TO CREDITORS ESTATE OF Robert C. Rittner The Hon. Edward C. Burt, Jr., Judge of the Court of Probate, District of Hamden - Bethany Probate District, by decree dated September 2, 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.

LEGAL NOTICES

DIGITAL SALES MANAGER We are seeking a Digital Sales Manager for our local digital sales effort. This role will work with our team of Sales Specialists as well as be an active seller of a number of digital products. This position is based in our Torrington, CT office.

HELP WANTED SEASONAL NEW HAVEN/HAMDEN AREA STREET SALES PLEASE CALL RON AT 203-627-8760 FOR INFO.

HELP WANTED SEASONAL CHERIE/ADMINISTRATIVE BOOKKEEPER

LEGAL NOTICES

INVITATION TO BID

The Town of Madison... Invitation to bid for Education re- serves the right to waive any informalities, irregularities or defects in bids, to reject any and all bids, and to accept a bid that, in its sole discretion, is in the best interest of the Board of Education. Questions regarding the bid should be addressed to Laina Piscitelli, Construction Manager, 284 Green Hill Road, Madison, Connecticut, 06443, 203-245-5697 (telephone) and 203-245-6473 (fax).

A site visit can be arranged by contacting Laina Piscitelli, 286 Green Hill Road, Madison, Connecticut 06443, or by emailing piscitella@madisonct.org.

The Town of Madison reserves the right to waive any informalities, irregularities or defects in bids, to reject any and all bids, and to accept a bid that, in its sole discretion, is in the best interest of the Town. Questions regarding the project should be addressed to Laina Piscitelli, Construction Manager, 284 Green Hill Road, Madison, Connecticut, 06443, 203-245-5697 (telephone) and 203-245-6713 (fax).

Dated at Madison, Connecticut This 10rd day of September, 2015 Filmore McPherson, First Selectman

LIQUOR PERMIT

Notice of Application

This is to give notice that I, DIPAK KUMAR PATEL, 102 ANGELA DR, EAST HAVEN, CT 06512 Have filed an application placarded 08/31/2015 with the Department of Consumer Protection for a PACKAGE STORE LIQUOR PERMIT for the sale of alcoholic liquor on the premises at 983 CAMPBELL AVE

LEGAL NOTICES

INVITATION TO BID

The Town of Madison... Invitation to bid for Education re- serves the right to waive any informalities, irregularities or defects in bids, to reject any and all bids, and to accept a bid that, in its sole discretion, is in the best interest of the Board of Education. Questions regarding the bid should be addressed to Laina Piscitelli, Construction Manager, 284 Green Hill Road, Madison, Connecticut, 06443, 203-245-5697 (telephone) and 203-245-6473 (fax).

Dated at Madison, Connecticut This 10rd day of September, 2015 William H. McMinn, Director of Facilities

Legal Notice - Request for Proposals, Integrated Basic Education and Skills Training for the Ex-offender

The Connecticut Department of Labor (DOL) is soliciting proposals for the implementation of "Integrated Basic Education and Skills Training, Second Chance" (I-BEST-SC) program targeting ex-offenders in Hartford County as administered by the Department of Labor. The program intent is to help ex-offenders compete in today's labor market by providing relevant training and support that in turn reduces the threat of recidivism. Interested parties will find pertinent solicitation information at http://www.ctdol.state.ct.us/ listed under "News and Announcements". A Letter of Intent must be

LEGAL NOTICES

Legal Notice

The Connecticut Department of Energy & Environmental Protection

Notice of Permit Application Municipality: New Haven, CT

Notice is hereby given that Murphy Road Recycling, LLC (the "applicant") has submitted to the Department of Energy & Environmental Protection an application under Connecticut General Statutes Section 22a-208a for renewal of an existing permit for operation of solid waste facilities. The facility is located at 19 Wheeler Street, New Haven, CT.

The existing permit to operate this solid waste facility is set to expire on January 18, 2016.

The solid waste operations for this permit are conducted in the on-site buildings at this facility. The operations at the facility, under this permit renewal, will remain essentially unchanged from the current permit conditions and regulatory requirements.

Interested persons may obtain copies of the application from Anchor Engineering Services, Inc, 41 Sequin Drive, Glastonbury, CT 06033, (860) 633-8770, contact T.J. Therriault, at cost.

The application is available for inspection at the Department of Energy & Environmental Protection & Enforcement Division, 79 Elm Street, Hartford, CT 06106-5127, telephone (860) 424-3366 from 8:30 to 4:30 Monday through Friday.

LEGAL NOTICES

NOTICE OF SALE Secured Self Storage

Public Notice

Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

Applicant(s): Yale-New Haven Hospital Address: 84 North Main Street, Branford, CT 06405

Proposal: Discontinuation of outpatient rehabilitation services in Branford, CT.

Estimated Total Project Cost/Expenditure: \$0

PUBLIC NOTICE

Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application.

Applicant(s): Yale-New Haven Hospital Address 1: 317 Foxon Road, East Haven, CT 06513 Address 2: 84 North Main Street, Branford, CT 06405

Proposal: Discontinuation of occupational medicine services in East Haven and Branford, CT.

Estimated Total Project Cost/Expenditure: \$0

CAN'T FIND what you're looking for?

LEGAL NOTICES

TOWN OF EAST HAVEN NOTICE OF DOGS

The Zoning Board of Appeals, Town of Hamden, will hold a Public Hearing & Regular Meeting on Section 654.b to allow outdoor storage of trucks that exceed the height of the screening or fencing, T-4 zone, Kyle DeLucia, Applicant 15-6573 2101 Dixwell Ave, Requesting variances: Section 550.2.7, to allow a 25ft high free standing sign where only 20ft is permitted; Section 550.2.1.d, to permit 4 signs where only 2 signs are permitted; Section 550.2.1.e, to allow 241.66 sf of signage where only 64 sf is permitted; Section 550.2.4.a, to permit a wall sign of 3ft 4 inches where only 3ft is permitted, T-5 zone, Tracey Diehl, Applicant 15-6574 265 Lane St, Re-

questing variance: Section 220, Table 2.3 to allow a side yard of 2ft where 12ft is required for a garage and shed, R-4 zone, Jorge Mendoza, Applicant 15-6575 65 Hoodler St, Re- questing variance: Section 620.b to permit an 894sf accessory apartment where only 600sf is permitted, R-4 zone, Mohamed Taroua, Applicant Regular Meeting/Action on the items heard during the Public Hearing. Submitted: Stacy Shnellard, Commission Clerk

TOWN OF ORANGE NOTICE IS HEREBY GIVEN THAT administrative approval was given to R.D. Scinto, Inc. for the construction of an 80,378 sq. ft. office building with associated parking and all utilities located at 161 Marsh Hill Rd. on September 3, 2015. A copy of ap-

plication is available for inspection at the Department of Energy & Environmental Protection & Enforcement Division, 79 Elm Street, Hartford, CT 06106-5127, telephone (860) 424-3366 from 8:30 to 4:30 Monday through Friday.

Interested persons may obtain copies of the application from Anchor Engineering Services, Inc, 41 Sequin Drive, Glastonbury, CT 06033, (860) 633-8770, contact T.J. Therriault, at cost.

LEGAL NOTICES

TOWN OF EAST HAVEN NOTICE OF DOGS

AKC YELLOW LABS 3 MO. OLD \$500. Call 203-219-8886. Bulldogs \$950+, Yorkie \$550+, Chih \$450+, Shih-tzu \$650+, Bengal Kittens \$250+. Health guar, shots. 860-930-4001

FURNITURE DINING ROOM SET with glass top, 6 brown chairs, 2 captain chairs with glass tuch, \$475/obo.; TRIPLE DRESSER with mirror, 9 drawers, men's chest, 2 night stands \$300. Call 203-997-5056

DIRT, SAND & SHELL FARM FRESH TOP SOIL AND FILL

BEST QUALITY! REASONABLE DELIVERY RATES CALL 203-488-7929

AUTOS WANTED



NICHOLS Salvage - Will buy your scrap steel, cars, trucks, alum., trailers, copper, batteries, heavy equip. 46 Meadow Rd. Clinton CT. 860-669-2808

CLASSIFIED IS OPEN 8:00 AM - 5:00 PM MON-FRI Call 1.800.922.7066 or email: CLASSIFIEDS@NHREGISTER.COM

REMEMBER - when placing

**HELP WANTED  
GENERAL**

- HVAC TECH AND  
- OIL DRIVER NEEDED  
Minimum B2 License.  
CDL Hazmat & Twic required.  
Dependable  
Heating & Cooling  
Call 203-488-8006

**HELP WANTED  
FULL TIME**

**DIGITAL SALES  
MANAGER**

We are seeking a Digital Sales Manager for our local digital sales effort. This role will work with our team of Sales Specialists as well as be an active seller of a number of digital products. This position is based in our Torrington, CT office.

Successful candidates will possess 3-5 years of outside sales management experience that includes at least 2 years of managing employees selling digital advertising.

We offer a competitive salary plus commission based on team performance and an incentive plan and a full benefits package. Interested candidates should forward a copy of their resume and salary requirements to Teresa Spak, [tspak@newhavenregister.com](mailto:tspak@newhavenregister.com). Please place "Digital Sales Manager" in the subject line of your email. EOE.

**HELP WANTED  
PART TIME**

PRESSER NEEDED for small Seymour dry cleaner. PT mornings. Exp. a must! Call (203) 888-9921

**HELP WANTED  
SEASONAL**

**NEW HAVEN/  
HAMDEN AREA  
STREET SALES  
PLEASE CALL  
RON AT  
203-627-8760  
FOR INFO.**

**LEGAL NOTICES**

**PUBLIC NOTICE**

Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

Applicant(s):  
Yale-New Haven Hospital  
Address:  
84 North Main Street,  
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Proposal:  
Discontinuation of outpatient rehabilitation services in Branford, CT.

Estimated Total Project Cost/Expenditure:  
\$0

**LEGAL NOTICES**

**City of New Haven  
Notice of Availability  
for Public Comment  
Draft Consolidated  
Annual Performance  
and Evaluation  
Report  
CAPER: 2014-2015**

In accordance with 91 CFR Part 520, the City of New Haven is required to submit a Consolidated Annual Performance and Evaluation Report (CAPER), documenting its housing and community development performance to the U.S. Department of Housing and Urban Development (HUD) 90 days after the close of its grant program year. The City is the recipient of four (4) entitlement grants through HUD - they are the Community Development Block Grant Program (CDBG), HOME Investment Partnerships (HOME), Emergency Solutions Grant (ESG) (formerly the Emergency Shelter Grant), and Housing Opportunities for Persons with AIDS (HOPWA) programs. The CAPER summarizes the City's performance in implementing its HUD-funded Housing and Community Development programs over the past program year (July 1, 2014 - June 30, 2015).

Copies of the City's Draft CAPER will be made available for review on September 11, 2015 in the City's Office of Management and Budget located on the 3rd floor of 165 Church Street and will remain available through close of business on September 25, 2015. It is also posted on the City's website under Government/Budgets and Finances/Consolidated Plan.

The City invites all interested parties to comment on the Draft CAPER. Written comments will be received in the Office of Management and Budget, Attn: Elizabeth Smith, Third Floor, 165 Church Street, New Haven, CT, 06510. All comments will be reviewed and considered for inclusion in the final CAPER to be submitted to HUD. The final CAPER will be available for viewing on the City's web page, in the community police substations and the main library after submission to HUD.

**LEGAL NOTICES**

**LEGAL NOTICE**

Pursuant to Conn. Gen. Stat. §§16-11 and 16-43, the Public Utilities Regulatory Authority (PURA) will conduct a public hearing at Ten Franklin Square, New Britain, Connecticut, on **Friday, September 18, 2015, at 9:00 a.m.**, concerning Docket No. 15-08-11 - Application of Yankee Gas Services Company d/b/a Eversource Energy Pursuant to Conn. Gen. Stat. §§16-11 & 16-43 and Conn. Agencies Reg. §16-43-3 for Approval of the Sale of the Advantage Protection Service Plan and the Discontinuance of Billable Services. The PURA may continue the hearing. For information and the Notice of Hearing filed with the Secretary of State's Office, contact: PUBLIC UTILITIES REGULATORY AUTHORITY, JEFFREY R. GAUDIOSI, ESQ., EXECUTIVE SECRETARY. The public may call the Authority's offices, at (860) 827-1553, option 4 (using a touch tone phone), commencing each day from 7:30 a.m., to be advised as to whether this hearing has been cancelled or postponed due to inclement weather. The Connecticut Department of Energy and Environmental Protection is an Affirmative Action and Equal Opportunity Employer that is committed to complying with the Americans with Disabilities Act. To request an accommodation contact us at (860) 418-5910 or deep.accommodations@ct.gov.

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Address 1:  
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Proposal:  
Discontinuation of occupational medicine services in East Haven and Branford, CT.

Estimated Total Project Cost/Expenditure:  
\$0

**LEGAL NOTICE  
CITY OF NEW HAVEN**

[Your Ad Here.]

Call to place your Classified ad:

**1.800.922.7066**

Mon-Fri • 8:00AM-5:00pm

Ads can also be placed through our website [newhavenregister.com](http://newhavenregister.com) or by emailing [classifiedads@nhregister.com](mailto:classifiedads@nhregister.com)

**NEW HAVEN REGISTER** [NewHavenRegister.com](http://NewHavenRegister.com)

**Office of Health Care Access Public Hearing**

Statute Reference: 19a-638  
Applicant: Yale-New Haven Hospital  
Town: East Haven  
Docket Number: 15-32011-CON  
Proposal: Termination of Yale-New Haven Hospital's Urgent Care Center on

# EXHIBIT IV

# Affidavit

Applicant: **Yale-New Haven Hospital**

Project Title: **Alignment of Yale-New Haven Hospital Outpatient Rehabilitation Services**

I, James Staten, Chief Financial Officer  
(Name) (Position – CEO or CFO)

of Yale-New Haven 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.

James Staten \_\_\_\_\_  
Signature Date

Subscribed and sworn to before me on 11-11-15

Rose Arminio \_\_\_\_\_

Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_  
**ROSE ARMINIO**  
**NOTARY PUBLIC**  
**State of Connecticut**  
**My Commission Expires**  
**February 28, 2018**

## 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 Yale-New Haven Hospital (“YNHH” or the “Hospital”) Outpatient Rehabilitation Services located at 84 North Main Street in Branford.**

**As part of its ambulatory space and program optimization planning around the acquisition of St. Raphael’s Health System, YNHH assessed all of its outpatient rehabilitation locations for potential duplicative program offerings in contiguous communities that may lead to inefficiencies and increased costs. The Hospital is also examining each of its ambulatory care sites post-integration to ensure that necessary clinical programs are appropriately located within the YNHH service area. With respect to outpatient rehabilitation, the Hospital identified duplication of services within close proximity and determined that capacity exists at each of YNHH’s existing sites.**

**Access to outpatient rehabilitation services will be maintained for existing patients, even with termination of the YNHH site in Branford. The Hospital will continue to offer these services at locations in Guilford, New Haven and Hamden, which have ample capacity to absorb any displaced patients. In addition, there are numerous non-YNHH outpatient rehabilitation providers in the Branford service area that can care for patients going forward.**

**Consolidation of the Branford occupational health site into alternate YNHH locations is consistent with the Statewide Healthcare Facilities and Services Plan (“SHP”) requirement that duplicative services be avoided. It will also result in cost savings for the Hospital at a time when it faces additional taxes and lower reimbursement. In order to ensure that the community has continued access to YNHH’s core services, the Hospital must determine the most efficient way to deliver services to its patients. This proposal is consistent with that objective.**

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

## Project Description

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

**RESPONSE:** YNHH is proposing to terminate its Outpatient Rehabilitation Services in Branford and consolidate patients from this location to YNHH sites in Guilford, New Haven and Hamden.<sup>1</sup> This consolidation is part of YNHH's plan to optimize ambulatory space and programming following its acquisition of the Hospital of St. Raphael ("HSR") in September of 2012. The proposal will help to achieve a more cost-effective delivery of outpatient rehabilitation care and avoid the unnecessary duplication of services by YNHH. At the same time, access to the high-quality care provided by YNHH Outpatient Rehabilitation Services will be preserved for area employers and patients.

### Overview of Services

YNHH is a 1,541-bed (including bassinets) teaching hospital with two integrated campuses located in New Haven, as well as a pediatric campus in Bridgeport. YNHH includes the Smilow Cancer Hospital, the Yale-New Haven Children's Hospital, and the Yale-New Haven Psychiatric Hospital, and is the primary teaching hospital of the Yale School of Medicine. YNHH provides primary, secondary, tertiary, and many quaternary acute-care services. A copy of the Department of Public Health license for YNHH is included as Attachment 2.

YNHH currently provides outpatient rehabilitation services at the following locations: 175 Sherman Avenue, New Haven; 800 Howard Avenue, New Haven; 1 Long Wharf, New Haven; 1455 Boston Post Road, Guilford; 84 North Main Street, Branford; 2080 Whitney Avenue, Hamden; 633 Middlesex Turnpike, Old Saybrook; and 48 Wellington Road, Milford. All sites are operated as hospital outpatient departments under YNHH's acute-care hospital license. The Branford site was established in 1996, and was originally owned and operated by HSR. It became part of YNHH when the Hospital acquired HSR in September of 2012. The site also includes an occupational health service from which many of this location's outpatient rehabilitation patients originate. The Occupational Medicine and Wellness Services site is also slated for closure and is the subject of a separate CON.

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<sup>1</sup> There are YNHH Outpatient Rehabilitation Services sites in Old Saybrook and Milford as well. However, YNHH anticipates that most patients from the Branford service will relocate to Guilford, New Haven and Hamden.

The Branford site provides outpatient rehabilitation services to both occupational medicine patients (referred from the Hospital's occupational health sites in East Haven, Branford and elsewhere) and non-occupational medicine patients. Approximately 40 percent of Branford rehabilitation visits involve YNHH occupational medicine patients. The remaining 60 percent of patients are referred by community physicians and Hospital-based clinics for rehabilitation services. These services include physical therapy, physical demand screenings, work conditioning and functional capacity evaluations. Outpatient rehabilitation services are provided by therapists employed by the Hospital.

Occupational medicine-based rehabilitation at YNHH is available *exclusively* for employees of companies and municipalities that make arrangements with the Hospital for this type of care. Payers for these services are limited primarily to the companies/municipalities under arrangement with YNHH and workers' compensation. Neither Medicare nor Medicaid provides reimbursement for occupational medicine-based rehabilitation services. These pricing arrangements are non-exclusive, meaning employers can make arrangements with non-YNHH provider as well and offer their employees a choice for occupational healthcare. Non-occupational medicine-based rehabilitation services are available to members of the public without limitation. YNHH accepts all payers, including Medicare and Medicaid, at all Outpatient Rehabilitation Services sites.

Branford outpatient rehabilitation staff will be redeployed to other Yale-New Haven Health System ("YNHHS") sites once this location is closed. Most are expected to relocate to the New Haven occupational health service at Sherman Avenue, creating additional capacity at that site. Accordingly, this proposal will not result in any job losses.

#### Reasons for Termination of Branford Outpatient Rehabilitation Site

Pursuant to the Agreed Settlement in Docket No. 12-31747-CON, as modified by Docket No. 12-31747-MDF, YNHH's Acquisition of Saint Raphael's Health System, Inc., YNHH has been engaged in a three-year integration plan. As documented in the update provided to OHCA on May 29, 2015, clinical and cultural integration are near completion and YNHH is now focusing on ambulatory space and program optimization planning (see Attachment 3).

As part of this planning process, YNHH has assessed all of its outpatient rehabilitation locations for potential duplicative program offerings in contiguous communities that may lead to inefficiencies and increased costs. The Hospital is also examining each of its ambulatory care sites post-integration to ensure that necessary clinical programs are appropriately located within the YNHH service area. With respect to outpatient rehabilitation, the Hospital has identified duplication of services within close proximity and determined that capacity exists at each of YNHH's existing sites.

The Branford Outpatient Rehabilitation Service is located just 7.4 miles from the 1455 Boston Post Road, Guilford outpatient rehabilitation site operated by YNHH. Both sites offer similar services, serve the same shoreline community and have similar hours of operation. In addition, both sites care for patients with private insurance, Medicare and Medicaid, as well as self-pay patients. In addition, there are four YNHH outpatient

rehabilitation sites in New Haven and one in Hamden, each of which provides comparable services and accepts patients regardless of payer source.

Historically, visit volume at the Branford outpatient rehabilitation site has been low. On average, the office sees less than two patients per hour. Between 2012 and 2014, visits declined by approximately 19 percent, from 6,515 visits to 5,273 visits. These decreases have included both occupational medicine-based and non-occupational medicine-based rehabilitation patients. Occupational medicine-based rehabilitation visits declined by approximately 18 percent between 2012 and 2014, from 2,528 visits to 2,077 visits. Similarly, non-occupational-based visits declined by approximately 20 percent, from 3,987 visits in 2012 to 3,196 visits in 2014.

Volume decreases in outpatient rehabilitation are attributable, in part, to a weak economy where patients are losing their jobs and health insurance and therefore opting out of these types of services. In addition, employers located near the Branford site do not have a large enough employment base to sustain dedicated occupational health and related rehabilitation services and significant employer growth is not projected in these areas. Furthermore, a significant number of patients using the Branford site reside in towns other than Branford. Towns of origin include Guilford, New Haven and surrounding towns (i.e. West Haven & East Haven) and Hamden. For these patients, the YNHH Outpatient Rehabilitation Services in Guilford, New Haven and Hamden will provide equal if not better access than the site in Branford.

Access to outpatient rehabilitation services will be ensured, even with termination of the YNHH site in Branford. First and foremost, YNHH will continue to offer Outpatient Rehabilitation Services at six locations throughout Guilford, New Haven and Hamden, as well as one location each in Old Saybrook and Milford, which have ample capacity to absorb Branford patients. In many instances these sites are more accessible to those patients who use the services. These sites offer the same services as Branford and in some cases additional outpatient rehabilitation services not available at the Branford location (i.e. occupational therapy). Employers and patients who opt to use alternate YNHH sites will be ensured the same high-quality outpatient rehabilitation services that they currently receive in Branford. Patient records will be accessible through the Hospital's electronic medical record systems in order to ensure continuity of care. All offices will continue to serve all patients, including self-pay and Medicare and Medicaid beneficiaries. YNHH's consolidation plan will avoid the unnecessary duplication of services and eliminate underutilized sites, which is consistent with the goals of the SHP.

In addition, there are numerous non-YNHH outpatient rehabilitation providers in the Branford area. Many of these providers entered the market after the YNHH service opened and they have always existed as an alternative for both occupational medicine and non-occupational medicine-based rehabilitation patients. These providers are listed in OHCA Table 9. Seven of these providers are located in Branford for patients who would rather not travel outside of their town of residence. Another four are located in neighboring Guilford and three are located in neighboring East Haven. Others are located in the New Haven area and offer more accessible services for these growing markets, as discussed above. Although utilization and capacity data for most of these providers is

unavailable to the public, YNHH has procured letters of support for its proposal from several outpatient rehabilitation providers who state that they are willing and able to accept any displaced YNHH patients and/or employers (see Attachment 4). Note also that many of the existing YNHH and non-YNHH providers are located along public transportation lines and offer ample parking for patients who choose to drive.

Lastly, as discussed in greater detail below, consolidation of the YNHH Branford outpatient rehabilitation site into the Guilford, New Haven and Hamden locations will result in cost savings for the Hospital. These cost savings are critical at a time when hospitals are facing additional taxes and lower reimbursement. In order to ensure that the community has continued access to YNHH's core services, the Hospital must determine the most efficient way to deliver these and other services to its patients. This includes consolidating services and closing locations that offer duplicate services within close geographic proximity, which is the case with YNHH's Outpatient Rehabilitation 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:** Branford Outpatient Rehabilitation Services was established by HSR in 1994, as part of an outpatient facility that included occupational medicine and other services. It became part of YNHH when the Hospital acquired HSR in September of 2012. The Branford occupational health service, as well as an occupational health service and urgent care center located in East Haven, are the subject of separate CON filings to terminate.

Discussions around termination of Branford Outpatient Rehabilitation Services began within the last 6-12 months. As previously mentioned, pursuant to an Agreed Settlement in the YNHH-HSR acquisition CON proceeding, the Hospital has been engaged in a three-year integration plan. As set forth in the May 2015 update to OHCA, clinical and cultural integration of the two institutions is near completion and YNHH is now focusing on ambulatory space and program optimization planning (see Attachment 3). This has included a thorough review of the distribution, capacity, utilization, and cost of outpatient rehabilitation services across the system. Out of these analyses, YNHH determined that the most cost-effective approach, which guarantees continued access for patients, is to consolidate the Branford location into the YNHH Outpatient Rehabilitation Services in Guilford, New Haven and Hamden.

With respect to occupational medicine-based rehabilitation patients, YNHH has notified some of its larger employers that it intends to close the East Haven and Branford sites, subject to regulatory approval. All employers will be given formal notice that regulatory approval has been obtained. This notice will include the dates on which the East Haven and Branford sites will be closing. At least 30-days' notice will be given to all employers. YNHH will work with employers to ensure seamless care for patients. Similarly, Non-occupational medicine-based rehabilitation patients will be notified of the consolidation and their options for continued care prior to closure of the site.

**YNHH is also evaluating its options for repurposing the space in Branford for outpatient cardiology services.**

**YNHH intends to implement this proposal upon receipt of CON approval.**

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.**

- 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. The service area towns represent approximately 80% of visit volume for the Branford Outpatient Rehabilitation Service for FY 2014. These also include many of the municipalities that arrange with YNHH for occupational medicine-based outpatient rehabilitation services and the towns where employers who use these services for their employees are located.**

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

**RESPONSE: Not applicable. This CON Application is for the termination of services provided as part of a hospital outpatient department. No licensure action is required.**

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 Attachment 2.**

- 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: The following Curriculum Vitae are included as Attachment 5:**

- **Richard D'Aquila, Executive Vice President, YNHHS; President, YNHH**
- **Chris O'Connor, Executive Vice President & Chief Operating Officer, YNHHS**
- **Linda F. Pettine, MBA, PT, Associate Director of Occupational Medicine and Wellness Services, YNHH**
- **Jodie Boldrighini, Director of Occupational and Employee Population Health**

**Solutions, YNHH.**

- 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. No new services are proposed.**

- d. letters of support for the proposal;

**RESPONSE: See Attachment 4.**

- 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. No new services are proposed.**

- 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 letters of support from existing providers with the capacity to absorb any displaced patients included as Attachment 4.**

## 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 the policies and standards adopted by the Connecticut Department of Public Health in that it removes duplicative services from the market while ensuring continued access to quality care and achieving cost savings for YNHH.

§ "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 SHP 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 the SHP 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.

SHP, Section 1.1.

The proposal to consolidate the YNHH Outpatient Rehabilitation Services in Branford with Hospital sites in Guilford, New Haven and Hamden is consistent with each of these goals. The result will be removal from the market of an outpatient rehabilitation site that is underutilized in an area where similar providers have excess capacity as well. The YNHH sites that remain will offer patients access to the high-quality care they have come to expect at equally convenient locations. In addition, there are numerous non-YNHH facilities in the Branford area and beyond that can accommodate any displaced patients. To have low-volume, underutilized outpatient rehabilitation services in Branford is counter to the SHP's intentions regarding capacity. Discontinuing these duplicative services will lower overall costs to the healthcare system, as the SHP anticipates.

§ "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 Branford Outpatient Rehabilitation Service is patients in need of outpatient rehabilitation including physical therapy, physical demand screenings, work conditioning, and functional capacity evaluations. A significant percentage of Branford rehabilitation patients (approximately 40%) are also patients of the YNHH occupational medicine services operated in East Haven, Branford, New Haven, and Hamden. These services are provided pursuant to arrangements between YNHH and employers/municipalities. The remaining patients (approximately 60%) are referred by community physicians and Hospital-based clinics for outpatient therapy and other rehabilitation services.

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

**RESPONSE:** The target population is currently being served by the YNHH Outpatient Rehabilitation sites in Branford, Guilford, New Haven, and Hamden.<sup>2</sup> In addition, please refer to OHCA Table 9 for a list of existing non-YNHH providers in the immediate area that offer outpatient rehabilitation services. These providers, as well as the YNHH sites in Guilford, New Haven, and Hamden, will remain open and available for outpatient rehabilitation services once the Branford site is closed.

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

**RESPONSE:** The Branford market is saturated with outpatient rehabilitation providers (see OHCA Table 9). Any demand for outpatient rehabilitation services that is currently being filled by the YNHH facility in Branford can be met by the YNHH facilities in Guilford, New Haven and Hamden, all of which have capacity, or by any of the existing non-YNHH providers in the area.

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

**RESPONSE:** Not applicable. The proposal is to terminate the Outpatient Rehabilitation Services site in Branford.

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<sup>2</sup> YNHH also operates outpatient rehabilitation services in Old Saybrook and Milford.

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

**RESPONSE: Not applicable. Please refer to OHCA Table 9, which lists a number of outpatient rehabilitation providers operating in the immediate area. The market is saturated with like providers that have their own patient bases.**

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

**RESPONSE: All YNHH facilities accept all patients regardless of race, sex, ethnicity, disability, and economic status. Upon closure of the Branford site, patients will have continued access to YNHH outpatient services at their facilities in Guilford, New Haven, and Hamden.**

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

**RESPONSE: No change. The Branford Outpatient Rehabilitation Services offers physical therapy, physical demand screenings, work conditioning, and functional capacity evaluations. These services are provided to both occupational medicine and non-occupational medicine patients. See Response to Question 1 (Project Description) regarding the need to consolidate the Branford Outpatient Rehabilitation Service with other YNHH outpatient rehabilitation locations that offer the same clinical services.**

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

**RESPONSE: Access to care will not be impacted by this proposal. There are Outpatient Rehabilitation Services operated by YNHH in Guilford, New Haven and Hamden, which will remain open once the Branford site closes. The Guilford site is 7.4 miles from the current Branford Site. The New Haven sites are between 7 and 8 miles from the Branford site. The Hamden site is 12 miles from the Branford site. Driving time from the Branford site to Guilford is 10 minutes, to New Haven is 13 to 15 minutes and to Hamden is 22 minutes. As OHCA Tables 2 and 8 demonstrate, a significant number of patients who use the Branford facility actually live in and around Guilford, New Haven and Hamden. For these patients, access to outpatient rehabilitation services will be improved when considering geographic proximity to service sites.**

**In addition, there are several non-YNHH outpatient rehabilitation sites located in Branford, Guilford, East Haven, and New Haven. See OHCA Table 9. Patients who elect not to continue their care with YNHH will be able to access outpatient rehabilitation services at these non-YNHH sites.**

- i. discuss any alternative proposals that were considered.

**RESPONSE:** YNHH considered consolidating the East Haven and Branford Occupational Medicine and Wellness and Outpatient Rehabilitation sites into a single site located in East Haven. However, YNHH determined that the immediate vicinity of East Haven and Branford were not experiencing a growth in employers in need of occupational health-based services. Nor was there a sufficient employee base from local employers in the area to sustain either location or a combined location.

§ "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:** Ensuring continued access to outpatient rehabilitation services for patients in the service area will improve the overall quality of healthcare in the region. This will be done through existing YNHH sites in Guilford, New Haven and Hamden, which have ample capacity to absorb any displaced Branford patients and provide the same exceptional quality of care provided at all YNHH ambulatory facilities. Employers/patients who elect to continue with YNHH Outpatient Rehabilitation Services will experience a seamless transition of care. Care will be provided by the same or comparable staff and health records will be available through the Hospital's electronic medical record systems.

In addition, there are many existing providers of outpatient rehabilitation services in the area who have the availability and willingness to absorb patients displaced by the closure of YNHH's site in Branford (see Attachment 4). Employers/patients will have the option of using any of these non-YNHH providers at whichever locations are most convenient.

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

**RESPONSE:** The proposal has been structured to ensure continued access to outpatient rehabilitation services for patients at locations within the YNHH network. Patients will be able to access Outpatient Rehabilitation Services at existing YNHH sites in Guilford, New Haven and Hamden, which have ample capacity to absorb any displaced Branford patients and provide the same exceptional quality of care provided at all YNHH ambulatory facilities. Employers/patients who elect to continue with YNHH Outpatient Rehabilitation Services will experience a seamless transition of care. Care will be provided by the same or comparable staff and health records will be available through the Hospital's electronic

medical record systems.

In addition, there are many existing providers of outpatient rehabilitation services in the area who have the availability and willingness to absorb patients displaced by the closure of YNHH's site in Branford (see Attachment 4). Employers/patients will have the option of using any of these non-YNHH providers at whichever locations are most convenient. Note that many of the existing YNHH and non-YNHH providers are located along public transportation lines and offer ample parking for patients who choose to drive.

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

**RESPONSE:** The closure of an underutilized, duplicative outpatient rehabilitation site in Branford, and the consolidation of patients from this site to existing YNHH facilities in Guilford, New Haven and Hamden, will result in cost savings for the Hospital and improve the cost-effectiveness of healthcare delivery in the region.

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

**RESPONSE:** This proposal will ensure access to outpatient rehabilitation services for patients within the YNHH network. Patients who are currently seen in Branford will have the option of transitioning care to YNHH sites in Guilford, New Haven and Hamden. These facilities have ample capacity to absorb any displaced patients and provide the same exceptional quality of care provided at all YNHH ambulatory facilities. Employers/patients who elect to continue with YNHH Outpatient Rehabilitation Services will experience a seamless transition of care. Care will be provided by the same or comparable staff and health records will be available through the Hospital's electronic medical record systems.

With respect to occupational health-based rehabilitation patients, YNHH has notified some of its larger employers that it intends to close the East Haven and Branford sites, subject to regulatory approval. All employers will be given formal notice that regulatory approval has been obtained. This notice will include the dates on which the East Haven and Branford sites will be closing. At least 30-days' notice will be given to all employers. YNHH will work with employers to ensure seamless care for patients. Similar notice will be provided to non-occupational health-based patients.

In addition, there are many existing providers of outpatient rehabilitation services in the area who have the availability and willingness to absorb patients displaced by the closure of YNHH's site in Branford (see Attachment 4). Employers/patients will have the option of using any of these non-YNHH providers at whichever locations are most convenient.

The Hospital is committed to working with employers and patients to ensure that patients have continued, coordinated access to occupational health rehabilitation services in locations of their choosing.

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

**RESPONSE:** Not applicable. This proposal will not adversely impact access to care for Medicaid recipients and indigent persons. As previously noted, all YNHH Outpatient Rehabilitation sites accept Medicaid and provide services to all patients regardless of payer status. Each of the sites in Guilford, New Haven and Hamden has the capacity to absorb any patients displaced by closure of the Branford site. Therefore, any Medicaid patients or indigent persons previously seen in Branford will have continued access to services in any one of the other YNHH locations.

*§ "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.

*§ "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 impact healthcare costs in any way. Patients will have continued access to YNHH Outpatient Rehabilitation Services at alternate sites in Guilford, New Haven and Hamden. The cost for services will be identical to the cost at the Branford facility.

## 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: Consolidation of the Branford outpatient site with YNHH Outpatient Rehabilitation sites in Guilford, New Haven and Hamden will result in cost savings for YNHH. These savings will arise from the removal of an underutilized, duplicative outpatient rehabilitation site. The cost-savings strengthens the Hospital and statewide health system as a whole.**

15. Provide a final version of all capital expenditure/costs for the proposal using **OHCA Table 3**.

**RESPONSE: Not applicable. No capital expenditures/costs will be incurred.**

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. No capital expenditures/costs will be incurred.**

17. Include as an attachment:

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

**RESPONSE: YNHH's most recent audited financial statements 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 Attachment 6.**

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

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

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

**RESPONSE:** See **Attachment 6.**

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

**RESPONSE:** The projected losses from operations resulting from the implementation of this CON proposal are based on the loss of a portion of the revenue at this site as some patients choose to find alternative care elsewhere outside of the YNHH network, and the redeployment of staff elsewhere within Yale-New Haven Health System. There will be savings associated with the redeployment of staff to vacant positions and elimination of lease payments due to the reconfiguration of services.

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

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

## 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 Tables 5**, which includes historical visit volume for the Branford Outpatient Rehabilitation Service. **OHCA Table 6** is not applicable given that this is a termination of services.

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:** There is no projected volume because this is a termination of services.

There are various reasons for the increases and decreases in outpatient rehabilitation volume seen at the Branford site. This location saw a decrease in volume between FY 2012 and 2013, and has since experienced modest growth. The site is not, however, operating at capacity.

With respect to occupational health-based rehabilitation services, low volume at these sites can be attributed, in part, to the fact that employers located near the Branford site do not have large enough employee bases to sustain a dedicated outpatient rehabilitation services site and significant employer growth is not projected in these areas.

In addition, issues with the economy have been at the forefront of volume decreases in both occupational health and non-occupational health-based rehabilitation services at YNHH. There are fewer employers in general to arrange with for these services and employees tend to underreport work-related injuries and illnesses in difficult economic times because they may be concerned about potentially losing their jobs. Moreover, many non-occupational health patients are without jobs and health insurance due to the weak economy.

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**. There is no projected payer mix or assumptions because this is a termination of services.

§ "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:** See OHCA Table 1 and response to Question 8(a) (Public Need & Access to Care) regarding the population served by Branford Outpatient Rehabilitation Services. See Response to Question 1 (Project Description) regarding the need to consolidate YNHH Outpatient Rehabilitation Services locations and how access to care will be ensured via other YNHH outpatient rehabilitation locations. In addition, OHCA Table 9 lists numerous non-YNHH outpatient rehabilitation providers in the immediate area that can provide care to displaced patients.

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. Utilization is reported as visits by patient town of origin.

Note also that many of the employers who utilize the occupational health-based rehabilitation services in Branford are located in other towns and cities. For example, more companies using this site for outpatient rehabilitation are located in New Haven than any other town or city. Only 21 percent of visit volume originates from companies located in Branford (compared to 29 percent from New Haven companies).

§ "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.

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

**RESPONSE:** The proposal to consolidate Branford Outpatient Rehabilitation Services with YNHH sites in Guilford, New Haven and Hamden could have a positive impact on existing providers, if any impact at all. With regard to occupational health-based rehabilitation services, it is YNHH's expectation that a majority of employers and their employees who use the Branford site will simply transition their care to other YNHH locations. This will allow for continuity of care, maintaining both access to and quality of services for the existing patient population. These sites will also be available for non-occupational health-based rehabilitation patients and will offer the same benefits regarding continuity of care, access and quality.

To the extent that employers decide to terminate their arrangements with YNHH, or that patients opt to use non-YNHH providers rather than transition their care to other YNHH sites, existing providers will benefit from increased patient volume and revenue. This will also be the case with non-occupational health-based patients who opt to use non-YNHH sites for continued care. This should contribute to the financial stability of existing providers.

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

**RESPONSE:** Occupational medicine patients are referred to YNHH exclusively by their employers. Occupational medicine and/or community physicians then refer these patients for rehabilitation services. Typically, an employer will give an employee several providers to choose from, each of which is approved by the employer and/or its workers' compensation carrier. Non-occupational medicine-based rehabilitation patients are referred by community physicians and Hospital-based clinics.

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

**RESPONSE:** Current referral patterns will not be affected by the proposal. Employers and patients will still have a number of YNHH and non-YNHH occupational health sites available in the area (see OHCA Table 9).

§ "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 the unnecessary duplication of outpatient

rehabilitation services in the Branford market. As previously noted, YNHH has determined that each of its Outpatient Rehabilitation Services sites has capacity and, therefore, these sites are unnecessarily duplicative of each other. Closing Branford and consolidating the patients from this site at locations in Guilford, New Haven and Hamden will avoid this duplication. In addition, there are numerous non-YNHH providers (many of which were established after the Branford sites opened) that duplicate the services provided by YNHH in Branford and that have the capacity and willingness to absorb any displaced patients (see Attachment 4).

§ *“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:** The proposal will not adversely impact the diversity of healthcare providers or patient choice in the service area. Employers/patients will still have access to YNHH Outpatient Rehabilitation Services sites within a short travel distance. In addition, as is the case presently, these employers and patients have access to a number of non-YNHH outpatient rehabilitation providers in the service area (31 locations total). There remains sufficient diversity of providers to ensure patient choice and competition for services, even with closure of the YNHH site Branford.

## Tables

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

<b>Service</b>	<b>Street Address, Town</b>	<b>Population Served</b>	<b>Days/Hours of Operation</b>	<b>New Service or Proposed Termination</b>
<b>Yale-New Haven Hospital Outpatient Rehabilitation at Branford</b>	<b>84 North Main Street 2<sup>nd</sup> Floor Branford, CT 06405</b>	<b>This site serves patients in need of outpatient rehabilitation services, including physical therapy, physical demand screenings, work conditioning and functional capacity evaluations. Services are available both to the Hospital's Occupational Medicine and Wellness Services patients and patients otherwise referred for outpatient rehabilitation services.</b>	<b>M-F, 7 am - 5 pm</b>	<b>Termination</b>

[back to question]

**TABLE 2  
SERVICE AREA TOWNS**

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

<b>Town*</b>	<b>Reason for Inclusion</b>
<b>Branford East Haven North Branford Guilford West Haven</b>	<b>These towns represent approximately 80% of outpatient rehabilitation visit volume at Branford for FY 2014.</b>

\* Village or place names are not acceptable.

[back to question]

**TABLE 3  
TOTAL PROPOSAL CAPITAL EXPENDITURE**

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

[back to question]

**TABLE 4  
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

	FY 2016*	FY 2017*	FY 2018*
Revenue from Operations	(\$193,700)	(\$195,600)	(\$197,600)
Total Operating Expenses	(\$167,200)	(\$169,900)	(\$174,400)
<b>Gain/Loss from Operations</b>	<b>(\$26,500)</b>	<b>(\$25,700)</b>	<b>(\$23,200)</b>

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

[back to question]

**TABLE 5  
HISTORICAL UTILIZATION BY SERVICE**

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2012***	FY 2013***	FY 2014***	FY 2015***
<b>Outpatient Rehabilitation (Visits)</b>	6,515	5,115	5,273	5,984 actual
<b>Total</b>	6,515	5,115	5,273	5,984

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

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

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

[back to question]

**TABLE 6  
PROJECTED UTILIZATION BY SERVICE**

Service*	Projected Volume		
	FY 2016**	FY 2017**	FY 2018**
<b>Outpatient Rehabilitation (Visits)</b>	0	0	0
<b>Total</b>	0	0	0

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

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

[back to question]

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

Payer	Current		Projected					
	FY 2015 (through 6/30/15)**		FY 2016**		FY 2017**		FY 2018**	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*	610	10%	N/A		N/A		N/A	
Medicaid*	2,670	45%						
CHAMPUS & TriCare	0	0%						
<b>Total Government</b>	<b>3,280</b>	<b>55%</b>						
Commercial Insurers/Self-pay	578	10%						
Uninsured	(included in self-pay above)							
Workers Compensation	2,126	35%						
<b>Total Non-Government</b>	<b>2,704</b>	<b>45%</b>						
<b>Total Payer Mix</b>	<b>5,984</b>	<b>100%</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.

[back to question]

TABLE 8  
UTILIZATION BY TOWN

Town	Utilization FY 14** (Visits & Percentage)
Branford	1,672 (31.71%)
East Haven	1,664 (31.56%)
North Branford	303 (5.75%)
Guilford	283 (5.37%)
West Haven	268 (5.08%)
New Haven	196 (3.72%)
Hamden	98 (1.86%)
OTHER	789 (14.95%)
<b><u>TOTAL</u></b>	<b>5,273 (100%)</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.

[back to question]

TABLE 9  
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Count	Service or Program Name	Population Served	Type of Service	Facility ID	Street Address and Town	Hours/Days of Operation	Current Utilization	Distance from YNHH at Branford
1	YNHH Outpatient Rehabilitation Services at Branford	Commercially insured, Medicare, Medicaid	Rehabilitation, physical therapy.	1851568828	84 North Main Street, Suite 200 Branford, CT	M-F (7am - 5pm)	~6,000 visits per year	0 miles
2	YNHH Outpatient Rehabilitation Services at New Haven	Commercially insured, Medicare, Medicaid	Rehabilitation, physical therapy.	1851568828	175 Sherman Avenue New Haven, CT	M-F (7am - 5:30pm)	~12,000 visits per year	7.3 miles
3	YNHH Outpatient Rehabilitation Services at New Haven	Commercially insured, Medicare, Medicaid	Rehabilitation, physical therapy.	1851568828	800 Howard Avenue, Suite 154 New Haven, CT	M-F (7am - 6:30pm)	~9,000 visits per year	7.0 miles
4	YNHH Outpatient Pediatric Rehabilitation	Commercially insured, Medicare, Medicaid	Rehabilitation, physical therapy.	1851568828	1 Long Wharf Drive New Haven, CT	M-F (8am - 4pm)	~11,000 visits per year	7.1 miles
5	YNHH Outpatient Spine Center	Commercially insured, Medicare, Medicaid	Rehabilitation, physical therapy.	1851568828	1 Long Wharf Drive New Haven, CT	M-F (8am - 4pm)	~3,000 visits per year	7.1 miles
6	YNHH Outpatient Rehabilitation Services at Guilford	Commercially insured, Medicare, Medicaid	Rehabilitation, physical therapy.	1851568828	1445 Boston Post Road Guilford, CT	M-R (7:30am - 7pm) F (7:30am - 4pm)	~5,000 visits per year	7.4 miles
7	YNHH Outpatient Rehabilitation Services at Hamden	Commercially insured, Medicare, Medicaid	Rehabilitation, physical therapy.	1851568829	2080 Whitney Avenue Hamden, CT	M, Th, F, Sa, Su (7-12 noon)	~3,000 visits per year	11.9 miles
8	YNHH Outpatient Rehabilitation Services at Milford	Commercially insured, Medicare, Medicaid	Rehabilitation, physical therapy.	1851568829	48 Wellington Road, Suite 103 Milford, CT	M-F (7:30 - 5pm)	~3,000 visits per year	17.9 miles
9	YNHH Outpatient Rehabilitation Services at Old Saybrook	Commercially insured, Medicare, Medicaid	Rehabilitation, physical therapy.	1851568828	633 Middlesex Turnpike Old Saybrook, CT	M-F (7am - 5pm)	N/A (new site)	25.7 miles

TABLE 9  
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Count	Service or Program Name	Population Served	Type of Service	Facility ID	Street Address and Town	Hours/Days of Operation	Current Utilization	Distance from YNH at Branford
1	Physical Therapy & Sports Medicine Centers	Commercially insured, Medicare, Medicaid children.	Rehabilitation, physical therapy.	N/A	16 Business Park Drive Branford, CT	M - R (7am - 7pm) F (7am - 5:30pm)	Proprietary.	3.3 miles
2	Connecticut Orthopaedic Specialists (STAR)	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	84 North Main Street Branford, CT	M-R (8am - 6pm) F (8am - 3:30pm)	Proprietary.	0 miles
3	Connecticut Orthopaedic Specialists (STAR)	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	450 Boston Post Road Guilford, CT	M-F (7am - 6pm) F (8am - 5pm)	Proprietary.	9.3 miles
4	Connecticut Orthopaedic Specialists (STAR)	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	2416 Whitney Avenue Hamden, CT	M-R (7am - 6pm) F (8am - 4pm) S (8am - 11am)	Proprietary.	15 miles
5	Physical Therapy & Sports Medicine Centers	Commercially insured, Medicare, Medicaid children.	Rehabilitation, physical therapy.	N/A	46 Prince Street New Haven, CT	M - R (7am - 7pm) F (7am - 5:30pm)	Proprietary.	6.4 miles
6	Physical Therapy & Sports Medicine Centers	Commercially insured, Medicare, Medicaid children.	Rehabilitation, physical therapy.	N/A	385 Church Street Guilford, CT	M - R (7am - 8pm)	Proprietary.	8.2 miles
7	Physical Therapy & Sports Medicine Centers	Commercially insured, Medicare, Medicaid children.	Rehabilitation, physical therapy.	N/A	5 Pequot Park Road Westbrook, CT	M - R (7am - 8pm)	Proprietary.	18.7 miles
8	Branford Rehabilitation Center	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	226 East Main Street Branford, CT	M, W, F (7am - 7pm) T, F (8am - 2pm) S (appointment only)	Proprietary.	1.8 miles
9	Temple Physical Therapy	Commercially insured, Medicare, Medicaid children.	Rehabilitation, physical therapy.	N/A	444 Foxon Road East Haven, CT	M-F (9am - 5:30pm)	Proprietary.	5.7 miles
10	Temple Physical Therapy	Commercially insured, Medicare, Medicaid children.	Rehabilitation, physical therapy.	N/A	230 George Street New Haven, CT	M-F (7:30am - 5:30pm)	Proprietary.	7.1 miles
11	Amity Physical Therapy	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	108 North Main Street Branford, CT	M-F (7am - 7pm)	Proprietary.	0.8 miles
12	Amity Physical Therapy	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	2285 Whitney Avenue Hamden, CT	M-F (7am - 7pm)	Proprietary.	14 miles
13	Pro Physical Therapy	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	489 West Main Street Branford, CT	M, W, F (7am - 4pm) T, R (7am - 6pm)	Proprietary.	1.3 miles
14	Pro Physical Therapy	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	199 Whitney Avenue New Haven, CT	M, W, F (7am - 4pm) T, R (7am - 6pm)	Proprietary.	7.9 miles
15	Pro Physical Therapy	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	2200 Whitney Avenue Hamden, CT	M, W, F (7am - 4pm) T, R (7am - 6pm)	Proprietary.	12.1 miles
16	Center for Orthopaedics	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	1224 Main Street Branford, CT	M, T, W, F (8am - 5pm) R (9am - 7pm) W (7am - 7pm)	Proprietary.	3.1 miles
17	Physical Therapy Services of Guilford	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	500 East Main Street Branford, CT	M, F (7am - 5pm) T, R (11am - 7pm)	Proprietary.	3.7 miles
18	Rehab Concepts	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	788 Boston Post Road Guilford, CT	M-F (7am - 6:30pm) S (8:30am - 1pm)	Proprietary.	30 miles
19	Physical Therapy Specialists	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	705 Boston Post Road Guilford, CT	M-R (8am - 7pm) F (8am - 4pm)	Proprietary.	9.7 miles
20	Integrative Physical Therapy	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	37 Soundview Road Guilford, CT	M-F (8-3)	Proprietary.	9.4 miles
21	Anatomical Arts Physical Therapy	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	685 Foxon Road North Branford, CT	Hours vary.	Proprietary.	4.1 miles
22	Therapy Works	Commercially insured, Medicare, Medicaid children.	Rehabilitation, physical therapy.	N/A	32 Main Street East Haven, CT	M-F (7am - 7pm)	Proprietary.	2.5 miles
23	Omni Physical and Aquatic Therapy	Commercially insured, Medicare.	Rehabilitation, physical therapy.	N/A	205 Main Street East Haven, CT	M-R (9am - 6pm) F (9am - 5pm)	Proprietary.	3.4 miles



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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: Yale-New Haven Hospital**

**Project Name: Alignment of Outpatient Rehabilitation Services**

## 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:** YNHH currently provides outpatient rehabilitation services at the following locations: 175 Sherman Avenue, New Haven; 800 Howard Avenue, New Haven; 1 Long Wharf, New Haven; 1455 Boston Post Road, Guilford; 84 North Main Street, Branford; 2080 Whitney Avenue, Hamden; 633 Middlesex Turnpike, Old Saybrook; and 48 Wellington Road, Milford. All sites are operated as hospital outpatient departments under YNHH's acute-care hospital license.

The Branford site was established in 1994, and was originally owned and operated by HSR. It became part of YNHH when the Hospital acquired HSR in September of 2012. The site also includes Occupational Medicine and Wellness Services, from which many of this location's outpatient rehabilitation patients originate. The Occupational Medicine and Wellness Services site is also slated for closure and is the subject of a separate CON application.

- ii. whether CON authorization was received and,

**RESPONSE:** To the best of YNHH's knowledge, HSR did not require or receive CON approval to establish the Branford Occupational Medicine and Wellness Service (f/k/a Occupational Health Plus <sup>TM</sup>) or the Outpatient Rehabilitation Services operated at the same site.

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

**RESPONSE:** Not applicable.

- 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 noted in the Main CON Application Form, pursuant to the Agreed Settlement in Docket No. 12-31747-CON, as modified by Docket No. 12-31747-MDF, YNHH's Acquisition of Saint Raphael's Health System, Inc., YNHH has been engaged in a three-year integration plan. As documented in the update provided to OHCA on May 29, 2015, clinical and cultural integration are near completion and YNHH is now focusing on ambulatory space and program optimization planning (see Attachment 3).

As part of this planning process, YNHH has assessed all of its outpatient rehabilitation locations for potential duplicative program offerings in contiguous

communities that may lead to inefficiencies and increased costs. The Hospital is also examining each of its ambulatory care sites post-integration to ensure that necessary clinical programs are appropriately located within the YNHH service area. With respect to outpatient rehabilitation, the Hospital has identified duplication of services within close proximity and determined that capacity exists at each of YNHH's existing sites.

Branford Outpatient Rehabilitation Services is located just 7.4 miles from the 1455 Boston Post Road, Guilford outpatient rehabilitation site operated by YNHH. Both sites offer similar services, serve the same shoreline community and have similar hours of operation. In addition, both sites care for patients with private insurance, Medicare and Medicaid, as well as self-pay patients. In addition, there are four YNHH outpatient rehabilitation sites in New Haven and one in Hamden, each of which provides comparable services and accepts patients regardless of payer source.

Historically, visit volume at the Branford outpatient rehabilitation site has been low. On average, the office sees less than two patients per hour. Between 2012 and 2014, visits declined by approximately 19 percent, from 6,515 visits to 5,273 visits. These decreases include both occupational medicine-based rehabilitation patients and non-occupational medicine-based patients. Occupational medicine-based rehabilitation visits declined by approximately 18 percent between 2012 and 2014, from 2,528 visits to 2,077 visits. Similarly, non-occupational-based visits declined by approximately 20 percent, from 3,987 visits in 2012 to 3,196 visits in 2014.

Volume decreases in outpatient rehabilitation are attributable, in part, to a weak economy where patients are losing their jobs and health insurance and therefore opting out of these types of services. In addition, employers located near the Branford site do not have a large enough employment base to sustain dedicated occupational health and related rehabilitation services and significant employer growth is not projected in these areas. Furthermore, a significant number of patients using the Branford site reside in towns other than Branford. Towns of origin include Guilford, New Haven and surrounding towns (i.e. West Haven & East Haven) and Hamden. For these patients, the YNHH Outpatient Rehabilitation Services in Guilford, New Haven and Hamden will provide equal if not better access than the site in Branford.

Access to outpatient rehabilitation services will be ensured, even with termination of the YNHH site in Branford. First and foremost, YNHH will continue to offer Outpatient Rehabilitation Services at six locations throughout Guilford, New Haven and Hamden, as well as one location each in Old Saybrook and Milford, which have ample capacity to absorb Branford patients. In many instances these sites are more accessible to those patients who use the services. These sites offer the same services as Branford and in some cases additional outpatient rehabilitation services not available at the Branford location (i.e. occupational therapy). Employers and patients who opt to use alternate YNHH sites will be ensured the same high-quality outpatient rehabilitation services that they currently receive in Branford. Patient records will be accessible through the Hospital's electronic medical record systems

in order to ensure continuity of care. All offices will continue to serve all patients, including self-pay and Medicare and Medicaid beneficiaries. YNHH's consolidation plan will avoid the unnecessary duplication of services and eliminate underutilized sites, which is consistent with the goals of the SHP.

In addition, there are numerous non-YNHH outpatient rehabilitation providers in the Branford area. Many of these providers entered the market after the YNHH service opened and they have always existed as an alternative for both occupational medicine and non-occupational medicine-based rehabilitation patients. These providers are listed in OHCA Table 9. Many are located in Branford for patients who would rather not travel outside of their town of residence. Others are located in the New Haven area and offer more accessible services for these growing markets, as discussed above. Although utilization and capacity data for most of these providers is unavailable to the public, YNHH has procured letters of support for its proposal from several outpatient rehabilitation providers who state that they are willing and able to accept any displaced YNHH patients and/or employers (see Attachment 4).

Lastly, as discussed in greater detail below, consolidation of the YNHH Branford outpatient rehabilitation site into the Guilford, New Haven and Hamden locations will result in cost savings for the Hospital. These cost savings are critical at a time when hospitals are facing additional taxes and lower reimbursement. In order to ensure that the community has continued access to YNHH's core services, the Hospital must determine the most efficient way to deliver these and other services to its patients. This includes consolidating services and closing locations that offer duplicate services within close geographic proximity, which is the case with YNHH's Outpatient Rehabilitation Services. Note that all displaced employees will be relocated to other YNHHS positions.

- 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:** Not applicable.

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

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

**RESPONSE:** Please see the list of providers in OHCA Table 9. Prior to closing, YNHH will send written notification to all non-occupational medicine-based rehabilitation patients with a list of alternate sites of care. In addition, YNHH will

notify all employers who have arrangements with the Hospital for occupational health services that the East Haven and Branford sites will be discontinued. These employers will then notify their employees and make alternate arrangements for care with YNHH and/or non-YNHH providers.

- 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 Attachment 4.

- 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:** Outpatient Rehabilitation Services in Branford is utilized, in part, by employees of corporations and municipalities that arrange with YNHH for these services. These employees will be able to obtain services going forward at other YNHH outpatient rehabilitation locations. Employers can also arrange for their employees to access occupational health rehabilitation services from the numerous non-YNHH providers in the area. See OHCA Table 9.

This proposal will not adversely impact access to care for Medicaid recipients and indigent persons. All YNHH Outpatient Rehabilitation sites accept Medicaid and provide services to all patients regardless of payer status. Each of the sites in Guilford, New Haven and Hamden has the capacity to absorb any patients displaced by closure of the Branford site. Therefore, any Medicaid patients or indigent persons previously seen in Branford will have continued access to services in any one of the other YNHH locations.

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

**RESPONSE:** With respect of occupational medicine-based rehabilitation services, the employers will be notified of the change in service availability. YNHH has already notified some of its larger employers that it intends to close the East Haven and Branford sites, subject to regulatory approval. All employers will be given formal notice that regulatory approval has been obtained. This notice will include the dates on which the East Haven and Branford sites will be closing. YNHH will contact these employers by telephone or letter and advise them that the Guilford, New Haven and Hamden sites will remain available for their employees. Employers will then communicate with their employees about whether they can continue to receive occupational health services at YNHH or if the company/municipality will be making arrangements with alternate providers. All employers will be given at

**least 30-days' notice prior to closing the East Haven and Branford occupational health sites.**

**Non-occupational medicine-based rehabilitation patients will be notified individually by letter from YNHH. Notifications will be provided at least 30 days prior to closing the Branford site. YNHH also intends to notify community referring physicians of the closure.**

- 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.**

# ATTACHMENT 1

## Internal Revenue Service

District  
DirectorYale-New Haven Hospital Inc.  
789 Howard Avenue  
New Haven, Ct. 06504

## Department of the Treasury

P.O. Box 9107

JFK Federal Bldg., Boston, Mass. 02203

Person to Contact: Daniel T. Valenzano

Telephone Number: (617) 223-1442

Refer Reply to: EO:Processing Unit

Date: JUL 10 1979

Name of Organization: Same

Gentlemen:

This is in reply to your recent letter requesting a copy of an exemption letter for the above-named organization.

Due to our records retention program, a copy of the original letter is not available.

However, records in this office show that a determination letter was issued in November 1966 ruling that the organization was exempt from Federal Income Tax under Section (now) 501(c)(3) of the Internal Revenue Code of 1954.

However, records in this office show that the organization is exempt under Section (now) \_\_\_\_\_ of the Internal Revenue Code as part of a group ruling issued to \_\_\_\_\_

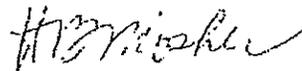
Further, the organization is not a private foundation because it is an organization described under Section 170(b)(1)(a)(vi) and

<sup>509(a)(1)</sup>  
This ruling remains in effect as long as there are no changes in the character, purposes, or method of operation of the organization.

I trust the foregoing information will serve your purpose.

If you have any questions, you may contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

# ATTACHMENT 2

## STATE OF CONNECTICUT

## Department of Public Health

## LICENSE

License No. 0044

## General Hospital

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

Yale-New Haven Hospital, Inc. of New Haven, CT d/b/a Yale-New Haven Hospital, Inc. is hereby licensed to maintain and operate a General Hospital.

Yale-New Haven Hospital, Inc. is located at 20 York Street, New Haven, CT 06510-3220.

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

134 Bassinets  
1407 General Hospital Beds

This license expires **September 30, 2015** and may be revoked for cause at any time.

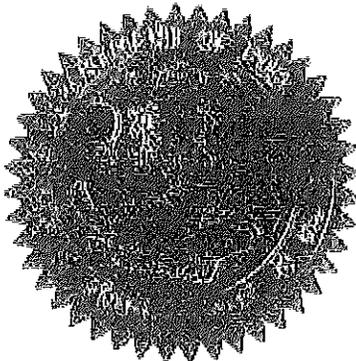
Dated at Hartford, Connecticut, October 1, 2013.

## SATELLITES

Hill Regional Career High School, 140 Legion Avenue, New Haven, CT  
 Branford High School Based Health Center, 185 East Main Street, Branford, CT  
 Welsh Middle School, 185 Damascus Road, Branford, CT  
 James Hillhouse High School Based Health Center, 480 Sherman Parkway, New Haven, CT  
 Weller Building, 425 George Street, New Haven, CT  
 Yale-New Haven Psychiatric Hospital, 184 Liberty Street, New Haven, CT  
 Yale-New Haven Shoreline Medical Center, 111 Goose Lane, Guilford, CT  
 Pediatric Dentistry Center, 1 Long Wharf Drive, New Haven, CT  
 YNHASC Temple Surgical Center, 60 Temple Street, New Haven, CT  
 YNHASC Women's Surgical Center, 40 Temple Street, New Haven, CT  
 Maum-Sheridan School Based Health Center, 191 Fountain Street, New Haven, CT  
 Yale-New Haven Hospital Dental Center, 2560 Dixwell Avenue, Hamden, CT  
 Mumby School Based Health Center, 14 Brushy Plain Road, Branford, CT  
 YNHCH at Bridgeport, 267 Grant Street, 6<sup>th</sup> Floor, Bridgeport, CT  
 Pediatric Primary Care Center, 226 Mill Hill Avenue, Bridgeport, CT  
 Yale-New Haven Hospital-Saint Raphael Campus, 1450 Chapel Street, New Haven, CT  
 Adolescent Day Hospital, 546 George Street, New Haven, CT  
 Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT  
 Children's Psychiatric Day Hospital, 1450 Chapel Street, New Haven, CT  
 Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT  
 Elder Care Clinic/Tower One, 18 Tower Lane, New Haven, CT  
 Elder Care Clinic/Casa Ottonal, 135 Sylvan Avenue, New Haven, CT  
 Elder Care Clinic/Eldis Johnson Tower, 114 Bristol Street, New Haven, CT  
 Adult Psychiatric PHP and Continuing Care, 1294 Chapel Street, New Haven, CT  
 Elder Care Clinic/Sunrise, 200 Oak Street, West Haven, CT  
 Troup Magnet Academy School-Based Health Center, 359 Edgewood Avenue, New Haven, CT  
 Adult PHP, 1100 Sherman Avenue, Hamden, CT  
 Project MotherCare at Wheat, 674 Washington Avenue, West Haven, CT  
 Branford Environmental Studies Magnet School, 170 Derby Avenue, New Haven, CT  
 Project Eldercare, 2080 Whitney Avenue, Suite 150, Hamden, CT  
 Shoreline Child and Adolescent Mental Health Services, 21 Business Park Drive, Branford, CT

License Revised to Reflect:

\*Removed (1) Satellite effective 10/3/13



*Jewel Mullen*

Jewel Mullen, MD, MPH, MPA  
Commissioner

# ATTACHMENT 3



**YALE-NEW HAVEN  
HOSPITAL**

**Yale New-Haven Hospital's Acquisition  
of the Saint Raphael Healthcare System, Inc.  
Docket No: 12-31747-CON**

**Three Year Integration Plan  
Narrative**

**May 2015**

**Yale New-Haven Hospital's Acquisition  
of the Saint Raphael Healthcare System, Inc.  
Docket No: 12-31747-CON**

**Three Year Integration Plan  
Narrative**

**INTRODUCTION**

This narrative report has been prepared as part of the reporting requirements for Yale-New Haven Hospital (YNHH) in accordance with the Agreed Settlement for Docket Number: (DN) 12-31747-CON, subsequently modified as DN: 12-31757-MDF for the acquisition of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael (HSR).

This report is structured into the following sections:

- A. PROGRESS AGAINST THREE-YEAR INTEGRATION PLAN
- B. SUMMARY OF BEDS & SERVICES BY CAMPUS
- C. COST SAVINGS AND REVENUE ENHANCEMENTS
- D. ONGOING REPORTING

**A. PROGRESS AGAINST THREE-YEAR INTEGRATION PLAN**

Consistent with the three-year integration plan submitted on March 31, 2013, the focus of the last fiscal year has been on developing one standard of care across all inpatient campuses and ambulatory operations. The clinical vision for its inpatient campuses for FY 2015 and a summary can be found below. Many of the activities described in this report were developed to support the successful implementation of the clinical vision.

**YNHH Clinical Vision - 2015**

Inpatient Campuses	Emergency Services	Specialty Programs
<ul style="list-style-type: none"> <li>• Children's Hospital</li> <li>• High Risk OB</li> <li>• Major Trauma</li> <li>• Transplant</li> <li>• Cardiac Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• Emergency Services</li> <li>• General Medicine</li> <li>• General Surgery</li> <li>• Heart &amp; Vascular</li> <li>• Neurosciences</li> <li>• Oncology</li> <li>• Urology</li> <li>• Women's</li> </ul>	<ul style="list-style-type: none"> <li>• Musculoskeletal</li> <li>• Low-Risk, High Amenities OB</li> <li>• Specialty Geriatrics Care</li> <li>• Specialty Programs                             <ul style="list-style-type: none"> <li>- GI Surgery</li> <li>- Neurovascular</li> <li>- Medical Heart Failure</li> </ul> </li> </ul>

Attachment I contains the updated Integration Workplan for FY 2013 through FY 2015 in Gantt chart format which is organized into five major sections including: (1) Major Strategic Initiatives; (2) Service Lines; (3) Clinical Areas; (4) Non-Clinical Areas; and (5) Corporate Services. The *Integration Workplan* includes specific activities for each of these five areas and the actual or estimated time frame by fiscal year for completion. Progress to date since the last submission in November 2014 as well as remaining focus areas for the next six months is detailed in the narrative below.

### Section 1. Major Strategic Initiatives:

Major strategic initiatives pertain to activities with a broad impact throughout the organization. YNHH is focusing on ten key areas:

1. *Physician Integration*

Consistent with the November 2014 submission, all hospital-based services have been integrated.

2. *Epic Implementation*

Consistent with the November 2014 submission, Analytics (Epic reporting) was integrated across the medical center and health system. Epic optimization remains ongoing and will remain a key medical center priority in coming years.

3. *Patient Experience*

As was reported in the November 2014 submission, the focus in recent months has been establishing physician/nursing leadership teams (dyads) to lead unit/service operations. The teams have yielded significant improvements in unit ownership and improved employee engagement, safety and quality outcomes and operational efficiencies. Creating a healing environment remains a key medical center goal, which is being supported by the roll out of clustered care designed to minimize patients' sleep interruptions between 10pm and 6am. The Departments of Pharmacy, Radiology, Laboratory Medicine, Respiratory Therapy and Environmental Services have begun implementing work flow changes and revised testing protocols to achieve this goal.

4. *Regulatory / Safety and Quality*

Over 7,500 YNHH employees completed the 2015 safety culture survey; an 18% increase compared to the last survey in 2013. The results demonstrate the value of high reliability organization training our employees and medical staff members completed last year. We are now focusing on the steps to sustain high reliability organization safety behaviors, including continued training for current and new employees, leadership rounding, deployment of 400 volunteer unit safety coaches and implementation of an accountability program.

5. *Transforming Patient Care*

Transforming Patient Care refers to a review of nursing workflows and supporting systems/processes to remove unnecessary activities. As was discussed in the November 2014 submission, a comprehensive roll-out of best practices from the York Street Campus began in FY 2014 and will continue in FY 2015. Further improvement activities remain ongoing at the York Street Campus.

Preparedness activities for Nursing Magnet recertification remain underway and will be completed in calendar 2016.

6. *Safe Patient Flow*

Safe Patient Flow refers to throughput improvement activities and was instrumental in allowing YNHH to meet its patient care demand prior to the integration of the HSR. The Safe Patient Flow process was implemented at the Saint Raphael campus in FY 2014 and has already resulted in significant improvements in inpatient throughput. Prior to implementation, the percentage of discharges by 11am was 15% and it is now at 25% (same level as York Street Campus). The diligent focus on Safe Patient Flow processes at both campuses remains ongoing and will help to ensure sufficient medical center inpatient capacity.

7. *Cultural Integration*

As stated in the November 2014 submission, employee and medical staff open forums as well as management meetings remain ongoing. A President's Council has been established to continue to obtain direct feedback from front-line staff on ongoing integration efforts.

8. *Bed Management/Capacity*

YNHH will be relocating its intensive rehabilitation unit from the Saint Raphael campus to Milford Hospital on July 1, 2015. The new unit at Milford Hospital is consistent with the musculoskeletal growth strategy outlined in previous OHCA submissions, and the vacated unit (Verdi 4 East) will be renovated to meet patient care needs.

Consistent with the November 2014 submission, planning to relocate gastrointestinal surgery (bariatric and hernia) as well as neurovascular services at the Saint Raphael campus are underway. Main 6 is being renovated and will serve as the primary unit for non-oncological gastrointestinal surgery. The Cardiothoracic Intensive Care Unit will serve as the primary location for neurovascular and will be supported by interventional laboratories. The gastrointestinal surgery unit is expected to be online by late fall 2015 and the neurovascular service will be online by late fall 2016. Bed allocation by service is outlined in Section B "Summary of Beds and Services by Campus" of this report.

9. *Infrastructure*

Consistent with the November 2014 submission, no additional care infrastructure changes have taken place.

10. *Care Management Across the Continuum*

Consistent with the November 2014 submission, work remains ongoing to improve care coordination and handoffs across services.

## Section 2. Service Lines

Vision, facility investments and integration activities for major clinical service lines comprise the second section of the Integration Workplan. It is important to note that the information provided below predominantly addresses inpatient services as ambulatory activities are currently being reviewed as part of a comprehensive ambulatory strategic planning exercise, discussed in Section 3.

The following service lines are included:

### 1. *Children's*

Consistent with the November 2014 submission, construction of a new Neonatal Intensive Care Unit and Obstetrical Services at the York Street Campus began May 2015 with upgrading of the infrastructure of the West Pavilion, required to support the new facilities. The new NICU will feature a dedicated operating room, neonatal MRI, pharmacy and single rooms for neonates and for "couplets" of maternity patients and their babies who require lower levels of intensive care. Reconstruction of four floors in West Pavilion will begin late Fall 2015 and be completed fall 2017.

### 2. *Heart and Vascular*

Consistent with the November 2014 submission, a medical heart failure cohort was established at the Saint Raphael campus, in order to provide appropriate care for this growing segment of the population. Work remains underway to optimize interventional laboratories (cardiac catheterization and electrophysiology).

### 3. *Musculoskeletal*

In February 2015, we opened two state-of-the-art musculoskeletal operating rooms, housing the latest in infection control technology and designed with the input of key musculoskeletal surgeons. The transition of elective total joints to the Saint Raphael campus has been completed and the relocation of spine surgery to the Saint Raphael campus is underway and will be completed by Fall 2015. Mary O'Connor, M.D., former Chair of Orthopedics at the Mayo in Jacksonville, Florida joined the medical center in early May to serve as the inaugural Director of the Musculoskeletal Center. We are fortunate to have someone of her exceptional leadership stature join our senior leadership team and help us shape the future of musculoskeletal care delivery.

As was discussed in the bed management section, the intensive rehabilitation unit will be relocated from the Saint Raphael campus to Milford Hospital on July 1, 2015.

### 4. *Neurosciences*

As discussed in the bed management section, YNH will be relocating its neurovascular service to the Saint Raphael campus in late 2016. The service will include inpatient beds and radiology services (including interventional radiology capabilities), and would have synergies with the advanced elderly inpatient services referenced earlier. Program planning is in the early stages and will be refined in coming months.

5. *Oncology*

Consistent with the November 2014 submission, no additional service configurations have taken place in Oncology. Evaluation of technology consolidation opportunities remains ongoing.

6. *Transplant*

Consistent with the November 2014 submission, no additional service configurations have taken place in Transplant.

### Section 3. Clinical Areas

Additional clinical integration beyond the service lines described in Section 2 are described and listed below:

1. *Diagnostic Radiology*

Consistent with the November 2014 submission, the assessment of radiology equipment and master planning for radiology services remains ongoing as the clinical vision for the campuses evolves.

2. *Emergency Department*

Consistent with the November 2014 submission, Yale New Haven Health System and North Shore Long Island Jewish launched a helicopter transportation collaboration named Sky Health, focused predominantly on the I-95 corridor. To date, over 65 patients have been transported to YNHH via Sky Health. Sponsor hospital training opportunities are being identified and will be implemented in 2015. After a comprehensive evaluation process, YNHH also consolidated ground patient transportation services to one preferred vendor (AMR) to improve transportation times and cost effectiveness.

3. *Laboratory/Pathology*

Consistent with the November 2014 submission, work is underway to consolidate core laboratory and blood bank systems at YNHH, Greenwich Hospital and Bridgeport Hospital by August 2016.

4. *Medicine*

As it pertains to electronic ICU implementation referenced in the November 2014 submission, 26 rooms have been outfitted with the technology and a new control room will be completed by end of May 2015. Clinical workflows and shared goals have been established and training will begin in June. The service will be operational in August 2015.

5. *Nursing*

As was referenced in section 1, YNHH will be undergoing its Magnet re-designation in 2016 and preparedness activities remain ongoing. The system-wide nursing standardization effort remains underway across all delivery network hospitals.

6. *Pharmacy*

Consistent with the November 2014 submission, no additional changes have taken place in Pharmacy.

*7. Psychiatry*

In April 2015, YNHH relocated its psychiatric observation unit to a newly constructed space in the Fitkin building. The new unit includes an 18-bed video camera monitored patient care area that provides patient comfort, privacy, and security.

*8. Surgical Services*

Consistent with the November 2014 submission, a physician leader to co-lead perioperative services was recruited. William Nealon, M.D., nationally recognized surgeon joined the medical center, from Vanderbilt Medical Center, in April 2015. Under his leadership, a number of operational enhancements will be implemented across all perioperative services sites focused on safety and quality, pre-admission testing and Epic reporting. Optimization of perioperative resources remains a focus area in FY 2015.

As was referenced earlier, a center of excellence for gastrointestinal surgery (bariatric and hernia) will be established at the Saint Raphael campus in late 2015. Main 6 will serve as the primary inpatient unit, and required operating room resources and ambulatory/clinical practice facilities will also be put in place to support program growth.

*9. Women's Services*

Consistent with the November 2014 submission, the two Obstetrical Primary Care Centers located at the York Street and St. Raphael campuses which serve the local New Haven community were combined into a single site in January 2015.

*10. Ambulatory Services*

Ambulatory space optimization and programmatic recommendations are currently being developed and consolidation opportunities will be identified by summer 2015. Consolidation opportunity execution will span at least 24-36 month, based on lease terms and other program considerations.

Additionally, consistent with the November 2014 submission, YNHH will be opening a multidisciplinary physician specialty ambulatory center in Old Saybrook on June 1, 2015. The center will offer a broad array of clinical services including pediatric specialty services, a comprehensive Smilow Cancer Care Center, musculoskeletal services, urology and vascular services, among others. Supportive ancillary services will also be provided. Finally, planning for a New Haven ambulatory center is currently underway and will be completed later this summer.

**Section 4. Non-Clinical Support Services**

As it pertains to non-clinical support services, vendor consolidation opportunities were identified for Environmental Services, Food and Nutrition, Linen Services and Protective Services. Estimated savings can be found in Section C of this narrative.

## Section 5. Corporate Services

Corporate services include seven key areas and integration activities for each are described on the following page.

1. *Accounting and Finance*  
Consistent with the November 2014 submission, no additional changes have taken place in Accounting and Finance.
2. *Compliance*  
Annual compliance training via Healthstream for all employees remains ongoing.
3. *Human Resources*  
Over 95.7% of Yale-New Haven employees took part in the recent employee engagement survey, conducted in April 2015. Results are expected by end of May and will lead to the development of targeted improvement plans to address any deficiencies.
4. *Information Technology and Information Systems*  
While the immediate focus was on the implementation of Epic, focus has shifted to optimizing the Epic system (reporting, analytics, etc.) and additional areas/opportunities for standardization include streamlining of technology applications for clinical services.
5. *Legal and Planning*  
Integration work with MCIC (malpractice insurance captive) remains ongoing.
6. *Marketing, Communications, Image and Community Wellness*  
The development of new employee and manager communication strategies employing new media (e.g. social media) remains ongoing. The organization remains a strong advocate with State and Federal government agencies for continued access to high quality healthcare services for Connecticut residents.
7. *Supply Chain*  
Consistent with the November 2014 submission, no additional changes have taken place in Supply Chain. Supply chain savings achieved through vendor contracts will be discussed in Section C (5).

## B. SUMMARY OF SERVICES AND BEDS BY CAMPUS

As described in Section A above, integrating clinical services is still underway and specific campus locations and allocated beds continue to be adjusted. The two tables below summarize the current plan for the services and beds by location. This information is subject to change and any changes will be provided to OHCA in subsequent semi-annual reports.

## Planned Services by Campus for 2015 (as of May 2015)

Services	York Street Campus	Saint Raphael Campus
<i>Service Lines</i>		
Children's	X	
Heart & Vascular	X (Tertiary/Quaternary)	X Medical Heart Failure
Musculoskeletal	X (Trauma / Pediatrics)	X
Neurosciences	X (Tertiary/Quaternary)	X Neurovascular
Oncology	X (Tertiary/Quaternary)	X
Transplant	X	
<i>Clinical Areas</i>		
Anesthesia	X	X
Diagnostic Radiology	X	X
Emergency Department	X	X
Laboratory/Pathology	X	X
Medicine	X	X Geriatrics
Psychiatry	Older Adolescents/Adult	Children's/ Younger Adolescents/Adult
Surgery	X	X GI Surgery (Bariatric)
Women's	Low & High Risk Maternity	Low Risk Maternity/ Midwifery Program

## FY 2015 (as of May 2015)

Beds:	York Street Campus			Saint Raphael Campus		
	General Care	ICU	Total	General Care	ICU	Total
Adult Med/Surg	570	109	679	300	56	356
Rehabilitation				18		18
Maternity	56		56	19		19
Pediatric*	73	17	90			
Pediatric Psych Only	16		16	20		20
Adult Psych	73		73	25		25
Future Use				17	16	33
<b>Total Beds</b>	<b>788</b>	<b>126</b>	<b>914</b>	<b>399</b>	<b>72</b>	<b>471</b>
Bassinets	40	52	92	13	9	22

Note: Included in the YNH license is another 22 pediatric beds and 20 bassinets located at Bridgeport Hospital campus.

### C. COST SAVINGS AND REVENUE ENHANCEMENTS

Actual cost savings achieved in the first six months of FY 2015 have been provided according to the categories outlined by OHCA and Report 175.

Projected Cost Savings	Actual FY 2015 YTD Mar	Projected FY 2015 YTD Mar
Salaries & Wages	\$19.8M	\$14.0M
Fringe Benefits	\$6.1M	\$3.9M
Contractual Labor Fees	\$0.6M	\$0.6M
Medical Supplies & Pharmaceuticals	\$4.8M	\$6.6M
Malpractice	\$0.3M	\$0M
Utilities	\$0.5M	\$0.7M
Business Expenses	\$6.7M	\$9.0M
Other Operating Expenses	\$0	\$0
<b>TOTAL</b>	<b>\$38.2M</b>	<b>\$34.7M</b>

#### 1. Cost and Value Project

Consistent with the November 2014 submission the Saint Raphael's Campus has been fully integrated into the Cost and Value Project. As YNHH continues its goal to reduce cost and improve care, a process has been initiated to redesign and refocus effort on this project. In the first six months of this fiscal year, the hospital developed a single internal consulting team focused on Salary, Non-Salary, Employee Benefits, and Clinical Redesign.

These efforts will allow us to continue to maintain the savings achieved at the Saint Raphael's Campus relative to salaries, and enhance non-salary initiatives through supply standardization, contracting, and professional service utilization. In addition, in March 2015, a new clinical redesign program began with strong clinical leadership to identify and eliminate clinical processes that result in waste throughout the hospital.

#### 2. Salaries and Wages / Fringe Benefits

In fiscal year 2015, YNHH has continued its efforts to maintain salary savings achieved through the first two years of integration, as well as identify new opportunities throughout both campuses. Consistent with the November 2014 submission, the hospital now has a standard staffing model for inpatient nursing units.

In addition to the inpatient nursing units, the hospital continues to explore and review improved staffing models in other areas such as outpatient settings, or areas that provide supportive services. In October 2014 a redesigned staffing model was implemented for the Emergency Departments on both campuses. Through aligning Registered Nurses (RN) and Advanced Practice Nurses (APN) shifts with peak volume times in the ED, the hospital was able to reduce staffing and achieve salary savings. Assessments of personnel utilization will continue and it is expected that additional synergies will be achieved through these efforts.

3. *Contractual Labor Fees*

Please note that discussion of Contractual Labor and Legal Fees is included under Business expense consistent with previous submissions. This change was made in order to be consistent with OHCA Report 175.

Professional Service Agreements (PSA)

As mentioned in section 1.1, the physician integration of the two campuses has been completed for all hospital-based services. The savings achieved through clinical alignment and standardization of physician PSAs continues, and remains consistent with the November 2014 submission.

Psychiatric MD Alignment

A group of community physicians have historically supplemented the inpatient and outpatient psychiatric service at the Saint Raphael's Campus. This relationship has been strong and positive and continues to be a critical part of the clinical service. As the physician enterprise is further aligned, the process of adding of the community physicians to the employed staff is underway. While this will not result in additional savings, it will aid in the continued effort to improve care and generate savings through the aligning clinical services on a single platform.

4. *Malpractice Expense*

As referenced in section 5.5, YNHH continues to work with the insurance captive MCIC and savings continue to be consistent with the November 2014 filing.

5. *Utilities*

Cost reduction activities for electricity rate, electricity utilization, and other utilities remain consistent with the November 2014 submission.

6. *Medical/Surgical (Med/Surg) Supplies and Pharmaceuticals*

Activities to continue to achieve non-salary savings through contracting efforts remain consistent with the November 2014 filing. Despite the large number of initiatives achieved through the integration to date, there are still a number of opportunities that YNHH continues to actively pursue, and utilize to generate savings.

System Contracting/Cost and Value Non-Labor Team

Consistent with the November 2014, filing efforts at the Saint Raphael's Campus have been fully integrated into the Non-Labor Teams within the Cost and Value Project, as well as the NPC (Northeast Purchasing Coalition).

Pharmaceuticals

Consistent with the November 2014 submission, YNHH successfully switched pharmaceutical distributors from Cardinal to McKesson. This project, which started in late fiscal year 2014, is now fully implemented and will provide a full year of savings in FY 2015.

At the start of FY 2015 the Saint Raphael's Campus was able to register with HRSA to become a 340b eligible site. This initiative represents a tremendous opportunity to further reduce cost for pharmaceutical supplies, and is one of the largest current initiatives to

improve non-salary savings due to the integration. In order to appropriately administer this program on both campuses and meet all regulatory and compliance requirements the hospital implemented a new system to track 340b eligible patients. This system took several months to implement, and 340b savings were not achieved until the month of March 2015. Additional savings related to the 340b program are anticipated to provide additional savings for the latter half of fiscal year 2015.

*Additional information for high impact initiatives for this category started in the first six months of FY 15.*

#### Lithotripsy

After evaluating proposed pricing from various vendors, YNHHS remained with United Medical Systems (UMS) whose pricing offered the greatest savings. This initiative standardized pricing across the Health System and resulted in savings related to the Saint Raphael's Campus.

#### Drug Eluting Stents and Bare Metal Stents

This was a Northeast Purchasing Coalition (NPC) initiative which resulted in a dual award to Medtronic and Abbott. The NPC moved from three to two vendors, eliminating Boston Scientific. This process not only helped align clinical practice across the system, but generate savings.

#### 7. *Business Expenses*

YNHH continues to achieve savings through the business expense initiatives generated through the first two years of the integration. As contracts expire and new consolidation efforts continue to be explored YNHH finds new ways to generate non-salary savings within this category. Consistent with the November filing, the hospital continues to focus on IT legacy system elimination, and consolidation utilizing the EPIC system integrated in Fiscal Year 2013. At the beginning of this fiscal year the contract associated with one of the largest portions of the legacy EMR provided by Quadramed came up for renewal. This contract ended up being eliminated and represents one of the top savings items of this year. Smaller legacy contracts continue to be pursued and are expected to improve savings efforts this year.

In addition to IT system related savings there have been some significant strides in service contracts that were made in the first six months of Fiscal Year 2015. YNHH was also able to include the Saint Raphael's Campus in the snow removal contract historically utilized by the York Street Campus. While the savings associated with the base component of this contract was small, the legacy Saint Raphael's contract contained a provision which required additional payments for each inch of snow. Through renegotiating this contract the hospital was able to avoid what would have been large payments due the severity of this past winter.

#### 8. *Other Consolidation and Integration Savings*

Activities associated with incorporating the Temple Recovery Care Center into the Grimes Center remains consistent with the November 2014 Submission.

Below is a description of recent activities in Joint Venture Partnerships that were part of the Saint Raphael's integration efforts.

Renal Research Institute Dialysis Joint Venture

As reviewed in the November FY 2014 submission, the Renal Research Institute (RRI) continues to display strong financial performance. This year's improvement in the operations of the Joint Venture is consistent with the financial strength displayed in fiscal year 2014. Additional efforts to develop and enhance this clinical program are underway, and it is expected that this partnership will provide further benefits.

*9. Depreciation, Bad Debt, and Interest Expense*

Consistent with the information provided to follow-up questions in DN 12-31747-MDE, due to the financing needed to acquire the Hospital of Saint Raphael, required infrastructure investments at the Saint Raphael Campus and the unified Bad Debt and Charity Care policy, Yale-New Haven Hospital continues to see no savings related to these categories.

**Revenue Enhancements**

Consistent with the November 2014 submission, YNHH continues to focus on the revenue enhancement capabilities of the Epic system. The improvements seen through standardization of the master patient index, shared accounts receivables, bedside procedures, recovery room documentation and centralization of services all continue to show enhanced revenue capture in fiscal year 2015. In the first six months of this year, YNHH implemented a new system called Craneware to supplement the revenue cycle features of the EPIC system. Craneware will help the Saint Raphael's Campus with proactive charge capture and will assist with development of revenue improvement strategies.

The Clinical Documentation and Management Program continues to see success through the integrated system wide committee outlines in the November 2014 submission. Starting in late FY 2015, the health system will move to further integrate this program. These efforts will further enhance the improvements made in previous years to create a standardized central platform for the improvement of documentation at the Saint Raphael's Campus.

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care Systems (HSC)  
 Integration Workplan  
 Certificate of Need Docket Number 12-SX747-COM  
 As of May 29, 2015

Page 1 of 5

	FY 2012	FY 2013	FY 2014	FY 2015
<b>1. Patient Services Initiatives</b>				
<b>2a. Physician &amp; Medical Integration</b>				
A1. Consolidate Hospital Based Services				
1. Anesthesiology				
2. Diagnostic Radiology				
3. Emergency Medicine				
4. Laboratory/Pathology				
A2. Integrated ACGME Residency and Fellowship Programs				
<b>2b. EPIC Implementation</b>				
A1. EPIC Go-Live at York Street Campus				
A2. EPIC Go-Live at Chapel Street Campus				
A3. Optimize Epic System				Complete
<b>2c. Patient Experience</b>				
A1. Implement Patient Experience Workplan and Supporting Initiatives at SRC				
1. Patient and Family Advice Program				
2. Reward and Recognition Structure				
3. Service Recovery Training/Quality Certificates				
A2. Implementation of the "1001 Plan" Across Both Campuses				
1. Implement Leader Rounding				
2. Enhance Train Staff				
A3. Launch Patient Experience Forum				
A4. FY 2014 Patient Experience Strategic Plan				
1. Engage on "Every Patient, Every Time"				Complete
2. Physician and Nursing Leadership Training and Engagement				Complete
3. Develop a healing environment				Complete
<b>2d. Regulatory/Safety and Quality</b>				
A1. Preparation for Department of Public Health and Joint Commission surveys				
1. Environmental of Care (EoC)				Complete
2. Life Safety				Complete
3. Provision of Care/Standard of Care				Complete
4. Adherence to License				Complete
5. Infection Prevention				Complete
A2. Conduct Regulatory Compliance and Probes				Complete
1. Audit of Probes and Probes to Ensure Adherence				Complete
A3. Ongoing Regulatory Education and Improvements				Complete
1. Self Review and Integrated Audits				Complete
2. Structure Implemented for Twice Monthly CMS/DPH Audits & Twice Yearly TIC Audits at SRC				Complete
A4. Clean and Safe Rounds				Complete
A5. Achieve HIPAA (Breach) Level 3 and Ongoing Availability				Complete
<b>2e. Transforming Patient Care</b>				
A1. Implement Evidence Based Nursing Transformation at SRC to Ensure Consistent Staffing Models/Regular Hours Across Both Campuses				Complete
A2. Medication Dispensing Process Implemented				Complete
A3. Implement Second Generation Bedside Nursing Transformation at the York Street Campus				Complete
A4. Implement Non-emergency plan				Complete
<b>3f. Safe Patient Stay</b>				
A1. Implement Common Safe Patient Flow Through and Improvement				Complete
A2. Identify Process Changes				Complete
<b>3g. Cultural Integration</b>				
A1. Formation of Catholic Pastoral Committee				Complete
A2. Common Voice System Defined				Complete
A3. Attributes of Two Campuses Integrated in Operations				Complete
A4. Medical Staff Open Forum				Complete
A5. Employee Open Forum and Management Meetings				Complete

	Approved	Planned	Partial	Final
<b>21. General Medical Management Systems (General Medical Services Integration)</b>				
A1. Governance and Management Systems (General Medical Services Integration)				
A2. Support of Health				
A3. Core Policy Strategies for Clinical Integration (Including Identification of Shared Services)				Complete
A4. Realignment of Resources and Capacity (with the HSC's Right of Referral)				
A5. Systemic Health and Care Integration (Including the HSC's Right of Referral)				
A6. Support of Health				
A7. Governance and Management				
A8. Clinical Care Integration (Including the HSC's Right of Referral)				
<b>22. Non-Traditional Services</b>				
A1. Governance and Management Systems (Including the HSC's Right of Referral)				
A2. Support of Health				
A3. Core Policy Strategies for Clinical Integration (Including Identification of Shared Services)				
A4. Realignment of Resources and Capacity (with the HSC's Right of Referral)				
A5. Systemic Health and Care Integration (Including the HSC's Right of Referral)				
A6. Support of Health				
A7. Governance and Management				
A8. Clinical Care Integration (Including the HSC's Right of Referral)				
<b>23. Children</b>				
A1. Vision				Complete
A2. Facilities & Capital				
A3. Integration Activities				
1. Integrate Pediatric Services Across Both Campuses				
2. Align Child and Adolescent Psychiatry Across Campuses				
3. Combine Hospital Programs of YHHC/Campuses				
<b>24. Heart &amp; Vascular</b>				
A1. Vision				
1. Integrate Heart and Vascular Operations Across Both Campuses and Outpatient Centers				
A2. Facilities & Capital				
2. Nonacute Care/Outpatient Laboratories				
A3. Integration Activities				
1. Development of Acute Institute				
2. Expansion of the Interventional Radiology Program at SHC				
3. Consolidate cardiac surgery at York Street campus				
4. Development of a Heart Failure unit at SHC				
<b>25. Neurology/Neuroscience</b>				
A1. Vision				
1. Integrate (clinical) Services (as Established and Reorganized as leading program)				
A2. Facilities & Capital				Complete
2. Operational and Capital Plan in Place				Complete
A3. Integration Activities				
1. Business plan definition and implementation				
2. Recruitment of physician leader				
3. Transition of electronic records and data volume from York Street to Saint Raphael campus				
4. relocation of interventional radiology (IR) to Saint Raphael Hospital (New)				
<b>26. Neurosurgery</b>				
A1. Vision				Complete
Leading Neurosurgery program in CT				
A2. Facilities & Capital				Complete
1. Allocated appropriate number of beds to Neurosurgery				Complete
A3. Integration Activities				

	FY 2013	FY 2014	FY 2015	FY 2016
<b>2a. Oncology</b>				
Yale-New Haven Hospital Relocation of Networked Services to Saint Raphael Campus				
<b>2a. Oncology</b>				
<b>A1. Vision</b>				
1. Integrated Oncology Operations Across Both Campuses				
<b>A3. Integration Activities</b>				
Chemotherapy and radiation therapy on both campuses				Delayed
<b>2b. Transplant</b>				
<b>A1. Vision</b>				
1. Provide leading solid organ transplantation services in CT (ongoing)				
<b>A3. Integration Activities</b>				
2. Organ donation committees operational				Ongoing
<b>3. Clinical System</b>				
<b>3a. Diagnostic Radiology</b>				
<b>A1. Staffing/Coverage</b>				
1. Enterprise wide Scheduling (Consolidation of Scheduling/Registration Functions)				
<b>A2. Facilities &amp; Equipment</b>				
1. COH for YNH to acquire SPARC Total Venous				
2. Facilities Plan Completed				
<b>A3. Integration Activities</b>				
1. Assessment of radiology services and equipment and implementation				Ongoing
2. Professional readiness available 24/7 at YNH				
<b>3b. Emergency Department</b>				
<b>A1. Staffing/Coverage</b>				
1. Finalize ED Structure to Create an Integrated Model				
<b>A2. Facilities &amp; Equipment</b>				
1. Review Emergency Transportation (Ambulance and Helicopter)				Ongoing
2. Standardized Equipment (As Replacements Are Needed)				Ongoing
<b>A3. Integration Activities</b>				
1. Consolidation of Major Trauma at York Street				
2. Review Spouse Hospital Program Offering, Infrastructure, Costs and Opportunities				
<b>3c. Laboratory and Pathology</b>				
<b>A1. Integration Activities</b>				
a. Evaluate consolidation of Laboratory Services System-Wide (Integrated Lab and Shared LIS)				
b. Install and Operate SOFT Laboratory Systems on Both Campuses				
<b>3d. Medicine</b>				
<b>A1. Review Hospital Staffing Model and Administer Changes to Support Best Service</b>				
<b>A2. Develop Business Case for ICU</b>				
<b>A3. Evaluate and Implement CoreCare Center of Excellence at the Saint Raphael campus</b>				Ongoing
<b>A4. Complete RMCU ICU deployment</b>				
<b>3e. Nursing</b>				
<b>A1. Quality</b>				
1. Implement Magnet Recognition Plan				Ongoing
<b>A2. Integration Activities</b>				
1. Consistent Metrics and Standards and Creation of Unified Care Line Dashboard				
2. Achieve Reduction in Caregiver Hours (via Transforming Patient Care)				Ongoing
<b>3f. Pharmacy</b>				
<b>A1. Staffing/Coverage</b>				
1. Establish staffing with YNH employees (eliminate Contract Health contract)				
<b>A2. Facilities &amp; Equipment</b>				

	FY2014	FY2015	FY2016	FY2017
<b>1. IT Assets</b>				
1. Purchase and Standardize IT Assets				
A1. Integration Activities				
1. Migration Strategy Executed with Single Unified Product Footprint Cost Complete				
<b>2. Psychiatry</b>				
A1. Standardize/Expand				
1. Develop a Standard Model of Care for Psychiatry Services at Both Campuses				
a. 22 Year Old and Under on Winchester Ave, YSC				
b. 13-15 Year Old on Colchester St, SHC				
c. 16-17 Year Old on CV2, YSC				
2. One Standard Model of Care with One Psych ED				
A2. Quality & Regulatory				
1. Participate in State Collaborative Regional Plan- Integrating Behavioral Health Services Program and Delivery				LEAD
A3. Integration Activities				CREATE
1. Conduct CRIS Integration Unit Assessment & Develop/Implement an Improvement Plan (w/ED)				
2. Develop Strategies to Reduce Long LOS for Psychiatry Patients				
<b>3. Surgical Services</b>				
A1. Leadership				
1. Conduct an Assessment of Operating Room and Clinical Support Services				
2. Recruit physician leader to co-lead operating rooms				
3. Implement nursing standards/specs by latest across all practice sites				
A2. Complex Operations				
1. Integrate OR Operations Across Both Campuses, Temple and Shoreline				
2. Optimize Utilization Across All Sites				
3. Optimize Integration (YSC, SHC, and Temple)				
4. Develop a Full Surgery Center of Excellence (patient and family) at the Saint Raphael Campus				
5. Establish Governance of Health				
6. Implement operational recommendations (workload, engagement)				
7. Develop OR master plan				
<b>4. Women</b>				
A1. Integration Activities				
1. Integrate OB-GYN Services Across Both Campuses				
2. Expand OB Residency to Lower SHC				
3. Establish low risk delivery service at SR Campus utilizing midwifery program				
<b>5. Ambulatory Services</b>				
A1. Complete Ambulatory Strategic Plan				
1. Develop Inventory of all ambulatory locations and services				
2. Develop and implement programmatic recommendations				
A2. Planning for new ambulatory services				
- Outpatient operating				
- New Haven satellite planning				
<b>6. Non-Clinical Areas</b>				
A1. Consolidation of Vendors for Equipment, Services, Food/Staffing, House and Protective Services				
<b>7. Corporate Services</b>				
A1. Accounting & Finance				
1. Integrated Capital Budgeting Process Covering Both Campuses				
2. Integrated Operating Budgeting Process Covering Both Campuses				
3. Consolidation of Cost Accounting and Transaction Support Systems				
4. Consolidate Accounting Responsibilities for YSC with One Business Model				
5. Migrate all Financial Accounts from Oracle to Legacy SAP and Integrate Receivables				
6. Replicate Financial Structure for Service Lines				
7. Institute Flex Budgeting				
8. Reduce Electronic Fees Paid for Audit and Banking Operations at SHC				

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSC)  
 Integration Workplan  
 Certificate of Need Docket Number: 12-01747-CON  
 As of May 28, 2015

	Pre-2013	FY 2013	FY 2014	FY 2015
<b>4c. Activities</b>				
<b>4c.1. Review All Membership and Fees for Both Companies and Review/Reconcile Discrepancies</b>				
<b>4c.2. Compliance</b>				
A1. Ensure All Staff Receive Compliance Education Annually (Ongoing Communications and In-services)			Ongoing	Ongoing
A2. Billing, Coding, and Documentation Audits of Both Hospital and Physician Activities			Ongoing	Ongoing
A3. SIC Incorporated into WHHS Conflict of Interest Process				
<b>4c.3. HR/HRM Initiatives</b>				
A1. Standardize Career Ladders				
A2. Standardize Performance Management System and Process				
A3. Standardize Rewards, Recognition, and Incentive Performance Based Pay				
A4. Employee Engagement Survey				Ongoing
A5. Design and Implement Saint Raphael Career Manager Education Program				Ongoing
<b>4c.4. Information Technology and Information Systems</b>				
A1. Consolidation of Approved Applications				
1. Reduce Application Portfolio for EHR Implementation				
2. Application Consolidation for The Following Areas: Laboratory - Anatomical Pathology, Cardiology, Radiation Oncology & Neurosciences				
3. Application Consolidation for The Following Areas: Gastroenterology, Biotech Services, PAC & Sleep Center				
A2. Service Desk Standardized				
A3. Consolidation of Teletron Operator Services				
A4. Review Service Contracts for Systems Used Prior to EHR Integration				
<b>4c.5. Legal &amp; Planning</b>				
A1. Identify vendor consolidation opportunities			Ongoing	Ongoing
A2. Continue Integration Work with marketplace partner				
<b>4c.6. Marketing, Communications, Image and Community Outreach</b>				
A1. Develop and Implement Community Relevance Strategy			Ongoing	Ongoing
A2. Implement Communication Strategies for Patients and Employees			Ongoing	Ongoing
A3. Candidate Advisory Groups				
<b>4c.7. Revenue Cycle</b>				
A1. Testers and Combined Accounts Receivables via EHR				
A2. Medical CD Ms and Charge Levels				
A3. Integrated Master Patient Index				
A4. Identify Billing Systems and Vendor to Support Revenue Cycle Functions				
A5. Revenue Cycle Functions Centralized Organizationally and Physically, Where Possible				
A6. Centralized Finance Throughout Entire Revenue Cycle				
A7. Revenue Cycle Opportunities Complete				
1. Pricing Strategies				
2. Denials				
3. Charge Capture				
<b>4c.8. Patient Access and Managed Care</b>				
A1. Matched/Consistent Rates for All Payors Across Both Companies				
<b>4c.9. Supply Chain</b>				
A1. Contract renegotiations				Ongoing
A2. Inventory management				
A3. Service Response Center consolidation				

YALE-NEW HAVEN HOSPITAL  
 TWELVE MONTH PRELIMINARY FILING  
 FISCAL YEAR 2015  
 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)
LINE	DESCRIPTION	Oct-Mar 2014 ACTUAL	Oct-Mar 2015 ACTUAL
<b>I. OPERATING EXPENSE BY CATEGORY</b>			
<b>A. Salaries &amp; Wages:</b>			
1	Nursing Salaries	163,838,665	169,389,756
2	Physician Salaries	0	0
3	Non-Nursing, Non-Physician Salaries	236,516,515	236,009,960
	<b>Total Salaries &amp; Wages</b>	<b>400,355,180</b>	<b>405,399,716</b>
<b>B. Fringe Benefits:</b>			
1	Nursing Fringe Benefits	69,720,682	67,194,595
2	Physician Fringe Benefits	0	0
3	Non-Nursing, Non-Physician Fringe Benefits	48,296,599	48,227,101
	<b>Total Fringe Benefits</b>	<b>118,017,281</b>	<b>115,421,696</b>
<b>C. Contractual Labor Fees:</b>			
1	Nursing Fees	2,471,091	4,264,364
2	Physician Fees	38,722,596	46,057,910
3	Non-Nursing, Non-Physician Fees	18,265,189	22,312,793
	<b>Total Contractual Labor Fees</b>	<b>59,458,876</b>	<b>72,635,087</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>			
1	Medical Supplies	106,703,959	113,597,697
2	Pharmaceutical Costs	79,880,160	98,498,044
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>186,584,119</b>	<b>212,095,742</b>
<b>E. Depreciation and Amortization:</b>			
1	Depreciation-Building	22,656,973	23,079,251
2	Depreciation-Equipment	35,963,915	37,855,620
3	Amortization	0	0
	<b>Total Depreciation and Amortization</b>	<b>58,620,888</b>	<b>60,734,871</b>
<b>F. Bad Debts:</b>			
1	Bad Debts	0	0
<b>G. Interest Expense:</b>			
1	Interest Expense	12,665,748	10,165,636
<b>H. Malpractice Insurance Cost:</b>			
1	Malpractice Insurance Cost	714,855	8,196,077
<b>I. Utilities:</b>			
1	Water	831,550	1,006,896
2	Natural Gas	1,046,700	1,054,333
3	Oil	0	0



YALE-NEW HAVEN HOSPITAL  
 TWELVE MONTH PRELIMINARY FILING  
 FISCAL YEAR 2015  
 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)
LINE	DESCRIPTION	Oct-Mar 2014 ACTUAL	Oct-Mar 2015 ACTUAL
<b>A.</b>	<b>General Services:</b>		
1	General Administration	38,057,838	37,527,197
2	General Accounting	2,925,371	2,884,426
3	Patient Billing & Collection	14,471,010	21,206,901
4	Admitting / Registration Office	7,331,207	7,957,340
5	Data Processing	0	0
6	Communications	3,028,760	2,970,789
7	Personnel	2,162,985	2,065,879
8	Public Relations	559,083	604,259
9	Purchasing	1,891,384	2,699,389
10	Dietary and Cafeteria	15,159,492	15,294,246
11	Housekeeping	13,464,845	12,858,466
12	Laundry & Linen	101,526	172,319
13	Operation of Plant	15,508,765	19,201,802
14	Security	5,336,472	5,243,593
15	Repairs and Maintenance	12,901,731	13,429,183
16	Central Sterile Supply	5,181,552	6,567,785
17	Pharmacy Department	31,371,873	48,408,533
18	Other General Services	224,186,619	218,632,136
	<b>Total General Services</b>	<b>393,640,513</b>	<b>417,724,244</b>
<b>B.</b>	<b>Professional Services:</b>		
1	Medical Care Administration	23,085,950	25,499,409
2	Residency Program	34,974,593	44,524,160
3	Nursing Services Administration	8,853,941	8,083,604
4	Medical Records	3,452,675	3,908,516
5	Social Service	3,046,004	4,250,781
6	Other Professional Services	0	0
	<b>Total Professional Services</b>	<b>73,413,163</b>	<b>86,266,470</b>
<b>C.</b>	<b>Special Services:</b>		
1	Operating Room	72,450,721	81,655,113
2	Recovery Room	5,494,048	5,691,858
3	Anesthesiology	10,033,530	13,634,798
4	Delivery Room	6,210,445	8,055,232
5	Diagnostic Radiology	18,606,885	18,813,561
6	Diagnostic Ultrasound	3,411,259	2,005,444
7	Radiation Therapy	7,749,588	9,182,538
8	Radioisotopes	18,397,466	21,102,669
9	CT Scan	3,017,693	3,265,495
10	Laboratory	34,531,372	37,543,462
11	Blood Storing/Processing	11,173,712	10,138,368
12	Cardiology	0	0
13	Electrocardiology	10,784,930	10,401,416

YALE-NEW HAVEN HOSPITAL  
 TWELVE MONTH PRELIMINARY FILING  
 FISCAL YEAR 2015  
 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)
LINE	DESCRIPTION	Oct-Mar 2014 ACTUAL	Oct-Mar 2015 ACTUAL
14	Electroencephalography	3,285,639	2,168,297
15	Occupational Therapy	0	0
16	Speech Pathology	0	0
17	Audiology	0	0
18	Respiratory Therapy	7,820,515	8,339,846
19	Pulmonary Function	1,520,652	1,766,585
20	Intravenous Therapy	538,189	670,880
21	Shock Therapy	0	0
22	Psychiatry / Psychology Services	2,790,014	3,782,872
23	Renal Dialysis	1,957,467	1,961,618
24	Emergency Room	32,397,885	32,656,830
25	MRI	3,595,854	3,731,793
26	PET Scan	0	0
27	PET/CT Scan	0	0
28	Endoscopy	1,617,510	952,885
29	Sleep Center	0	0
30	Lithotripsy	0	0
31	Cardiac Catheterization/Rehabilitation	3,253,940	2,968,710
32	Occupational Therapy / Physical Therapy	4,427,768	5,086,485
33	Dental Clinic	2,014,448	2,415,593
34	Other Special Services	2,737,232	2,236,706
	<b>Total Special Services</b>	<b>269,816,662</b>	<b>288,229,052</b>
<b>D.</b>	<b>Routine Services:</b>		
1	Medical & Surgical Units	107,489,738	116,495,947
2	Intensive Care Unit	27,645,620	25,016,787
3	Coronary Care Unit	5,076,888	4,890,249
4	Psychiatric Unit	12,782,972	13,736,305
5	Pediatric Unit	7,775,799	7,939,875
6	Maternity Unit	4,448,808	4,040,181
7	Newborn Nursery Unit	2,307,988	2,095,995
8	Neonatal ICU	9,602,946	9,780,496
9	Rehabilitation Unit	0	0
10	Ambulatory Surgery	5,051,154	6,540,894
11	Home Care	0	0
12	Outpatient Clinics	100,740,305	119,015,544
13	Other Routine Services	0	0
	<b>Total Routine Services</b>	<b>282,922,216</b>	<b>309,552,273</b>
<b>E.</b>	<b>Other Departments:</b>		
1	Miscellaneous Other Departments	104,628,969	88,886,961
	<b>Total Operating Expenses - All Departments*</b>	<b>1,124,421,523</b>	<b>1,190,659,000</b>

YALE-NEW HAVEN HOSPITAL  
TWELVE MONTH PRELIMINARY FILING  
FISCAL YEAR 2015  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)
LINE	DESCRIPTION	Oct-Mar 2014 ACTUAL	Oct-Mar 2015 ACTUAL
	*A.- 0. The total operating expenses amount above must agree with the total operating expens		

# ATTACHMENT 4



- ☐ 1 Bradley Rd., Ste. 801 • Woodbridge, CT 06525 • Phone: (203) 389-4593 • Fax (203) 389-4609 76
- ☐ 2285 Whitney Ave. • Hamden, CT 06518 • Phone: (203) 691-6248 • Fax (203) 691-9239
- ☐ 103 N Main Street • Branford, CT 06405 • Phone: (203) 433-4683 • Fax (203) 208-2048

September 3, 2015

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

Dear Deputy Commissioner Brancifort:

I understand that the Yale-New Haven Hospital (YNHH) outpatient rehabilitation facility has a request into OHCA to close their Branford site on 85 N Main Street. We are located directly across the street less than 0.1 miles (103 N Main Street Branford) and have the capacity to absorb 500 patient visits per month including current patients and patients that will need future therapy services that live in the direct vicinity. We also have two other additional sites, Hamden and Branford, both within 13 geographical miles from Branford should the patients find those sites convenient as well.

Amity Physical Therapy participates with all commercial insurers, Medicare, and the majority of Worker's Compensation plans. Feel free to contact me directly with any questions you have.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael P. LisPT", is written over a faint, circular watermark or background.

Michael P. LisPT  
CEO/Director/Owner  
Amity Physical Therapy  
1 Bradley Road Suite 801 Woodbridge CT 06525 (203) 389-4593  
103 N Main Street Branford CT 06450 (203) 433-4683  
2285 Whitney Avenue Hamden CT 06518 (203) 691-6248  
[www.amitypt.com](http://www.amitypt.com)

# Chapin & Havlicek

physical therapy LLC

has joined



Stony Creek Medical Center 7  
6 Business Park Drive Suite 201  
Branford, CT 06405  
(203) 483-7979  
Fax (203) 483-5858

Prince Professional Center  
46 Prince Street Suite 402B  
New Haven, CT 06519  
(203) 752-7878  
Fax (203) 776-4989

October 6, 2015

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

Dear Deputy Commissioner Brancifort:

I understand the Yale-New Haven Hospital (YNHH) outpatient rehabilitation services facility has a request into OHCA to close their Branford site. Our clinic at 6 Business Park Road in Branford is located within three miles of the Yale facility. We will gladly welcome any Yale patients that are in need of continued outpatient rehabilitation services. Our clinic accepts Medicare and all commercial insurers. In addition to our Branford location we also have locations at 46 Prince Street, Suite 402B, New Haven, CT 06519 and 385 Church Street, Guilford, CT 06437.

If any further information is needed to provide for a smooth transition of patients please feel free to contact me directly.

Sincerely,

**Michael Durand**  
Vice President of Business Development  
47 North Main Street,  
West Hartford, CT 06107  
860-409-4595 Ext 305

Avon      Branford      Groton      Guilford      Naugatuck      New Haven      New London      Orange  
Southbury      Southington      Wallingford      Waterbury      Watertown      Westbrook      Windsor      [www.ptsmc.com](http://www.ptsmc.com)



# ATTACHMENT 5

## CURRICULUM VITAE

**RICHARD D'AQUILA**  
282 Boston Post Road

Westbrook, CT 06498  
Telephone (860) 669-0871



**BUSINESS ADDRESS:** Yale-New Haven Hospital  
20 York Street  
New Haven, CT 06510  
Telephone: (203)-688-2606

### PROFESSIONAL EXPERIENCE:

June, 2014 President	<b>President</b> Yale-New Haven Hospital <b>Executive Vice President</b> Yale-New Haven Health System
February, 2012 June, 2014	<b>President and Chief Operating Officer</b> Yale-New Haven Hospital <b>Executive Vice President</b> Yale New Haven Health System
May, 2006 to February, 2012	<b>Executive Vice President and Chief Operating Officer</b> Yale-New Haven Hospital/Yale New Haven Health System

### Organizational Profile

Yale New Haven Health System (YNHHS) is a 1597-bed delivery network formed in 1995 which consists of Yale-New Haven, Bridgeport and Greenwich Hospitals. YNHHS has revenues in excess of \$2.3 billion in FY '11 based on 90,000 discharges and 1.3 million outpatient visits. Yale-New Haven Hospital is a 1,008-bed tertiary referral medical center that includes the 201-bed Yale New Haven Children's Hospital and the 76-bed Yale New Haven Psychiatric Hospital. Both Yale New Haven Health System and Yale-New Haven Hospital are formally affiliated with Yale University School of Medicine.

### Responsibilities

Overall responsibility for all aspects of day to day operations for Yale-New Haven Hospital (YNHH) and the

senior network leader at the Yale New Haven Health System representing the YNHH delivery network. Hospital leadership responsibilities include direct accountability for the senior leadership team, strategic planning, organizational performance, quality improvement, labor relations and human resources management, system integrations, external relations and service line development. Senior leadership and implementation responsibility for all aspects of the hospital's annual business (operating) plan. Senior level oversight of the hospital's facility plan including construction of a 112-bed, \$450 million Comprehensive Cancer Pavilion commencing construction in the fall of 2006.

August, 2000 to April, 2006

Senior Vice President/Chief Operating Officer  
New York Presbyterian Hospital/  
Weill Cornell Medical Center  
New York, New York

Organizational Profile

New York Presbyterian Hospital is a 2,369 bed Academic Medical Center created from the merger between the New York Hospital and the Presbyterian Hospital in the City of New York. The Weill Cornell Medical Center consists of an 880 bed acute care facility in Manhattan and the 239 bed Westchester Division campus in White Plains specializing in behavioral health.

Responsibilities

Overall responsibility for all aspects of day to day operations for the Weill Cornell Medical Center and the Westchester Division, a two campus Academic Medical Center of 1120 beds. Direct responsibility for a total operating expense budget in excess of \$450,000,000 and revenues of \$850,000,000. Senior leadership and implementation for all aspects of the Medical Center's operating plan including quaternary and tertiary service development, medical staff relations and recruitment, employee relations and labor strategy. System level member of the Corporate Management Team with involvement in strategic and facilities planning, service line development, information technology and performance improvement.

May 1992 to June 2000

Executive Vice President/Chief Operating Officer  
St. Vincent's Medical Center  
Bridgeport, Connecticut

**President**  
Vincentures, Inc.

**President**  
St. Vincent's Development Corporation, Inc.

Chief Operating Officer of 391 bed, university-affiliated acute care hospital and health system. President/CEO of affiliated subsidiaries with management responsibility at the Medical Center and corporate level. Medical Center responsibilities including day to day operations oversight for patient care services; support services and facilities planning and development. Corporate responsibilities including information systems, ambulatory network development, managed care contracting network oversight and real estate/satellite facility development.

January 1987-April 1992

**President/CEO**  
Health Initiatives Corporation  
Providence, Rhode Island

Chief Executive Officer of a consulting practice specializing in strategic planning, business development and project implementation assistance for acute care and specialty hospitals, state planning agencies and private investors. Specific responsibilities included:

- Practice Leadership
- Engagement Planning and Management
- Project Supervision and Control
- Client Interface
- Practice Marketing and Business Development

June 1984-December 1986

**Vice President**  
The Mount Sinai Hospital Corporation  
Hartford, Connecticut

June 1981-June 1984

**Vice President, Division of Planning  
and Community Services**  
The Mount Sinai Hospital  
Hartford, Connecticut

June 1979-June 1981

**Assistant Executive Director**  
The Mount Sinai Hospital  
Hartford, Connecticut

January 1979-May 1979

**Administrative Resident**  
The Mount Sinai Hospital  
Hartford, Connecticut

**OTHER APPOINTMENTS:**

November 2000 To Present	<b>Member, Board of Directors</b> Voluntary Hospitals of America/Metro New York New Rochelle, New York
January 1995- June 2000	<b>Member, Board of Directors</b> Goodwill Industries Bridgeport, Connecticut
December 1993- June 2000	<b>Founding Board Member</b> Park City Primary Care Center Bridgeport, Connecticut
May, 1992- June 2000	<b>Member, Board of Directors</b> St. Vincent's Development Corporation Vincentures, Inc. Omicron, Inc. Connecticut Health Enterprises Bridgeport, Connecticut
January 1992- December 1994	<b>Member, Board of Directors</b> Visiting Nurses Association of Fairfield County Bridgeport, Connecticut
January 1989- December 1991	<b>Member, Board of Directors</b> Easter Seal Society/Meeting Street Rehabilitation Center, Inc. of Rhode Island Providence, Rhode Island
January 1980- December 1989	<b>Member, Board of Directors</b> Combined Hospitals Alcohol Program Hartford, Connecticut
September 1985- December 1986	<b>President, Board of Directors</b> Regional Alcohol and Drug Abuse Resources, Inc. Hartford, Connecticut
September 1981- December 1986	<b>Adjunct Faculty/Lecturer</b> University of Hartford, Barney School of Business and Public Administration West Hartford, Connecticut
January 2001- Present	<b>Adjunct Faculty/Residency Preceptor and Lecturer</b> Robert F. Wagner Graduate School of Public Service New York University New York, N.Y.
December 2000 - Present	<b>Adjunct Faculty/Lecturer</b> Weill Medical College of Cornell University Department of Public Health, New York New York, N.Y.

January, 2009 to Present      **Member, Board of Directors**  
 Habitat of Greater New Haven  
 New Haven, Connecticut

February, 2012 to Present      **Member, Board of Trustees**  
 Yale-New Haven Hospital  
 New Haven, Connecticut

September 2012-  
 May 2013      **Preceptor**  
 Fairfield University School of Nursing

**EDUCATION:**

**Yale University School of Medicine**  
 Graduate Program in Hospital Administration  
 Academic Distinctions: Research Excellence Award (1979)  
 1979 Graduate

**Central Connecticut State University**  
 Bachelor of Arts: Economics/Business  
 Academic Distinctions: Omicron Delta Epsilon  
 Economics Honor Society  
 1977 Graduate

**PUBLICATIONS:**

1. *Evidence-Based Management in Healthcare*, Kovner, Anthony R., Fine, David J., and D'Aquila, Richard. Health Administration Press Textbook, 2009.
2. *Yale-New Haven Hospital's Asset Acquisition of the Hospital of St. Raphael: Pre-Close, Planning and Transition Activities*, D'Aquila, Richard; Aselyne, William; Lopman, Abe; Jweinat, Jillian; Ciacco, Teresa; Comerford, Matthew; American Journal of Medicine, August 2013 (Accepted).
3. *Achieving Safe Patient Flow in an Academic Medical Center: A Quality Improvement Journey at Yale-New Haven Hospital*; The Joint Commission Journal on Quality and Patient Safety (Accepted).

**PROFESSIONAL AFFILIATIONS:**

Fellow, American College of Health Care Executives  
 Yale Hospital Administration Alumni Association  
 Connecticut Hospital Association

**CHRISTOPHER M. O'CONNOR, FACHE**

54 Connelly Hill Road  
Hopkinton, MA 01748

oconnor.chris09@gmail.com

Tel: (508) 625-1487  
Mobile: (203) 444-5789

**PROFESSIONAL EXPERIENCE****YALE NEW HAVEN HEALTH SYSTEM, NEW HAVEN, CT**

*Large academic health system with nearly \$3.4 billion in revenue, 2,130 beds and over 19,000 employees located in southern Connecticut*

**Executive Vice President, Chief Operating Officer (2012 – present)**

Responsible for system operations of this large, academic multihospital integrated delivery system including overseeing the 300+ physician medical foundation.

- Integrated the employee health, occupational medicine and corporate health components into a consolidated and aligned business unit with gains in efficiencies and revenue performance.
- Leading the system's cost and value positioning effort to improve our annual cost performance by more than \$125 million on an ongoing annual basis. Chair of the system implementation steering committee that coordinates the four committees driving this project.
- Coordinating the effort to improve the operations through a system approach in the laboratory, pharmacy, care management, medical staff credentialing -- these areas are under system development to meet operational benchmark targets as well as business plan opportunities.
- Leading the "big data" effort across the health system to ensure the capability to manage data and produce information meets the changing needs across the health care spectrum.

**SAINT RAPHAEL HEALTHCARE SYSTEM, NEW HAVEN, CT**

*Large community teaching hospital (511 beds) affiliated with the Yale School of Medicine encompassing over \$500 million in revenue, long term care and other ancillary services*

**President and Chief Executive Officer (2009-2012)**

Reporting to the Board, oversaw all aspects of the health care system up to and including the asset sale of the system to Yale-New Haven Hospital in September of 2012.

- Led the team to negotiate and ultimately execute a letter of intent and Asset Purchase Agreement with Yale-New Haven Hospital. This process included a full second request investigation by the Federal Trade Commission as well as reviews by the Attorney General and the Office of Health Care Access regarding a Certificate of Need process.
- Implemented a broad strategy to investigate an opportunity to affiliate with a system that included national catholic systems, for-profit systems and systems within the state of Connecticut.
- Over the two year period managed to maintain operational focus and performance while managing through the purchase process while uncertain of the approval process.
- Improved profitability of the medical center by implementing widespread redesign and cost improvement targets.

**CARITAS ST. ELIZABETH'S MEDICAL CENTER, BOSTON, MA**

*Flagship tertiary teaching hospital of a six-hospital system affiliated with Tufts School of Medicine, located in eastern Massachusetts with 340 licensed beds and 2,500 employees and nearly \$400 million in net revenue.*

**President (2006 – 2009)****Chief Operating Officer (2006)**

Responsible for medical center operations including strategic plan, operational performance and community engagement for this urban tertiary teaching hospital.

- Exceeded budgeted performance, earning progressively larger bottom-lines of 1.1%, 1.5% and 2% during the three fiscal years under my leadership.

- Successfully recruited more than 40 new physicians, including key leadership as well as clinical staff to facilitate clinical activity turnaround.
- Improved patient satisfaction from the 70<sup>th</sup> percentile to the 90<sup>th</sup> percentile by linking service, quality and access to leadership performance.
- Through a team approach, worked to improve quality goals in many areas including surgical care infection, cardiac outcomes, infection control and ventilator associated pneumonia. Facilitated the implementation of a transparent patient safety program with non-punitive reporting as well as a thorough root cause analysis process to ensure process improvements.
- Recognized as a Tompson Performance Improvement hospital in both 2007 and 2008 in the large teaching category.
- Improved quality outcomes, including benchmark performance in the surgical care infection program to over 95% compliance, and achieved distinction from the Institute of Healthcare Improvement.
- Facilitated programmatic expansion into hyperbaric wound care, neurosciences and robotic surgery. Oversaw milestone construction projects including: a new emergency department, operating suite renovations, a neuroscience and spine center and a multi-disciplinary wound center.
- Led the implementation of Leadership Development initiative across the system in conjunction with the "Achieving Exceptional Care" program -- A Studer Group collaborative for over 600 system-wide leaders that focused on improving leadership tools.

#### OCHSNER HEALTH SYSTEM, NEW ORLEANS, LA

*A non-profit, academic, multi-specialty healthcare delivery system dedicated to patient care, research and education. The system includes seven hospitals, more than 35 healthcare centers and 11,000 employees.*

#### **Vice President Clinical Operations (2003 – 2006)**

Responsible for specialty clinical services including cardiac, oncology, digestive diseases, musculoskeletal, transplant, surgical and perioperative services. Included within these service lines are both clinic operations and hospital services for areas including infusion therapy, radiation therapy, endoscopy, cardiac cath labs and EP labs, 23 OR suites, 6 OR ASC, and 2 plastic surgical OR suites.

- Hurricane Katrina - Led the organization through its response to this national disaster. Ochsner was one of three hospitals to remain functional throughout the storm and flooding. Facilitated the emergency preparedness and response to this regional catastrophe including countless leadership and staff meetings and briefings for the 2,500 staff, patients and dependants sheltered at Ochsner. Assisted in communicating current operational status with media outlets. Assisted in coordination of assets and security needs with state and local emergency operations centers. Maintained a structured decision making process in the face of failing utilities, flooding, civil unrest and numerous operational and human resource issues.
- Assisted in the acquisition process that resulted in the purchase of three Tenet hospitals in the greater New Orleans region. Finalized planning for new cancer center and heart and vascular institute. Facilitated the operational opening of main campus ASC in January 2004.
- Facilitated the focus on patient satisfaction, patient safety and quality, including implementing quality metrics as well as improving patient satisfaction within the operating room setting by 50% over a 12-month period.
- Upon arrival, addressed significant resource shortage within Anesthesia. Implemented recruitment and retention tactics to increase CRNA staff, recruited a new chair and increased staffed anesthesia locations 20% within a year of implementation.
- Improved endoscopy scheduling by both resource allocation and process improvement that increased procedures from 50 to 70 per day.

#### HOSPITAL OF SAINT RAPHAEL, NEW HAVEN, CT

*A 510 bed tertiary teaching hospital affiliated with the Yale School of Medicine in New Haven, Connecticut. St. Raphael's has more than 3,500 employees with a broad range of clinical programs with over \$600 million in net patient revenue.*

#### **Vice President, Clinical Operations (2001 – 2003)**

**Administrative Director, Departments of Surgery and Emergency Medicine (1999 – 2001)**

**Administrator, St. Raphael Physician Organization (1997 – 1999)**

Progressive responsibility focused on operational performance of major clinical departments including surgery, emergency medicine, radiology, pathology, gastroenterology, cardiac and oncology services. Responsible for more than 400 FTE's and \$200+ million in net patient service revenue.

- Following 9/11, established the first regional emergency response agreement in Connecticut in collaboration with Yale New Haven Hospital and other local healthcare providers.
- Improved OR efficiency by both adding supply (from 19 OR suites to 23) and increasing production by \$25 million in gross revenue. Improved cost per case by 5%, and increased OR utilization (saving approximately \$3 million in both med/surg supplies and implant costs).
- Implemented OR information system (ORSOS) following a difficult period for both scheduling and preference cards.
- Implemented a capitated defibrillator agreement with Medtronic that enabled savings of more than \$1.2 million in pacemaker and defibrillator implants in one year.
- Coordinated the integration of additional subspecialties within the practice, increasing gross professional revenue to \$1.5 million.

SINAI HOSPITAL OF BALTIMORE, BALTIMORE, MD (1995 – 1997)

*A large acute tertiary teaching hospital with nearly 500 beds and affiliated with the Johns Hopkins School of Medicine. It is the flagship for Lifebridge Health an two-hospital integrated healthcare delivery system.*

**Coordinator, Emergency Medicine Operations (1996 – 1997)**

**Administrative Resident (1995 – 1996)**

Following post graduate residency, worked with then CEO Warren Green and the senior leadership team. Remained and managed this large emergency department, which at the time was seeing 65,000 patients annually with more than 20 physicians and PA FTE's.

**AFFILIATIONS / BOARD MEMBERSHIPS / RECOGNITIONS**

**CONNECTICUT HOSPITAL ASSOCIATION, Board Member (2010-present)**

*Diversified Network Services, Board Member (2010-present)*

*Financial Oversight Committee, Member (2010-present)*

**VHA, NORTHEAST PURCHASING COALITION, Board Member (2012-present)**

**AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES, Fellow**

*Member of Article of the Year Committee*

**AMERICAN HEART ASSOCIATION, Founders Affiliate, Board Member (2008)**

*Chair of the Heart Walk Leadership Committee*

**SAINT RAPHAEL LEADERSHIP AWARD, ( September, 2012)**

**GOOD SCOUTING LEADERSHIP AWARD (October, 2012)**

**NEW HAVEN BUSINESS TIMES, Forty under 40 Award (September 2000)**

**EDUCATION**

THE GEORGE WASHINGTON UNIVERSITY, Washington, DC - 1996

**Masters in Health Service Administration**

THE GEORGE WASHINGTON UNIVERSITY, Washington, DC - 1993

**Bachelor of Arts, Economics**

Linda F. Pettine

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**EMPLOYMENT HISTORY:**

**Yale-New Haven Hospital**

3/2014-Present

Associate Director, Yale New Haven Health Occupational Medicine and Wellness Services

- Member of the executive team responsible for the planning and implementation of a system-wide strategy for Occupational Health and Wellness Services. Specific duties have included:
  - Collaboration on modeling different strategies for standardization of various clinical processes.
  - Integration of employee health onto a unified practice management and EMR software platform.
  - Chairing the system occupational health fee standardization committee.
- Chair the annual hospital system-wide influenza vaccination program responsible for the vaccination of 19,000 Yale New Haven Health System employees.
- Oversee billing operations for system-wide occupational health program

9/2012-3.2014

Manager, Occupational Health Plus a Component of Worker Health Solutions, Yale-New Haven Hospital, New Haven, CT

- .Operational oversight of four clinics including financial and clinical resource management.
- Negotiate vendor agreements, having developed relationships with different vendors. Manage contracts and draft RFP and grant responses.

**Hospital of Saint Raphael**

11/2010-9/2012

Administrative Director, Occupational Health Plus™, Hospital of Saint Raphael, New Haven, CT

- Provided administrative oversight of four clinics
- Supervised managerial level staff and successfully developed a very cohesive team responsible for managing over 50 employees.
- Negotiated agreements with client companies and maintained key client companies through direct interaction and participation in the pre-sales and sales processes.
- Provided managerial oversight of the Employee Wellness Program for a major municipality and assisted in the development of the program

as well as the successful RFP response.

- Managed a budget of over \$5,000,000

1/2004-2/2011

Manager, Outpatient Rehabilitation Services, Hospital of Saint Raphael  
New Haven, CT

- Oversaw three out-patient rehabilitation facilities
- Year over year growth in volume and revenue
- Developed and implemented productivity and quality improvement standards and auditing tools for outpatient rehabilitation

**Connecticut Physical Therapy, L.L.C.**

6/1999-1/2004

Multi-Facility Director, Cheshire and Wallingford, CT

- Managed staff and operations of two outpatient physical therapy offices
- Consistent profitability each quarter

**Keystone Physical Therapy & Sports Medicine P.C., Cheshire and Wallingford, CT  
(Originally Pettine & McDiarmid Physical Therapy)**

1/1986-6/1999:

Founder and President, Founded and managed a highly successful physical therapy practice with revenues exceeding \$2,000,000 annually.

- Operated multiple offices and managed 12 employees.
- Innovations included bringing aquatic-therapy to the practice and marketing the practice to home-care agencies.
- Was the sole therapy provider to a major Connecticut HMO
- Designed and oversaw facility construction
- Developed and implemented all practice policies and procedures
- Negotiated insurance contracts
- Developed and maintained physician relationships
- Implemented the company's practice management software system
- Ensured compliance with regulatory standards and obtained Medicare certification for outpatient physical therapy clinics
- Negotiated sale of practice to a regional provider

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**CLINICAL POSITIONS:**

1980 – 1986:

Hospital-Rehab Center Coordinator, Easter Seal Rehabilitation Center of  
Central Connecticut, Meriden, CT

Easter Seal Rehabilitation Center of Central Connecticut, Meriden, CT

Middlebury Orthopaedic Group, Waterbury, CT

Newport Hospital, Newport, RI

Worcester-Hahnemann Hospital, Worcester, MA

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**EDUCATION:**

MBA, focus in Health Care Management  
Quinnipiac University

Completed Masters level courses in Orthopedic Physical Therapy  
Quinnipiac College

Bachelor of Science in Physical Therapy, Magna Cum Laude  
University of Connecticut

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**PROFESSIONAL AFFILIATIONS:**

Member, Beta Gamma Sigma – International Honor Society of Business Students  
Member, American College of Healthcare Executives (ACHE)  
Member, National Association of Occupational Healthcare Professionals.  
Past President, Quinnipiac Chapter, American College of Healthcare Executives  
Secretary, Board of Directors, Greater New Haven Chamber of Commerce Health Care Council

Jodie A. Boldrighini

123 Harbor Drive #305, Stamford, CT 06902 ~ 203-912-7405 ~

jojobrn@hotmail.com

### SUMMARY OF QUALIFICATIONS

- Registered Nurse with 14 years of progressive leadership experience in different aspects of health care delivery including in-patient care, out-patient care, ambulatory care, home hospice care, as well as corporate/employee health.
- Experienced and resourceful leader in healthcare operations and management with excellent customer service skills, creative approach to new initiatives and growing a business.
- Self-starter with a demonstrated ability to work well under pressure and complete multiple projects with a positive attitude
- Professional, team player with a proven track record of successfully working closely with a variety of personnel
- Keen ability to navigate and capitalize on political factors.

### PROFESSIONAL EXPERIENCES

#### YALE-NEW HAVEN HEALTH SYSTEM

Director, Occupational Health and Employee Population Health Solutions, June 2015 -- present

- Set Strategic and Operational Plan for Occupational Health Services
- Set Strategic and Operational Plan for Employee Population Health Services
- Management of Sales and Marketing Teams

Associate Director, Corporate Health and Wellness, October 2013- June 2015

- Set Strategic Plan for growth of Corporate Health and Wellness across CT and Westchester County
- Management of Sales and Marketing Team
- Oversight of 12 On-Site Corporate Health Units/Services
- 35+ direct reports through restructuring
- Oversight of EPIC EMR implementation at Corporate Health Units
- Capital and Operational budgets, payroll, productivity
- Recruiting hiring and retention
- Committee Involvement: Member - Occupational Health Executive Team, Chair - Employee and Corporate Wellness Collaborative Team, Member - Corporate Management Group
- Achievements: Identified need and initiated Workflow Analysis and Capacity Study, Identified need and initiated Market Analysis of external market as well as Internal Stakeholders, Identified need and initiated RFP for Wellness through Towers Watson for the YNHHS, Consolidated Sales and Marketing Team, Initiated Corporate and Employee Wellness Collaborative Team

#### GREENWICH HOSPITAL

Manager of Sales and Operations, Occupational Health Services, October 2008-October 2013

- Management of Employee Health for the Hospital, Employee health services for 200 corporations and
- 8 corporate off site health units
- 20+ direct reports, client relations, employee relations
- Project management of multiple software conversions; EMR upgrades and conversion, billing software conversion
- Contract management, RFP responses, BIDs, negotiations, completion and implementation
- Capital and Operational budgets, payroll, productivity

- Management of day to day operations
- Recruiting hiring and retention
- Committee Involvement: Safety Committee Meeting, Environment of Care Council, Nursing Leadership, Leadership Forum
- Achievement: successful staff turnover to get the right 'team' in place, increase scope by 4 corporate health units, expanded into New Jersey, EMR implementation, conversion of billing software

Nurse Manager Medical Oncology Services, July 2006-October 2008

- 24 bed in-patient medical oncology unit, 9 chair out-patient infusing center
- 57 employees
- Capital and Operating budgets, payroll, productivity
- Quarterly Quality Measures and System Core Measures
- Successful preparation and completion of State and JCAHO surveys
- Committee Involvement: Steering Committee for Patient Satisfaction, Environment of Care Council, Nursing Leadership, Leadership Forum, Patient Through-Put Steering Committee
- Achievement: Improved Employee Satisfaction through internal study, resulting in improved Patient Satisfaction Scores to 99 percentile

Director of Home Hospice Department, September 2005-July 2006

- 20 employees
- Management of State and Federal Regulations, Quarterly Quality Measures
- Capital and Operating budgets, payroll, productivity
- Sales and marketing of program
- Organizing Annual Fundraiser, Nationally recognized Tree of Light Event
- Committee Involvement: Nursing Leadership, Leadership Forum, Chair -- Patient Advisory Council for Hospice
- Achievement: Doubled Daily Census of patients on service, AND Doubled length of stay on service

Clinical Leader, Oncology Services, November 2002 – September 2005

Clinical Nurse, Oncology Services, November 2001 – November 2002

### EDUCATION

THE UNIVERSITY OF NEW HAVEN New Haven, CT, 2013-2015

- Executive Masters in Business Administration

GEORGETOWN UNIVERSITY, Washington, DC, 1995-1999

- Bachelors in the Science of Nursing

### ADDITIONAL

- Recipient of Fairfield County's 40 under 40 award 2008
- Award for Quality Improvement 2002, 2003, 2007, 2011, 2012, 2013
  - Initiatives: Hand washing, Management of patients with CHF, Decreasing employee injuries related to employee

handling, 100% Employee Participation in Flu Vaccination Program

- Helen Meehan (RN of the year finalist - GH) Award Nominee 2002, 2003, 2007
- Nightingale (RN of the year finalist -- CT) Aware Nominee 2002, 2003
- Oncology Nursing Society -- member since 2001
- Teddy Bear Clinic, Look Good Feel Better 2001-2008
- American Cancer Society, Coordinator of First Relay for Life Greenwich 2007 -- 2012
- Hospice, Tree of Light, Coordinator of First event at new GH campus, 2003-2005
- BCLS and First Aid Certifications
- Certificate of Achievement for completion of Dale Carnegie Course, 2006; coach 2007
- National Certification, Occupational Health Professional, NAOHP, 2008
- Business Administration Award, High School, 1999

# ATTACHMENT 6





**YALE-NEW HAVEN HOSPITAL**  
 Proposal for the Termination of Rehab Services at Branford  
 Yale-New Haven Hospital  
**Assumptions**

<u>Net Revenue Rate Increases</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
1) Government	0 - 1.4%	0 - 1.2%	0 - 2%
2) Non-Government	2.0%	2.0%	1.0%

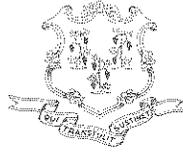
	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
<b><u>EXPENSES</u></b>			
A. <b>Salaries and Fringe Benefits</b>	3.7%	3.1%	3.4%
B. <b>Non-Salary</b>			
1) Medical and Surgical Supplies	3.7%	3.7%	3.7%
2) Pharmacy and Solutions	3.7%	3.7%	3.7%
3) Malpractice Insurance	3.0%	3.0%	3.0%
4) Professional and Contracted Services	6.5%	3.0%	3.0%
5) All Other Expenses	2 - 3%	2 - 3%	2 - 3%

	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
<b><u>FTEs</u></b>			
1) Total estimated FTEs	<u>10,454</u>	<u>10,503</u>	<u>10,539</u>

Note - The above increase projections reflect all changes relating to Medicare and Medicaid reimbursement regulations.

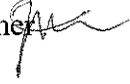
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

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: December 16, 2015

RE: Certificate of Need Application; Docket Number: 15-32041-CON  
Yale-New Haven Hospital  
Alignment of Yale- New Haven Hospital Outpatient Rehabilitation Services

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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

---

**From:** Foster, Tillman  
**Sent:** Wednesday, December 16, 2015 3:31 PM  
**To:** Nancy Rosenthal (Greenwich)  
**Cc:** Roberts, Karen; Greer, Leslie; Huber, Jack; Veyberman, Alla  
**Subject:** Completeness Letter, Docket Number: 15-32041-CON  
**Attachments:** YNHH Completeness Questions Revised Draft (KR changes redlined 2-15-15) (2).docx

Good Afternoon Nancy,

Please find the attached Completeness Letter in the matter of Yale-New Haven Hospital's proposal to terminate its occupational medicine and wellness services locate in East Haven and Branford. In responding to the Completeness Letter question, please follow the instructions included in the letter and provide the response letter as an attachment to an email only. Email the response letter to [OHCA@ct.gov](mailto:OHCA@ct.gov), and copy [karen.roberts@ct.gov](mailto:karen.roberts@ct.gov), [alla.veyberman@ct.gov](mailto:alla.veyberman@ct.gov) and [tillman.foster@ct.gov](mailto:tillman.foster@ct.gov). No hard copies are required. If you have any questions regarding the completeness letter, please feel free to contact me at (860) 418-7031 or Karen Roberts at (860) 418-7041.

Sincerely,

***Jillman Foster***

Tillman Foster  
Associate Health Care Analyst  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA, P.O. Box 340308  
Hartford, CT 06134  
Phone: (860) 418-7031  
Fax: (860) 418-7053  
Email: [Tillman.Foster@CT.GOV](mailto:Tillman.Foster@CT.GOV)



Dear Ms. Rosenthal:

On November 17, 2015, OHCA received the Certificate of Need application of Yale New-Haven Hospital proposing to terminate its outpatient rehabilitation services located at 84 North Main Street in Branford. OHCA requests additional information pursuant to Connecticut General Statutes §19a-639a(c). *Please electronically confirm receipt of this email as soon as you receive it.* Provide responses to the questions below in both a Word document and PDF format at the earliest convenience as an attachment to a responding email.

Repeat each question before providing your response and paginate and date your response, i.e., each page in its entirety. Information filed after the initial CON application submission (e.g., completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please begin your submission using **Page 97** and reference "**Docket Number: 15-32041-CON.**"

1. Revise Table 5 on p. 36 for the following:
  - a. FY 2015 full twelve months actual results.
  - b. Separation of the volume amounts between the occupational medicine-based and the non-occupational medicine-based rehabilitation visits.
2. Revise Table 6 on p.36 to update the utilization for year-to-date FY 2016. Include in your response what time frame (i.e., 2 mos., 1<sup>st</sup> qtr.) this utilization represents.
3. Revise Table 7 on p. 37 to update FY 2015 payer mix through 9/30/15 and payer mix for FY 2016 for year-to-date. Include in your response what timeframe (i.e., 2 mos., 1<sup>st</sup> qtr.) this represents for FY 2016. In addition, move the self-pay utilization under the uninsured payer category. Currently the applicant is reporting the self-pay payer mix under the commercial payer category.
4. Revise Table 8 by providing a breakdown of utilization by town, for most recently completed fiscal year (FY 2015).
5. Explain why the Branford site was chosen for termination of the Outpatient Rehabilitation services.
6. Per a statement on p.30, the Branford site is not operating at capacity. Explain how the Guilford, New Haven and Hamden sites will have ample capacity to accommodate the displaced patients from the Branford site.
7. Per Table 9 on p.40, only one site provides service for Medicaid children. Are there any sites that provide services for the Medicaid adult population? If so, refile this Table to identify such.
8. In reference to the financial Worksheet submitted on p. 94:
  - a. Replace *Actual Results* (col. 1) to use twelve months actual FY 2015 information.
  - b. Why is there a reduction in lease expenses if, per p.20, YNHH is considering use of this site for outpatient cardiology services?

9. Verify that there will be no Yale-New Haven Hospital revenue or expenses attributable to the outpatient rehabilitation services at this site moving forward. Further, verify that for the table below is accurately reflective of this termination of services.

**TABLE 10**  
**PROJECTED REVENUES AND EXPENSES FOR THE**  
**YALE BRANFORD OUTPATIENT REHABILITATION PROGRAM**

<b>Fiscal Year (FY)</b>	<b>FY 2017</b>	<b>FY 2018</b>
Revenue from Operations	\$0	\$0
Total Operating Expenses	\$0	\$0
<b>Gain/Loss from Operations</b>	\$0	\$0

10. In reference to financial Worksheet submitted on p. 95:
- a. Revise the Title of Columns 10 and 12 to reflect FY 15 Actual results with and without the service.
11. Provide any revised assumptions for the tables and the financial worksheets requested above, if necessary.

Please note that pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request no later than sixty days from the date of this email transmission. Therefore, please provide your written responses to OHCA no later than **February 16, 2015**, otherwise your application will be automatically considered withdrawn. **Please email your responses to all of the following email addresses: [OHCA@ct.gov](mailto:OHCA@ct.gov) and copy [karen.roberts@ct.gov](mailto:karen.roberts@ct.gov), [alla.veyberman@ct.gov](mailto:alla.veyberman@ct.gov), [tillman.foster@ct.gov](mailto:tillman.foster@ct.gov).** If you have any questions concerning this letter, please feel free to contact Alla Veyberman at (860) 418-7007, Karen Roberts at (860) 418-7041 or Tillman Foster at (860) 418-7031.

Sincerely,

***Jillman Foster***

Tillman Foster  
Associate Health Care Analyst  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA, P.O. Box 340308  
Hartford, CT 06134  
Phone: (860) 418-7031  
Fax: (860) 418-7053  
Email: [Tillman.Foster@CT.GOV](mailto:Tillman.Foster@CT.GOV)



## Greer, Leslie

---

**From:** Foster, Tillman  
**Sent:** Wednesday, December 16, 2015 4:07 PM  
**To:** Greer, Leslie  
**Subject:** FW: Completeness Letter, Docket Number: 15-32041-CON  
**Attachments:** Read: Completeness Letter, Docket Number: 15-32041-CON

-----Original Message-----

From: Rosenthal, Nancy [<mailto:Nancy.Rosenthal@greenwichhospital.org>]  
Sent: Wednesday, December 16, 2015 3:32 PM  
To: Foster, Tillman <[Tillman.Foster@ct.gov](mailto:Tillman.Foster@ct.gov)>  
Subject: Read: Completeness Letter, Docket Number: 15-32041-CON

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

## Greer, Leslie

---

**From:** McKennan, Matthew <Matthew.McKenna@YNHH.ORG>  
**Sent:** Wednesday, January 20, 2016 4:06 PM  
**To:** Foster, Tillman; Huber, Jack  
**Cc:** User, OHCA; Martone, Kim; Roberts, Karen; Veyberman, Alla; Rosenthal, Nancy; Jennifer Groves Fusco; Willcox, Jennifer  
**Subject:** Completeness Response (Dockets 15-32040 & 15-32041)  
**Attachments:** Cover Letter (15-32040 and 15-32041).pdf; Completeness Response Occupational Health (DN 15-32040).pdf; Completeness Response Rehabilitation (DN 15-32041).pdf

Good afternoon. Please find attached responses from Yale-New Haven Hospital to the completeness questions issued under Docket Numbers 15-32040 and 15-32041. Thank you.

Matt

**Matthew J. McKenna, JD/MBA**  
**Senior Planner**  
**Yale New Haven Health System**  
2 Howe Street  
New Haven, CT 06511  
Phone: (203) 688-9987  
Cell: (203) 907-9858

<https://www.ynhhs.org/>

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



**Completeness Question Responses**

**Alignment of Yale-New Haven Hospital  
Outpatient Rehabilitation Services**

**Docket No. 15-32041-CON**

**January 20, 2016**

1. Revise Table 5 on p. 36 for the following:

- a. FY 2015 full twelve months actual results.

**RESPONSE:**

OHCA Table 5, as contained at page 36 of the CON Application and restated below, includes actual FY2015 utilization for the Branford rehabilitation site for the full 12 months. The 5,984 visits reported for Branford are actual visits from October 1, 2014 through September 30, 2015 (FY 2015).

**TABLE 5  
HISTORICAL UTILIZATION BY SERVICE**

Service	Actual Volume (Last 3 Completed FYs)			CFY Volume
	FY 2012	FY 2013	FY 2014	FY 2015
Outpatient Rehabilitation (Visits)	6,515	5,115	5,273	5,984 actual
Total	6,515	5,115	5,273	5,984

- b. Separation of the volume amounts between the occupational medicine-based and the non-occupational medicine-based rehabilitation visits.

**RESPONSE:**

See revised OHCA Table 5 below separating volume between occupational health-based rehabilitation (“OH”) visits and non-occupational health-based rehabilitation (“NOH”) visits.

**TABLE 5  
HISTORICAL UTILIZATION BY SERVICE**

Service	Actual Volume (Last 3 Completed FYs)						CFY Volume	
	FY 2012 OH	FY 2012 NOH	FY 2013 OH	FY 2013 NOH	FY 2014 OH	FY 2014 NOH	FY 2015 OH	FY 2015 NOH
Outpatient Rehabilitation (Visits)	2,528	3,987	2,221	2,894	2,078	3,195	2,126	3,858
<b>Total</b>	<b>6,515</b>		<b>5,115</b>		<b>5,273</b>		<b>5,984</b>	

2. Revise Table 6 on p.36 to update the utilization for year-to-date FY 2016. Include in your response what time frame (i.e., 2 mos., 1<sup>st</sup> qtr.) this utilization represents.

**RESPONSE:**

OHCA Table 6 has been updated to include year-to-date FY 2016 visits for the Branford rehabilitation site. These figures represent visits from October 1, 2015 through November 30, 2015. They are separated by occupational health-based and non-occupational health-based visits.

**TABLE 6  
PROJECTED UTILIZATION BY SERVICE**

Service	Projected Volume			
	FYTD 2016 OH	FYTD 2016 NOH	FY 2017	FY 2018
Outpatient Rehabilitation (Visits)	239	638	0	0
<b>Total</b>	<b>877</b>		<b>0</b>	<b>0</b>

3. Revise Table 7 on p. 37 to update FY 2015 payer mix through 9/30/15 and payer mix for FY 2016 for year-to-date. Include in your response what timeframe (i.e., 2 mos., 1<sup>st</sup> qtr.) this represents for FY 2016. In addition, move the self-pay utilization under the uninsured payer category. Currently the applicant is reporting the self-pay payer mix under the commercial payer category.

**RESPONSE:**

OHCA Table 7 has been revised to reflect FY 2015 payer mix through September 30, 2015. The total number of discharges has not changed. The data was reported through September 30 in the CON Application, but the column in Table 7 was mislabeled as through June 30, 2015. Table 7 also now includes payer mix data for the first two months of FY 2016 (October and November) and self-pay discharges have been moved to the uninsured payer category.

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

Payer	Current		Projected					
	FY 2015 (through 9/30/15)		FY 2016		FY 2017		FY 2018	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare	610	10.19%	86	9.81%	N/A		N/A	
Medicaid	2,670	44.62%	460	52.45%				
CHAMPUS & TriCare	58	0.97%	4	0.46%				
<b>Total Government</b>	<b>3,338</b>	<b>55.78%</b>	<b>550</b>	<b>62.72%</b>				
Commercial Insurers	513	8.57%	88	10.03%				
Uninsured	7	0.12%	0	0%				
Workers Compensation	2,126	35.53%	239	27.25%				
<b>Total Non-Government</b>	<b>2,646</b>	<b>44.22%</b>	<b>327</b>	<b>37.28%</b>				
<b>Total Payer Mix</b>	<b>5,984</b>	<b>100%</b>	<b>877</b>	<b>100%</b>				

4. Revise Table 8 by providing a breakdown of utilization by town, for most recently completed fiscal year (FY 2015).

**RESPONSE:**

**TABLE 8  
UTILIZATION BY TOWN**

<b>Town</b>	<b>Utilization FY 15 (Visits &amp; Percentage)</b>
<b>Branford</b>	<b>1,826 (30.52%)</b>
<b>East Haven</b>	<b>1,280 (21.39%)</b>
<b>New Haven</b>	<b>895 (14.96%)</b>
<b>Guilford</b>	<b>434 (7.25%)</b>
<b>North Branford</b>	<b>425 (7.10%)</b>
<b>West Haven</b>	<b>225 (3.76%)</b>
<b>Hamden</b>	<b>97 (1.62%)</b>
<b>OTHER</b>	<b>802 (13.40%)</b>
<b><u>TOTAL</u></b>	<b>5,984 (100%)</b>

5. Explain why the Branford site was chosen for termination of the Outpatient Rehabilitation services.

**RESPONSE:**

The Branford outpatient rehabilitation site was chosen for termination for reasons primarily related to Yale-New Haven Hospital’s (“YNHH” or the “Hospital”) decision to terminate occupational health service at this location and consolidate services at sites in New Haven and Hamden. As discussed in greater detail in the CON Application pending under Docket No. 15-32040-CON, the occupational health consolidation is a result of the Hospital’s ambulatory space and program planning post-acquisition of St. Raphael’s Health System. YNHH determined that each of its four occupational health sites has capacity and consolidating the service to sites in New Haven and Hamden makes sense in terms of location of employers and patients, potential for market growth and anticipated cost savings.

With the proposed termination of the Branford occupational health site, YNHH anticipated a need to relocate the occupational health-based rehabilitation volume from Branford to the remaining occupational health sites. Occupational health patients often have both a medical and rehabilitation visit scheduled for the same day, in which case it makes the most sense for these services to be located in the same building. If they are not, a patient would need to see his/her medical provider in one office and then drive to another office location for rehabilitation services, thus reducing ease of access.

For non-occupational health-based rehabilitation patients, the YNHH model includes providing these services in settings where specialty physicians are co-located in order to enhance access. For example, the Guilford rehabilitation office has orthopedists practicing in the same building. YNHH's rehabilitation office at Long Wharf (discussed in response to Question 6 below) has both spine physicians and physiatrists on site. This allows for easier consultation and referral of patients as necessary. Rehabilitation patients also have access to specially certified therapists (i.e. spine, hand, women's health) at other YNHH sites that are not available at the Branford site.

YNHH also considered the space needs of other services as part of its decision to terminate the Branford site. The Hospital's outpatient cardiology service needs additional space, which will become available in Branford (where the service has an existing office) through the consolidation of outpatient rehabilitation services to other YNHH locations.

6. Per a statement on p.30, the Branford site is not operating at capacity. Explain how the Guilford, New Haven and Hamden sites will have ample capacity to accommodate the displaced patients from the Branford site.

**RESPONSE:**

Each of the existing YNHH sites, including New Haven (Sherman Avenue, Howard Avenue and Long Wharf), Hamden, Guilford, Milford, and Old Saybrook, has capacity to absorb patients displaced by closure of the Branford site. Patients can select a site based upon clinical need and ease of access given the towns in which they reside. Together, the remaining sites can accommodate all displaced volume.

A significant amount of capacity exists at the Long Wharf site in New Haven. Rehabilitation services are provided in connection with the YNHH spine center at the same location. The Hospital historically contracted for rehabilitation services at this site, but recently brought them under YNHH management. This has improved patient flow and increased available capacity. This is a newer, larger site located along bus lines with ample free parking. It is more accessible than Branford for patients who reside in New Haven, many of whom are Medicaid beneficiaries. In FY 2015, 895 rehabilitation visits at Branford were by New Haven residents. Of these 895 visits, 491 were non-occupational health rehabilitation visits. Of the 491 non-occupational rehabilitation visits attributable to New Haven resident in FY 2015, 350 or 71.28% were Medicaid beneficiaries. The Sherman Avenue site in New Haven also has substantial capacity to accommodate displaced patients. This is a large site and similarly accessible.

The YNHH outpatient rehabilitation sites in Hamden, Guilford, Milford and Old Saybrook have available capacity and are accessible for patients originating from these areas (see Table 8 above). Each location can accommodate additional patients and most can be "staffed up" to meet any increase in patient demand resulting from the closure of Branford. YNHH continuously evaluates its outpatient services and is prepared to make adjustments and increases in hours, staffing and locations in order to ensure patient access.

Lastly, for patients who choose not to continue with YNHH for their rehabilitation services, there are 23 non-Hospital providers in the Branford area (see Table 9).

7. Per Table 9 on p.40, only one site provides service for Medicaid children. Are there any sites that provide services for the Medicaid adult population? If so, refile this Table to identify such.

**RESPONSE:**

OHCA Table 9 begins on page 39 of the CON Application. It shows seven YNHH outpatient rehabilitation sites that accept Medicaid. All seven of these sites offer services to adult Medicaid patients. These sites will continue to operate after the anticipated closure of the Branford outpatient rehabilitation site. As mentioned above, the sites in New Haven, in particular the Long Wharf site, are more accessible for Medicaid beneficiaries residing in New Haven.

8. In reference to the financial Worksheet submitted on p. 94:

- a. Replace *Actual Results* (col. 1) to use twelve months actual FY 2015 information.

**RESPONSE:**

See Attachment 1.

- b. Why is there a reduction in lease expenses if, per p.20, YNHH is considering use of this site for outpatient cardiology services?

**RESPONSE:**

Currently, YNHH operates a cardiology site in Branford approximately 0.5 miles from its rehabilitation site in Branford. If this CON is approved, the rehabilitation cost center in Branford will no longer operate in Branford and will no longer be required to pay a lease expense. These costs will be incurred by the cardiology service, which will move into this space. However, the cardiology service will no longer be required to pay a lease expense at its former location approximately 0.5 miles away. This represents a lease savings for YNHH.

9. Verify that there will be no Yale-New Haven Hospital revenue or expenses attributable to the outpatient rehabilitation services at this site moving forward. Further, verify that for the table below is accurately reflective of this termination of services.

**TABLE 10  
PROJECTED REVENUES AND EXPENSES FOR THE  
YALE BRANFORD OUTPATIENT REHABILITATION PROGRAM**

Fiscal Year (FY)	FY 2017	FY 2018
Revenue from Operations	\$0	\$0
Total Operating Expenses	\$0	\$0
<b>Gain/Loss from Operations</b>	<b>\$0</b>	<b>\$0</b>

**RESPONSE:**

There will be no YNHH revenue or expenses attributable to the outpatient rehabilitation services in Branford moving forward. OHCA Table 10 above is accurate.

10. In reference to financial Worksheet submitted on p. 95:

- a. Revise the Title of Columns 10 and 12 to reflect FY 15 Actual results with and without the service.

**RESPONSE:**

See Attachment 2.

11. Provide any revised assumptions for the tables and the financial worksheets requested above, if necessary.

**RESPONSE:**

The revised financial attachments include FY 2015 actual results. The projected figures for FY 2016 through FY 2018 remain unchanged from the original CON Application. The assumptions included on page 96 of the CON are accurate with respect to the forecasted numbers. Because the FY 2015 total facility actual results vary slightly from the projected FY 2015 results contained in the CON Application, there are certain line-item variances in assumptions between FY 2015 and FY 2016.

**Attachment 1**

**Applicant:**  
Financial Worksheet (A)

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

LINE	Total Entity: Description	(1)		(2)		(3)		(4)		(5)		(6)		(7)		(8)		(9)		(10)		
		FY 2015 Actual Results		FY 2016 Projected Without CON	FY 2016 Projected With CON	FY 2016 Incremental	FY 2016 Projected With CON	FY 2017 Projected Without CON	FY 2017 Projected With CON	FY 2017 Incremental	FY 2017 Projected With CON	FY 2018 Projected Without CON	FY 2018 Projected With CON	FY 2018 Incremental	FY 2018 Projected With CON	FY 2019 Projected Without CON	FY 2019 Projected With CON	FY 2019 Incremental	FY 2019 Projected With CON	FY 2020 Projected Without CON	FY 2020 Projected With CON	FY 2020 Incremental
<b>A. OPERATING REVENUE</b>																						
1	Total Gross Patient Revenue	\$ 8,750,595,600		\$ 9,653,117,800	\$ 9,653,117,800	\$ 9,747,015,000	\$ 9,746,444,100	\$ (565,200)	\$ (570,900)	\$ (570,900)	\$ 9,746,444,100	\$ 9,843,819,000	\$ (576,600)	\$ 9,843,242,400	\$ 7,252,324,000	\$ (379,000)	\$ 7,251,945,000					
2	Less: Allowances	6,209,732,400		7,163,188,500	7,163,188,500	7,206,184,000	7,205,808,700		(375,300)	(375,300)	7,205,808,700	7,252,324,000		7,251,945,000								
3	Less: Charity Care	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	Less: Other Deductions	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	Net Patient Service Revenue	\$ 2,540,863,200		\$ 2,490,123,000	\$ (193,700)	\$ 2,489,929,300	\$ 2,540,635,400	\$ (193,700)	\$ (195,600)	\$ (195,600)	\$ 2,540,635,400	\$ 2,591,495,000	\$ (197,600)	\$ 2,591,297,400	\$ 833,789,310	\$ (8,890)	\$ 833,780,420					
6	Medicare	808,011,500		790,284,480	(8,520)	790,284,480	809,492,400	(8,520)	(8,600)	(8,600)	809,492,400	833,789,310	(8,890)	833,780,420	349,991,020	(50,980)	349,940,040					
7	Medicaid	308,108,200		342,978,000	(49,970)	342,928,030	346,441,540	(49,970)	(50,460)	(50,460)	346,441,540	350,042,000	(50,980)	349,991,020								
8	CHAAMPUS & TriCare	-		(1,940)	(1,940)	-	(1,960)	(1,940)	(1,960)	(1,960)	-	(1,960)	-	(1,960)								
9	Other	1,116,119,700		1,133,271,000	(60,430)	1,133,210,570	1,155,993,000	(60,430)	(61,020)	(61,020)	1,155,993,000	1,183,840,000	(61,650)	1,183,778,350	1,319,812,000	(16,700)	1,319,795,300					
10	Commercial Insurers	1,381,820,400		1,270,740,000	(16,370)	1,270,723,630	1,297,848,470	(16,370)	(16,530)	(16,530)	1,297,848,470	1,319,812,000	(16,700)	1,319,795,300								
11	Uninsured	42,923,100		86,112,000	(116,900)	86,112,000	86,973,000	(116,900)	(118,050)	(118,050)	86,973,000	87,843,000	(119,250)	87,723,750								
12	Self Pay	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13	Workers Compensation	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14	Other	1,424,743,500		1,356,852,000	(133,270)	1,356,718,730	1,384,703,420	(133,270)	(134,580)	(134,580)	1,384,703,420	1,407,655,000	(135,950)	1,407,519,050								
15	Net Patient Service Revenue (Government+Non-Government)	\$ 2,540,863,200		\$ 2,490,123,000	\$ (193,700)	\$ 2,489,929,300	\$ 2,540,635,400	\$ (193,700)	\$ (195,600)	\$ (195,600)	\$ 2,540,635,400	\$ 2,591,495,000	\$ (197,600)	\$ 2,591,297,400	\$ 66,773,000		\$ 66,773,000					
16	Less: Provision for Bad Debts	30,382,400		67,418,000	67,418,000	68,092,000	68,092,000				68,092,000	68,773,000		68,773,000								
17	Net Patient Service Revenue less provision for bad debts	2,490,480,800		2,422,705,000	(193,700)	2,422,511,300	2,472,543,400	(193,700)	(195,600)	(195,600)	2,472,543,400	2,522,722,000	(197,600)	2,522,524,400	42,598,000		42,598,000					
18	Net Assets Released from Restrictions	64,676,500		42,598,000	42,598,000	42,598,000	42,598,000				42,598,000	42,598,000		42,598,000								
19	TOTAL OPERATING REVENUE	\$ 2,555,157,300		\$ 2,465,303,000	\$ (193,700)	\$ 2,465,109,300	\$ 2,515,141,400	\$ (193,700)	\$ (195,600)	\$ (195,600)	\$ 2,515,141,400	\$ 2,565,320,000	\$ (197,600)	\$ 2,565,122,400								
<b>B. OPERATING EXPENSES</b>																						
1	Salaries and Wages	\$ 831,202,100		\$ 849,463,000	\$ -	\$ 849,463,000	\$ 876,083,000	\$ -	\$ -	\$ -	\$ 876,083,000	\$ 905,847,000	\$ -	\$ 905,847,000								
2	Fringe Benefits	239,423,700		249,606,000	-	249,606,000	257,506,000	-	-	-	257,506,000	266,310,000	-	266,310,000								
3	Physicians Fees	627,545,400		606,887,000	(7,200)	606,887,000	625,093,000	(7,200)	(7,500)	(7,500)	625,093,000	643,846,000	(7,800)	643,046,000								
4	Supplies and Drugs	480,320,700		435,726,000	(7,200)	435,718,800	451,955,000	(7,200)	(7,500)	(7,500)	451,955,000	468,789,200	(7,800)	468,009,000								
5	Depreciation and Amortization	93,281,200		134,839,000	-	134,839,000	142,153,000	-	-	-	142,153,000	138,103,000	-	138,103,000								
6	Provision for Bad Debts-Other	20,879,700		37,389,000	-	37,389,000	37,025,000	-	-	-	37,025,000	41,373,000	-	41,373,000								
7	Interest Expense	23,857,600		21,640,000	-	21,640,000	22,290,000	-	-	-	22,290,000	22,958,000	-	22,958,000								
8	Malpractice Insurance Cost	23,519,600		15,310,000	(154,400)	15,155,600	15,383,300	(154,400)	(156,700)	(156,700)	15,383,300	15,945,000	(160,800)	15,784,200								
9	Lease Expense	93,012,900		25,201,000	(5,600)	25,195,400	(3,364,000)	(5,700)	(5,700)	(5,700)	(3,364,000)	(3,364,000)	(5,800)	(3,364,000)								
10	Other Operating Expenses	2,443,042,900		2,375,893,800	(167,200)	2,375,726,600	2,424,111,100	(167,200)	(169,900)	(169,900)	2,424,111,100	2,472,456,000	(174,400)	2,472,281,600								
11	TOTAL OPERATING EXPENSES	\$ 112,114,400		\$ 89,242,000	\$ (26,500)	\$ 89,215,500	\$ 91,030,300	\$ (26,500)	\$ (25,700)	\$ (25,700)	\$ 91,030,300	\$ 92,864,000	\$ (23,200)	\$ 92,840,800								
12	INCOME/(LOSS) FROM OPERATIONS	\$ (6,297,800)		\$ 139,242,000	\$ (26,500)	\$ 139,215,500	\$ 141,030,300	\$ (26,500)	\$ (25,700)	\$ (25,700)	\$ 141,030,300	\$ 142,864,000	\$ (23,200)	\$ 142,840,800								
13	NON-OPERATING REVENUE	\$ 105,816,600		\$ 105,816,600	\$ -	\$ 105,816,600	\$ 105,816,600	\$ -	\$ -	\$ -	\$ 105,816,600	\$ 105,816,600	\$ -	\$ 105,816,600								
14	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	\$ 98,518,800		\$ 105,816,600	\$ (26,500)	\$ 105,790,100	\$ 141,030,300	\$ (26,500)	\$ (25,700)	\$ (25,700)	\$ 141,030,300	\$ 142,864,000	\$ (23,200)	\$ 142,840,800								
<b>C. PROFITABILITY SUMMARY</b>																						
1	Hospital Operating Margin	4.4%		3.6%	13.7%	3.6%	3.6%	13.7%	3.6%	3.6%	3.6%	3.6%	11.7%	3.6%								
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%								
3	Hospital Total Margin	4.1%		3.6%	13.7%	3.6%	3.6%	13.7%	3.6%	3.6%	3.6%	3.6%	11.7%	3.6%								
4	FTEs	10,432		10,454	-	10,454	10,503	-	-	-	10,503	10,539	-	10,539								
<b>D. VOLUME STATISTICS</b>																						
1	Inpatient Discharges	78,444		81,336	-	81,336	82,150	-	-	-	82,150	82,971	-	82,971								
2	Outpatient Visits	1,262,539		1,221,169	(1,551)	1,219,618	1,231,813	(1,551)	(1,567)	(1,567)	1,231,813	1,245,714	(1,583)	1,244,131								
3	TOTAL VOLUME	1,360,983		1,302,505	(1,551)	1,309,954	1,313,963	(1,551)	(1,567)	(1,567)	1,313,963	1,328,685	(1,583)	1,327,102								

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

**Attachment 2**



## Greer, Leslie

---

**From:** Foster, Tillman  
**Sent:** Wednesday, February 17, 2016 5:19 PM  
**To:** Nancy Rosenthal (Greenwich)  
**Cc:** Greer, Leslie; Huber, Jack; Veyberman, Alla; Roberts, Karen; Riggott, Kaila; Lazarus, Steven  
**Subject:** DNs 15-32040 and 15-32041  
**Attachments:** 15-32041-CON Notification of Application Deemed Complete.docx.pdf; 15-32040-CON Notification of Application Deemed Complete.docx.pdf

Good afternoon Ms. Rosenthal – Please find attached two letters deeming complete your applications filed under Docket Numbers 15-32040. Please feel free to contact me or Jack Huber if you have any questions regarding the attached documents.

Thank you. Regards, Tillman.

Tillman Foster  
Associate Health Care Analyst  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA, P.O. Box 340308  
Hartford, CT 06134  
Phone: (860) 418-7031  
Fax: (860) 418-7053  
Email: [Tillman.Foster@CT.GOV](mailto:Tillman.Foster@CT.GOV)



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.  
Acting Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### Office of Health Care Access

February 17, 2016

VIA EMAIL ONLY

Nancy Rosenthal  
Senior Vice President,  
Strategy and Regulatory Planning  
Yale-New Haven Hospital Health System  
5 Perryridge Road  
Greenwich, CT 06830

RE: Certificate of Need Application; Docket Number: 15-32041-CON  
The Yale-New Haven Hospital's Proposal to Terminate its Outpatient  
Rehabilitation Services located at 84 North Main Street in Branford  
Notification Deeming the CON Application Complete

Dear Ms. Rosenthal:

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of February 17, 2016.

If you have any questions regarding this matter, please feel free to contact Jack Huber at (860) 418-7069 or me at (860) 418-7031.

Sincerely,

A handwritten signature in blue ink that reads "Tillman Foster".

Tillman Foster  
Associate Health Care Analyst



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611  
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Hartford, Connecticut 06134-0308  
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## Greer, Leslie

---

**Subject:** FW: YNHH Public Hearings for the Following Service Terminations - Occupational Medicine DN: 15-32040 & Rehabilitative Services DN: 15-32041

**From:** Huber, Jack [<mailto:Jack.Huber@ct.gov>]

**Sent:** Tuesday, March 01, 2016 2:18 PM

**To:** Rosenthal, Nancy

**Cc:** Roberts, Karen; Veyberman, Alla; Foster, Tillman

**Subject:** YNHH Public Hearings for the Following Service Terminations - Occupational Medicine DN: 15-32040 & Rehabilitative Services DN: 15-32041

Good afternoon Nancy – I trust this email finds you well. This is a follow-up email to the telephone message I left with you today.

As the Office of Health Care Access (“OHCA”) deemed the above referenced CON applications complete, OHCA’s website has been updated to reflect the change in each CON applications’ status.

As OHCA prepares to coordinate with you the scheduling of the public hearings in the above referenced matters, it is important to note that the hearings need to be scheduled in the community where the proposed service terminations are to take place –East Haven or Branford. The Applicant selects a hearing site that will be conducive to the expected turn out for the public hearing. The logistics of the public hearing held for the termination of Foxon Urgent Care Center at the East Haven High School seemed to work well. The date for the public hearing is arranged in agreement with OHCA and the Applicant. Here are some of the general operating parameters with respect to the scheduling of the public hearings:

1. Timing Aspects:

- a. Generally OHCA prefers the scheduling of the public hearing on Tuesday, Wednesdays or Thursdays. We have cleared the following dates with OHCA personnel that will be attending the hearings:
  - i. Thursday, April 7, 2016;
  - ii. Tuesday, April 12, 2016;
  - iii. Wednesday, April 13, 2016; or
  - iv. Thursday, April 14, 2016.
- b. The hearings would be conducted back to back with DN: 32040 going first followed by DN: 32041.
- c. The hearing room should be reserved for use between the hours of 3:00 pm and 8:00 pm with an intended start time of the first hearing at 4:00 pm.
- d. In recognition of public notification requirements the scheduling window for this hearing would be optimal for the second full week in March, tentatively March 14, 15, or 16<sup>th</sup>.

2. Considerations OHCA will need to establish prior to the scheduling notice for the hearings in an area newspaper:

- a. Prospective Hearing Date
- b. Hearing Location (address, building and/or room designation).
- c. Directions to the hearing site.
- d. The application’s contact person for Barbara Olejarz, OHCA Administrative Assistant, if the person is to be someone other than yourself.

Please feel free to contact me to discuss matters relating to the scheduling of the public hearings. Telephone number and email address are noted below. Thank you. Regards, Jack

Jack A. Huber, Health Care Analyst  
CT Department of Public Health | Office of Health Care Access | 410 Capitol Avenue  
P.O. Box 340308, MS #13HCA | Hartford, CT 06134-0308 | Ph: 860-418-7069 | Fax: 860-418-7053  
Email: [Jack.Huber@ct.gov](mailto:Jack.Huber@ct.gov) | Web: [www.ct.gov/ohca](http://www.ct.gov/ohca)



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

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.  
Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### Office of Health Care Access

March 8, 2016

Nancy Rosenthal  
SVP, Strategy and Regulatory Planning  
Yale-New Haven Hospital  
C/o Greenwich Hospital  
5 Perryridge Road  
Greenwich, Connecticut 06830

RE: Certificate of Need Applications by Yale-New Haven Hospital:  
To Terminate Occupational Medicine & Wellness Services in East Haven & Branford  
Docket Number: 15-32040-CON; and  
To Terminate Outpatient Rehabilitation Services in Branford  
Docket Number: 15-32041-CON

Dear Ms. Rosenthal:

Enclosed is the order by the Department of Public Health, Office of Health Care Access, dated March 8, 2016, regarding the public hearings for the above referenced Certificate of Need applications received from Yale-New Haven Hospital.

If you have any questions concerning this matter, please contact me at (860) 418-7069.

Sincerely,

A handwritten signature in cursive script that reads "Jack A. Huber".

Jack A. Huber  
Health Care Analyst



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



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

IN THE MATTERS OF:

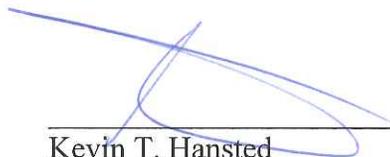
Yale-New Haven Hospital, Inc.  
Yale-New Haven Hospital, Inc.

Docket Number: 15-32040-CON  
Docket Number: 15-32041-CON

**ORDER**

Pursuant to Conn. Gen. Stat. § 19a-639a(f), the above-referenced Dockets are hereby consolidated for purposes of conducting a public hearing. All other proceedings pertaining to the Dockets shall remain separate, including the issuance of a decision in each Docket.

3/8/16  
Date

  
Kevin T. Hansted  
Hearing Officer

\* \* \* COMMUNICATION RESULT REPORT ( MAR. 8. 2016 3:16PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	MAR. 8. 2016 3:15PM OPTION	ADDRESS	RESULT	PAGE
502 MEMORY TX		912036885013	OK	3/3

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

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



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

**FAX SHEET**

**TO:** NANCY ROSENTHAL

**FAX:** (203) 688-5013

**AGENCY:** YALE NEW HAVEN HOSPITAL

**FROM:** JACK HUBER

**DATE:** 3/8/2016 **Time:** ~3:20 pm

**NUMBER OF PAGES:** 3  
*(including transmittal sheet)*

**Transmitted:** OHCA's Order with cover letter regarding the consolidation of public hearings for YNH's proposals to terminate occupational medicine services in East Haven & Branford, DN: 15-32040-CON, and to terminate outpatient rehabilitation service in Branford, DN: 15-32041-CON.

**PLEASE PHONE Jack A. Huber at (860) 418-7069  
IF THERE ARE ANY TRANSMISSION PROBLEMS.**

Phone: (860) 418-7001

Fax: (860) 418-7053

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

## Greer, Leslie

---

**From:** Greer, Leslie  
**Sent:** Friday, March 18, 2016 11:56 AM  
**To:** 'nancy.rosenthal@ynhh.org'  
**Cc:** Foster, Tillman; Veyberman, Alla; Riggott, Kaila; Hansted, Kevin; Martone, Kim  
**Subject:** Yale-New Haven Hospital Hearing Notice  
**Attachments:** 32040 & 32041.pdf

Nancy,

Attached is the hearing notice for Yale-New Haven Hospital's hearing scheduled on April 7, 2016.

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



Raul Pino, M.D., M.P.H.  
Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### Office of Health Care Access

March 18, 2016

Nancy Rosenthal  
SVP, Strategy and Regulatory Planning  
Yale-New Haven Hospital  
5 Perryridge Road  
Greenwich, CT 06830

RE: Certificate of Need Application, Docket Number 15-32040-CON and 15-32041-CON  
Docket Number: 15-32040-CON  
To Terminate Occupational Medicine & Wellness Services in East Haven &  
Branford  
Docket Number: 15-32041-CON  
To Terminate Outpatient Rehabilitation Services in Branford

Dear Ms. Rosenthal,

With the receipt of the completed Certificate of Need ("CON") application information submitted by Yale-New Haven Hospital ("Applicant") on February 17, 2016, 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: Yale-New Haven Hospital

Docket Number(s): 15-32040-CON and 15-32041-CON



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

March 18, 2016

Proposal: Docket Number: 15-32040-CON  
To Terminate Occupational Medicine & Wellness Services in East Haven &  
Branford  
Docket Number: 15-32041-CON  
To Terminate Outpatient Rehabilitation Services in Branford

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

Date: April 7, 2016

Time: 4:00 p.m.

Place: Branford Recreation Department  
45 Church Street (2<sup>nd</sup> Floor Activity Room)  
Branford, CT 06405

The Applicants are designated as parties in this proceeding. Enclosed for your information is a copy of the hearing notice for the public hearing that will be published in *The New Haven Register* pursuant to General Statutes § 19a-639a (f) and 19a-486 (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  
Maura Downes, 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:TF:AV:lmg

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Office of Health Care Access

March 18, 2016

P.O. #54772

The New Haven Register  
40 Sargent Drive  
New Haven, CT 06511

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 **Monday, March 21, 2016**. 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,

Handwritten signature of Kimberly R. Martone in black ink.

Kimberly R. Martone  
Director of Operations

Attachment

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

KRM:TF:AV;lmg



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

PLEASE INSERT THE FOLLOWING:

Office of Health Care Access Public Hearings

Statute Reference: 19a-638

Applicant: Yale-New Haven Hospital

Town: New Haven

Docket Numbers: 15-32040-CON and 15-32041-CON

Proposal(s): Docket Number: 15-32040-CON  
To Terminate Occupational Medicine & Wellness Services in East Haven  
& Branford  
Docket Number: 15-32041-CON  
To Terminate Outpatient Rehabilitation Services in Branford

Date: April 7, 2016

Time: 4:00 p.m.

Place: Branford Recreation Department  
45 Church Street (2<sup>nd</sup> Floor Activity Room)  
Branford, CT 06405

Any person who wishes to request status in the above listed public hearing may file a written petition no later than March 30, 2016 (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:** Friday, March 18, 2016 11:51 AM  
**To:** Greer, Leslie  
**Subject:** Re: DN's: 15-32040-CON and 15-32041-CON 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/>

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**From:** "Greer, Leslie" <[Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)>  
**Date:** Friday, March 18, 2016 at 11:46 AM  
**To:** Ads Desk <[ads@graystoneadv.com](mailto:ads@graystoneadv.com)>  
**Cc:** "Olejarz, Barbara" <[Barbara.Olejarz@ct.gov](mailto:Barbara.Olejarz@ct.gov)>  
**Subject:** DN's: 15-32040-CON and 15-32041-CON Hearing Notice

Please run the attached hearing notice in the New Haven Register **on 3/21/16**. For billing purposes, please reference 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:** Friday, March 18, 2016 5:29 PM  
**To:** Greer, Leslie  
**Cc:** Olejarz, Barbara  
**Subject:** FW: DN's: 15-32040-CON and 15-32041-CON Hearing Notice  
**Attachments:** 15-32040 and 15-32041 New Haven Register.docx

Good afternoon,

This notice is set to publish on Monday.  
\$503.98

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:** Fri, 18 Mar 2016 11:51:17 -0400  
**To:** RTaylor <[rtaylor@graystoneadv.com](mailto:rtaylor@graystoneadv.com)>  
**Subject:** FW: DN's: 15-32040-CON and 15-32041-CON Hearing Notice

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**From:** "Greer, Leslie" <[Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)>  
**Date:** Friday, March 18, 2016 at 11:46 AM  
**To:** Ads Desk <[ads@graystoneadv.com](mailto:ads@graystoneadv.com)>  
**Cc:** "Olejarz, Barbara" <[Barbara.Olejarz@ct.gov](mailto:Barbara.Olejarz@ct.gov)>  
**Subject:** DN's: 15-32040-CON and 15-32041-CON Hearing Notice

Please run the attached hearing notice in the New Haven Register **on 3/21/16**. For billing purposes, please reference 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)



**Office of Health Care Access Public Hearings**

Statute Reference: 19a-638  
 Applicant: Yale-New Haven Hospital  
 Town: New Haven  
 Docket Numbers: 15-32040-CON and 15-32041-CON  
 Proposal(s): Docket Number: 15-32040-CON  
 To Terminate Occupational Medicine & Wellness Services in East Haven & Branford  
 Docket Number: 15-32041-CON  
 To Terminate Outpatient Rehabilitation Services in Branford  
 April 7, 2016  
 Date: 4:00 p.m.  
 Time: Branford Recreation Department  
 Place: 45 Church Street  
 (2nd Floor Activity Room)  
 Branford, CT 06405

Any person who wishes to request status in the above listed public hearing may file a written petition no later than March 30, 2016 (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.

**Notice Of Tentative Decision Intent To Issue The General Permit For The Discharge Of Stormwater From Department Of Transportation Separate Storm Sewer Systems**

**TENTATIVE DETERMINATION**  
 The Commissioner of Energy and Environmental Protection ("the Commissioner") hereby gives notice of a tentative decision to issue a General Permit for the Discharge of Stormwater from Department of Transportation Separate Storm Sewer Systems ("DOT MS4 general permit").

In accordance with applicable federal and state law, the Commissioner has made a tentative decision that issuance of the DOT MS4 general permit would protect the waters of the state from pollution. The proposed general permit, if issued, will require registration, the preparation and implementation of a Stormwater Management Plan ("Plan") containing stormwater minimum control measures to ensure that the discharge will not cause pollution and the submission of annual reports tracking the progress of implementation of the Plan.

**DOT MS4 GENERAL PERMIT**  
 The purpose of the DOT MS4 general permit is to protect waters of the state from pollution associated with stormwater runoff discharging through DOT separate storm sewer systems. EPA defines a municipal separate storm sewer as a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains) owned or operated by a state or municipal entity or other public body created by or pursuant to state law. The proposed general permit covers separate storm sewer systems owned or operated by DOT located within Urbanized Areas (UAs) as defined by the latest Census Bureau maps, and other areas outside UAs which discharge to impaired waters or which have significant levels of directly connected impervious surfaces. The issuance of the proposed DOT MS4 general permit will complete coverage of all EPA mandated MS4s.

**COMMISSIONER'S AUTHORITY**  
 The Commissioner is authorized to issue this general permit pursuant to sections 22a-430 and 22a-430b of the Connecticut General Statutes (CGS) and the Water Discharge Permit Regulations (Section 22a-430-3 and 4 of the Regulations of Connecticut State Agencies). The Commissioner is authorized to approve or deny any registration under this general permit pursuant to CGS section 22a-430b.

**INFORMATION REQUESTS**  
 Interested persons may obtain a copy of this public notice, the draft DOT MS4 general permit and associated Fact Sheet on the Department of Energy and Environmental Protection's website at [www.ct.gov/deep/publicnotices](http://www.ct.gov/deep/publicnotices). The general permit is also available for inspection at the Department of Energy and Environmental Protection, Bureau of Materials Management and Compliance Assurance, Water Permitting and Enforcement Division, 79 Elm Street, Hartford, CT from 8:30 - 4:30, Monday through Friday. Questions may be directed to Christopher Stone at 860-424-3850 or [chris.stone@ct.gov](mailto:chris.stone@ct.gov).

**PUBLIC COMMENT**  
 Prior to making a final determination on this proposed general permit, the Commissioner shall consider written comments from interested persons that are received within thirty (30) days of this public notice. Written comments should be directed to: Christopher Stone, Bureau of Materials Management and Compliance Assurance, Water Permitting and Enforcement Division, Department of Energy and Environmental Protection, 79 Elm Street, Hartford, CT 06106-5127 or may be submitted via electronic mail to: [chris.stone@ct.gov](mailto:chris.stone@ct.gov). The Commissioner may hold a public hearing if the Commissioner determines that the public interest will be best served thereby, or shall hold a hearing upon receipt of a petition signed by at least twenty-five (25) persons.

Petitions for a hearing should include the name of the general permit 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 proposed general permit and, if resolution is reached, withdraw the petition. Original signed petitions may be scanned and sent electronically to [deep.adjudications@ct.gov](mailto:deep.adjudications@ct.gov) or may be mailed or delivered to: DEEP Office of Adjudications, 79 Elm Street, 3rd floor, Hartford, CT 06106-5127. All petitions must be received within the comment period noted above. If submitted electronically, original signed petitions must also be mailed or delivered to the address above within ten (10) days of electronic submission. Notice of any public hearing shall be published at least thirty (30) days prior to the hearing.

/s/Michael Sullivan  
 Deputy Commissioner

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

Draft Permit and Fact Sheet: [www.ct.gov/deep/municipal-stormwater](http://www.ct.gov/deep/municipal-stormwater)

**LEGAL NOTICES**

**NEW HAVEN CITY PLAN COMMISSION NOTICE OF DECISIONS 3/16/16**

Approve with conditions:  
**EAST STREET (M/B/P 202/0556/00101).** Coastal Site Plan Review and Special Permit for outdoor storage of materials including aggregates, coils, rebar, and steel products. (Owner: Simkins Industries; Applicant: Coy Angelo of Petroleum Terminals)

**259 EAST STREET.** Coastal Site Plan Review and Special Permit for outdoor storage of materials including aggregates, coils, rebar, and steel products. (Owner: Simkins Industries; Applicant: Coy Angelo of Petroleum Terminals)

**RAILROAD AVENUE (M/B/P 179/0567/00110).** Coastal Site Plan Review and Special Permit for outdoor storage of materials including aggregates, coils, rebar, and steel products. (Owner: Simkins Industries; Applicant: Coy Angelo of Petroleum Terminals)

**24 AND 40 DIXWELL AVENUE, 49 GOFFE STREET.** Site Plan Review for construction of surface parking lot. (Owner/Applicant: Michael Peck, Director of Operations for Yale University)

**5 SCIENCE PARK (AKA 395 WINCHESTER AVENUE).** Site Plan Review and Detailed Site Plan Review for PDD #49 (Science Park) for temporary trailer in building courtyard. (Owner: Clio Nicolakis, Executive Director of Science Park Development Corporation; Applicant: James Segaloff for Susman, Duffy, & Segaloff, P.C.)

**27, 31, 33 CHURCH STREET.** Site Plan Review for conversion of retail space to first floor restaurant/food court and second floor private club/hookah lounge. (Owner: 27-31-33 Church, LLC; Applicant: Hala, Inc.)

**345 FORBES AVENUE.** Certificate of Approval of Location (CAL) for used car dealer with repairer's license. (Owner: John Laviola of Colonial Properties; Applicant: Kristie Violano and Anthony Violano for CRC Auto Sales and Service LLC)

**LEGAL NOTICES**

**Notice of Renewal for One Year of Four National Pollutant Discharge Elimination System General Permits into the Waters of the State of Connecticut**

The Department of Energy & Environmental Protection (DEEP) hereby gives notice it has renewed for one year the General Permit for the Discharge of Water Treatment Wastewater, the General Permit for the Discharge of Minor Non-contact Cooling and Heat Pump Water, the General Permit for the Discharge of Hydrostatic Pressure Testing Wastewater, and the General Permit for the Discharge of Groundwater Remediation Wastewater Directly to a Surface Water. Each of these general permits will now expire on March 29, 2017.

The Public Notice of Tentative Decision to renew the general permits was published in six newspapers statewide on January 25, 2016. No comments were received during the 30-day comment period.

The general permits are available on the DEEP website at [www.ct.gov/deep/permits&licenses](http://www.ct.gov/deep/permits&licenses). Renewal registrations for existing registrants under these four general permits are not required for the one year extensions. Persons unable to access the information at the website may request paper copies of the permits by calling (860) 424-3025 from 8:30 a.m. - 4:30 p.m., Monday through Friday, by emailing [dahlia.gordon@ct.gov](mailto:dahlia.gordon@ct.gov) or by writing to Ms. Dahlia Gordon; WPED/Bureau of Materials Management and Compliance Assurance, Department of Energy and Environmental Protection, 79 Elm Street, Hartford, CT, 06106 5127.

March 16, 2016  
 Date  
 Michael Sullivan /s/  
 Michael Sullivan  
 Deputy Commissioner

**LEGAL NOTICES**

**NOTICE TO CREDITORS**

ESTATE OF: Emily Granata

The Hon. Beverly K. Streit-Kefalas, Judge of the Court of Probate, District of Milford - Orange Probate District, by decree dated March 8, 2016, 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.

Karen Adams,  
 Assistant Clerk

The fiduciary is:

Dona Granata  
 c/o Mark J. DeGennaro, Esq.  
 44 Church Street,  
 West Haven, CT 06516  
 938123

**PROBATE NOTICES**

**NOTICE TO CREDITORS**

ESTATE OF  
 Bernard Eberle, AKA  
 Bernard A. Eberle

The Hon. Edward C. Burt, Jr., Judge of the Court of Probate, District of Hamden - Bethany Probate District, by decree dated February 25, 2016, 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.

Karen Adams,  
 Assistant Clerk

The fiduciary is:

Stanley Rutowicz  
 c/o William S. Colwell, Esq.  
 Parrett, Porto, Parese & Colwell  
 2319 Whitney Ave.  
 Hamden, CT 06518  
 925286

**NOTICE TO CREDITORS**

ESTATE OF  
 George Corcoran,  
 AKA George M. Corcoran

The Hon. Beverly K. Streit-Kefalas, Judge of the Court of Probate, District of Milford - Orange Probate District, by decree dated February 23, 2016, 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.

Karen Adams,  
 Assistant Clerk

The fiduciary is

Joseph Corcoran  
 c/o Nicholas G. Framularo, Esq.  
 2900 Main Street  
 Suite 2B  
 Stratford, CT 06614  
 925297

**PROBATE NOTICES**

**NOTICE TO CREDITORS**

ESTATE OF  
 Elizabeth Tiano

The Hon. Clifford P. Hoyle, Judge of the Court of Probate, Derby Probate District, by decree dated November 25, 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.

Deborah Meshell,  
 Assistant Clerk

The fiduciary is:

Eugene J. Tiano & Reverend Christopher Tiano  
 c/o Timothy P. Dillon, Esq.,  
 Sheehy & Dillon,  
 303 Wakelee Ave,  
 Ansonia, CT 06401  
 948571

**NOTICE TO CREDITORS**

ESTATE OF  
 Robert C. McGuire, Sr.

The Hon. Michael R. Brandt, Judge of the Court of Probate, District of East Haven - North Haven Probate District, by decree dated January 28, 2016, 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.

Mary-Beth Luzzi,  
 Chief Clerk

The fiduciary is

Ellen D. McGuire, Administratrix  
 c/o George P. Guertin, Esq.  
 26 Broadway  
 North Haven, CT 06473  
 943110

**NOTICE TO CREDITORS**

ESTATE OF  
 Evelyn D. Charboneau

The Hon. Michael R. Brandt, Judge of the Court of Probate, District of East Haven - North Haven Probate Court, by decree dated March 8, 2016, 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.

Mary-Beth Luzzi,  
 Chief Clerk

The fiduciary is:

Thomas Charboneau, Jr.  
 Executor  
 16 Hudson Street  
 East Haven, CT 06512  
 938553

**CLASSIFIEDS** hold many, many opportunities. They give opportunity for you to buy items, meet people, sell unwanted items, find housing, save money, earn a couple bucks, and much, much more.



**CLASSIFIEDS** help new families find new homes.

**STATE OF CONNECTICUT**

RETURN DATE: APRIL 12, 2016 :SUPERIOR COURT  
 WELLS FARGO BANK, N.A. :JUDICIAL DISTRICT  
 :OF ANSONIA-  
 VS. :MILFORD  
 :AT MILFORD  
 THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF GERALDINE O'CONNOR, ET AL :FEBRUARY 17, 2016

**NOTICE TO THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF GERALDINE O'CONNOR AND ALL UNKNOWN PERSONS, CLAIMING OR WHO MAY CLAIM, ANY RIGHTS, TITLE, INTEREST OR ESTATE IN OR LIEN OR ENCUMBRANCE UPON THE PROPERTY DESCRIBED IN THIS COMPLAINT, ADVERSE TO THE PLAINTIFF, WHETHER SUCH CLAIM OR POSSIBLE CLAIM BE VESTED OR CONTINGENT.**

The Plaintiff has named as a Defendant, THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF GERALDINE O'CONNOR, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, if not living, as a party defendant(s) in the complaint which it is bringing to the above-named Court seeking a foreclosure of its mortgage upon premises known as 340 BUCKINGHAM AVENUE, MILFORD, CT 06460.

The Plaintiff has represented to the said Court, by means of an affidavit annexed to the Complaint, that, despite all reasonable efforts to ascertain such information, it has been unable to determine the identity and/or whereabouts of THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF GERALDINE O'CONNOR, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, if not living.

Now, Therefore, it is hereby ORDERED that notice of the institution of this action be given to said THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF GERALDINE O'CONNOR and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, by some proper officer causing a true and attested copy of this Order of Notice to be published in the New Haven Register, once a week for two successive weeks, commencing on or before March 31, 2016, and that return of such service be made to this Court.

BY THE COURT  
 By: Moran, J.  
 2/24/2016

A TRUE COPY ATTEST:  
 Edward DiLieto - State Marshal  
 New Haven County

**STATE OF CONNECTICUT**

RETURN DATE: APRIL 5, 2016 :SUPERIOR COURT  
 WELLS FARGO BANK, N.A. :JUDICIAL DISTRICT  
 :OF ANSONIA-  
 VS. :MILFORD  
 :AT MILFORD  
 THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF JOSEPH R. KELLER, ET AL :FEBRUARY 12, 2016

**NOTICE TO THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF JOSEPH R. KELLER AND ALL UNKNOWN PERSONS, CLAIMING OR WHO MAY CLAIM, ANY RIGHTS, TITLE, INTEREST OR ESTATE IN OR LIEN OR ENCUMBRANCE UPON THE PROPERTY DESCRIBED IN THIS COMPLAINT, ADVERSE TO THE PLAINTIFF, WHETHER SUCH CLAIM OR POSSIBLE CLAIM BE VESTED OR CONTINGENT.**

The Plaintiff has named as a Defendant, THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF JOSEPH R. KELLER, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, if not living, as a party defendant(s) in the complaint which it is bringing to the above-named Court seeking a foreclosure of its mortgage upon premises known as 145 SOUTHWORTH STREET, MILFORD, CT 06461.

The Plaintiff has represented to the said Court, by means of an affidavit annexed to the Complaint, that, despite all reasonable efforts to ascertain such information, it has been unable to determine the identity and/or whereabouts of THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF JOSEPH R. KELLER, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, if not living.

Now, Therefore, it is hereby ORDERED that notice of the institution of this action be given to said THE WIDOW, HEIRS AND/OR CREDITORS OF THE ESTATE OF JOSEPH R. KELLER and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, by some proper officer causing a true and attested copy of this Order of Notice to be published in the New Haven Register, once a week for two successive weeks, commencing on or before March 24, 2016, and that return of such service be made to this Court.

BY THE COURT  
 By: Moran, J.  
 Judge  
 2/24/2016

A TRUE COPY ATTEST:  
 Edward DiLieto - State Marshal  
 New Haven County

## Greer, Leslie

---

**From:** Foster, Tillman  
**Sent:** Thursday, March 24, 2016 10:45 AM  
**To:** Greer, Leslie  
**Subject:** FW: 15-32040 and 15-32041  
**Attachments:** YNHH 32041 OP Rehab.pdf; YNHH 32040-Occ Medicine & Wellness.pdf; 32040 Issues.docx; 32041 Issues.docx

---

**From:** Foster, Tillman  
**Sent:** Thursday, March 24, 2016 10:34 AM  
**To:** Nancy Rosenthal (YNHSC) <[nancy.rosenthal@ynhh.org](mailto:nancy.rosenthal@ynhh.org)>  
**Cc:** Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>; Roberts, Karen <[Karen.Roberts@ct.gov](mailto:Karen.Roberts@ct.gov)>; Huber, Jack <[Jack.Huber@ct.gov](mailto:Jack.Huber@ct.gov)>; Veyberman, Alla <[Alla.Veyberman@ct.gov](mailto:Alla.Veyberman@ct.gov)>  
**Subject:** 15-32040 and 15-32041

Good morning Ms. Rosenthal – Please find attached PDF versions of OHCA’s letters requesting prefiled testimony and issue responses for the public hearing scheduled for Thursday, April 7, 2016 in the matters of Yale-New Haven Hospital’s proposals to terminate its occupational medicine and wellness and outpatient rehabilitation services. Also attached are Word versions of the issues that you may wish to use in preparation of your issues response. Please feel free to contact me, Jack Huber or Alla Veyberman if you have any questions regarding the attached documents. Thank you. Regards,  
Tillman

Tillman Foster  
Associate Health Care Analyst  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA, P.O. Box 340308  
Hartford, CT 06134  
Phone: (860) 418-7031  
Fax: (860) 418-7053  
Email: [Tillman.Foster@CT.GOV](mailto:Tillman.Foster@CT.GOV)



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Raul Pino, M.D., M.P.H.  
Commissioner

### Office of Health Care Access

March 24, 2016

Via Email Only

Nancy Rosenthal  
Senior Vice President, Strategy and Regulatory Planning  
Yale-New Haven Health Services Corporation  
5 Perryridge Road  
Greenwich, CT 06360

RE: Certificate of Need Application, Docket Number 15-32041  
Yale-New Haven Hospital, Termination of Outpatient Rehabilitation Services in Branford

Dear Ms. Rosenthal,

The Office of Health Care Access ("OHCA") will hold a public hearing on the above docket number on April 7, 2016. The hearing is at 4:00 p.m. at the Branford Recreation Department, 45 Church Street (2nd Floor Activity Room), Branford, Connecticut. 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. Yale-New Haven Hospital ("Applicant") submit prefiled testimony by 4:00 p.m. on **March 31, 2016**.

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.

Additionally, please find attached OHCA's Issues. Please respond to the attached Issues in writing to OHCA by 4:00 p.m. on **March 31, 2016**.



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

Please contact Alla Veyberman or Tillman Foster at (860) 418-7001 if you have any questions concerning this request.

Sincerely,



Kevin T. Hansted  
Hearing Officer

Attachment

Issues

**Certificate of Need Application; Docket Number: 15-32041-CON**

**Yale-New Haven Hospital ("YNHH")  
Termination of Yale-New Haven Hospital Outpatient Rehabilitation Services in Branford**

The Applicant should be prepared to present and discuss supporting evidence on the following issue:

1. The preservation of or improvement to access to outpatient rehabilitation services for patients in the service area, including the availability of the same or improved services at other YNHH system locations.

## Greer, Leslie

---

**From:** Foster, Tillman  
**Sent:** Thursday, March 24, 2016 10:46 AM  
**To:** Greer, Leslie  
**Subject:** FW: 15-32040 and 15-32041  
**Attachments:** Read: 15-32040 and 15-32041

-----Original Message-----

From: Rosenthal, Nancy [<mailto:Nancy.Rosenthal@greenwichhospital.org>]  
Sent: Thursday, March 24, 2016 10:44 AM  
To: Foster, Tillman <[Tillman.Foster@ct.gov](mailto:Tillman.Foster@ct.gov)>  
Subject: Read: 15-32040 and 15-32041

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

## Greer, Leslie

---

**From:** Jennifer Groves Fusco <jfusco@uks.com>  
**Sent:** Thursday, March 31, 2016 3:02 PM  
**To:** User, OHCA; Hansted, Kevin; Veyberman, Alla; Foster, Tillman  
**Cc:** Nancy Rosenthal (Nancy.Rosenthal@greenwichhospital.org)  
**Subject:** Yale-New Haven Hospital -- Docket Nos. 15-32040-CON & 15-32041-CON  
**Attachments:** Outpatient Rehabilitation Testimony.pdf; Occupational Medicine Testimony.pdf

Kevin,

Attached please find YNH's Prefile Testimony for the April 7 hearing on the above-referenced dockets. The originals are being overnighted to OHCA.

Please let me know if you need anything else.

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

March 31, 2016

***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: Yale-New Haven Hospital  
Aignment of Outpatient Rehabilitation Services  
Docket No. 15-32041-CON***

Dear Deputy Commissioner Brancifort:

This office represents Yale-New Haven 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 Amit Rastogi, M.D., Interim Chief Executive Officer, Northeast Medical Group; and
- Prefiled Testimony of John Tarutis, Executive Director Physical Medicine & Rehabilitation, Yale-New Haven Hospital.

These documents are being submitted in connection with the public hearing on the above matter scheduled for April 7, 2016 at 4:00 p.m. They address the issues for discussion raised by OHCA in a letter dated March 24, 2016. Dr. Rastogi and Mr. Tarutis 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: Nancy Rosenthal (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.uks.com](http://www.uks.com)



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

..... )  
 IN RE: ALIGNMENT OF YALE-NEW ) DOCKET NO. 15-32041-CON  
 HAVEN HOSPITAL OUTPATIENT )  
 REHABILITATION SERVICES )  
 ) MARCH 31, 2016  
 .....

**PREFILED TESTIMONY OF AMIT RASTOGI, M.D.,  
INTERIM CHIEF EXECUTIVE OFFICER  
NORTHEAST MEDICAL GROUP**

Good afternoon Hearing Officer Hansted and members of the Office of Health Care Access (“OHCA”) staff. My name is Dr. Amit Rastogi. I am a primary care physician and the Interim Chief Executive Officer of Northeast Medical Group (“NEMG”), the nonprofit medical foundation affiliated with the Yale-New Haven Health System (“YNHHS”). With me today is my colleague, John Tarutis, who serves as Executive Director Physical Medicine & Rehabilitation at Yale-New Haven Hospital (“YNHH” or “Hospital”). Thank you for this opportunity to speak in support of YNHH’s request for Certificate of Need (“CON”) approval to discontinue Outpatient Rehabilitation Services in Branford and consolidate these services at other existing YNHH locations.

YNHH’s plan to consolidate outpatient rehabilitation sites is part of our integration efforts following the Hospital’s acquisition of St. Raphael’s Health System (“HSR”) in 2012. YNHH is currently reviewing ambulatory space and program offerings, looking to eliminate duplicative and underutilized services while maintaining, and in many cases improving, access to

care for YNHH patients. The need to streamline the delivery of outpatient services and provide care in the most cost-effective manner is consistent with the goals of healthcare reform and state health planning objectives. Moreover, this type of consolidation is critical at a time when Connecticut hospitals are facing significant tax increases, budget cuts and declining reimbursement.

#### Overview of Outpatient Rehabilitation Services

Outpatient Rehabilitation Services have been offered at 84 N. Main Street in Branford since 1996. The Branford rehabilitation service was originally operated by HSR. It became part of YNHH when the Hospital acquired HSR in September of 2012. This site also includes an occupational health service (scheduled for closure pending OHCA approval) from which many of this location's outpatient rehabilitation patients originate. YNHH provides Outpatient Rehabilitation Services at seven additional locations as well. All sites are operated as hospital outpatient departments under YNHH's acute-care hospital license.

The Branford site provides comprehensive outpatient rehabilitation services to both occupational medicine patients (referred from the Hospital's occupational health sites in Branford, East Haven and elsewhere) and non-occupational medicine patients. Approximately 40 percent of Branford rehabilitation visits involve YNHH occupational medicine patients. The remaining 60 percent of patients are referred by community physicians and Hospital-based clinics for rehabilitation services. Outpatient rehabilitation services are provided by therapists employed by the Hospital.

Occupational medicine-based rehabilitation at YNHH is available exclusively for YNHHS employees and employees of companies and municipalities that make arrangements

with the Hospital for this type of care. Payers for these services are limited. Neither Medicare nor Medicaid provides reimbursement for occupational medicine-based rehabilitation services. Pricing arrangements are non-exclusive, meaning employers can make arrangements with non-YNHH provider as well and offer their employees a choice for occupational healthcare. Non-occupational medicine-based rehabilitation services are available to members of the public without limitation. YNHH accepts all payers, including Medicare and Medicaid, at all Outpatient Rehabilitation Services sites.

As Mr. Tarutis will attest, YNHH has committed to relocate all current Branford rehabilitation staff to alternate positions within YNHH and this transition is underway.

#### Reasons for Termination

As previously mentioned, the Hospital's decision to consolidate its Outpatient Rehabilitation Services in Branford into other existing YNHH locations (primarily those in Guilford, New Haven and Hamden) arose out of efforts to identify and eliminate duplicative service offerings in nearby communities, which can lead to inefficiencies and increased costs. At the same time, YNHH is working to ensure that clinical programs are appropriately located within its service area. This planning process, which began with the acquisition of HSR in September of 2012, has become increasingly important in light of the financial burdens placed on YNHH by recent tax increases and reimbursement cuts.

Through this process, the Hospital has identified duplication of Outpatient Rehabilitation Services in neighboring communities (i.e. Branford and Guilford) and determined that capacity exists at each of its eight existing sites. As a result, YNHH has opted to close one of these sites.

The Branford outpatient rehabilitation site was selected for closure over other locations for several reasons. Historically, visit volume in Branford has been low. On average, the office sees less than two rehabilitation patient per hour and total volume has declined since 2012. The decline is a result of decreases in occupational health visits generally, partially driven by a weak economy, which affects related rehabilitation services. Employers located near the Branford site do not have enough employee patients to sustain dedicated occupational health and related outpatient rehabilitation services and significant employer growth is not projected in the immediate area.

In addition, many of the employers who utilize the occupational health and related rehabilitation services in Branford are located in other towns and cities (i.e. New Haven). Similarly, a substantial number of patients using the Branford site reside in towns other than Branford. Towns of origin include Guilford, New Haven and surrounding towns (i.e. West Haven & East Haven), and Hamden. For these patients, the YNHH Outpatient Rehabilitation Services in Guilford, New Haven and Hamden will provide better access than the site in Branford.

Consolidation of the Outpatient Rehabilitation Services will also result in much-needed costs savings for YNHH. This will be accomplished, primarily, through a reduction in lease expenses associated with an underutilized site and the reallocation of staff to unfilled positions.

Like all Connecticut hospitals, YNHH must find ways to reduce costs and increase efficiencies in order to survive in the current financial climate. YNHHS is scheduled to pay more than \$180 million in state taxes for FY 2016. This makes the system – a non-profit healthcare organization – one of the largest, if not the largest, taxpayer in the State of

Connecticut. In light of the foregoing, YNHH needs to reexamine its service offerings and “right size” services where appropriate.

#### Maintaining Access to Care

Access to Outpatient Rehabilitation Services will be maintained for patients at YNHH locations in Guilford, New Haven, and Hamden. YNHH also operates Outpatient Rehabilitation Services in Milford and Old Saybrook, which afford access alternatives for patients residing outside of the immediate Branford service area. All of these sites have ample capacity to absorb Branford visit volume. They offer the same services as Branford and in some cases access to specialty therapists and physicians onsite. In many instances these locations are more accessible to those patients who use the services. All offices will continue to serve all patients, including self-pay and Medicare and Medicaid beneficiaries.

In addition, there are 23 non-YNHH outpatient rehabilitation providers in the Branford area. Many of these providers entered the market after the YNHH service opened and they have always existed as alternatives for both occupational medicine and non-occupational medicine-based rehabilitation patients. Seven of these providers are located in Branford for patients living in Branford who would rather not travel outside of their town of residence. Another four are located in neighboring Guilford and three are located in neighboring East Haven. Others are located in the New Haven area and offer more accessible services for this growing market.

#### Conclusion

YNHH’s plan to consolidate Outpatient Rehabilitation Services at underutilized locations closer to the patients who use these services is consistent with the goals of healthcare reform and state health planning objectives. It honors YNHH’s commitment to integrate HSR in a way that

promotes cost-effective delivery of care and eliminates the unnecessary duplication of services. It also ensures access to high-quality outpatient rehabilitation services both within and outside of the YNHH network.

In order to ensure that the community has continued access to YNHH's core services, the Hospital must determine the most efficient way to deliver these and other services to its patients. This is particularly true at a time where YNHHS is facing significant financial challenges, including \$180 million in taxes.

For these reasons, I urge you to approve the CON Application for termination of YNHH's Outpatient Rehabilitation Services in Branford. Thank you for your time today and I would be happy to answer any questions you have.

I would now like to introduce Mr. Tarutis.

The foregoing is my sworn testimony.

A handwritten signature in blue ink, appearing to read "Amit Rastogi", written over a horizontal line.

---

Amit Rastogi, M.D.  
Interim Chief Executive Officer  
Northeast Medical Group

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

..... )  
 IN RE: ALIGNMENT OF YALE-NEW ) DOCKET NO. 15-32041-CON  
 HAVEN HOSPITAL OUTPATIENT )  
 REHABILITATION SERVICES )  
 ) MARCH 31, 2016  
 .....

**PREFILED TESTIMONY OF JOHN TARUTIS,  
EXECUTIVE DIRECTOR PHYSICAL MEDICINE AND REHABILITATION  
YALE-NEW HAVEN HOSPITAL**

Good afternoon Hearing Officer Hansted and members of the Office of Health Care Access (“OHCA”) staff. Thank you for this opportunity to testify in support of Yale-New Haven Hospital’s (“YNHH” or “Hospital”) proposal to consolidate its Outpatient Rehabilitation Services. My name is John Tarutis and I am the Executive Director Physical Medicine and Rehabilitation for YNHH. My testimony today will focus on the services YNHH provides and the populations we serve in Branford and at our other Outpatient Rehabilitation Services locations. I will also discuss why we believe this proposal will result in enhanced access for our outpatient rehabilitation patients.

**Overview of Outpatient Rehabilitation Services**

As Dr. Rastogi testified, YNHH currently provides outpatient rehabilitation services at eight locations: 175 Sherman Avenue, New Haven; 800 Howard Avenue, New Haven; 1 Long Wharf, New Haven; 1455 Boston Post Road, Guilford; 84 North Main Street, Branford; 2080 Whitney Avenue, Hamden; 633 Middlesex Turnpike, Old Saybrook; and 48 Wellington Road,

Milford. Services offered and patient populations vary by location. The Branford rehabilitation site offers physical therapy, physical demand screenings, work conditioning, and functional capacity evaluations. Services are available both to the Hospital's Occupational Medicine and Wellness Services patients (co-located in Branford and at three other sites) and patients referred by Hospital-based clinics and community providers. Payers for outpatient rehabilitation services include employers and workers compensation insurance (for occupational medicine-based rehabilitation services), as well as commercial insurance, Medicare, Medicaid, and self-pay (for non-occupational medicine-based rehabilitation services).

#### Decision to Close Branford Clinic

As Dr. Rastogi mentioned, the Hospital's decision to consolidate its Outpatient Rehabilitation Services in Branford into other existing YNHH locations (primarily those in Guilford, New Haven and Hamden) arose out of efforts to identify and eliminate duplicative service offerings in nearby communities and ensure appropriate distribution of clinical programs throughout the YNHH service area. With respect to outpatient rehabilitation, the Hospital determined that there were duplicative services in neighboring towns (i.e. Branford and Guilford) and that capacity exists at each of the existing YNHH sites.

The Branford outpatient rehabilitation site was selected for closure for reasons already discussed by Dr. Rastogi. I would like to highlight in particular the historically low visit volume in Branford. Between 2012 and 2014, visits declined by approximately 19 percent, from 6,515 visits to 5,273 visits. These decreases included both occupational medicine-based and non-occupational medicine-based rehabilitation patients. Occupational medicine-based rehabilitation visits declined by approximately 18 percent between 2012 and 2014, from 2,528 visits to 2,077 visits. Similarly, non-occupational-based visits declined by approximately 20 percent, from

3,987 visits in 2012 to 3,196 visits in 2014. These decreases were attributable, in part, to a weak economy and lack of growth in employers in the area.

With the proposed termination of occupational health services at this site, related rehabilitation volume is expected to decline further. This is part of the reason why both services are proposed for termination. Occupational health patients often have both a medical and rehabilitation visit scheduled for the same day, in which case it makes the most sense for these services to be located in the same building. If they are not, a patient would need to see his/her medical provider in one office and then drive to another office location for rehabilitation services, thus reducing ease of access. Combined occupational medicine and rehabilitation services will continue to be available going forward at YNHH locations in New Haven and Hamden.

#### Maintaining Access to Care

Access to Outpatient Rehabilitation Services will be maintained, and in many cases enhanced, with closure of the Branford clinic. Each of the remaining YNHH rehabilitation sites in New Haven, Hamden, Guilford, Old Saybrook, and Milford has capacity to absorb patients displaced from Branford. Patients can select a site based upon clinical need and ease of access. Together, the remaining sites can accommodate all displaced volume.

A significant amount of capacity exists at the Long Wharf site in New Haven. Rehabilitation services are provided in connection with the YNHH spine center at the same location. This is a newer, larger site located along bus lines with ample free parking. This location and the Sherman Avenue location in New Haven are more accessible than Branford for patients who reside in New Haven, many of whom are Medicaid beneficiaries. In FY 2015, 895

rehabilitation visits at Branford were by New Haven residents. Of these 895 visits, 491 were non-occupational health rehabilitation visits. Of the 491 non-occupational health rehabilitation visits attributable to New Haven resident in FY 2015, 350 or 71.28% were Medicaid beneficiaries. These patients will benefit from the ability to access care at locations closer to their homes.

The YNHH outpatient rehabilitation sites in Hamden, Guilford, Milford and Old Saybrook have available capacity as well and are accessible for patients residing in these areas. Each location can accommodate additional patients and most can be “staffed up” to meet any increase in patient demand resulting from the closure of Branford. In fact, the transition of staff from Branford to other outpatient rehabilitation locations has begun in an effort to accommodate patients who are transitioning to other sites. Moreover, YNHH continuously evaluates its outpatient rehabilitation services and is prepared to make adjustments and increases in hours, staffing and locations in order to ensure patient access.

In addition, the YNHH model (for non-occupational medicine-based rehabilitation patients) includes providing these services in settings where specialty physicians are co-located. For example, the Guilford rehabilitation office has orthopedists practicing in the same building. YNHH’s rehabilitation office at Long Wharf has both spine physicians and physiatrists on site and a larger patient gym. This allows for easier consultation and referral of patients as necessary. The Sherman Avenue location has a more comprehensive gym geared towards occupational health patients. Rehabilitation patients also have access to specially certified therapists (i.e. spine, hand, women’s health) at other YNHH sites that are not available at the Branford site. All of these factors contribute to enhanced access to care for patients at YNHH’s alternate Outpatient Rehabilitation locations.

Note also that all YNHH Outpatient Rehabilitation sites accept all payers, including Medicaid and are committed to caring for indigent patients. This will continue to be the case once the Branford clinic is closed. There will be no issues with access to care for Medicaid patients going forward as a result of this proposal.

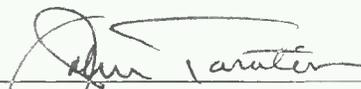
In addition, there are 23 non-YNHH outpatient rehabilitation providers in the Branford area. We understand that not all of our patients will opt to stay with YNHH after the Branford clinic closes and these alternatives will continue to exist for those patients who choose to leave. Attached as Exhibit A is a map showing the existing outpatient rehabilitation locations in the service area, including the YNHH locations.

### Conclusion

Thank you again for allowing me this opportunity to discuss our consolidation plans. We are confident that closure of the Branford site will have minimal impact on access to care for patients. If anything, it will provide easier access for a significant number of our patients who work and reside in and around New Haven. Other YNHH locations also provide enhanced outpatient rehabilitation services, amenities and access to specialty therapists and physicians that are not available in Branford. At the same time, this consolidation will result in cost-savings for YNHH at a time when the efficient delivery of care is critical.

For these reasons, I urge you to approve the CON Application for termination of YNHH's Outpatient Rehabilitation Services in Branford. I would be happy to answer any questions you have.

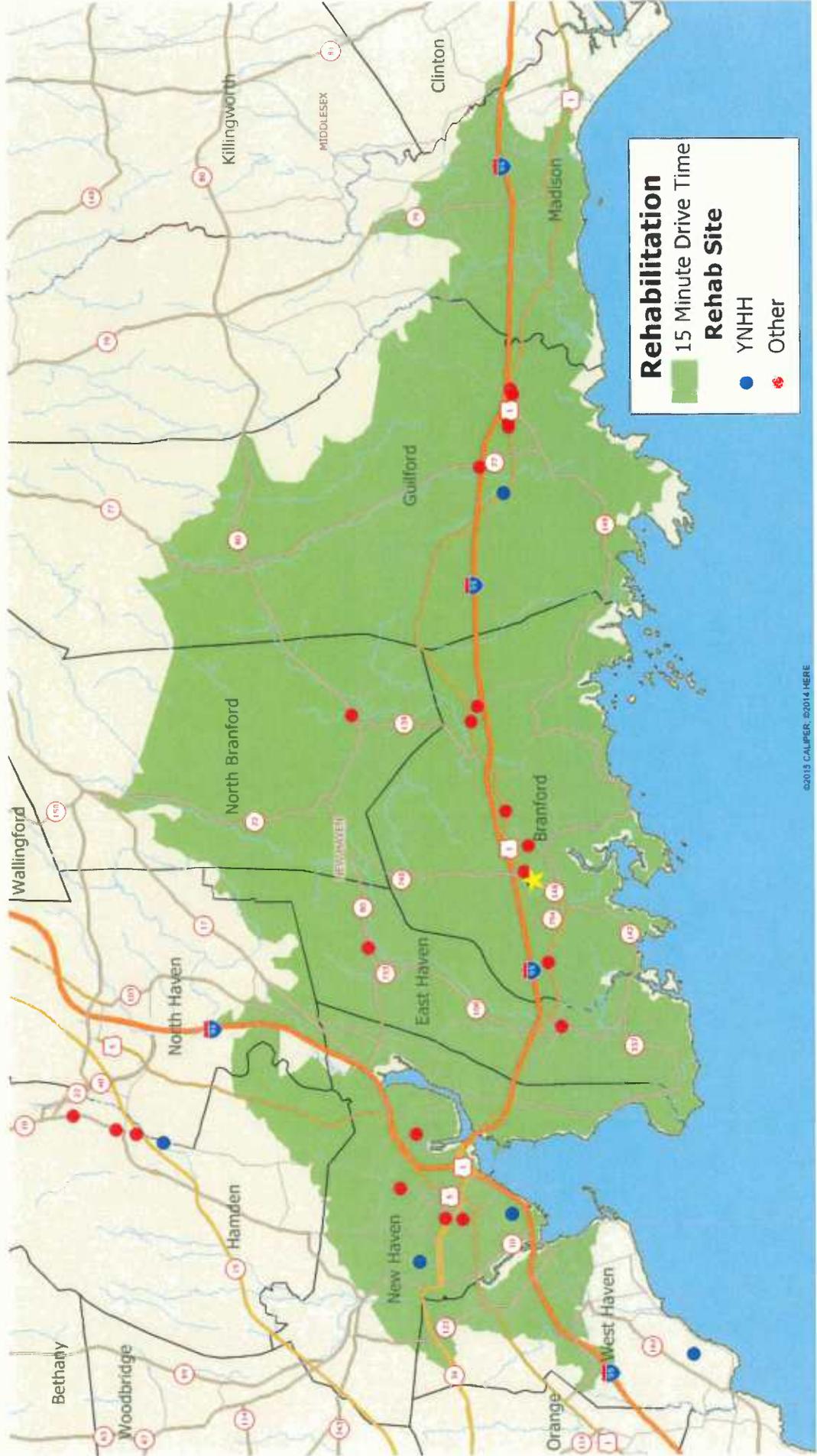
The foregoing is my sworn testimony.

A handwritten signature in black ink, appearing to read "John Tarutis", written over a horizontal line.

John Tarutis  
Executive Director  
Physical Medicine & Rehabilitation  
Yale-New Haven Hospital

*EXHIBIT A*

# Rehabilitation Sites in the Region





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

March 31, 2016

**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: *Yale-New Haven Hospital  
Aignment of Outpatient Rehabilitation Services  
Docket No. 15-32041-CON***

Dear Deputy Commissioner Brancifort:

This office represents Yale-New Haven 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 Amit Rastogi, M.D., Interim Chief Executive Officer, Northeast Medical Group; and
- Prefiled Testimony of John Tarutis, Executive Director Physical Medicine & Rehabilitation, Yale-New Haven Hospital.

These documents are being submitted in connection with the public hearing on the above matter scheduled for April 7, 2016 at 4:00 p.m. They address the issues for discussion raised by OHCA in a letter dated March 24, 2016. Dr. Rastogi and Mr. Tarutis 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: Nancy Rosenthal (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.uks.com](http://www.uks.com)

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

.....	)	
IN RE: ALIGNMENT OF YALE-NEW	)	DOCKET NO. 15-32041-CON
HAVEN HOSPITAL OUTPATIENT	)	
REHABILITATION SERVICES	)	
	)	
	)	
.....	)	MARCH 31, 2016

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 Yale-New Haven Hospital ("YNHH"). The Firm will appear and represent YNHH at the public hearing on this matter, scheduled for April 7, 2016.

Respectfully Submitted,

YALE-NEW HAVEN 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: ALIGNMENT OF YALE-NEW ) DOCKET NO. 15-32041-CON  
 HAVEN HOSPITAL OUTPATIENT )  
 REHABILITATION SERVICES )  
 ) MARCH 31, 2016  
 .....

**PREFILED TESTIMONY OF AMIT RASTOGI, M.D.,  
INTERIM CHIEF EXECUTIVE OFFICER  
NORTHEAST MEDICAL GROUP**

Good afternoon Hearing Officer Hansted and members of the Office of Health Care Access (“OHCA”) staff. My name is Dr. Amit Rastogi. I am a primary care physician and the Interim Chief Executive Officer of Northeast Medical Group (“NEMG”), the nonprofit medical foundation affiliated with the Yale-New Haven Health System (“YNHHS”). With me today is my colleague, John Tarutis, who serves as Executive Director Physical Medicine & Rehabilitation at Yale-New Haven Hospital (“YNHH” or “Hospital”). Thank you for this opportunity to speak in support of YNHH’s request for Certificate of Need (“CON”) approval to discontinue Outpatient Rehabilitation Services in Branford and consolidate these services at other existing YNHH locations.

YNHH’s plan to consolidate outpatient rehabilitation sites is part of our integration efforts following the Hospital’s acquisition of St. Raphael’s Health System (“HSR”) in 2012. YNHH is currently reviewing ambulatory space and program offerings, looking to eliminate duplicative and underutilized services while maintaining, and in many cases improving, access to

care for YNHH patients. The need to streamline the delivery of outpatient services and provide care in the most cost-effective manner is consistent with the goals of healthcare reform and state health planning objectives. Moreover, this type of consolidation is critical at a time when Connecticut hospitals are facing significant tax increases, budget cuts and declining reimbursement.

#### Overview of Outpatient Rehabilitation Services

Outpatient Rehabilitation Services have been offered at 84 N. Main Street in Branford since 1996. The Branford rehabilitation service was originally operated by HSR. It became part of YNHH when the Hospital acquired HSR in September of 2012. This site also includes an occupational health service (scheduled for closure pending OHCA approval) from which many of this location's outpatient rehabilitation patients originate. YNHH provides Outpatient Rehabilitation Services at seven additional locations as well. All sites are operated as hospital outpatient departments under YNHH's acute-care hospital license.

The Branford site provides comprehensive outpatient rehabilitation services to both occupational medicine patients (referred from the Hospital's occupational health sites in Branford, East Haven and elsewhere) and non-occupational medicine patients. Approximately 40 percent of Branford rehabilitation visits involve YNHH occupational medicine patients. The remaining 60 percent of patients are referred by community physicians and Hospital-based clinics for rehabilitation services. Outpatient rehabilitation services are provided by therapists employed by the Hospital.

Occupational medicine-based rehabilitation at YNHH is available exclusively for YNHHS employees and employees of companies and municipalities that make arrangements

with the Hospital for this type of care. Payers for these services are limited. Neither Medicare nor Medicaid provides reimbursement for occupational medicine-based rehabilitation services. Pricing arrangements are non-exclusive, meaning employers can make arrangements with non-YNHH provider as well and offer their employees a choice for occupational healthcare. Non-occupational medicine-based rehabilitation services are available to members of the public without limitation. YNHH accepts all payers, including Medicare and Medicaid, at all Outpatient Rehabilitation Services sites.

As Mr. Tarutis will attest, YNHH has committed to relocate all current Branford rehabilitation staff to alternate positions within YNHH and this transition is underway.

#### Reasons for Termination

As previously mentioned, the Hospital's decision to consolidate its Outpatient Rehabilitation Services in Branford into other existing YNHH locations (primarily those in Guilford, New Haven and Hamden) arose out of efforts to identify and eliminate duplicative service offerings in nearby communities, which can lead to inefficiencies and increased costs. At the same time, YNHH is working to ensure that clinical programs are appropriately located within its service area. This planning process, which began with the acquisition of HSR in September of 2012, has become increasingly important in light of the financial burdens placed on YNHH by recent tax increases and reimbursement cuts.

Through this process, the Hospital has identified duplication of Outpatient Rehabilitation Services in neighboring communities (i.e. Branford and Guilford) and determined that capacity exists at each of its eight existing sites. As a result, YNHH has opted to close one of these sites.

The Branford outpatient rehabilitation site was selected for closure over other locations for several reasons. Historically, visit volume in Branford has been low. On average, the office sees less than two rehabilitation patient per hour and total volume has declined since 2012. The decline is a result of decreases in occupational health visits generally, partially driven by a weak economy, which affects related rehabilitation services. Employers located near the Branford site do not have enough employee patients to sustain dedicated occupational health and related outpatient rehabilitation services and significant employer growth is not projected in the immediate area.

In addition, many of the employers who utilize the occupational health and related rehabilitation services in Branford are located in other towns and cities (i.e. New Haven). Similarly, a substantial number of patients using the Branford site reside in towns other than Branford. Towns of origin include Guilford, New Haven and surrounding towns (i.e. West Haven & East Haven), and Hamden. For these patients, the YNHH Outpatient Rehabilitation Services in Guilford, New Haven and Hamden will provide better access than the site in Branford.

Consolidation of the Outpatient Rehabilitation Services will also result in much-needed costs savings for YNHH. This will be accomplished, primarily, through a reduction in lease expenses associated with an underutilized site and the reallocation of staff to unfilled positions.

Like all Connecticut hospitals, YNHH must find ways to reduce costs and increase efficiencies in order to survive in the current financial climate. YNHHS is scheduled to pay more than \$180 million in state taxes for FY 2016. This makes the system – a non-profit healthcare organization – one of the largest, if not the largest, taxpayer in the State of

Connecticut. In light of the foregoing, YNHH needs to reexamine its service offerings and “right size” services where appropriate.

#### Maintaining Access to Care

Access to Outpatient Rehabilitation Services will be maintained for patients at YNHH locations in Guilford, New Haven, and Hamden. YNHH also operates Outpatient Rehabilitation Services in Milford and Old Saybrook, which afford access alternatives for patients residing outside of the immediate Branford service area. All of these sites have ample capacity to absorb Branford visit volume. They offer the same services as Branford and in some cases access to specialty therapists and physicians onsite. In many instances these locations are more accessible to those patients who use the services. All offices will continue to serve all patients, including self-pay and Medicare and Medicaid beneficiaries.

In addition, there are 23 non-YNHH outpatient rehabilitation providers in the Branford area. Many of these providers entered the market after the YNHH service opened and they have always existed as alternatives for both occupational medicine and non-occupational medicine-based rehabilitation patients. Seven of these providers are located in Branford for patients living in Branford who would rather not travel outside of their town of residence. Another four are located in neighboring Guilford and three are located in neighboring East Haven. Others are located in the New Haven area and offer more accessible services for this growing market.

#### Conclusion

YNHH’s plan to consolidate Outpatient Rehabilitation Services at underutilized locations closer to the patients who use these services is consistent with the goals of healthcare reform and state health planning objectives. It honors YNHH’s commitment to integrate HSR in a way that

promotes cost-effective delivery of care and eliminates the unnecessary duplication of services. It also ensures access to high-quality outpatient rehabilitation services both within and outside of the YNHH network.

In order to ensure that the community has continued access to YNHH's core services, the Hospital must determine the most efficient way to deliver these and other services to its patients. This is particularly true at a time where YNHHS is facing significant financial challenges, including \$180 million in taxes.

For these reasons, I urge you to approve the CON Application for termination of YNHH's Outpatient Rehabilitation Services in Branford. Thank you for your time today and I would be happy to answer any questions you have.

I would now like to introduce Mr. Tarutis.

The foregoing is my sworn testimony.

A handwritten signature in blue ink, appearing to read "Rastogi", with a large, sweeping flourish above the name.

---

Amit Rastogi, M.D.  
Interim Chief Executive Officer  
Northeast Medical Group

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

..... )  
IN RE: ALIGNMENT OF YALE-NEW )  
HAVEN HOSPITAL OUTPATIENT )  
REHABILITATION SERVICES )

DOCKET NO. 15-32041-CON

) MARCH 31, 2016  
.....

**PREFILED TESTIMONY OF JOHN TARUTIS,**  
**EXECUTIVE DIRECTOR PHYSICAL MEDICINE AND REHABILITATION**  
**YALE-NEW HAVEN HOSPITAL**

Good afternoon Hearing Officer Hansted and members of the Office of Health Care Access (“OHCA”) staff. Thank you for this opportunity to testify in support of Yale-New Haven Hospital’s (“YNHH” or “Hospital”) proposal to consolidate its Outpatient Rehabilitation Services. My name is John Tarutis and I am the Executive Director Physical Medicine and Rehabilitation for YNHH. My testimony today will focus on the services YNHH provides and the populations we serve in Branford and at our other Outpatient Rehabilitation Services locations. I will also discuss why we believe this proposal will result in enhanced access for our outpatient rehabilitation patients.

**Overview of Outpatient Rehabilitation Services**

As Dr. Rastogi testified, YNHH currently provides outpatient rehabilitation services at eight locations: 175 Sherman Avenue, New Haven; 800 Howard Avenue, New Haven; 1 Long Wharf, New Haven; 1455 Boston Post Road, Guilford; 84 North Main Street, Branford; 2080 Whitney Avenue, Hamden; 633 Middlesex Turnpike, Old Saybrook; and 48 Wellington Road,

Milford. Services offered and patient populations vary by location. The Branford rehabilitation site offers physical therapy, physical demand screenings, work conditioning, and functional capacity evaluations. Services are available both to the Hospital's Occupational Medicine and Wellness Services patients (co-located in Branford and at three other sites) and patients referred by Hospital-based clinics and community providers. Payers for outpatient rehabilitation services include employers and workers compensation insurance (for occupational medicine-based rehabilitation services), as well as commercial insurance, Medicare, Medicaid, and self-pay (for non-occupational medicine-based rehabilitation services).

#### Decision to Close Branford Clinic

As Dr. Rastogi mentioned, the Hospital's decision to consolidate its Outpatient Rehabilitation Services in Branford into other existing YNHH locations (primarily those in Guilford, New Haven and Hamden) arose out of efforts to identify and eliminate duplicative service offerings in nearby communities and ensure appropriate distribution of clinical programs throughout the YNHH service area. With respect to outpatient rehabilitation, the Hospital determined that there were duplicative services in neighboring towns (i.e. Branford and Guilford) and that capacity exists at each of the existing YNHH sites.

The Branford outpatient rehabilitation site was selected for closure for reasons already discussed by Dr. Rastogi. I would like to highlight in particular the historically low visit volume in Branford. Between 2012 and 2014, visits declined by approximately 19 percent, from 6,515 visits to 5,273 visits. These decreases included both occupational medicine-based and non-occupational medicine-based rehabilitation patients. Occupational medicine-based rehabilitation visits declined by approximately 18 percent between 2012 and 2014, from 2,528 visits to 2,077 visits. Similarly, non-occupational-based visits declined by approximately 20 percent, from

3,987 visits in 2012 to 3,196 visits in 2014. These decreases were attributable, in part, to a weak economy and lack of growth in employers in the area.

With the proposed termination of occupational health services at this site, related rehabilitation volume is expected to decline further. This is part of the reason why both services are proposed for termination. Occupational health patients often have both a medical and rehabilitation visit scheduled for the same day, in which case it makes the most sense for these services to be located in the same building. If they are not, a patient would need to see his/her medical provider in one office and then drive to another office location for rehabilitation services, thus reducing ease of access. Combined occupational medicine and rehabilitation services will continue to be available going forward at YNHH locations in New Haven and Hamden.

#### Maintaining Access to Care

Access to Outpatient Rehabilitation Services will be maintained, and in many cases enhanced, with closure of the Branford clinic. Each of the remaining YNHH rehabilitation sites in New Haven, Hamden, Guilford, Old Saybrook, and Milford has capacity to absorb patients displaced from Branford. Patients can select a site based upon clinical need and ease of access. Together, the remaining sites can accommodate all displaced volume.

A significant amount of capacity exists at the Long Wharf site in New Haven. Rehabilitation services are provided in connection with the YNHH spine center at the same location. This is a newer, larger site located along bus lines with ample free parking. This location and the Sherman Avenue location in New Haven are more accessible than Branford for patients who reside in New Haven, many of whom are Medicaid beneficiaries. In FY 2015, 895

rehabilitation visits at Branford were by New Haven residents. Of these 895 visits, 491 were non-occupational health rehabilitation visits. Of the 491 non-occupational health rehabilitation visits attributable to New Haven resident in FY 2015, 350 or 71.28% were Medicaid beneficiaries. These patients will benefit from the ability to access care at locations closer to their homes.

The YNHH outpatient rehabilitation sites in Hamden, Guilford, Milford and Old Saybrook have available capacity as well and are accessible for patients residing in these areas. Each location can accommodate additional patients and most can be “staffed up” to meet any increase in patient demand resulting from the closure of Branford. In fact, the transition of staff from Branford to other outpatient rehabilitation locations has begun in an effort to accommodate patients who are transitioning to other sites. Moreover, YNHH continuously evaluates its outpatient rehabilitation services and is prepared to make adjustments and increases in hours, staffing and locations in order to ensure patient access.

In addition, the YNHH model (for non-occupational medicine-based rehabilitation patients) includes providing these services in settings where specialty physicians are co-located. For example, the Guilford rehabilitation office has orthopedists practicing in the same building. YNHH’s rehabilitation office at Long Wharf has both spine physicians and physiatrists on site and a larger patient gym. This allows for easier consultation and referral of patients as necessary. The Sherman Avenue location has a more comprehensive gym geared towards occupational health patients. Rehabilitation patients also have access to specially certified therapists (i.e. spine, hand, women’s health) at other YNHH sites that are not available at the Branford site. All of these factors contribute to enhanced access to care for patients at YNHH’s alternate Outpatient Rehabilitation locations.

Note also that all YNHH Outpatient Rehabilitation sites accept all payers, including Medicaid and are committed to caring for indigent patients. This will continue to be the case once the Branford clinic is closed. There will be no issues with access to care for Medicaid patients going forward as a result of this proposal.

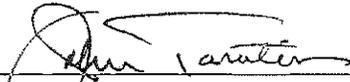
In addition, there are 23 non-YNHH outpatient rehabilitation providers in the Branford area. We understand that not all of our patients will opt to stay with YNHH after the Branford clinic closes and these alternatives will continue to exist for those patients who choose to leave. Attached as Exhibit A is a map showing the existing outpatient rehabilitation locations in the service area, including the YNHH locations.

#### Conclusion

Thank you again for allowing me this opportunity to discuss our consolidation plans. We are confident that closure of the Branford site will have minimal impact on access to care for patients. If anything, it will provide easier access for a significant number of our patients who work and reside in and around New Haven. Other YNHH locations also provide enhanced outpatient rehabilitation services, amenities and access to specialty therapists and physicians that are not available in Branford. At the same time, this consolidation will result in cost-savings for YNHH at a time when the efficient delivery of care is critical.

For these reasons, I urge you to approve the CON Application for termination of YNHH's Outpatient Rehabilitation Services in Branford. I would be happy to answer any questions you have.

The foregoing is my sworn testimony.

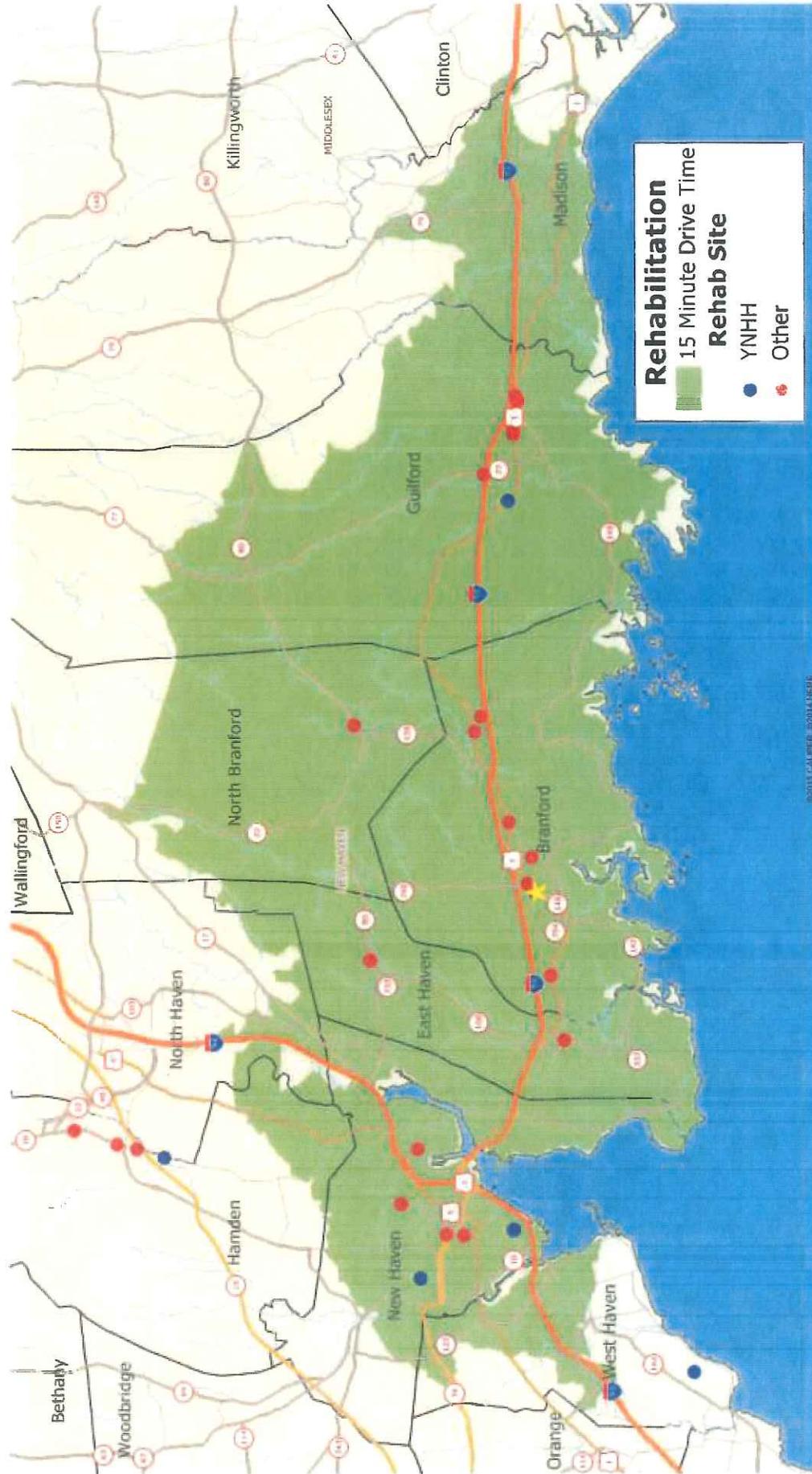
A handwritten signature in black ink, appearing to read "John Tarutis", written over a horizontal line.

John Tarutis  
Executive Director  
Physical Medicine & Rehabilitation  
Yale-New Haven Hospital

***EXHIBIT A***



# Rehabilitation Sites in the Region





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

**TABLE OF THE RECORD**

**APPLICANT:** Yale-New Haven Hospital

**DOCKET NUMBER:** 15-32041-CON

**PUBLIC HEARING:** April 7, 2016

**PLACE:** Branford Recreation Department  
 45 Church Street (2<sup>nd</sup> Floor Activity Room)  
 Branford, CT 06405

EXHIBIT	DESCRIPTION
A	Letter from Yale-New Haven Hospital (Applicant) dated November 17, 2015, enclosing the Certificate of Need (CON) application for the Alignment of Yale-New Haven Hospital Outpatient Rehabilitation Services under Docket Number: 15-32041, received by OHCA on November 17, 2015. (96 Pages)
B	Designation letter dated December 16, 2015, of Hearing Officer in the matter of the CON application under Docket Number: 15-32041. (1 page)
C	OHCA's letter to the Applicant dated December 16, 2015, requesting Additional information and/or clarification in the matter of the CON application under Docket Number 15-32041.(2 Pages)
D	Applicant's responses to OHCA's letter of December 16, 2015, dated January 20, 2016, in the matter of the CON application under Docket Number: 15-32041, received by OHCA on January 20, 2016. (11 Pages)
E	OHCA's letter to the Applicant dated February 17, 2016, deeming the application complete in the matter of the CON application filed under Docket Number: 15-32041. (1 page)
F	OHCA's letter to the Applicant dated March 1, 2016, regarding hearing logistics in the matter of the CON application filed under Docket Number: 15-32041. (2 pages)
G	OHCA's letter to the Applicant dated March 8, 2016, enclosing an Order of Consolidation of the public hearing with Docket Number: 15-32040 in the matter of the CON application filed under Docket Number: 15-32041. (1 page)

*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>H</b>	OHCA's request for legal notification in the <i>New Haven Register</i> of OHCA's Notice to the Applicant of the public hearing scheduled for April 7, 2016, in the matter of the CON application under Docket Number: 15-32041, dated March 18, 2016. (4 pages)
<b>I</b>	OHCA's letter to the Applicant dated March 24, 2016, requesting prefile testimony and enclosing issues in the matter of the CON application under Docket Number: 15-32041. (4 pages)
<b>J</b>	Letter from the Applicant to OHCA enclosing Notice of Appearance of Updike, Kelly & Spellacy, P.C. and Prefile Testimony dated March 31, 2016, in the matter of the CON application under Docket Number: 15-32041, received by OHCA on April 1, 2016. (15 pages)

Administrative Notice is being taken of the following:

- Yale-New Haven Hospital Certificate of Need for Docket Number: 15-32040-CON to Terminate Occupational Medicine & Wellness Services in East Haven & Branford.



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

**TENTATIVE AGENDA**

**Yale New Haven Hospital**

**Docket Number: 15-32040-CON - Proposal to Terminate Occupational Medicine  
and Wellness Services in East Haven & Branford**

**Docket Number: 15-32041- CON - Proposal to Terminate Outpatient Rehabilitation  
Services in Branford**

**April 7, 2016 at 4:00 p.m.**

- I. Convening of the Public Hearing**
- II. Docket Number: 15-32040-CON**
  - A. Applicant's Direct Testimony**
  - B. OHCA's Questions**
- III. Docket Number: 15-32041-CON**
  - A. Applicant's Direct Testimony**
  - B. OHCA's Questions**
- IV. Public Comment**
- V. Closing Remarks**
- VI. Public Hearing Adjourned**

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*(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 ( APR. 6. 2016 2:45PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : APR. 6. 2016 2:44PM  
FILE MODE OPTION

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

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



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

FAX SHEET

TO: NANCY ROSENTHAL  
FAX: 203 863-4736  
AGENCY: YALE-NEW HVEN HOSPITAL  
FROM: OHCA  
DATE: 4/6/16 Time: \_\_\_\_\_  
NUMBER OF PAGES: \_\_\_\_\_  
*(including transmittal sheet)*

**Comments:**  
Please see attache information regarding tomorrow's hearing for Docket Number 15-32041-CON

**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



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

**AGENDA**

**Yale New Haven Hospital**

**Docket Number: 15-32040-CON - Proposal to Terminate Occupational Medicine  
and Wellness Services in East Haven & Branford**

**Docket Number: 15-32041- CON - Proposal to Terminate Outpatient Rehabilitation  
Services in Branford**

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  - B. OHCA's Questions**
- IV. Public Comment**
- V. Closing Remarks**
- VI. Public Hearing Adjourned**

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

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



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

*PUBLIC COMMENT*

**Yale-New Haven Hospital**

**Docket Number: 15-32040-CON to Terminate Occupational Medicine & Wellness Services in East Haven & Branford**

**Docket Number: 15-32041-CON to Terminate Outpatient Rehabilitation Services in Branford**

**April 7, 2016 at 4:00 p.m.**

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

Any and all persons are welcome to make a comment on the record at the public hearing for Docket Numbers: 15-32040-CON and 15-32041- CON. **All those who wish to speak must sign up prior to speaking.**

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

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

*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

**OHCA HEARINGS - EXHIBIT AND LATE FILE FORM**

Applicants: Yale-New Haven Hospital

DN: 15-32041-CON

Hearing Date: April 7, 2016

Time: 4:00 PM

Proposal: Docket Number: 15-32041-CON To Terminate Outpatient Rehabilitation Services in Branford

OHCA  
Exhibit # Description

OHCA Exhibit #	Description
1	
2	
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4	
5	

Applicant  
Exhibit #                      Description

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	

Intervenor  
Exhibit #

Description

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Informal  
Exhibit #

Description

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Applicant Late File #	Description	Due Date	Rec'd
1	<del>Difference between the O/P Rehab Sites-Physical Plant Considerations</del>		
2			
3	Physical Plant Differences between the YNHHS Locations offering Outpatient Rehabilitative Services		
4			
5			
6			

Intervenor Late File #	Description	Due Date	Rec'd
1			
2			
3			
4			
5			
6			

Notes:

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**PUBLIC HEARING  
 APPLICANT  
 SIGN UP SHEET**

April 7, 2016  
 4:00 p.m.

Docket Numbers: 15-32041-CON

Yale-New Haven Hospital

Docket Number: 15-32041-CON To Terminate Outpatient Rehabilitation Services in Branford

PRINT NAME	Phone	Fax	Representing Organization
AMIT RASTOGI	203 502 6502		Northeast Medical Group Yale New Haven Health
JENNIFER Fusco	203 786 8316		Yale-New Haven
Nancy Rosenthal	203-688-5721		NY R
Michael Dimenstein	203-688-4472		YNHH

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

YALE-NEW HAVEN HOSPITAL

DOCKET NUMBER: 15-32040-CON  
PROPOSAL TO TERMINATE OCCUPATIONAL MEDICINE  
AND WELLNESS SERVICES IN EAST HAVEN & BRANFORD

DOCKET NUMBER: 15-32041-CON  
PROPOSAL TO TERMINATE OUTPATIENT REHABILITATION  
SERVICES IN BRANFORD

APRIL 7, 2016

4:00 P.M.

BRANFORD REC CENTER  
45 CHURCH STREET  
BRANFORD, CONNECTICUT

POST REPORTING SERVICE  
HAMDEN, CT (800) 262-4102

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

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 Yale-New Haven Hospital, proposal to terminate  
5 occupational medicine and wellness services in East Haven  
6 & Branford and proposal to terminate outpatient  
7 rehabilitation services in Branford, held at the Branford  
8 Rec Center, 45 Church Street, Branford, Connecticut, on  
9 April 7, 2016 at 4:03 p.m. . . .

10  
11  
12  
13 HEARING OFFICER KEVIN HANSTED: Good  
14 afternoon, everyone. This public hearing before the  
15 Office of Health Care Access, identified by Docket Nos.  
16 15-32040-CON and 15-32041-CON, is being held on April 7th  
17 to consider Yale-New Haven Hospital's applications to  
18 terminate occupational medicine and wellness services and  
19 outpatient rehab services in East Haven and Branford.

20 This public hearing is being held pursuant  
21 to Connecticut General Statute, Section 19a-639a, and  
22 will be conducted as a contested case, in accordance with  
23 the provisions of Chapter 54 of the Connecticut General  
24 Statutes.

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 My name is Kevin Hansted, and I have been  
2 designated as the Hearing Officer for this application.

3 The staff members assigned to this case  
4 are Karen Roberts and Jack Huber, and the hearing is  
5 being recorded by Post Reporting Services.

6 In making its decision, OHCA will consider  
7 and make written findings concerning the principles and  
8 guidelines set forth in Section 19a-639 of the  
9 Connecticut General Statutes.

10 Yale-New Haven Hospital has been  
11 designated as a party in this proceeding.

12 At this time, I will ask staff to read  
13 into the record those documents already appearing in  
14 OHCA's Table of the Record in this case. All documents  
15 have been identified in the Table of the Record for  
16 reference purposes. Mr. Huber?

17 MR. JACK HUBER: Thank you. Jack Huber  
18 for the record. Prior to today's hearing, a copy of each  
19 Table of the Record was conveyed to the Applicant. The  
20 Table of the Record identifies Exhibits A through J for  
21 the Occupational Medicine and Wellness Services Proposal.

22 Additionally, the Table of the Record  
23 identifies Exhibits A through J for the Outpatient  
24 Rehabilitation Services Proposal. If you and the

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 Applicant have no objection, in the interest of time, I  
2 would like to suggest that we forego the formal reading  
3 of each individual exhibit into each of the records and  
4 offer the said Tables of the Record in their entirety for  
5 inclusion in today's proceedings.

6 HEARING OFFICER HANSTED: Any objection,  
7 Counsel?

8 MS. JENNIFER FUSCO: No. The Applicant  
9 has no objection.

10 HEARING OFFICER HANSTED: Okay. Thank  
11 you. And, for today's hearing, we will first hear from  
12 the Applicant for an overview of the first project, and  
13 then we will go to OHCA's questions.

14 After that point, we'll take a short break  
15 and then proceed to the Applicant's presentation on the  
16 second project, followed by OHCA's questions again.

17 At that point, I'll take another quick  
18 break, and then we'll hear any public comment we might  
19 have on both applications at the same time.

20 So would all of the individuals, who are  
21 going to testify, please stand, raise your right hand,  
22 and be sworn in by the court reporter?

23 (Whereupon, the parties were duly sworn  
24 in.)

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 HEARING OFFICER HANSTED: And would  
2 everyone that just took an oath please identify  
3 yourselves for the record?

4 MR. AMIT RASTOGI: Amit Rastogi, Interim  
5 CEO, Northeast Medical Group.

6 MS. JODIE BOLDRIGHINI: Jodie Boldrighini,  
7 Director of Occupational Health and Employee Population  
8 Health Solutions.

9 MS. NANCY ROSENTHAL: Nancy Levitt  
10 Rosenthal, VP of Strategy and Regulatory Planning.

11 MR. JOHN TARUTIS: John Tarutis, Executive  
12 Director of Physical Medicine and Rehabilitation, Yale-  
13 New Haven Hospital.

14 MR. MATT McKENNAN: Matt McKennan, Yale-  
15 New Haven Health System Senior Planner.

16 MS. LINDA PETTINE: Linda Pettine,  
17 Associate Director, Yale-New Haven Health, Occupational  
18 Medicine and Wellness Services.

19 MR. JOHN MESSINA: John Messina, Yale-New  
20 Haven Health Services.

21 HEARING OFFICER HANSTED: Okay, thank you,  
22 all. And just as a reminder, for those of you who  
23 submitted pre-filed testimony, before you testify today,  
24 just adopt that on the record for me, and just, if you

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 would, just state your name again before you testify.

2 At this time, Attorney Fusco, you may  
3 proceed.

4 MS. FUSCO: Dr. Rastogi is going to begin  
5 our presentation.

6 HEARING OFFICER HANSTED: Sure.

7 MR. RASTOGI: Good afternoon, Officer  
8 Hansted.

9 HEARING OFFICER HANSTED: Good afternoon.

10 MR. RASTOGI: And members of the OHCA  
11 staff. My name is Dr. Amit Rastogi. I'm the Interim CEO  
12 of Northeast Medical Group.

13 Northeast Medical Group is the medical  
14 foundation affiliated with the Yale-New Haven Health  
15 System. I would like to adopt my pre-filed testimony.

16 HEARING OFFICER HANSTED: Thank you.

17 MR. RASTOGI: With me today is my  
18 colleague, Jodi Boldrighini, the Director of Occupational  
19 and Employee Population Health Solutions at Yale-New  
20 Haven Hospital.

21 We thank you for this opportunity to speak  
22 to you about Yale-New Haven's health plan to consolidate  
23 its occupational medicine and wellness services at  
24 existing locations in New Haven and Hamden and to close

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 under-utilized sites in Branford and East Haven.

2 My written testimony offers some context  
3 for our decision to terminate the Branford and East Haven  
4 occupational health sites, along with a Branford  
5 rehabilitation site that I will discuss in remarks later  
6 today.

7 Yale-New Haven is continually evaluating  
8 its clinical service offerings to ensure that it provides  
9 the highest quality care in the most efficient and cost-  
10 effective manner.

11 With respect to outpatient services, this  
12 often means eliminating duplicative sites that lead to  
13 inefficient delivery of care at an excess cost.

14 This type of planning has become  
15 increasingly important in light of the major financial  
16 challenges facing Yale-New Haven and other hospitals in  
17 Connecticut.

18 It is important to us that both OHCA and  
19 members of the Branford and East Haven communities  
20 understand why we have chosen to close these facilities.

21 Without getting into the various  
22 statistics included in our CON submissions and testimony,  
23 we have looked at the data and concluded that Yale-New  
24 Haven can accommodate all of its employee and

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 occupational health patients at two locations.

2 We decided to close the Branford and East  
3 Haven facilities and to leave New Haven and Hamden open,  
4 in part because many of our occupational health patients  
5 work and live in and around New Haven.

6 Regardless of whether these individuals  
7 choose to serve, sorry, choose to access services from  
8 work or from home, the facilities in New Haven and Hamden  
9 provide better access than facilities on the shoreline.

10 We also want to affirm in this public  
11 forum Yale-New Haven's commitment to care for any and all  
12 occupational health clients displaced by this proposal.

13 The remaining Yale-New Haven occupational  
14 health sites have ample capacity to absorb Branford and  
15 East Haven patients.

16 As mentioned in our CON submissions, we  
17 will increase hours, staff and locations, as needed, to  
18 ensure adequate access to care for our patients.

19 While we are doing our best to transition  
20 Yale-New Haven occupational health patients, we  
21 understand that there will be some employers and  
22 employees that opt not to continue with our service once  
23 the Branford and East Haven clinics close.

24 For these individuals, there are 13 non-

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 hospital occupational medicine providers in the immediate  
2 service area, and this does not include a new 203 Urgent  
3 Care site that is scheduled to open in Yale-New Haven's  
4 existing space in East Haven.

5 We are confident that between the  
6 remaining Yale-New Haven sites these optional, sorry,  
7 these non-hospital providers, patients will have adequate  
8 access to occupational health care and freedom of choice.

9 In conclusion, closure of the Branford and  
10 East Haven occupational medicine and wellness services  
11 will allow Yale-New Haven to adapt to the changing health  
12 care environment, reduce costs, eliminate duplicative  
13 services, all while preserving access to care.

14 Consolidation of this type is critical at  
15 a time when hospitals are facing significant financial  
16 challenges. For the Yale-New Haven health system, this  
17 includes an anticipated tax burden of \$180 million for FY  
18 2016.

19 We have thoroughly and carefully  
20 considered our options with respect to occupational  
21 health and believe that the proposal before you  
22 represents the best option for Yale-New Haven and our  
23 patients.

24 I, therefore, urge you to approve the CON

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 application. Thank you again for your time and  
2 consideration, and I would like to introduce Ms.  
3 Boldrighini.

4 HEARING OFFICER HANSTED: Thank you,  
5 Doctor.

6 MS. BOLDRIGHINI: Good afternoon, Hearing  
7 Officer Hansted and members of the OHCA staff.

8 My name is Jodie Boldrighini, and I'm the  
9 Director of Occupational Health and Employee Population  
10 Health Solutions for Yale-New Haven Hospital. I would  
11 like to adopt my pre-filed testimony.

12 HEARING OFFICER HANSTED: Thank you.

13 MS. BOLDRIGHINI: So, first, thank you for  
14 the opportunity to speak in support of Yale-New Haven's  
15 proposal to consolidate the occupational medicine and  
16 wellness service locations.

17 There are five areas I'd like to review in  
18 my testimony today. The first is give a brief background  
19 and history to the program, second, to shed some light on  
20 the decision to reduce the number of sites as part of our  
21 ambulatory space and program optimization planning,  
22 third, to discuss our relationships with local employers,  
23 fourth, confirm our commitment to collaborating with  
24 employers on a transition plan that provides seamless

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 care, and, last, but not least, confirm our commitment to  
2 our staff and redeployment of their positions.

3 So, first, historically, it's important to  
4 note that the occupational health service line at Yale-  
5 New Haven was started as an employee health program for  
6 ourselves. That was and still remains the core business  
7 of this department and this service line.

8 Of note, we have three regions. We serve  
9 our employees in the Greenwich territory, Bridgeport  
10 territory and New Haven territory, and, in the New Haven  
11 territory, our employee, internal employee business makes  
12 up 86 percent of the business, so that is our primary  
13 core of service of this department.

14 As part of our ambulatory space planning  
15 and optimization plan, we did an internal evaluation of  
16 our department and program, Dr. Rastogi mentioned this,  
17 and, through the evaluation, we determined that our  
18 external client volume really could be best served with  
19 two sites.

20 So when we started evaluating those  
21 locations, between Hamden, New Haven, East Haven and  
22 Branford, it became clear that the two sites that were  
23 ideal to serve the employers we have relationships with  
24 and their employees was New Haven and Hamden, reason

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 being that the majority of employers in the marketplace  
2 were in those two towns, Hamden and New Haven, and their  
3 employees lived primarily in New Haven and was easily  
4 accessible to get to Hamden and New Haven.

5 There was not a large need that we saw in  
6 the Branford and East Haven marketplace for the service,  
7 so we felt the best plan would be focused on those two  
8 sites in New Haven and Hamden.

9 Our relationships with employers is  
10 something that's unique to this department, and it's a  
11 one off relationship directly with the hospital and the  
12 employer.

13 It's a non-exclusive pricing arrangement,  
14 so what that means is the employer that has a  
15 relationship with us is not bound to only use us. It's  
16 non-exclusive.

17 Even if we have an agreement with them,  
18 they can choose to go to 203 Urgent Care. They can go to  
19 any other competitor at their convenience. And now that  
20 there are many other sites coming up, there are other  
21 more convenient locations for them to access.

22 This service is not available to the  
23 general public. It is only accessible through an  
24 employer relationship with Yale-New Haven, and none of

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 the services are reimbursable by Medicaid or Medicare.

2 As I mentioned earlier, we're committed to  
3 working with the employers and collaborating with them to  
4 make sure they have a seamless transition for their  
5 employees.

6 We began this process months ago when we  
7 filed the public notice of our intention to file the CON.  
8 We notified our clients. We've been working with them  
9 for many months, and some have elected on their own, in  
10 light of the possibility of these sites closing, to start  
11 moving their patients to the other, their employees to  
12 the other sites. That transition has occurred  
13 seamlessly, and we have not heard any complaints.

14 So as I mentioned before, New Haven and  
15 Hamden locations have adequate capacity to accommodate  
16 Branford and East Haven employees of the employers we  
17 have agreements with, and, if the need arises, we are  
18 well prepared to analyze the volume and capacity, if we  
19 need to extend hours, or add staff.

20 So the last and most important point is  
21 our commitment to staff redeployment. Through both of  
22 these hearings, we've expressed our commitment to our  
23 employees and have worked diligently with our Human  
24 Resources Department to make sure all employees were

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 placed and no one will be displaced, so I'm here to  
2 confirm that with you again.

3 So, in closing, as Dr. Rastogi said, we're  
4 comfortable that our proposal to consolidate occupational  
5 health services will ensure access to care for employees  
6 that work for the employers we have relationships with.

7 It also represents a more efficient and  
8 cost-effective way of providing occupational health  
9 services from the Yale-New Haven health system to the  
10 local employers in the area.

11 We, therefore, urge you to approve our CON  
12 application. Thank you, and we're available for  
13 questions.

14 HEARING OFFICER HANSTED: Thank you.

15 MS. FUSCO: That concludes our  
16 presentation.

17 HEARING OFFICER HANSTED: Okay, thank you,  
18 Attorney Fusco. OHCA does have some questions.

19 MR. HUBER: I'll begin with several  
20 questions on the occupational medicine part of the  
21 proposal that you're bringing forth.

22 Dr. Rastogi, you indicate in your pre-  
23 filed testimony that occupational health services are  
24 available exclusively for employees of Yale-New Haven

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 Health Services, and companies and municipalities make  
2 arrangements with the hospital for this type of care.

3 I believe you indicated in your testimony  
4 that 86 percent of the business for occupational medicine  
5 involved Yale Community Health Services employees?

6 MS. BOLDRIGHINI: Correct.

7 MR. HUBER: That's correct?

8 MS. BOLDRIGHINI: Um-hum. In the New  
9 Haven territory.

10 MR. HUBER: In the New Haven territory.

11 HEARING OFFICER HANSTED: How are you  
12 defining the New Haven territory?

13 MS. BOLDRIGHINI: So that includes all of  
14 our sites. It's the New Haven and surrounding territory,  
15 so all the sites in New Haven, Branford, East Haven and  
16 Hamden.

17 HEARING OFFICER HANSTED: Okay, so, it  
18 includes Branford and East Haven?

19 MS. BOLDRIGHINI: Yes.

20 HEARING OFFICER HANSTED: Okay.

21 MR. HUBER: Do you know what the  
22 percentage breakout is by the four individual sites  
23 percent?

24 MS. BOLDRIGHINI: I don't.

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 MR. HUBER: You don't, okay. I guess  
2 either of you could respond. Could you please identify  
3 for us the municipalities that contracted with the  
4 hospital for occupational services?

5 MS. BOLDRIGHINI: So the, and I think I  
6 may turn to my colleague, Linda, for some help on this,  
7 the Town of Branford, Guilford, East Haven.

8 MS. PETTINE: East Haven, North Haven.

9 MS. BOLDRIGHINI: North Haven.

10 MS. PETTINE: Madison, limited services.

11 MS. BOLDRIGHINI: Madison has limited  
12 services.

13 MS. PETTINE: We also have West Haven.

14 MS. BOLDRIGHINI: West Haven. It's  
15 important to note, though, that, even though we have  
16 relationships with them, it is a non-exclusive  
17 relationship, so we have encountered where those clients  
18 do for some visits go elsewhere, as well.

19 MR. HUBER: Okay. And could you identify  
20 for us some of the major area businesses that have  
21 contracted with the hospital for these services?

22 MS. BOLDRIGHINI: Specifically for those  
23 locations? For East Haven and Branford?

24 MR. HUBER: No, just in terms of the

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 general.

2 MS. BOLDRIGHINI: In general in New Haven?  
3 Do you want to come up, Linda?

4 HEARING OFFICER HANSTED: Why don't you  
5 come up in front of a microphone?

6 MS. PETTINE: Hello. I'm Linda Pettine.  
7 I'm the Associate Director for Occupational Medicine and  
8 Wellness Services.

9 So we serve a large number of companies in  
10 the New Haven area; United Illuminating, Gaylord  
11 Hospital, Alcoa, Honeywell, are some of our larger  
12 clients. The Regional Water Authority, Connecticut  
13 Transit, to name a few. They're some of our larger  
14 clients.

15 MR. HUBER: Thank you.

16 MS. KAREN ROBERTS: For some of the ones  
17 that you just mentioned -- I'm sorry. Karen Roberts,  
18 OHCA staff. Could you clarify their location? I think  
19 we know where Gaylord is, but United Illuminating is  
20 located in?

21 MS. PETTINE: In Orange.

22 MS. ROBERTS: Orange? And Alcoa?

23 MS. PETTINE: Is in Branford. Who else  
24 did I say?

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 MS. ROBERTS: Honeywell.

2 MS. PETTINE: Honeywell is in North  
3 Branford.

4 MS. ROBERTS: And Regional Water?

5 MS. PETTINE: Water Authority is in New  
6 Haven. Connecticut Transit is in Hamden and in Stamford.

7 MS. ROBERTS: Okay.

8 MR. HUBER: Jack Huber for the record. It  
9 is mentioned in the pre-filed testimony that a 203 Urgent  
10 Care will soon be opening in the Foxon Road, East Haven  
11 space that is being vacated by the hospital.

12 Do you know whether this provider plans on  
13 offering a full array of occupational health services at  
14 this site, along with their urgent care services?

15 MS. BOLDRIGHINI: Yes. It's my  
16 understanding that he's committed to providing urgent  
17 care services, along with occupational health services,  
18 out of the East Haven site.

19 MR. HUBER: And this is something that you  
20 have verified with the Director?

21 MS. BOLDRIGHINI: Yes. He signed a  
22 letter.

23 MS. FUSCO: Yes. There's a letter of  
24 support for our proposal in there from him, but,

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 separately, you've spoken to him, right?

2 MS. BOLDRIGHINI: Oh, yes.

3 MS. FUSCO: About what he's providing.

4 MS. BOLDRIGHINI: Yes, and he's anxiously  
5 awaiting for us to vacate the space, because he wants to  
6 open full-time.

7 HEARING OFFICER HANSTED: Now will he be  
8 offering the same services that are currently being  
9 provided, or will those be scaled back or increased?

10 MS. BOLDRIGHINI: It's my understanding  
11 it's the same, but I've not seen a side-by-side analysis  
12 of the services, but, yes.

13 HEARING OFFICER HANSTED: Okay, that's  
14 fine. Thank you.

15 MR. HUBER: In the review of your  
16 occupational services, you found the way these services  
17 were provided to be duplicative and that each of the four  
18 service sites possessed excess capacity.

19 After operations at the four sites were  
20 analyzed, you determined that processes at the sites  
21 could be made more efficient, which would, in turn,  
22 increase patient throughput and create even more  
23 operating capacity.

24 To what degree has increasing patient

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 throughput improved service capacity over the service  
2 capacity that was originally observed?

3 MS. BOLDRIGHINI: We're still in the  
4 process of working through that, but, you know, improving  
5 workflow and utilizing our electronic EMR more  
6 efficiently we feel will assist in increasing capacity,  
7 but we don't have a value assigned to that.

8 HEARING OFFICER HANSTED: And just for the  
9 record, EMR is Electronic Medical Records?

10 MS. BOLDRIGHINI: Yes, correct.

11 HEARING OFFICER HANSTED: Thank you.

12 MR. HUBER: Also mentioned in that pre-  
13 file is that employers enter into a non-exclusive pricing  
14 arrangement for the hospital. It is the employers, along  
15 with worker's compensation carriers, that pay for the  
16 majority of the occupational health services provided by  
17 the hospital.

18 Has the pricing structure been the same  
19 for the occupational health services offered at each of  
20 the four sites?

21 MS. BOLDRIGHINI: Yes.

22 MR. HUBER: And will that remain the same  
23 at the two remaining sites?

24 MS. BOLDRIGHINI: Yes.

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 MR. HUBER: The New Haven and Hamden sites  
2 combined performed 22,000 visits in fiscal year 2014.  
3 You indicate that they can easily absorb 600 visits per  
4 month currently handled in the Branford and East Haven  
5 sites.

6 How do you envision that the 600 visits  
7 per month will be distributed between the New Haven and  
8 Hamden sites?

9 MS. BOLDRIGHINI: It varies by visit type  
10 and seasonal volume and capacity, but moving staff back  
11 from the East Haven and Branford site, using that staff  
12 to go to Hamden and New Haven, we will have the ability  
13 to staff up to accommodate more capacity.

14 MR. HUBER: Since the CON was filed, has  
15 Yale continued to accept new occupational medicine  
16 patients at the East Haven and Branford locations?

17 MS. BOLDRIGHINI: That's a good question.  
18 I don't believe we have. That's my understanding, but we  
19 have to check. We're still seeing patients, but you  
20 asked new clients?

21 MR. HUBER: We're talking about new  
22 clients.

23 MS. BOLDRIGHINI: New clients. No, I  
24 don't believe we've brought on any new clients. We're

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 waiting to learn the determination of the CON process.

2 We can confirm that.

3 MR. HUBER: Is there a likelihood that  
4 either the New Haven or Hamden sites will experience  
5 either a backlog or a waiting list situation in the  
6 future?

7 MS. BOLDRIGHINI: That is a possibility,  
8 but we're committed to assess the volume and capacity and  
9 staffing needs on a regular basis to accommodate any  
10 influx in volume.

11 What I didn't mention before is, when we  
12 started reaching out to our employees months ago, at the  
13 time we posted the public notice, there are some  
14 employers that we feel will fall off, due to attrition  
15 and not want to make the trip, so we can't predict what  
16 volume will stay and what volume will go. We have an  
17 idea, but we plan on tracking that closely and staffing  
18 accordingly, and, if we need to flex hours if the demand  
19 and needs are there, we will do so.

20 MR. HUBER: Thank you. That concludes my  
21 line of questioning.

22 MS. ROBERTS: Karen Roberts, OHCA staff.  
23 I have one further question on this CON. It regards the  
24 utilization projections specific, or the utilization of

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 both historical and projected for the Branford location.

2 In your completeness responses, you  
3 provide us with the breakdown of historical and projected  
4 for FY '16 utilization by site.

5 For the Branford location, it has  
6 increased in volume for each of the three fiscal years;  
7 '13, '14 and '15, and, using the two months actual that  
8 you provided for '16 and annualizing it, it would still  
9 show a further increase.

10 Could you expand more on the reasoning  
11 regarding the closure or the decision to close the  
12 Branford location when compared to other locations that  
13 will remain in operation? And, in particular, you  
14 mentioned that one of your major employers is actually  
15 located in Branford, so could you go further with that  
16 discussion?

17 MS. BOLDRIGHINI: So in looking at  
18 comparing the sites, when we looked at New Haven, Hamden,  
19 Branford and East Haven and the marketplace in the area,  
20 there are always going to be one or two large employers  
21 per service area that need services, but one or two can't  
22 support the full expense or cost of running a standalone  
23 site, so, when we look, the marketplace in East Haven and  
24 Branford is significantly less than New Haven and Hamden.

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1                   There are going to be one or two clearly  
2 large employers in each territory, but it's not enough to  
3 maintain the site, and we do feel we have capacity to  
4 handle that volume at the other locations.

5                   MS. ROBERTS: Do you know if there's any  
6 particular reason that volume would have increased, or is  
7 that just a small increase trending upward?

8                   MS. BOLDRIGHINI: I mean, to me, it's a  
9 small increase trending upwards. I know Linda can speak  
10 to this, as well, but, at one point, we did move some of  
11 our employee volume out to that site, so we expected to  
12 see a spike of our own internal employees.

13                   MS. ROBERTS: Yale employee volume?

14                   MS. BOLDRIGHINI: Yeah. So we can control  
15 where those employees go, so I know that contributed to a  
16 part of that spike.

17                   I can't attribute that to any one large  
18 new employer we brought on, so I have to say a good  
19 portion that was from the employee physicals we moved out  
20 there.

21                   MS. ROBERTS: Thank you.

22                   HEARING OFFICER HANSTED: Thank you,  
23 Karen. Is there a -- with respect to volume at an  
24 occupational center, is there a national standard or even

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 a Connecticut standard, whereby a reasonable volume is  
2 calculated?

3 MS. BOLDRIGHINI: I don't know the answer  
4 to that.

5 HEARING OFFICER HANSTED: Okay.

6 MS. BOLDRIGHINI: Do you know?

7 MS. PETTINE: For a standalone clinic, no.  
8 That, I don't know. They're usually volume benchmarks or  
9 by per provider, and Branford does not support -- the  
10 Branford office and the East Haven office for their occ  
11 med business do not see as many patients by a provider as  
12 any of our other locations.

13 HEARING OFFICER HANSTED: Okay. All  
14 right, thank you. That concludes OHCA's questions on  
15 this particular Docket number, 32040.

16 We're going to take a short break, and  
17 let's make it, well, we'll make it 10 minutes, and we'll  
18 go back on the record at that time.

19 (Off the record)

20 HEARING OFFICER HANSTED: Okay. Turning  
21 now to Docket No. 32041, Attorney Fusco, if you want to  
22 proceed with your opening presentation?

23 MS. FUSCO: Yup. And, once again, Dr.  
24 Rastogi is going to give the first part of our

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 presentation.

2 HEARING OFFICER HANSTED: Okay.

3 MR. RASTOGI: Great. Good afternoon,  
4 Hearing Officer Hansted and members of the OHCA staff.  
5 My name is Dr. Amit Rastogi, and I'm the Interim CEO of  
6 Northeast Medical Group. NEMG is the medical foundation  
7 affiliated with the Yale-New Haven health system. I  
8 would like to adopt my pre-filed testimony.

9 HEARING OFFICER HANSTED: Thank you.

10 MR. RASTOGI: With me today is my  
11 colleague, John Tarutis, the Executive Director of  
12 Physical Medicine and Rehab at the Yale-New Haven  
13 Hospital.

14 We thank you for this opportunity to speak  
15 about Yale-New Haven health plans to consolidate its  
16 outpatient rehab services at existing locations in  
17 Guilford, New Haven, Hamden, Milford and Old Saybrook to  
18 close an under-utilized site in Branford.

19 My written testimony offers some context  
20 for our decision to terminate the Branford outpatient  
21 rehab site, along with occupational health sites in  
22 Branford and East Haven that I discussed in my remarks  
23 earlier today.

24 Yale-New Haven is continually evaluating

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 its clinical service offerings to ensure that it provides  
2 the highest quality care in the most efficient and cost-  
3 effective manner.

4 With respect to outpatient services, this  
5 often means eliminating duplicative sites that lead to  
6 inefficient delivery of care and excess cost.

7 This type of planning has become  
8 increasingly important, in light of the major financial  
9 challenges facing Yale-New Haven and other hospitals in  
10 Connecticut.

11 It is important to both of us that both  
12 OHCA and, sorry, and members of the Branford community  
13 understand why we have chosen to close Branford  
14 rehabilitation service.

15 Without getting into the various  
16 statistics included in our CON submissions and testimony,  
17 we have looked at the data and concluded that Yale-New  
18 Haven can accommodate all of its outpatient rehab  
19 patients at its remaining seven sites.

20 We chose to close Branford for several  
21 reasons. First, it's located just a few miles from  
22 another Yale-New Haven rehab site in Guilford, and the  
23 duplication of services in neighboring communities can be  
24 both inefficient and costly.

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1                   As Mr. Tarutis will discuss, other Yale-  
2 New Haven sites have enhanced rehabilitation services and  
3 amenities and access to specialty positions and  
4 therapists not available in Branford.

5                   Because we intend to close the  
6 occupational health service in Branford, pending OHCA  
7 approval, it makes sense to reassign occupational health-  
8 based rehab patients, as well.

9                   By closing outpatient rehabilitation in  
10 Branford, we are allowing our cardiology service to  
11 repurpose the space at a cost savings for the hospital.

12                   We also want to affirm in this public  
13 forum Yale-New Haven's commitment to care for any and all  
14 outpatient rehabilitation patients displaced by this  
15 proposal.

16                   You heard me testify earlier that the  
17 remaining Yale-New Haven occupational health sites have  
18 ample capacity to absorb Branford and East Haven  
19 patients. This includes both medical and rehabilitation  
20 visits.

21                   The remaining seven outpatient  
22 rehabilitation sites can also accommodate the non-  
23 occupational health rehabilitation business from Branford  
24 and can be staffed up as necessary to meet patient

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 demand.

2 As mentioned in our CON submissions, we  
3 will increase hours, staff and locations, as needed, to  
4 ensure adequate access to care for our patients.

5 While we're doing our best to transition  
6 Yale-New Haven outpatient rehabilitation patients, we  
7 understand that there will be some that opt not to  
8 continue with our service once the Branford clinic  
9 closes.

10 For these individuals, there are 23 non-  
11 hospital outpatient rehabilitation providers in the  
12 immediate service area. We are confident that between  
13 the remaining Yale-New Haven sites and these non-hospital  
14 providers patients will have adequate access to  
15 outpatient rehabilitation services and freedom of choice.

16 We are also confident that there will be  
17 continued access to care for Medicaid and indigent  
18 patients, who currently receive outpatient rehabilitation  
19 services in Branford.

20 As previously mentioned, there will be  
21 seven remaining Yale-New Haven outpatient rehabilitation  
22 locations. Each of these locations takes Medicaid and  
23 care for patients, regardless of their ability to pay.

24 In conclusion, closure of the Branford

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 outpatient rehabilitation service will allow Yale-New  
2 Haven to adapt to a changing health care environment,  
3 reduce costs, and eliminate duplicative services, all  
4 while preserving the access to care.

5 Consolidation of this type is critical at  
6 a time when hospitals are facing significant financial  
7 challenges. For the Yale-New Haven health system, this  
8 includes an anticipated tax burden of \$180 million for FY  
9 2016.

10 We have thoroughly and carefully  
11 considered our options with respect to outpatient  
12 rehabilitation and believe that the proposal before you  
13 represents the best option for Yale-New Haven and for our  
14 patients.

15 I, therefore, urge you to approve this CON  
16 application. Thank you again for your time and  
17 consideration, and I would like to now introduce Mr.  
18 Tarutis.

19 HEARING OFFICER HANSTED: Thank you,  
20 Doctor.

21 MR. TARUTIS: Good afternoon, Hearing  
22 Officer Hansted and members of the OHCA staff. My name  
23 is John Tarutis. I'm the Executive Director of Physical  
24 Medicine and Rehabilitation Services at Yale-New Haven

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 Hospital. I would like to adopt my pre-filed testimony.

2 Thank you for this opportunity to speak in  
3 support of Yale-New Haven's proposal to consolidate its  
4 outpatient rehabilitation services.

5 I would like to provide you with some  
6 background on our outpatient rehab services and briefly  
7 discuss the enhanced services available at alternative  
8 Yale-New Haven sites.

9 I was part of an internal evaluation of  
10 outpatient rehab services at Yale-New Haven, which led to  
11 our decision to close the Branford site.

12 There are several reasons why the Branford  
13 site was chosen for closure over other sites, including  
14 volume in Branford has declined in recent years.

15 This is due, in part, to a weak economy  
16 and a decline in occupational health visits, in general,  
17 including rehabilitation visits.

18 Also, this site originated as a Hospital  
19 of St. Raphael site, and we saw a transition-related  
20 decline in non-occupational health-based rehabilitation  
21 visits after the acquisition of Yale-New Haven Hospital.

22 Yale-New Haven plans to close the  
23 occupational health service in Branford, because the  
24 occupational health patients often have medical and

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 rehabilitation visits on the same day. It makes sense to  
2 have these services co-located in the same building.  
3 Patients will be able to obtain both services at our  
4 clinics in New Haven and Hamden going forward.

5 The Branford site is located just 7.4  
6 miles from our outpatient rehabilitation site in  
7 Guilford. The Guilford site offers comparable services  
8 and is easily accessible for Branford area residents.

9 These are the types of duplicative  
10 services in the neighboring communities that Yale-New  
11 Haven is looking to eliminate, in order to deliver care  
12 in the most efficient, cost-effective manner.

13 Our patients will have continued and, in  
14 many cases, enhance access to outpatient rehab services  
15 once the Branford clinic closes. Alternative Yale-New  
16 Haven rehabilitation sites offer additional services and  
17 amenities, as well as access to specialty physicians and  
18 specialty therapists not available in Branford.

19 For example, the Guilford rehab site is  
20 co-located with orthopedics on site and certified hand  
21 therapists on staff.

22 Long Wharf rehabilitation service is co-  
23 located with Yale-New Haven Spine Clinic and physiatry  
24 physicians on that site.

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 Co-location of rehabilitation and  
2 physician services allows for ease of referral and  
3 consultation.

4 Our clinics in New Haven are newer,  
5 larger, and provide easier access to many city residents,  
6 in terms of location, parking and proximity to public  
7 transportation.

8 New Haven city residents make up a large  
9 percentage of Medicaid patients seen in Branford. These  
10 patients and, in fact, all Medicaid and indigent patients  
11 will have continued access to care at existing Yale-New  
12 Haven sites.

13 As Dr. Rastogi said, we are comfortable  
14 that our proposal to consolidate outpatient  
15 rehabilitation services will ensure and, in many cases,  
16 enhance access to care for all of our patients.

17 It also represents a more efficient and  
18 more cost-effective way of providing outpatient rehab  
19 services to the community.

20 We, therefore, urge you to approve our CON  
21 application. Dr. Rastogi and I are available to answer  
22 questions.

23 HEARING OFFICER HANSTED: Okay, thank you.

24 MR. TARUTIS: Thank you.

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 HEARING OFFICER HANSTED: OHCA does have  
2 some questions. Karen?

3 MS. ROBERTS: Thank you. Karen Roberts,  
4 OHCA staff. First, you mentioned something in your  
5 summarization that I wasn't too clear about, regarding  
6 after the merger of Yale and St. Raph's, there's a  
7 decline in volume? Could you clarify that a little bit?

8 MS. PETTINE: There was actually a decline  
9 in the occupational health related rehab patients after  
10 the acquisition of St. Raphael's by Yale-New Haven.

11 The Occupational Health Division declined  
12 significantly with the acquisition, and, so, the rehab  
13 services that were associated with those visits also  
14 declined.

15 MS. ROBERTS: Okay. Do you know why that  
16 happened?

17 MS. PETTINE: I don't. There were several  
18 reasons. One of the reasons was a transition to  
19 insurance panels that we were on, as St. Raphael's didn't  
20 transition initially to Yale-New Haven, and, so, that  
21 lost us volume, and we've slowly increased our volume as  
22 we've gotten back on the panel, so that was one of the  
23 reasons.

24 MS. ROBERTS: Thank you. In the

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 occupational health CON, it was stated that a large  
2 percentage of the volume was for Yale-New Haven health  
3 system employees. Part of the outpatient rehab visits  
4 that are in this CON are for occupational medicine, 40  
5 percent, I believe.

6 Is it also true that a large portion of  
7 that would be for Yale system employees, as it is in the  
8 other CON?

9 MS. PETTINE: Yes. There are probably  
10 more rehab visits associated for Yale employees, because  
11 they may go from where they live, as opposed to going,  
12 you know, if they're working on campus, so I would say  
13 yes.

14 MS. ROBERTS: You wouldn't know the  
15 percentage?

16 MS. PETTINE: I don't know offhand. No, I  
17 don't.

18 MS. ROBERTS: It was mentioned in the pre-  
19 file and in your presentation an emphasis on the enhanced  
20 therapies, amenities and services in specialty positions  
21 at some of the other sites.

22 MR. TARUTIS: Correct.

23 MS. ROBERTS: Can you speak to, and I  
24 believe you just indicated that that enhances ease of

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 referral, for example, but can you speak to why it would  
2 be important for the coordination of patient care in some  
3 instances, and when would patients necessarily receive  
4 both outpatient rehab and need these specialty visits or  
5 amenities within the same visit or at the same site?

6 MR. TARUTIS: So having disciplines on the  
7 same site does a lot to enhance the patient experience.  
8 For one, there's the speed at which an access to the  
9 other provider, whether it be going to the rehab  
10 department down the hall for an assessment there or  
11 conversely going to the physician or physiatrist rehab  
12 physician's office and just walking down the hall to that  
13 office for an assessment, so that's one caveat, is just  
14 ease of access.

15 It's essentially one-stop shopping,  
16 whereas now, if someone needs a physiatry visit, it has  
17 to get scheduled, you know, a phone call has to be made,  
18 and they have to go to Long Wharf, let's say, if they  
19 need to go into New Haven.

20 So, now, if they're in New Haven already  
21 or they're at that site or another site that has one of  
22 our specialty clinicians, they can, you know, essentially  
23 go either floor-to-floor or just down the hall, so it  
24 really makes it much easier and much faster and really

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 enhances the patient experience in getting that person  
2 back to work.

3 MS. ROBERTS: And that would happen often,  
4 that that would be needed?

5 MR. TARUTIS: Well it could.

6 MS. ROBERTS: The need for one-stop  
7 shopping?

8 MR. TARUTIS: Unfortunately, in Branford,  
9 we don't have that option right now, so I can't tell you  
10 how much of this population would have fell into that.

11 MS. ROBERTS: When referrals are made,  
12 would the patient generally be sent to one of the  
13 facilities that has that specialty? For example, you  
14 said that Long Wharf is connected to the Spine Clinic.

15 MR. TARUTIS: Yeah.

16 MS. ROBERTS: Would that patient typically  
17 be referred to the Long Wharf now for that need?

18 MR. TARUTIS: I don't recall off the top  
19 of my head. I didn't really look at that kind of patient  
20 referral and flow.

21 MS. PETTINE: Our rehab department in  
22 Branford doesn't usually make referrals to specialists.  
23 The occupational health physicians would, but the rehab  
24 professionals would not, so, since they're not co-

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 located, we wouldn't have that.

2 MS. ROBERTS: And I believe you spoke to  
3 some of the physical plant differences. I think you said  
4 on the pre-file one has a larger gym, and one has a more  
5 comprehensive gym.

6 I think that it might helpful for our  
7 record to have a late file, which better illustrates the  
8 differences between the sites that are being spoken of,  
9 so the existing sites, including the one slated for  
10 closure.

11 If we could have sort of a chart maybe or  
12 a table that provides the co-location of specialties,  
13 some of the different physical plants or amenity  
14 differences, lays that out in a table format, so that  
15 would be --

16 HEARING OFFICER HANSTED: That would be  
17 Late File No. 1.

18 MS. ROBERTS: Thank you.

19 HEARING OFFICER HANSTED: Okay.

20 MS. ROBERTS: This site was mentioned as  
21 an under-performing site and that utilization may have  
22 been dropping overall. The volume statistics provided in  
23 the CON on page 99 for the historic utilization, it  
24 seems, for the non-occupational health volume, it

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 increased in volume from FY 2013 to '14 to '15, and,  
2 overall, actually, the total volume actually did also  
3 increase in those three fiscal years, so could you speak,  
4 as we did in the last CON, as to the decision that this  
5 indicates under performance and why, besides the fact  
6 that this site might not have some of the amenities, what  
7 other reasons came into why Branford?

8 MS. PETTINE: If you look at 2012, there  
9 was a significant dip into 2013, and we have yet to  
10 regain the volume from the drop in 2012.

11 Also, as previously stated in the occ  
12 health, we look at benchmarks for individual providers,  
13 and, once again, the benchmark for treating patients in  
14 Branford is not as high as in many of our other locations  
15 per therapist.

16 MR. TARUTIS: You're spot on there.  
17 That's exactly right, I mean, with the decline in occ  
18 health, and I believe the majority of that is from the  
19 New Haven area, as well, coming over into that site, so  
20 if occ health medicine moves, you know, it really doesn't  
21 make a lot of sense for the patient to remain there with  
22 occ health rehab service without that service there.

23 MS. ROBERTS: What consideration might  
24 have been given to enhancing the Branford site to include

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 some of the things that may be lacking that the other  
2 sites have?

3 MR. TARUTIS: Well I think square footage  
4 is always an issue and once they're available to enhance,  
5 so, to look to grow a site, I think we have to look at  
6 initially the footprint we're in.

7 I don't believe Branford was conducive to  
8 really managing that well there. We don't own the  
9 building. We lease the space.

10 MS. ROBERTS: My next question sort of  
11 ties together the two CONs in just an area that seemed to  
12 be a little bit confusing as we're looking at both  
13 together.

14 Obviously, both CONs have occupational  
15 medicine ties. In terms of the Branford location, it  
16 states that, in this CON, 40 percent of the patients use  
17 that site for occupational rehab or occupational medicine  
18 patients, and that services include physical therapy,  
19 physical demand screenings, work conditioning, functional  
20 capacity rehab, evals.

21 In the other CON, the occupational  
22 medicine CON, it says that those services include  
23 treatment and follow-up for injuries received on the job,  
24 Worker's Comp, case management and the like.

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1                   We just wanted to make sure that we had a  
2 confirmation for the record that any of the volumes that  
3 were being stated in the two CONs and, also, the revenues  
4 and expenses related to those volumes don't in any way  
5 overlap.

6                   For example, when -- this is for the  
7 Branford site. When we see physical therapy in the  
8 outpatient rehab side, physical therapy provided for the  
9 occupational medicine patient, that doesn't overlap in  
10 any way with what we see as treatment and follow-up for  
11 injuries received on the job in the other CON.

12                   MS. PETTINE: No. It does not overlap.  
13 They're separate.

14                   MS. ROBERTS: There's complete separation?

15                   MS. PETTINE: We track them separately.  
16 We track by visit type, and we track by rehab visit type,  
17 we track by occ health visit type, so they are entirely  
18 separate.

19                   MS. ROBERTS: And that translates to the  
20 two sets of financials that we saw, in terms of the  
21 revenue and expenses?

22                   MS. PETTINE: Yes, it does.

23                   MS. ROBERTS: Is the staffing the same?  
24 Is it the same FTEs?

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

1 MS. PETTINE: No. No, we have rehab staff  
2 that are included in the rehab CON, and we have  
3 occupational health staff that are in the occ health CON.  
4 Our front desk staff do overlap, but they are  
5 occupational health employees, and they do have positions  
6 in our other offices.

7 MS. ROBERTS: Okay.

8 MS. PETTINE: So they will be transitioned  
9 to our other offices.

10 MS. ROBERTS: Thank you. That helps.

11 HEARING OFFICER HANSTED: Anything else?  
12 No? Okay. All right, that concludes OHCA's questions on  
13 this docket. At this point, we'll take a short break.

14 It's only about five after 5:00 at this  
15 point. I'd like to give members of the public a chance  
16 to get here from work, if they choose to give public  
17 comment, so we'll wait here until 6:00, and, at that  
18 time, we'll go back on the record, but, at this point,  
19 we'll go off the record. Thank you.

20 (Whereupon, the Applicant's direct  
21 testimony and OHCA's questions concluded.)

HEARING RE: YALE-NEW HAVEN HOSPITAL  
APRIL 7, 2016

AGENDA	PAGE
Convening of the Public Hearing	2
Docket Number: 15-32040-CON	
Applicant's Direct Testimony	6
OHCA's Questions	14
Docket Number: 15-32041-CON	
Applicant's Direct Testimony	26
OHCA's Questions	34

## Huber, Jack

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**From:** Roberts, Karen  
**Sent:** Thursday, April 14, 2016 12:30 PM  
**To:** Foster, Tillman  
**Cc:** Huber, Jack  
**Subject:** FW: YNHH, Branford Outpatient Rehab, Docket No. 15-32041-CON -- Late File  
**Attachments:** DOCS-#1245699-v1-YNHH\_OUTPATIENT\_REHAB\_LATE\_FILE\_FINAL\_\_\_\_.xlsx

FYI – late file. Karen

---

**From:** Jennifer Groves Fusco [<mailto:jfusco@uks.com>]  
**Sent:** Thursday, April 14, 2016 12:27 PM  
**To:** Hansted, Kevin  
**Cc:** Roberts, Karen; Huber, Jack; Nancy Rosenthal ([Nancy.Rosenthal@greenwichhospital.org](mailto:Nancy.Rosenthal@greenwichhospital.org)); McKennan, Matthew ([Matthew.McKennan@YNHH.ORG](mailto:Matthew.McKennan@YNHH.ORG))  
**Subject:** YNHH, Branford Outpatient Rehab, Docket No. 15-32041-CON -- Late File

Kevin:

Attached please find YNHH's Late File #1 in Docket No. 15-32041-CON. Please let me know if you have any questions.

Thanks,  
Jen

Jennifer Groves Fusco, Esq.  
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LATE FILE 1 - ALTERNATE YNHHS SITES WITH CO-LOCATED PHYSICIAN SERVICES, SPECIALTY REHAB, ANCILLARY SERVICES, AND PHYSICAL SPACE DESCRIPTION									
Location	YNHH Outpatient Rehabilitation Services at New Haven	YNHH Outpatient Rehabilitation Services at New Haven	YNHH Outpatient Rehabilitation Services at Guilford	YNHH Outpatient Spine Center at New Haven*	YNHH Outpatient Rehabilitation Services at Hamden	YNHH Outpatient Rehabilitation Services at Old Saybrook	YNHH Outpatient Rehabilitation Services at Milford	YNHH Outpatient Rehabilitation Services at Branford	
Address	800 Howard Avenue, Suite 154 New Haven, CT	175 Sherman Avenue New Haven, CT	1445 Boston Post Road Guilford, CT	1 Long Wharf Drive New Haven, CT	2080 Whitney Avenue Hamden, CT	633 Middlesex Turnpike Old Saybrook, CT	48 Wellington Road, Suite 103, Milford, CT	84 North Main Street, Suite 200 Branford, CT	
Physician Services	Orthopedics, Cardiology, ENT & Vascular	Occupational Medicine	Orthopedics & Psychiatry	Orthopedics, Spine & Psychiatry & Pain Management	Occupational Medicine	Orthopedics, Oncology, Heart Vascular, Rheumatology & Urology	Orthopedics & Spine	Occupational Medicine & Cardiology	
Rehab Services	Physical therapy Occupational therapy Speech therapy	Physical therapy Occupational therapy	Physical therapy Occupational therapy	Physical therapy Occupational therapy	Physical therapy Occupational therapy	Physical therapy Occupational therapy	Physical therapy Occupational therapy	Physical therapy Occupational therapy	
Specialty Rehab (Rehab focus based on certification, training and/or experience of therapists)	Shoulder, head, neck, balance, gait, concussion, trauma, post surgical	ITB trial, work conditioning, industrial rehab, functional capacity evaluation, physical demand screen, certified hand therapist, lymphedema	Ortho, lymphedema, head, neck, shoulder, hand specialists, women's health post surgical, balance, gait	Spine, neurological and trauma	ITB trial, work conditioning, industrial rehab, physical demand screen, certified hand therapist	Head, neck, ortho, back, upper & lower extremity, women's health	Hand, shoulder, head and neck, balance, gait, concussion, women's health	ITB trial, work conditioning, industrial rehab, physical demand screen, vestibular rehab (to be relocated to Spine Center and Sherman Ave, New Haven)	
Diagnostic Services	Radiology and Lab	Laboratory	Radiology and Lab	Radiology and Lab	Laboratory	Radiology and Lab	Radiology and Lab	Laboratory	
Physical Space	Gym and treatment rooms	Gym and treatment rooms; larger gym with specific capabilities for occupational health patients; OT hand treatment area; BTE for functional testing and treatment	Gym and treatment rooms; gym space is newer than at other facilities	Gym and treatment rooms; larger gym with specific capabilities for occupational health patients	Gym and treatment rooms; specific capabilities for occupational health patients	Gym and treatment rooms; newest Gym space of all facilities	Gym and treatment rooms; larger gym and OT treatment area	Gym and treatment rooms; specific capabilities for occupational health patients	
Population Served	Commercially insured, Medicare, Medicaid	Commercially insured, Medicare, Medicaid, Occupational Health	Commercially insured, Medicare, Medicaid	Commercially insured, Medicare, Medicaid, Occupational Health	Commercially insured, Medicare, Medicaid, Occupational Health	Commercially insured, Medicare, Medicaid	Commercially insured, Medicare, Medicaid	Commercially insured, Medicare, Medicaid, Occupational Health	

Note: The YNHHS Outpatient Pediatric Rehabilitation at 1 Long Wharf in New Haven is not listed here because it only treats pediatric patients and not adults like the other sites in this table.

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Office of Health Care Access

### Final Decision

**Applicant:** Yale-New Haven Hospital  
20 York Street, New Haven, CT 06510

**Docket Number:** 15-32041-CON

**Project Title:** Termination of Outpatient Rehabilitation Services at Yale-New Haven Hospital's Location in Branford, Connecticut

**Project Description:** Yale-New Haven Hospital ("Hospital" or "Applicant") seeks authorization to terminate its outpatient rehabilitation services located at 84 North Main Street in Branford at no capital expenditure.

**Procedural History:** The Hospital published notice of its intent to file a Certificate of Need ("CON") application in the *New Haven Register* (New Haven) on September 9, 10 and 11, 2015. On November 17, 2015, the Office of Health Care Access ("OHCA") received the CON application from the Hospital for the above-referenced project. OHCA deemed the application complete on February 17, 2016.

On March 8, 2016, OHCA issued an Order to consolidate this CON application with the Hospital's CON application under Docket Number 15-32040-CON, the termination of the Hospital's occupational medicine and wellness services in Branford and East Haven.

On March 18, 2016, the Hospital was notified of the date, time, and place of the consolidated public hearing. On March 21, 2016, a notice to the public announcing the hearing was published in the *New Haven Register*. Thereafter, pursuant to Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a(e), a public hearing regarding the CON application was held on April 7, 2016.



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## Greer, Leslie

---

**From:** Greer, Leslie  
**Sent:** Tuesday, June 14, 2016 3:11 PM  
**To:** 'nancy.rosenthal@ynhh.org'; Jennifer Groves Fusco (jfusco@uks.com)  
**Cc:** Roberts, Karen; Foster, Tillman; Riggott, Kaila; Hansted, Kevin; Martone, Kim; Olejarz, Barbara  
**Subject:** Yale-New Haven Hospital Final Decision  
**Attachments:** 32041 Final Decision.pdf

<b>Tracking:</b>	<b>Recipient</b>	<b>Delivery</b>
	'nancy.rosenthal@ynhh.org'	
	Jennifer Groves Fusco (jfusco@uks.com)	
	Roberts, Karen	Delivered: 6/14/2016 3:11 PM
	Foster, Tillman	Delivered: 6/14/2016 3:11 PM
	Riggott, Kaila	Delivered: 6/14/2016 3:11 PM
	Hansted, Kevin	Delivered: 6/14/2016 3:11 PM
	Martone, Kim	Delivered: 6/14/2016 3:11 PM
	Olejarz, Barbara	Delivered: 6/14/2016 3:11 PM

Good Afternoon,  
Attached is the final decision for Yale-New Haven Hospital's Certificate of Need application.

Leslie M. Greer  
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Attorney Kevin T. Hansted was designated 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 April 19, 2016. Deputy Commissioner Brancifort considered the entire record in this matter.

## **Findings of Fact and Conclusions of Law**

1. Yale-New Haven Hospital (“Hospital” or “Applicant”) is a 1,541 bed (including bassinets) non-profit, acute care teaching hospital with two integrated campuses located in New Haven, Connecticut. The Hospital is a corporate member of Yale-New Haven Health Services Corporation (“YNHHS”). Ex. A, p. 16
2. The Hospital currently provides outpatient rehabilitation services at the following off-campus locations: 84 North Main Street, Branford; 175 Sherman Avenue, New Haven; 800 Howard Avenue, New Haven; 1 Long Wharf Drive, New Haven; 2080 Whitney Avenue, Hamden; 1445 Boston Post Road, Guilford; 48 Wellington Road, Milford; and 633 Middlesex Turnpike, Old Saybrook. All these locations are operated as outpatient departments under the Hospital’s acute care hospital license. Ex. A, pp. 16, 42
3. The Hospital proposes to terminate outpatient rehabilitation services in Branford and consolidate patients from this location to the Hospital’s outpatient rehabilitation locations in New Haven, Hamden and Guilford. Ex. A, p. 16
4. The Branford location operates Monday through Friday from 7:00 a.m. to 5:00 p.m. and provides outpatient rehabilitation services to both occupational medicine patients, referred from the Hospital’s occupational health sites, including those in East Haven and Branford, and non-occupational medicine patients. Outpatient rehabilitation services include: physical therapy, physical demand screenings, work conditioning and functional capacity evaluations. Ex. A, pp. 16, 17, 24, 39; Ex. J, Prefiled Testimony of Amit Rastogi, M.D. Interim Chief Executive Officer of Northeast Medical Group, p. 111
5. Approximately 40 percent of Branford’s rehabilitation visits involve the Hospital’s occupational medicine patients and the remaining 60 percent of patients are referred by community physicians and Hospital-based clinics for rehabilitation services. Ex. A, pp. 17, 23
6. The proposal to terminate the Branford outpatient rehabilitation location is the result of the Hospital’s assessment of all of its outpatient rehabilitation locations, which identified potential duplicative program offerings in contiguous communities that may lead to inefficiency and increased costs. The Hospital determined that there is duplication of services among its outpatient rehabilitation locations and available capacity at all locations. In addition, the Hospital is terminating its occupational health services at this same Branford location, and the occupational health program is a source of patients for the outpatient rehabilitation program at Branford. Ex. A, pp. 15-19, 43; CON application under Docket Number 15-32040-CON

7. The Hospital will continue to offer outpatient rehabilitation services at its alternate locations, which will have the capacity to absorb any displaced patients from the Branford location. As a result of this proposed termination, the days and hours of the New Haven and Hamden locations may be expanded based on patient demand. Table 1 lists the current hours of operation, Fiscal Year (“FY”) 2014 visits by location and distance in miles from Branford.

**TABLE 1**  
**ALTERNATIVE HOSPITAL OUTPATIENT REHABILITATION SERVICE LOCATIONS**

<b>Hospital Locations</b>	<b>Address</b>	<b>Days/Hours of Operation</b>	<b>Visits in FY 2014</b>	<b>Distance from Branford in Miles</b>
New Haven	175 Sherman Ave	Monday – Friday 7:00 a.m. to 5:30 p.m.	12,000	8.1
New Haven	800 Howard Ave	Monday –Friday 7:00 a.m. to 4:30 p.m.	9,000	7.0
Guilford	1 Long Wharf Drive	Monday –Thursday 7:30 a.m. to 7:00 p.m. and Friday 7:30 a.m. to 4:00 p.m.	5,000	7.4
Hamden	2080 Whitney Avenue	Monday, Tuesday, Thursday 7:00 a.m. to 5:30 p.m.	3,000	11.9
Milford	48 Wellington Road	Monday - Friday 7:30 a.m. to 5:00 p.m.	3,000	17.9
Old Saybrook	633 Middlesex Turnpike	Monday - Friday 7:30 a.m. to 5:00 p.m.	N/A (New Site)	25.7

Ex. A, pp. 15, 39

8. The alternative Hospital rehabilitation locations offer additional services and amenities as well as access to specialty physicians and specialty therapists not available in Branford. For example, the Guilford location has orthopedics on-site and certified hand therapists on staff and the Long Wharf services are co-located with Yale-New Haven Spine Clinic and psychiatry physicians on that location. Mr. John Tarutis, Executive Director Physical Medicine and Rehabilitation at Yale-New Haven Hospital indicated at the public hearing that co-location of rehabilitation and physician services allows for ease of referral and consultation. Table 2 presents service and physical space differences by location.

TABLE 2  
INVENTORY OF SERVICES AT HOSPITAL'S ALTERNATIVE LOCATIONS

Hospital Locations <sup>a</sup>	Available Physician Services	Available Rehabilitation Services <sup>b</sup>	Specialty Rehabilitation Services	Available Diagnostic Services	Physical Space
<b>84 North Main Street, Branford</b>	Occupational Medicine, Cardiology	PT, OT	ITB trial, work conditioning, industrial rehab, physical demand screen, vestibular rehab <sup>d</sup>	Lab <sup>d</sup>	Treatment rooms; Gym with capabilities for occupational health patients
800 Howard Avenue, New Haven	Orthopedics, Cardiology, ENT <sup>c</sup> , Vascular	PT, OT, ST	Shoulder, head, neck, balance, gait, concussion, trauma, post-surgical	Radiology Lab	Gym and treatment rooms
175 Sherman Avenue, New Haven	Occupational Medicine	PT, OT	ITB trial, work conditioning, industrial rehab, functional capacity evaluation, physical demand screen, certified hand therapist, lymphedema	Lab	Treatment rooms; larger gym with specific capabilities for occupational health patients; OT hand treatment area; Specialization in functional testing and treatment
1445 Boston Post Road, Guilford	Orthopedics, Physiatry	PT, OT	Orthopedics, lymphedema, head, neck, shoulder, hand specialists, women's health, post-surgical, balance, gait	Radiology Lab	Gym and treatment rooms (gym space newer than at other facilities)
1 Long Wharf Drive, New Haven	Orthopedics, Spine, Physiatry, Pain Management	PT, OT	Spine, neurological trauma	Radiology Lab	Gym and treatment rooms; larger gym with capabilities for occupational health patients
2080 Whitney Avenue, Hamden	Occupational Medicine	PT, OT	ITB trial, work conditioning, industrial rehab, physical demand screen, certified hand therapist	Lab	Gym and treatment rooms; capabilities for occupational health patients
633 Middlesex Turnpike, Old Saybrook	Orthopedics, Oncology, Heart, Vascular, Rheumatology, Urology	PT, OT	Head, neck, orthopedics, back, upper & lower extremity, women's health	Radiology Lab	Gym and treatment rooms; (newest gym space of all facilities)
48 Wellington Road, Milford	Orthopedics, Spine	PT, OT	Hand, shoulder, head and neck, balance, gait, concussion, women's health	Radiology Lab	Gym and treatment rooms; larger gym and OT treatment area

April 14, 2016, 15-32041 Public Hearing, Late File; Testimony of Mr. John Tarutis, Executive Director Physical Medicine and Rehabilitation at Yale-New Haven Hospital, 15-32041-CON Public Hearing Transcript pp. 32, 33

<sup>a</sup>The Hospital's pediatric rehabilitation location at 1 Long Wharf in New Haven is not included in the table as it only treats pediatric patients.

<sup>b</sup>PT denotes Physical Therapy, OT denotes Occupational therapy, ST denotes Speech Therapy

<sup>c</sup>ENT denotes Ear, Nose and Throat

<sup>d</sup>Lab denotes Laboratory

9. A significant amount of capacity exists at the Long Wharf location in New Haven where rehabilitative services are provided in connection with the Hospital's spine center at the same location. The Long Wharf location and the Sherman Avenue location in New Haven are more accessible than Branford for patients who reside in New Haven many of whom are Medicaid beneficiaries. Ex. D, p. 102
10. There are 23 alternative provider locations not affiliated with the Hospital, as shown in Table 3 below. These providers of outpatient rehabilitation services will be available to accommodate any who choose not to use the remaining Hospital locations for their services.

**TABLE 3**  
**INVENTORY OF ALTERNATIVE NON-HOSPITAL SERVICE LOCATIONS**

Facility Name	Town	Street Address	Distance in Miles from Branford location
Connecticut Orthopaedic Specialists (STAR)	Branford	84 North Main Street	0.0
Amity Physical Therapy	Branford	103 North Main Street	0.8
Center for Orthopaedics	Branford	1224 Main Street	1.1
Pro Physical Therapy	Branford	469 West Main Street	1.3
Branford Rehabilitation Center	Branford	226 East Main Street	1.8
Therapy Works	East Haven	32 Main Street	2.5
Omni Physical and Aquatic Therapy	East Haven	205 Main Street	3.4
Physical Therapy Services of Guilford	Branford	500 East Main Street	3.7
Physical Therapy and Sports Medicine Centers	Branford	6 Business Park Drive	3.8
Anatomical Arts Physical Therapy	North Branford	635 Foxon Road	4.1
Temple Physical Therapy	East Haven	444 Foxon Road	5.7
Physical Therapy and Sports Medicine Centers	New Haven	46 Prince Street	6.4
Temple Physical Therapy	New Haven	230 George Street	7.1
Pro Physical Therapy	New Haven	199 Whitney Avenue	7.3
Physical Therapy and Sports Medicine Centers	Guilford	385 Church Street	8.2
Connecticut Orthopaedic Specialists (STAR)	Guilford	450 Boston Post Road	9.3
Integrative Physical Therapy	Guilford	37 Soundview Road	9.4
Physical Therapy Specialists	Guilford	705 Boston Post Road	9.7
Rehab Concepts	Guilford	753 Boston Post Road	10.0
Pro Physical Therapy	Hamden	2200 Whitney Avenue	12.1
Amity Physical Therapy	Hamden	2285 Whitney Avenue	14.0
Connecticut Orthopaedic Specialists (STAR)	Hamden	2416 Whitney Avenue	15.0
Physical Therapy and Sports Medicine Centers	Westbrook	5 Pequot Park Road	18.7

Ex. A, p. 40; Testimony of Amit Rastogi, M.D. Interim Chief Executive Officer of Northeast Medical Group, Public Hearing Transcript, p. 29

11. Table 4 illustrates that approximately 74 percent of the patients who received services at the Branford location in FY 2015 were from the towns of Branford, New Haven, East Haven, and Guilford. The towns of New Haven and Guilford have alternate Hospital outpatient rehabilitation locations.

**TABLE 4  
 SERVICE AREA TOWNS**

Town	FY 2015 Visits Utilization by Town	FY 2015 Percentage Utilization by Town
Branford	1826	30.52%
East Haven	1280	21.39%
New Haven	895	14.96%
Guilford	434	7.25%
North Branford	425	7.10%
West Haven	225	3.76%
Hamden	97	1.62%
Other	802	13.40%
<b>Total / %</b>	<b>5984</b>	<b>100.00%</b>

Ex. D, p. 101

12. In FY 2015, 895 rehabilitation visits at the Branford location were by New Haven residents. Of these 895 visits, 491 were non-occupational health rehabilitation visits and 350 or 71.28% were Medicaid beneficiaries. These patients will benefit from the ability to access care at locations closer to their homes. Ex. J, Prefiled Testimony of Mr. John Tarutis, Executive Director Physical Medicine and Rehabilitation at Yale-New Haven, p. 120

13. Table 5 shows the service’s actual outpatient rehabilitation volumes for FYs 2012 through 2015.

**TABLE 5  
 BRANFORD LOCATION’S ACTUAL UTILIZATION  
 FISCAL YEARS 2012-2015**

Outpatient Rehabilitation Visits	Actual Volume*			
	FY 2012	FY 2013	FY 2014	FY 2015
Occupational Visits	2,528	2,221	2,077	2,126
Non-Occupational Visits	3,987	2,894	3,196	3,858
<b>Total</b>	<b>6,515</b>	<b>5,115</b>	<b>5,273</b>	<b>5,984</b>

Ex. D, p. 99

14. The Hospital indicated that the increase in visits to the Branford location during FY 2015 was due in part to the Hospital scheduling many of its own YNNHS employee visits to the Branford location for employee physicals. Testimony of Ms. Jodie Boldrighini, Director of Occupational and Employee Population Health, Solutions, Yale–New Haven Hospital, Public Hearing Transcript, p. 24

15. On average, the Branford location sees less than two rehabilitation patients per hour and total volume has decreased since FY 2012 (above Table 5 show that visits in FY2015 of 5,984 are well below the levels achieved in FY 2012). Ex. A, p. 43; Ex. D, p. 99; Ex. J, Prefiled Testimony of Amit Rastogi, M.D. Interim Chief Executive Officer of Northeast Medical Group, p. 113
16. The proposal will not adversely impact access to care for Medicaid recipients and indigent persons. All the Hospital's outpatient rehabilitation locations accept Medicaid and provide services to all patients regardless of payer status. Ex. A, p. 45, Testimony of Amit Rastogi, M.D. Interim Chief Executive Officer of Northeast Medical Group, Public Hearing Transcript, p. 28
17. Non-occupational medicine based rehabilitation patients will be notified individually by letter from the Hospital. Notifications will be provided at least 30 days prior to closing the Branford location. The Hospital intends to notify community referring physicians of the closure. Ex. A, p. 46
18. Table 6 indicates the Branford location's revenue is not keeping pace with its respective expenses for FYs 2013 through 2015, resulting in operating losses in the last three years for the location.

**TABLE 6**  
**BRANFORD LOCATION'S ACTUAL REVENUES AND EXPENSES**  
**FISCAL YEARS 2013-2015**

Description	FY 2013	FY 2014	% change FY13-14	FY 2015	% change FY14-15
Revenue from Operations	\$530,400	\$529,700	(0.1%)	\$629,500	18.8%
Total Operating Expenses	\$643,500	\$719,600	11.8%	\$801,000	11.3%
<b>Gain/(Loss) from Operations</b>	<b>(\$113,100)</b>	<b>(\$189,900)</b>	<b>Decreasing Loss of (67.9%)</b>	<b>(\$171,500)</b>	<b>Decreasing Loss of 9.7%</b>

Ex. D, p. 108

19. The Hospital projects overall gains in operations in each of the first three fiscal years, FY 2016 through FY 2018, following the proposed service location termination.

**TABLE 7**  
**THE HOSPITAL'S PROJECTED REVENUES AND EXPENSES**  
**FISCAL YEARS 2016-2018**

(Amounts below are reported in the Thousands)

Description	FY 2016	FY 2017	FY 2018
Revenue from Operations	\$2,465,109	\$2,515,141	\$2,565,122
Total Operating Expenses	\$2,375,893	\$2,424,130	\$2,472,281
<b>Gain/(Loss) from Operations</b>	<b>\$89,215</b>	<b>\$91,030</b>	<b>\$92,840</b>

Ex. D, p. 105

20. The payer mix for FY 2015 and first two months of FY 2016 for the location is shown in Table 8 below.

TABLE 8  
HISTORICAL PAYER MIX

PAYER	FY 2015		FY 2016 (Two Months)	
	Discharges	%	Discharges	%
Medicare	610	10.19%	86	9.81%
Medicaid	2,670	44.62%	460	52.45%
CHAMPUS & TriCare	58	0.97%	4	0.46%
<b>Total Government</b>	<b>3,338</b>	<b>55.78%</b>	<b>550</b>	<b>62.72%</b>
Commercial Insured	513	8.57%	88	10.03%
Workers Compensation	2,126	35.53%	239	27.25%
<b>Total Non-Government</b>	<b>2,646</b>	<b>44.22%</b>	<b>327</b>	<b>37.28%</b>
<b>Total Payer Mix</b>	<b>5,984</b>	<b>100.0%</b>	<b>877</b>	<b>100.0%</b>

Ex. D, p. 100

21. There are no capital expenditures associated with termination of outpatient rehabilitation services at the Branford location. Ex. A, pp. 28, 35
22. The outpatient rehabilitation staff at the Branford location will be redeployed to the New Haven, Hamden and Guilford locations once it has been closed. Ex. A, p. 17
23. 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))
24. The CON application is consistent with the Statewide Health Care Facilities and Services Plan. (Conn. Gen. Stat. § 19a-639(a)(2))
25. The Hospital has established that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3))
26. The Hospital has satisfactorily demonstrated that its proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))
27. The Hospital has satisfactorily demonstrated that access to services, cost effectiveness and the quality of health care delivery will be maintained. (Conn. Gen. Stat. § 19a-639(a)(5))
28. The Hospital has shown that there will be no adverse change in 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))
29. The Hospital has satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7))

30. The Hospital has sufficiently demonstrated that there are other providers in the area being utilized by the public and that these providers can continue to be utilized by the public. (Conn. Gen. Stat. § 19a-639(a)(8))
31. The Hospital 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))
32. The Hospital has satisfactorily demonstrated that access to services for Medicaid recipients and indigent persons will be unaffected by the proposal. (Conn. Gen. Stat. § 19a-639(a)(10))
33. The Hospital 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))
34. The Hospital 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 Hospital bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

Yale-New Haven Hospital (“Applicant” or “Hospital”) is a non-profit acute care teaching hospital located in New Haven, Connecticut and is a corporate member of Yale-New Haven Health Services Corporation (“YNHHS”). *FF1* The Hospital currently provides outpatient rehabilitation services at the following locations: 84 North Main Street, Branford; 175 Sherman Avenue, New Haven; 800 Howard Avenue, Suite 154, New Haven; 1 Long Wharf Drive, New Haven; 2080 Whitney Avenue, Hamden; 1445 Boston Post Road, Guilford; 48 Wellington Road, Suite 103, Milford; and 633 Middlesex Turnpike, Old Saybrook. All these locations are operated as outpatient departments of the Hospital. *FF2* Outpatient rehabilitation services include: physical therapy, physical demand screenings, work conditioning and functional capacity evaluations. *FF4*

The Hospital proposes to terminate its outpatient rehabilitation services in Branford and consolidate patients from that location to the Hospital’s outpatient rehabilitation locations in New Haven, Hamden and Guilford. *FF3* The proposal is the result of the Hospital’s assessment of its outpatient rehabilitation locations, which identified potential service improvement opportunities and cost savings. The Hospital determined that there is duplication of services among its outpatient rehabilitation services locations and available capacity at all of its outpatient rehabilitation locations, which resulted in its proposal to close the Branford location. *FF6*

Access to services will be maintained by the proposal, as alternative providers and locations are available for patient choice. Within the Hospital network, the Hospital will continue to provide outpatient rehabilitation services within its existing service locations, including its locations in New Haven and Hamden. These locations each have the capacity to absorb any displaced patients from the East Haven and Branford service locations. If need arises, the days and hours of the alternative hospital service locations may be expanded based on patient demand. *FF7* Further, there are 23 providers not affiliated with the Hospital and offering similar services to the Branford service location. Five are located in the town of Branford. *FF10* Therefore, the Hospital has satisfactorily demonstrated that the closing of its outpatient rehabilitation location Branford will not result in a reduction in the access to occupational health care services available to employers and patients in this area.

There is no capital expenditure associated with terminating the Branford service location. *FF21* The Hospital experienced a loss from operations for each year since FY 2012. *FF18* The Hospital projects overall gains from operations in each of the first three years following the proposed termination. *FF19* Therefore, the Hospital has demonstrated that the proposal is financially feasible.

The Hospital's proposal will not negatively impact care for Medicaid recipients and indigent persons as all of the Hospital's alternative outpatient rehabilitation locations accept Medicaid patients. *FF16*

Based upon the foregoing, the Hospital has satisfactorily demonstrated that access to outpatient rehabilitation for patients of the Branford area in need of such services will be maintained despite the proposed closure of the Hospital's Branford service locations. Further, the majority of other non-Hospital outpatient rehabilitation locations in the area will be available to offer their services to area patients. The Hospital has demonstrated that the proposal is consistent with the Statewide Health Care Facilities and Services Plan by reducing unnecessary duplication of services.

## Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application of Yale-New Haven Hospital for the termination of its outpatient rehabilitation services at 84 North Main Street in Branford 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

June 14, 2016  
Date

Janet M. Brancifort  
Janet M. Brancifort, MPH, RRT