RECEIVED
NOV 17 2015
Office of
HEALTHCARE ACCESS

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).

For OHCA Use Only:

Docket No.: 15-32041-CON **Check No.:** 1321105815
OHCA Verified by: _____ **Date:** 11/17/15

General Information

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

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

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

Chief Executive	NAME		TITLE	
	Marna Borgstrom		**Chief Executive Officer**	
	STREET & NUMBER			
	20 York Street			
	TOWN		STATE	ZIP CODE
	New Haven		**CT**	**06510**
	TELEPHONE	FAX	E-MAIL ADDRESS	
	(203) 688-2608	**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 ☒ NO ☐	**Not applicable.**
Does the Applicant have non-profit status? If yes, attach documentation.	YES ☒ NO ☐	**See Attachment 1**
Identify the Applicant's ownership type.	PC ☐ LLC ☐ Corporation ☒	Other: _____
Applicant's Fiscal Year (mm/dd)	Start **10/1**	End **9/30**

Contact:

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

Contact Information			
NAME		TITLE	
Nancy Rosenthal		**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):

Prepared by			
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

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

Cashier's Check - Customer Copy

No. 1321105815

Void After 90 Days 30-1/1140 NTX

Date 09/29/15 10:16:37 AM

GREENWICH TRUST
0901 0001397 0030

00-53-3364B 11-2010

Pay BANK OF AMERICA 500 00 FIVE ZERO ZERO CTS CTS

***$500.00

To The Order Of TREASURER STATE OF CONNECTICUT

Not-Negotiable
Customer Copy
Retain for your Records

Remitter (Purchased By): MATTHEW J MCKENNAN

001641005594

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

Bank of America

Cashier's Check

No. 1321105815

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

Void After 90 Days 30-1/1140 NTX

Date 09/29/15 10:16:37 AM

GREENWICH TRUST
0901 0001397 0030

00-53-3364B 11-2010

Pay BANK OF AMERICA 500 00 FIVE ZERO ZERO CTS CTS

***$500.00

To The Order Of TREASURER STATE OF CONNECTICUT

Remitter (Purchased By): MATTHEW J MCKENNAN

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

AUTHORIZED SIGNATURE

⑈1321105815⑈ ⑆114000019⑆ 001641005594⑈

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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,

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 20.15....Before me.

My commission expires July 31, 2019

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 candidtes should forward a copy of their resume and salary requirements to Teresa Spak, tspak@newhavenregister.com. Please place "Digital Sales Manager" in the subject line of your email. EOE.

HELP WANTED SEASONAL

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

CLERICAL/ ADMINISTRATIVE

BOOKKEEPER

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" (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 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

- Granted the approval of Appl #2015-015 submitted by CT Basement Finishing for a Special Exception Permit for accessory apartment located at 67 Mesa Dr.

Antonia Marek, PZC Clerk

The West Haven Planning and Zoning

LEGAL NOTICES

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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

LEGAL NOTICES

STATE OF CONN Superior Court Juvenile Matters

NOTICE TO Khalif Kierce, of Parts Unknown

A petition has been filed seeking: Commitment of minor child(ren) of the above named or vesting of custody and care of said child(ren) of the above named in a lawful, private or public agency or a suitable and worthy person. The petition, whereby the court's decision can affect your parental rights, if any, regarding minor child(ren) will be heard on: 10/1/15 at 11:00A.M. at 239 Whalley Avenue, New Haven, CT 06511.
Therefore, ORDERED, that notice of the hearing of this petition be given by publishing this Order of Notice once, immediately upon receipt, in the New Haven Register, a newspaper having a circulation in the town/city of: New Haven, CT.
Hon. John Cronan
Judge
M Lauder
Clerk
9/3/15
Right to Counsel: Upon proof of inability to pay for a lawyer, the court will provide one for you at court expense. Any such request should be made immediately at the court office where your hearing is to be held.

MAKE YOUR WALLET HAPPY shopping the classifieds. They offer a variety of affordable goods & services.

LEGAL NOTICES

STATE OF CONNECTICUT
Court of Probate, District of New Haven Regional Children's Probate Court

NOTICE TO: **Victor M. Castillo, whose last known residence was in the town of New Haven, CT.**

Pursuant to an order of Hon. Beverly K. Streit-Kefalas, Judge, a hearing will be held at New Haven Regional Children's Court, 873 State Street, New Haven, CT 06511-3923 on September 18, 2015 at 10:45 AM on an application for Termination of Parental Rights concerning Victoria C., a minor child born to Paula M. Rosa on August 7, 2002 at Yale New Haven Hospital, New Haven. The Court's decision will affect your interest, if any, as in the petition on file more fully appears.

RIGHT TO COUNSEL: If the above-named person wishes to have an attorney, but is unable to pay for one, the Court will provide an attorney upon proof of inability to pay. Any such request should be made immediately by contacting the court office where the hearing is to be held.

By Order of the Court
John A. Keyes, Judge

PROBATE NOTICES

NOTICE TO CREDITORS

ESTATE OF
Marcella C. Koproski

The Hon. Michaeal R. Brandt, Judge of the Court of Probate, District of East Haven - North Haven pro-

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.

Nabil E. Valencia,
Assistant Clerk

The fiduciary is:

Ian S. Shackleton
c/o Joseph J. Mager Jr. Esq.
Mager & Mager,
Attorneys at Law,
87 River St.,
Milford, CT 06460
701677

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.

Valerie A. Dondi, Clerk

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LEGAL NOTICES

INVITATION TO BID

The Board of Selectmen on Thursday, October 1, 2015 [illegible] at the Facilities Office, 284 Green Hill Road, Madison, Connecticut 06443, or by emailing piscitellila@madisonct.org.

A site visit can be arranged by contacting Laina Piscitelli, 286 Green Hill Road, Madison, Connecticut 06443, 203-245-5697 or by email at piscitellila@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
Fillmore McPherson,
First Selectman

LIQUOR PERMIT

Notice of Application

This is to give notice that
I, DIPAKKUMAR 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 Board of Education 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 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 Depart-

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, Waste Engineering & 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

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

Estimated Total Project Cost/Expenditure:
$0

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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 look-

LEGAL NOTICES

The Zoning Board of Appeals, Town of Hamden, will hold a Public Hearing & Regular Meeting on [illegible] Requesting Variances: Section 654.b to allow outdoor storage in front yard where it is not permitted; Section 654.e 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, Requesting 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 Hodder St, Requesting 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 Shellard, Commission Clerk

TOWN OF ORANGE NOTICE OF DECISION

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-

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 hutch, $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

11

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 candidtes should forward a copy of their resume and salary requirements to Teresa Spak, 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

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Estimated Total Project Cost/Expenditure:
$0

[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
or by emailing classifiedads@nhregister.com
NEW HAVEN REGISTER 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

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 NOTICE
CITY OF ANSONIA

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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Estimated Total Project Cost/Expenditure:
$0

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.

Signature: James Staten Date: 11/11/15

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.[1] 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.

[1] 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.

<u>Reasons for Termination of Branford Outpatient Rehabilitation Site</u>

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.[2] 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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[2] 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?.

<u>RESPONSE</u>: 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

Service	Street Address, Town	Population Served	Days/Hours of Operation	New Service or Proposed Termination
Yale-New Haven Hospital Outpatient Rehabilitation at Branford	84 North Main Street 2nd Floor Branford, CT 06405	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.	M–F, 7 am - 5 pm	Termination

[back to question]

TABLE 2
SERVICE AREA TOWNS

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

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

* 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
Total Capital Expenditure (TCE)	$0
Lease (Medical, Non-medical, Imaging)***	$0
Total Capital Cost (TCC)	$0
Total Project Cost (TCE+TCC)	$0

* 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)
Gain/Loss from Operations	($26,500)	($25,700)	($23,200)

* 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***
Outpatient Rehabilitation (Visits)	6,515	5,115	5,273	5,984 actual
Total	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**
Outpatient Rehabilitation (Visits)	0	0	0
Total	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 FY 2015 (through 6/30/15)**		Projected					
			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%						
Total Government	3,280	55%						
Commercial Insurers/Self-pay	578	10%						
Uninsured	(included in self-pay above)							
Workers Compensation	2,126	35%						
Total Non-Government	2,704	45%						
Total Payer Mix	5,984	100%						

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

[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%)
TOTAL	5,273 (100%)

* 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

Alternate Sites of Service – Within Yale-New Haven Health System								
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, physicial 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, physicial therapy.	1851568828	175 Sherman Avenue New Haven, CT	M-F (7am - 5:30pm)	~12,000 visits per year	7.8 miles
3	YNHH Outpatient Rehabilitation Services at New Haven	Commercially Insured, Medicare, Medicaid	Rehabilitation, physicial therapy.	1851568828	800 Howard Avenue, Suite 154 New Haven, CT	M-F (7am - 4:30pm)	~3,000 visits per year	7.0 miles
4	YNHH Outpatient Pediatric Rehabilitation	Commercially Insured, Medicare, Medicaid	Rehabilitation, physicial 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, physicial 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, physicial 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, physicial therapy.	1851568829	2080 Whitney Avenue Hamden, CT	M,T,Th 7-5:30 W,F 7-12 noon	~3,000 visits per year	11.9 miles
8	YNHH Outpatient Rehabilitation Services at Milford	Commercially Insured, Medicare, Medicaid	Rehabilitation, physicial 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, physicial 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

Alternate Sites of Service – Outside of Yale-New Haven Health System								
Count	Service or Program Name	Population Served	Type of Service	Facilty ID	Street Address and Town	Hours/Days of Operation	Current Utilization	Distance from YNHH at Branford
1	Physical Therapy & Sports Medicine Centers	Commercially insured, Medicare, Medicaid children.	Rehabilitation, physicial therapy.	N/A	6 Business Park Drive Branford, CT	M - R (7am - 7pm) F (7am - 5:30pm)	Proprietary.	3.8 miles
2	Connecticut Orthpaedic Specialists (STAR)	Commercially insured, Medicare.	Rehabilitation, physicial therapy.	N/A	84 North Main Street Branford, CT	M-R (8am - 6pm) F (8am - 3:30pm)	Proprietary.	0 miles
3	Connecticut Orthpaedic Specialists (STAR)	Commercially insured, Medicare.	Rehabilitation, physicial therapy.	N/A	450 Boston Post Road Guilford, CT	M-R (7am - 6pm) F (8am - 5pm)	Proprietary.	9.3 miles
4	Connecticut Orthpaedic Specialists (STAR)	Commercially insured, Medicare.	Rehabilitation, physicial 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, physicial 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, physicial 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, physicial 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, physicial therapy.	N/A	226 East Main Street Branford, CT	M,W,R (7am - 7pm) T,F (8am - 2pm) S (appointment only)	Proprietary.	1.8 miles
9	Temple Physical Therapy	Commercially insured, Medicare, Medicaid children.	Rehabilitation, physicial 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, physicial 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, physicial 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, physicial therapy.	N/A	2285 Whitney Avenue Hamden, CT	M-F (7am - 7pm)	Proprietary.	14 miles
13	Pro Physical Therapy	Commercially insured, Medicare.	Rehabilitation, physicial therapy.	N/A	469 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, physicial therapy.	N/A	199 Whitney Avenue New Haven, CT	M,W,F (7am - 4pm) T, R (7am - 6pm)	Proprietary.	7.3 miles
15	Pro Physical Therapy	Commercially insured, Medicare.	Rehabilitation, physicial 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, physicial therapy.	N/A	1224 Main Street Branford, CT	M,T,W,F (9am - 5pm) R (9am - 7pm)	Proprietary.	1.1 miles
17	Physical Therapy Services of Guilford	Commercially insured, Medicare.	Rehabilitation, physicial therapy.	N/A	500 East Main Street Branford, CT	M,F (7am - 5pm) T, R (11am - 7pm) W (7am - 7pm)	Proprietary.	3.7 miles
18	Rehab Concepts	Commercially insured, Medicare.	Rehabilitation, physicial therapy.	N/A	753 Boston Post Road Guilford, CT	M-F (7am - 6:30pm) S (8:30am - 1pm)	Proprietary.	10 miles
19	Physical Therapy Specialists	Commercially insured, Medicare.	Rehabilitation, physicial 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, physicial therapy.	N/A	37 Soundview Road Guilford, CT	M-F (8-5)	Proprietary.	9.4 miles
21	Anatomical Arts Physical Therapy	Commercially insured, Medicare	Rehabilitation, physicial therapy.	N/A	635 Foxon Road North Branford, CT	Hours vary.	Proprietary.	4.1 miles
22	Therapy Works	Commercially insured, Medicare, Medicaid children.	Rehabilitation, physicial 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, physicial therapy.	N/A	205 Main Street East Haven, CT	M-R (9am - 6pm) F (9am - 5pm)	Proprietary.	3.4 miles

Supplemental CON Application Form

Termination of a Service

Conn. Gen. Stat. § 19a-638(a)(5),(7),(8),(15)

Applicant: **Yale-New Haven Hospital**

Project Name: **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 ™) 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 ot 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
Director

Department of the Treasury
P.O. Box 9107
JFK Federal Bldg., Boston, Mass. 02203

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

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.

[x] 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 _____

[x] Further, the organization is not a private foundation because it is an organization described under Section 170(b)(1)(a)(vi) and 509(a)(1).

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 a 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

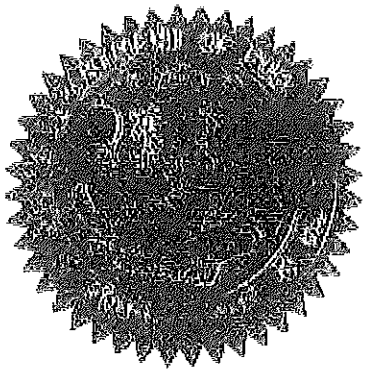
This license expires **September 30, 2015** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, October 1, 2013.

SATELLITES

Hill Regional Career High School, 140 Legion Avenue, New Haven, CT
Branford High School Based Health Center, 185 East Main Street, Branford, CT
Walsh 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
Mauro-Sheridan School Based Health Center, 191 Fountain Street, New Haven, CT
Yale-New Haven Hospital Dental Center, 2560 Dixwell Avenue, Hamden, CT
Murphy School Based Health Center, 14 Brushy Plain Road, Branford, CT
YNHCH at Bridgeport, 267 Grant Street, 6th 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 Otonal, 135 Sylvan Avenue, New Haven, CT
Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT
Adult Psychiatric PHP and Continuing Care, 1294 Chapel Street, New Haven, CT
Elder Care Clinic/Surfside, 200 Oak Street, West Haven, CT
Troup Magnet Academy School-Based Health Center, 259 Edgewood Avenue, New Haven, CT
Adult PHP, 1100 Sherman Avenue, Hamden, CT
Project MotherCare at Wheat, 674 Washington Avenue, West Haven, CT
Barnard 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, 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

[illegible]	[illegible]	[illegible]
• Children's Hospital • High Risk OB • Major Trauma • Transplant • Cardiac Surgery	• Behavioral Health • Emergency Services • General Medicine • General Surgery • Heart & Vascular • Neurosciences • Oncology • Urology • Women's	• Musculoskeletal • Low-Risk, High Amenities OB • Specialty Geriatrics Care • Specialty Programs - GI Surgery - Neurovascular - Medical Heart Failure

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 has 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, YNHH 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
Service Lines		
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	
Clinical Areas		
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
Total Beds	**788**	**126**	**914**	**399**	**72**	**471**
Bassinets	40	52	92	13	9	22

Note: Included in the YNHH 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
TOTAL	**$38.2M**	**$34.7M**

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 distributers 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 with provide further benefits.

9. *Depreciation, Bad Debt, and Interest Expense*
Consistent with the information provided to follow-up questions in DN 12-31747-MDF, 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 System (SRC)
Integration Workplan
Certificate of Need Docket Number: 12-31747-CON
As of May 29, 2015

	Pre-2013	FY 2013	FY 2014	FY 2015
Workplan				
1. Major Strategic Alliance				
1a. Physician & Medical Integration				
A1. Consolidate Hospital Based Services				
1. Anesthesiology				
2. Diagnostic Radiology				
3. Emergency Medicine				
4. Laboratory/Pathology				
A2. Integrated ACGME Residency and Fellowship Programs				
1b. EPIC Implementation				
A1. EPIC Go-Live at York Street Campus				
A2. EPIC Go-Live at Chapel Street Campus				
A3. Optimize Epic System				Ongoing
1c. Patient Experience				
A1. Implement Patient Experience Workplan and Supporting Infrastructure at SRC				
1. Patient and Family Advisor Program				
2. Reward and Recognition Structure				
3. Service Recovery Training/Online Certificates				
A2. Implementation of the "Toilet Plan" Across Both Campuses				
1. Implement Leader Rounding				
2. Managers Train Staff				
A3. Launch Patient Experience Forum				
A4. FY 2014 Patient Experience Strategic Plan				
1. Emphasis on "Every Patient, Every Time"				Ongoing
2. Physician and Nursing Leadership training and engagement				Ongoing
3. Developing a healing environment				Ongoing
1d. Regulatory/Safety and Quality				
A1. Preparation for Department of Public Health and Joint Commission surveys				
1. Environmental of Care (EOC)				Ongoing
2. Life Safety				Ongoing
3. Provision of Care/Record of Care				Ongoing
4. Adherence to Measures				Ongoing
5. Infection Prevention				Ongoing
A2. Consistent Regulatory Compliance and Practices				
1. Audit of Policies and Procedures to Ensure Adherence				Ongoing
A3. Ongoing Regulatory Education and Improvements				
1. Self Review and Integrated Audits				Ongoing
2. Structure Implemented for Twice Monthly CMS/DPH Audits & Twice Yearly TJC Audits at SRC				Ongoing
A4. Clean and Safe Rounds				Ongoing
A5. Achieve HFI High Reliability Level 3 and Ongoing Sustainability				Ongoing
1e. Transforming Patient Care				
A1. Implement Bedside Nursing Transformation at SRC to Ensure Consistent Staffing Models/Caregiver Teams Across Both Campuses				Ongoing
A2. Medication Barcoding Process Implemented				
A3. Implement Second Generation Bedside Nursing Transformation at the York Street Campus				
A4. Implement Magnet readiness plan				Ongoing
1f. Safe Patient Flow				
A1. Implement Common Safe Patient Flow Throughput Improvement				
A2. Identify Process Changes				Ongoing
1g. Cultural Integration				
A1. Formation of Catholic Heritage Committee				
A2. Common Value System Defined				
A3. Auxiliaries of TWA Campuses Integrated in Operations				
A4. Medical Staff Open Forums				Ongoing
A5. Employee Open Forums and Management Meetings				Ongoing

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSR)
Integration Workplan
Certificate of Need Docket Number 12-31747-CON
As of May 29, 2015

	FY-2014	FY2015	FY2016	FY-2017
G. Activities				
1. Medical Management & Specialty				
A1. Continue Real Management System - Pediatrics Dental Home Access Management				
A2. Step Vital & Health				
A3. Develop Strategies for Optimizing Inpatient Education Across Both Campuses				Dec-17
A4. Development of Medicine and Surgery Beds at the SRH Campus of Care				
A5. Open Vital & Well Office Specialty Services				
A6. Implement Mich Bariatric Surgery				
A7. Develop VAD				
A8. Complete CPOE for Neuroscience				
2. Staffing Model				
A1. Become Administrator-Physician Integrated Staffing Model Implementation				
A2. GME Organizational Management				
3. Data Management to Integrate Systems Across Campuses				
A1. Continue Data Management Initiative Integration				
A2. Transitional Data Strategies for all York Street campus inpatient data				
A3. Transitional Data Strategies consolidating across both campuses				
1. Service Lines				
1a. Children				
A1. Vision				
1. YNHCH is a destination of choice for pediatric care.				Dec-16
A2. Facilities & Capital				
1. Develop and Implement the Plan for NHCH Expansion and Fundraising				
A3. Integration Activities				
1. Integrate Pediatric Services Across Both Campuses				
2. Align Child and Adolescent Psychiatry Across Campuses				
3. Combine Hospitalist Programs at YNHCH Campuses				
1b. Heart & Vascular				
A1. Vision				
1. Integrate Heart and Vascular Operations Across Both Campuses and Outpatient Center				
A2. Facilities & Capital				
1. Renovate Catheterization Laboratories				
A3. Integration Activities				
1. Development of Aorta Institute				
2. Expansion of the Interventional Radiology Program at SRC				
3. Consolidate cardiac surgery on York Street campus				
4. Development of a Heart Failure unit at SRC				
1c. Musculoskeletal				
A1. Vision				
1. Musculoskeletal Service Line Established and Recognized as leading program				
A2. Facilities & Capital				
2. Operational and Capital Plan in Place				Dec-16
A3. Integration Activities				
1. Business plan definition and implementation				Dec-16
2. Recruitment of physician leader				
3. Transition of elective joint and spine volume from York Street to Saint Raphael campus				
4. Relocation of Inpatient Rehabilitation Unit (IRU) to Milford Hospital (New				
1d. Neuroscience				
A1. Vision				
Leading Neuroscience program in CT				Dec-16
A2. Facilities & Capital				
1. Allocated appropriate number of beds to Neuroscience				Dec-16
A3. Integration Activities				

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSR)
Integration Workplan
Certificate of Need Docket Number 12-31747-CON
As of May 29, 2015

	Pre-2013	FY 2013	FY 2014	FY 2015
Facilities				
Telestroke at Saint Raphael Campus				
Relocation of Neuroscience Service to Saint Raphael Campus				
2a. Oncology				
A1. Vision				
1. Integrated Oncology Operations Across Both Campuses				
A5. Integration Activities				
Chemotherapy and radiation therapy on both campuses				Ongoing
2b. Transplant				
A1. Vision				
1. Provide leading solid organ transplantation services in CT [ongoing				Ongoing
A3. Integration Activities				
2. Organ Donation Committee consolidation				
3. Digital Area				
3a. Diagnostic Radiology				
A1. Staffing/Coverage				
1. Enterprise-Wide Scheduling [Consolidation of Scheduling/Registration Functions				
A2. Facilities & Equipment				
1. CON for YNHH to acquire SRMRC Joint Venture				
2. Facilities Plan Completed				
A3. Integration Activities				
1. Assessment of all radiology services and equipment and implementation				Ongoing
1. Preliminary readings available 24/7 at SRC				
3b. Emergency Department				
A1. Staffing/Coverage				
1. Realign ED Structure to Create an Integrated Model				
A3. Facilities & Equipment				
1. Review Emergency Transportation [Ambulance and Helicopter]				Ongoing
2. Standardized Equipment [As Replacements Are Needed]				Ongoing
A3. Integration Activities				
1. Consolidation of Major Trauma at York Street				
2. Review Sponsor Hospital Program Offering, Infrastructure, Costs and Opportunities				
3c. Laboratory and Pathology				
A1. Integration Activities				
a. Evaluate consolidation of Laboratory Services System-Wide [Integrated Lab and Shared UI]				
b. Install and Operate SOFT Laboratory System on Both Campuses				
3d. Medicine				
A1. Review Hospitalist Staffing Model and Admission Criteria to Hospitalist Service				
A2. Develop Business Case for eICU				
A3. Evaluate and Implement Geriatrics Center of Excellence at the Saint Raphael campus				Ongoing
A4. Complete MICU eICU deployment				
3e. Nursing				
A1. Quality				
1. Implement Magnet Transition Plan				Ongoing
A2. Integration Activities				
1. Consistent Metrics and Standards and Creation of Unit/Service Line Dashboard				
2. Achieve Reduction in Caregiver Hours [via Transforming Patient Care]				Ongoing
3f. Pharmacy				
A1. Staffing/Coverage				
1. Establish staffing with YNHH employees [eliminate Cardinal Health contract]				
A2. Facilities & Equipment				

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSR)
Integration Workplan
Certificate of Need Docket Number: 12-31747-CON
As of May 28, 2015

	FY2014	FY2015	FY2016	FY2017
[illegible]				
3. Purchase and Standardize Pyxis machines				
A5. Integration Activities				
1. Pharmacy Strategy Executed with Single Unified Product Formulary Cost Complient				
2h. Psychiatry				
A1. Staffing/Coverage				
1. Develop a Standard Model of Care for Psychiatric Services at Both Campuses				
a. 22 Years Old and Under on Winchester Unit, YSC				
b. 13-18 Year Olds on Columbus 5, SRC				
c. 16-17 Year Olds on LV2, YSC				
2. One Standard Model of Care with One Psych ED				
A2. Quality & Regulatory				
1. Participate in State Collaborative Regional Plan- Integrating Behavioral Health Service Payment and Delivery				Ongoing
A3. Integration Activities				
2. Conduct Crisis Intervention Unit Assessment & Develop/Implement an Improvement Plan (w/ED				
3. Develop Strategies to Reduce Long LOS for Psychiatry Patients				Complete
3i. Surgical Services				
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 division/specialty teams across all practice sites				
A2. Consistent Operations				
1. Integrate OR Operations Across Both Campuses, Temple and Shoreline				
2. Optimize Utilization Across All Sites				Ongoing
3. GI Procedure Integration (YSC, SRC and Temple)				Ongoing
4. Develop a GI Surgery Center of Excellence (anchored at Hamden) at the Saint Raphael Campus				
5. Establish Common Set of Metrics				
6. Implement operational recommendations (from consulting engagement)				
7. Develop OR master plan				
3m. Women				
A1. Integration Activities				
1. Integrate OB-GYN Services Across Both Campuses				
2. Expand OB Residency to Lower SRC				
3. Establish low risk delivery service at SR Campus utilizing midwifery program				
3n. Ambulatory Services				
A1. Complete Ambulatory Strategic Plan				
1. Develop inventory of all ambulatory locations and services				
2. Develop and implement programmatic recommendations				
A2. Planning for new multidisciplinary satellites				
Old Saybrook opening				
New Haven satellite planning				
[illegible]				
3. Non-Clinical Areas				
A2. Consolidation of Vendors for Environmental Services, Food/Nutrition, Linen and Protective Services				
[illegible]				
4. Corporate Services				
5a. Accounting & Finance				
A1. Integrated Capital Budgeting Process Covering Both Campuses				
A2. Integrated Operating Budgeting Process Covering Both Campuses				
A3. Consolidation of Cost Accounting and Decision Support Systems				
A4. Combined Account Receivables for EPIC A/R with One Reserve Model				
A5. Maintain Individual Accounts Receivable for Legacy SDX and Medipac Receivables				
A6. Replicate Financial Structure for Service Lines				
A7. Institute Flex Budgeting				
A8. Reduce Elimination Fees Paid for Audit and Banking Operations at SRC				

Yale-New Haven Hospital Acquisition of Saint Raphael Health Care System (HSR)
Integration Workplan
Certificate of Need Docket Number: 12-32747-CON
As of May 28, 2015

	Pre-2013	FY 2013	FY 2014	FY 2015
4g. Facilities				
A3. Review All Membership and Fees for Both Companies and Remove/Renegotiate Duplicates				
5h. Compliance				
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. SRC Incorporated Into YNHHS Conflict of Interest Process				
5c. Human Resources				
A1. Standardize Career Ladders				
A2. Standardize Performance Management System and Process				
A3. Standardize Rewards, Recognition, and Leveraging Performance Based Pay				
A4. Employee Engagement Survey				Ongoing
A5. Develop and Implement Saint Raphael Campus Manager Education Programs				Ongoing
5d. Information Technology and Information Systems				
A1. Consolidation of Approved Applications				
1. Reduce Application Portfolio for EPIC Implementation				
2. Application Consolidation for The Following Areas: Laboratory – Anatomic Pathology, Cardiology, Radiation Oncology & Neuroscience				
3. Application Consolidation for The Following Areas: Gastroenterology, Dietary Services, PQS & Sleep Center				
A2. Service Desk Standardized				
A3. Consolidation of Telecom Operator Services				
A4. Review Service Contracts for Systems Used Prior to EPIC Integration				
5e. Legal & Planning				
A1. Identify vendor consolidation opportunities				
A2. Continue Integration Work with Healthcare Captive			Ongoing	Ongoing
5f. Marketing, Communications, Image, and Community Wellness				
A1. Develop and Implement Community Revitalization Strategy			Ongoing	Ongoing
A2. Implement Communication Strategies for Managers and Employees			Ongoing	Ongoing
A3. Consolidate Advocacy Groups				
5g. Revenue Cycle				
A1. Transfers and Combined Accounts Seamless via EPIC				
A2. Medical CDMs and Charge Levels				
A3. Integrated Master Patient Indexes				
A4. Identical Billing Systems and Vendors to Support Revenue Cycle Functions				
A5. Revenue Cycle Functions Centralized Organizationally and Physically, Where Possible				
A6. Consistent Forms Throughout Entire Revenue Cycle				
A7. Revenue Cycle Opportunities Complete				
1. Pricing Strategies				
2. Denials				
3. Charge Capture				
5h. Reimbursement and Managed Care				
A1. Modified/Consistent Rates for All Payers Across Both Companies				
5i. Supply Chain				
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
I.	OPERATING EXPENSE BY CATEGORY		
A.	Salaries & Wages:		
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
	Total Salaries & Wages	**400,355,180**	**405,399,716**
B.	Fringe Benefits:		
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
	Total Fringe Benefits	**118,017,281**	**115,421,696**
C.	Contractual Labor Fees:		
1	Nursing Fees	2,471,091	4,264,384
2	Physician Fees	38,722,596	46,057,910
3	Non-Nursing, Non-Physician Fees	18,265,189	22,312,793
	Total Contractual Labor Fees	**59,458,876**	**72,635,087**
D.	Medical Supplies and Pharmaceutical Cost:		
1	Medical Supplies	106,703,959	113,597,697
2	Pharmaceutical Costs	79,880,160	98,498,044
	Total Medical Supplies and Pharmaceutical Cost	**186,584,119**	**212,095,742**
E.	Depreciation and Amortization:		
1	Depreciation-Building	22,656,973	23,079,251
2	Depreciation-Equipment	35,963,915	37,655,620
3	Amortization	0	0
	Total Depreciation and Amortization	**58,620,888**	**60,734,871**
F.	Bad Debts:		
1	Bad Debts	0	0
G.	Interest Expense:		
1	Interest Expense	12,665,748	10,155,636
H.	Malpractice Insurance Cost:		
1	Malpractice Insurance Cost	714,855	8,196,077
I.	Utilities:		
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
4	Electricity	9,159,138	10,777,823
5	Telephone	2,202,016	1,886,236
6	Other Utilities	623,802	724,172
	Total Utilities	13,863,206	15,449,450
J.	Business Expenses:		
1	Accounting Fees	515,641	567,158
2	Legal Fees	1,706,089	1,638,001
3	Consulting Fees	37,762	184,657
4	Dues and Membership	1,068,160	739,887
5	Equipment Leases	3,574,656	3,447,061
6	Building Leases	9,135,869	10,568,414
7	Repairs and Maintenance	17,716,058	17,941,569
8	Insurance	1,526,132	1,259,282
9	Travel	775	2,775
10	Conferences	1,386,745	1,624,331
11	Property Tax	2,258,637	2,229,724
12	General Supplies	7,741,589	9,936,467
13	Licenses and Subscriptions	752,480	890,577
14	Postage and Shipping	769,827	371,301
15	Advertising	55,383	15,427
16	Corporate parent/system fees	14,003,376	14,579,324
17	Computer Software	0	0
18	Computer hardware & small equipment	2,566	3,418
19	Dietary / Food Services	1,461,061	1,798,175
20	Lab Fees / Red Cross charges	8,256,484	7,163,951
21	Billing & Collection / Bank Fees	458,771	542,115
22	Recruiting / Employee Education & Recognition	558,430	141,423
23	Laundry / Linen	2,847,033	3,100,118
24	Professional / Physician Fees	1,935,988	3,103,157
25	Waste disposal	691,808	913,345
26	Purchased Services - Medical	55,434,626	72,914,965
27	Purchased Services - Non Medical	139,846,673	133,980,557
28	Other Business Expenses	398,752	913,539
	Total Business Expenses	274,141,371	290,570,716
K.	Other Operating Expense:		
1	Miscellaneous Other Operating Expenses	0	0
	Total Operating Expenses - All Expense Categories*	1,124,421,523	1,190,659,000
	*A.- K. The total operating expenses amount above must agree with the total operating expen		
II.	OPERATING EXPENSE BY DEPARTMENT		

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.	General Services:		
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	6,567,786
17	Pharmacy Department	31,371,873	48,408,533
18	Other General Services	224,186,619	218,632,136
	Total General Services	**393,640,513**	**417,724,244**
B.	Professional Services:		
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
	Total Professional Services	**73,413,163**	**86,266,470**
C.	Special Services:		
1	Operating Room	72,450,721	81,655,113
2	Recovery Room	5,494,048	5,691,856
3	Anesthesiology	10,033,530	13,634,798
4	Delivery Room	6,210,445	6,055,232
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	3,017,593	3,265,495
10	Laboratory	34,531,372	37,543,462
11	Blood Storing/Processing	11,173,712	10,136,368
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	536,189	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
	Total Special Services	**269,816,662**	**288,229,052**
D.	**Routine Services:**		
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
	Total Routine Services	**282,922,216**	**309,552,273**
E.	**Other Departments:**		
1	Miscellaneous Other Departments	104,628,969	88,886,961
	Total Operating Expenses - All Departments*	**1,124,421,523**	**1,190,659,000**

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

Amity
PHYSICAL THERAPY

- 1 Bradley Rd., Ste. 801 • Woodbridge, CT 06525 • Phone: (203) 389-4593 • Fax (203) 389-4609
- 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,

Michael H. ISPT
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

Chapin&Havlicek
physical therapy LLC
has joined
PHYSICAL THERAPY & SPORTS MEDICINE CENTERS

Stony Creek Medical Center
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

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

President
Yale-New Haven Hospital
Executive Vice President
Yale-New Haven Health System

February, 2012
June, 2014

President and Chief Operating Officer
Yale-New Haven Hospital
Executive Vice President
Yale New Haven Health System

May, 2006 to
February, 2012

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

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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 employeess located in southern Connecticut

Executive Vice President, Chief Operating Officer (2012 – present)
Responsible for system operations of this large, academic multihospital integrated delvery 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 to improve our annual cost performance by more that $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 a 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 70th percentile to the 90th 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

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

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

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

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

Applicant:
Financial Worksheet (A)

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

LINE	Total Entity: Description	(1) FY 2014 Actual Results	(2) FY 2015 Projected W/out CON	(3) FY 2015 Projected Incremental	(4) FY 2015 Projected With CON	(5) FY 2016 Projected W/out CON	(6) FY 2016 Projected Incremental	(7) FY 2016 Projected With CON	(8) FY 2017 Projected W/out CON	(9) FY 2017 Projected Incremental	(10) FY 2017 Projected With CON	(11) FY 2018 Projected W/out CON	(12) FY 2018 Projected Incremental	(13) FY 2018 Projected With CON
A.	OPERATING REVENUE													
1	Total Gross Patient Revenue	$ 8,676,814,000	$ 9,536,815,000	$ -	$ 9,536,815,000	$ 9,653,683,000	$ (565,200)	$ 9,653,117,800	$ 9,747,015,000	$ (570,900)	$ 9,746,444,100	$ 9,843,819,000	$ (576,600)	$ 9,843,242,400
2	Less: Allowances	6,203,146,000	7,090,464,000	-	7,090,464,000	7,163,560,000	(371,500)	7,163,188,500	7,206,184,000	(375,300)	7,205,808,700	7,252,324,000	(379,000)	7,251,945,000
3	Less: Charity Care	-		-	-	-	-	-	-		-			-
4	Less: Other Deductions	-	-	-			-	-	-		-		-	-
	Net Patient Service Revenue	$ 2,473,668,000	$ 2,446,351,000		$ 2,446,351,000	$ 2,490,123,000	$ (193,700)	$ 2,489,929,300	$ 2,540,831,000	$ (195,600)	$ 2,540,635,400	$ 2,591,495,000	$ (197,600)	$ 2,591,297,400
5	Medicare	$ 786,643,000	$ 782,985,000	$ -	$ 782,985,000	$ 790,293,000	$ (8,520)	$ 790,284,480	$ 809,501,000	$ (8,600)	$ 809,492,400	$ 833,798,000	$ (8,690)	$ 833,789,310
6	Medicaid	299,980,000	339,498,000	-	339,498,000	342,978,000	(49,970)	342,928,030	346,492,000	(50,460)	346,441,540	350,042,000	(50,980)	349,991,020
7	CHAMPUS & TriCare			-		-	(1,940)	(1,940)	-	(1,960)	(1,960)	-	(1,980)	(1,980)
8	Other			-										
	Total Government	1,086,603,000	1,122,483,000		1,122,483,000	1,133,271,000	(60,430)	1,133,210,570	1,155,993,000	(61,020)	1,155,931,980	1,183,840,000	(61,650)	1,183,778,350
9	Commercial Insurers	1,345,277,000	1,238,608,000	-	1,238,608,000	1,270,740,000	(16,370)	1,270,723,630	1,297,865,000	(16,530)	1,297,848,470	1,319,812,000	(16,700)	1,319,795,300
10	Uninsured	-	-			-	-	-					-	-
11	Self Pay	41,788,000	85,260,000	-	85,260,000	86,112,000		86,112,000	86,973,000		86,973,000	87,843,000	-	87,843,000
12	Workers Compensation	-	-	-			(116,900)	(116,900)	-	(118,050)	(118,050)		(119,250)	(119,250)
13	Other	-	-	-		-	-	-	-	-	-	-	-	-
	Total Non-Government	$ 1,387,065,000	$ 1,323,868,000	$ -	$ 1,323,868,000	$ 1,356,852,000	$ (133,270)	$ 1,356,718,730	$ 1,384,838,000	$ (134,580)	$ 1,384,703,420	$ 1,407,655,000	$ (135,950)	$ 1,407,519,050
	Net Patient Service Revenue (Government+Non-Government)	$ 2,473,668,000	$ 2,446,351,000	$ -	$ 2,446,351,000	$ 2,490,123,000	$ (193,700)	$ 2,489,929,300	$ 2,540,831,000	$ (195,600)	$ 2,540,635,400	$ 2,591,495,000	$ (197,600)	$ 2,591,297,400
14	Less: Provision for Bad Debts	71,764,000	69,549,000	-	69,549,000	67,418,000		67,418,000	68,092,000	-	68,092,000	68,773,000	-	68,773,000
	Net Patient Service Revenue less provision for bad debts	2,401,904,000	2,376,802,000	-	2,376,802,000	2,422,705,000	(193,700)	2,422,511,300	2,472,739,000	(195,600)	2,472,543,400	2,522,722,000	(197,600)	2,522,524,400
15	Other Operating Revenue	-	42,598,000		42,598,000	42,598,000	-	42,598,000	42,598,000		42,598,000	42,598,000		42,598,000
17	Net Assets Released from Restrictions			-	-			-		-	-			-
	TOTAL OPERATING REVENUE	$ 2,401,904,000	$ 2,419,400,000	$ -	$ 2,419,400,000	$ 2,465,303,000	$ (193,700)	$ 2,465,109,300	$ 2,515,337,000	$ (195,600)	$ 2,515,141,400	$ 2,565,320,000	$ (197,600)	$ 2,565,122,400
B.	OPERATING EXPENSES													
1	Salaries and Wages	$ 808,684,000	$ 819,504,000	$ -	$ 819,504,000	$ 849,463,000	$ -	$ 849,463,000	$ 876,083,000	$ -	$ 876,083,000	$ 905,847,000	$ -	$ 905,847,000
2	Fringe Benefits	225,961,000	240,776,000	-	240,776,000	249,606,000		249,606,000	257,506,000		257,506,000	266,310,000		266,310,000
3	Physicians Fees	567,135,000	569,793,000	-	569,793,000	606,887,000	-	606,887,000	625,093,000		625,093,000	643,846,000	-	643,846,000
4	Supplies and Drugs	407,750,000	420,089,000	-	420,089,000	435,726,000	(7,200)	435,718,800	451,955,000	(7,500)	451,947,500	468,797,000	(7,800)	468,789,200
5	Depreciation and Amortization	122,543,000	124,084,000	-	124,084,000	134,639,000		134,639,000	142,153,000	-	142,153,000	138,103,000		138,103,000
6	Provision for Bad Debts-Otherb		-		-	-		-	-	-	-	-	-	-
7	Interest Expense	23,742,000	26,033,000	-	26,033,000	37,389,000		37,389,000	37,025,000	-	37,025,000	41,373,000	-	41,373,000
8	Malpractice Insurance Cost	14,809,000	21,010,000		21,010,000	21,840,000	-	21,640,000	22,290,000		22,290,000	22,958,000	-	22,958,000
9	Lease Expense	14,516,000	14,937,000		14,937,000	15,310,000	(154,400)	15,155,600	15,540,000	(156,700)	15,383,300	15,945,000	(160,800)	15,784,200
10	Other Operating Expenses	82,219,000	95,673,000		95,673,000	25,201,000	(5,800)	25,195,400	(3,364,000)	(5,700)	(3,369,700)	(30,723,000)	(5,800)	(30,728,800)
	TOTAL OPERATING EXPENSES	$ 2,267,359,000	$ 2,331,899,000	$ -	$ 2,331,899,000	$ 2,376,061,000	$ (167,200)	$ 2,375,893,800	$ 2,424,281,000	$ (169,900)	$ 2,424,111,100	$ 2,472,456,000	$ (174,400)	$ 2,472,281,600
	INCOME/(LOSS) FROM OPERATIONS	$ 134,545,000	$ 87,501,000	$ -	$ 87,501,000	$ 89,242,000	$ (26,500)	$ 89,215,500	$ 91,056,000	$ (25,700)	$ 91,030,300	$ 92,864,000	$ (23,200)	$ 92,840,800
	NON-OPERATING REVENUE	$ 30,155,000	$ 50,000,000	$ -	$ 50,000,000	$ 50,000,000	$ -	$ 50,000,000	$ 50,000,000	$ -	$ 50,000,000	$ 50,000,000	$ -	$ 50,000,000
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	$ 164,700,000	$ 137,501,000	$ -	$ 137,501,000	$ 139,242,000	$ (26,500)	$ 139,215,500	$ 141,056,000	$ (25,700)	$ 141,030,300	$ 142,864,000	$ (23,200)	$ 142,840,800
	Principal Payments				$0			$0			$0			$0
C.	PROFITABILITY SUMMARY													
1	Hospital Operating Margin	5.5%	3.6%	0.0%	3.5%	3.5%	13.7%	3.5%	3.5%	13.1%	3.5%	3.6%	11.7%	3.6%
2	Hospital Non Operating Margin	1.2%	2.0%	0.0%	2.0%	2.0%	0.0%	2.0%	1.9%	0.0%	1.9%	1.9%	0.0%	1.9%
3	Hospital Total Margin	6.8%	5.6%	0.0%	5.6%	5.5%	13.7%	5.5%	5.5%	13.1%	5.5%	5.5%	11.7%	5.6%
D.	FTEs		10,432	-	10,432	10,454	-	10,454	10,503	-	10,503	10,539	-	10,539
E.	VOLUME STATISTICSc													
1	Inpatient Discharges	78,315	80,531	-	80,531	81,336	-	81,336	82,150		82,150	82,971		82,971
2	Outpatient Visits	1,175,388	1,209,078		1,209,078	1,221,169	(1,561)	1,219,618	1,233,380	(1,567)	1,231,813	1,245,714	(1,583)	1,244,131
	TOTAL VOLUME	1,253,703	1,289,609		1,289,609	1,302,505	(1,561)	1,300,944	1,315,530	(1,567)	1,313,963	1,328,685	(1,583)	1,327,102

aTotal amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

bProvide 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, N-.2011-07, July 2011

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

Branford Rehab Services

YALE- NEW HAVEN HOSPITAL
Rehab Services at Branford

Prior 3 Year Analysis- Full YNHH - Service (Branford Rehab) - YNHH w/o Branford Rehab FY 2012 thru FY 2014

LINE	Total Entity:	1	2	3	4	5	6	7	8	9	(1)	(2)	(3)
		FY 2012	FY 2012	FY 2012	FY 2013	FY 2013	FY 2013	FY 2014	FY 2014	FY 2014	FY 2015	FY 2015	FY 2015
		Actual		Actual w / o	Actual		Actual w / o	Actual		Actual w / o	Projected Actual		Projected Actual
	Description	Results	Service	Service	Results	Service	Service	Results	Service	Service	Results	Service	w / o Service
A.	OPERATING REVENUE												
1	Total Gross Patient Revenue	$ 5,740,304,100	$ -	$ 5,740,304,100	$ 8,243,052,900	$ 1,861,100	$ 8,241,191,800	$ 8,676,814,000	$ 1,858,600	$ 8,674,955,400	$ 9,536,815,000	$ 2,106,400	$ 9,534,708,600
2	Less: Allowances	4,027,033,100		4,027,033,100	5,897,700,200	1,330,700	5,896,369,500	6,203,146,000	1,328,900	6,201,817,100	7,090,464,000	1,508,000	7,088,956,000
3	Less: Charity Care		-		-		-		-			-	-
4	Less: Other Deductions	-											
	Net Patient Service Revenue	**$ 1,713,271,000**	**$ -**	**$ 1,713,271,000**	**$ 2,345,352,700**	**$ 530,400**	**$ 2,344,822,300**	**$ 2,473,668,000**	**$ 529,700**	**$ 2,473,138,300**	**$ 2,446,351,000**	**$ 598,400**	**$ 2,445,752,600**
5	Medicare	$ 546,533,400	$ -	$ 546,533,400	$ 748,167,500	$ 23,300	$ 748,144,200	$ 786,643,000	$ 23,300	$ 786,619,700	$ 782,985,000	$ 23,900	$ 782,961,100
6	Medicaid	246,711,000		246,711,000	337,730,800	136,800	337,594,000	299,960,000	136,700	299,823,300	339,498,000	155,600	339,342,400
7	CHAMPUS & TriCare		-	-	-	5,300	(5,300)	-	5,300	(5,300)	-	6,000	(6,000)
8	Other	-				-	-				-	-	-
	Total Government	**793,244,400**	**-**	**793,244,400**	**1,085,898,300**	**165,400**	**1,085,732,900**	**1,086,603,000**	**166,300**	**1,086,437,700**	**1,122,483,000**	**165,500**	**1,122,297,500**
9	Commercial Insurers	892,614,300		892,614,300	1,221,928,800	44,800	1,221,884,000	1,345,277,000	44,800	1,345,232,200	1,238,608,000	47,900	1,238,560,100
10	Uninsured	-			-	-	-			-			-
11	Self Pay	27,412,300		27,412,300	37,525,600		37,525,600	41,788,000	-	41,788,000	85,260,000	-	85,260,000
12	Workers Compensation	-	-			320,200	(320,200)	-	319,600	(319,600)	-	365,000	(365,000)
13	Other		-	-	-	-	-	-	-	-	-	-	-
	Total Non-Government	**$ 920,026,600**	**$ -**	**$ 920,026,600**	**$ 1,259,454,400**	**$ 365,000**	**$ 1,259,089,400**	**$ 1,387,065,000**	**$ 364,400**	**$ 1,386,700,600**	**$ 1,323,888,000**	**$ 412,900**	**$ 1,323,455,100**
	Net Patient Service Revenues (Government+Non-Government)	**$ 1,713,271,000**	**$ -**	**$ 1,713,271,000**	**$ 2,345,352,700**	**$ 530,400**	**$ 2,344,822,300**	**$ 2,473,668,000**	**$ 529,700**	**$ 2,473,138,300**	**$ 2,446,351,000**	**$ 598,400**	**$ 2,445,752,600**
14	Less: Provision for Bad Debts	-	-	-	62,436,600		62,436,600	71,764,000	-	71,764,000	69,549,000	-	69,549,000
	Net Patient Service Revenue less provision for bad debts	**1,713,271,000**	**-**	**1,713,271,000**	**2,282,916,100**	**530,400**	**2,282,385,700**	**2,401,904,000**	**529,700**	**2,401,374,300**	**2,376,802,000**	**598,400**	**2,376,203,600**
15	Other Operating Revenue	47,560,300	-	47,560,300	58,633,000	-	58,633,000	-	-	-	42,598,000	-	42,598,000
17	Net Assets Released from Restrictions			-			-			-			-
	TOTAL OPERATING REVENUE	**$ 1,760,831,300**	**$ -**	**$ 1,760,831,300**	**$ 2,341,549,100**	**$ 530,400**	**$ 2,341,018,700**	**$ 2,401,904,000**	**$ 529,700**	**$ 2,401,374,300**	**$ 2,419,400,000**	**$ 598,400**	**$ 2,418,801,600**
B.	OPERATING EXPENSES												
1	Salaries and Wages	$ 585,246,900	$ -	$ 585,246,900	$ 790,319,400	$ 337,600	$ 789,981,800	$ 808,684,000	$ 398,400	$ 808,285,600	$ 819,504,000	$ 454,800	$ 819,049,200
2	Fringe Benefits	172,016,200	-	172,016,200	235,369,600	108,800	235,251,000	225,961,000	124,700	225,836,300	240,776,000	143,600	240,632,400
3	Physicians Fees	248,959,100	-	248,959,100	393,234,300	-	393,234,300	567,135,000		567,135,000	569,793,000	-	569,793,000
4	Supplies and Drugs	294,363,400	-	294,363,400	396,090,500	22,200	396,068,300	407,750,000	24,300	407,725,700	420,089,000	29,900	420,059,100
5	Depreciation and Amortization	73,100,600	-	73,100,600	91,913,500		91,913,500	122,543,000	-	122,543,000	124,084,000	-	124,084,000
6	Provision for Bad Debts-Otherb	32,622,100		32,622,100	-	-	-		-	-	-	-	
7	Interest Expense	17,719,700	-	17,719,700	23,920,200		23,920,200	23,742,000	-	23,742,000	26,033,000	-	26,033,000
8	Malpractice Insurance Cost	13,017,600		13,017,600	13,750,600	-	13,750,600	14,809,000		14,809,000	21,010,000	-	21,010,000
9	Lease Expense	14,368,700		14,368,700	22,279,800	139,800	22,140,000	14,516,000	137,800	14,378,200	14,937,000	155,600	14,781,400
10	Other Operating Expenses	202,837,200	-	202,837,200	269,795,800	35,300	269,760,500	82,219,000	34,400	82,184,600	95,673,000	41,900	95,631,100
	TOTAL OPERATING EXPENSES	**$ 1,654,251,500**	**$ -**	**$ 1,654,251,500**	**$ 2,236,673,700**	**$ 643,500**	**$ 2,236,030,200**	**$ 2,267,369,000**	**$ 719,600**	**$ 2,266,649,400**	**$ 2,331,899,000**	**$ 825,800**	**$ 2,331,073,200**
	INCOME/(LOSS) FROM OPERATIONS	**$ 106,579,800**	**$ -**	**$ 106,579,800**	**$ 104,875,400**	**$ (113,100)**	**$ 104,988,500**	**$ 134,545,000**	**$ (189,900)**	**$ 134,734,900**	**$ 87,501,000**	**$ (227,400)**	**$ 87,728,400**
	NON-OPERATING REVENUE	**$ 24,029,000**	**$ -**	**$ 24,029,000**	**$ 73,846,000**	**$ -**	**$ 73,846,000**	**$ 30,155,000**	**$ -**	**$ 30,155,000**	**$ 50,000,000**	**$ -**	**$ 50,000,000**
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	**$ 130,608,800**	**$ -**	**$ 130,608,800**	**$ 178,721,400**	**$ (113,100)**	**$ 178,834,500**	**$ 164,700,000**	**$ (189,900)**	**$ 164,889,900**	**$ 137,501,000**	**$ (227,400)**	**$ 137,728,400**
	Principal Payments												
C.	PROFITABILITY SUMMARY												
1	Hospital Operating Margin	6.0%	0.0%	6.0%	4.3%	-21.3%	4.3%	5.5%	-35.9%	5.6%	5.7%	-38.0%	5.7%
2	Hospital Non Operating Margin	1.3%	0.0%	1.3%	3.1%	0.0%	3.1%	1.2%	0.0%	1.2%	0.0%	0.0%	0.0%
3	Hospital Total Margin	7.3%	0.0%	7.3%	7.4%	-21.3%	7.4%	6.8%	-35.9%	6.8%	5.7%	-38.0%	5.7%
D.	FTEs										10,432		10,432
E.	VOLUME STATISTICS:												
1	Inpatient Discharges	61,958	-	61,958	80,503	-	80,503	78,315		78,315	80,531	-	80,531
2	Outpatient Visits	774,085	-	774,085	1,085,738	5,115	1,080,763	1,175,388	5,273	1,170,449	1,209,078	5,984	1,203,094
	TOTAL VOLUME	**836,043**	**0**	**836,043**	**1,166,241**	**5,115**	**1,161,266**	**1,253,703**	**5,273**	**1,248,764**	**1,289,609**	**5,984**	**1,283,625**

YALE-NEW HAVEN HOSPITAL

Proposal for the Termination of Rehab Services at Branford

Yale-New Haven Hospital

Assumptions

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

		FY 2016	FY 2017	FY 2018
	EXPENSES			
A.	Salaries and Fringe Benefits	3.7%	3.1%	3.4%
B.	Non-Salary			
	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%

	FY 2016	FY 2017	FY 2018
FTEs			
1) Total estimated FTEs	10,454	10,503	10,539

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

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, and copy *karen.roberts@ct.gov*, *alla.veyberman@ct.gov* and *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,

Tillman 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

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., 1st 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., 1st 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

Fiscal Year (FY)	**FY 2017**	**FY 2018**
Revenue from Operations	$0	$0
Total Operating Expenses	$0	$0
Gain/Loss from Operations	$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** and copy ***karen.roberts@ct.gov, alla.veyberman@ct.gov, 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,

Tillman 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

Keeping Connecticut Healthy

DPH

Connecticut Department of Public Health

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>
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.McKennan@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. McKennan, 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/

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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
Total	6,515		5,115		5,273		5,984	

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., 1st 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
Total	877		0	0

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., 1st 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 FY 2015 (through 9/30/15)		Projected					
			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%				
Total Government	3,338	55.78%	550	62.72%				
Commercial Insurers	513	8.57%	88	10.03%				
Uninsured	7	0.12%	0	0%				
Workers Compensation	2,126	35.53%	239	27.25%				
Total Non-Government	2,646	44.22%	327	37.28%				
Total Payer Mix	5,984	100%	877	100%				

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

Town	Utilization FY 15 (Visits & Percentage)
Branford	1,826 (30.52%)
East Haven	1,280 (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%)
TOTAL	5,984 (100%)

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
Gain/Loss from Operations	$0	$0

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) FY 2015 Actual Results	(2) FY 2016 Projected W/out CON	(3) FY 2016 Projected Incremental	(4) FY 2016 Projected With CON	(5) FY 2017 Projected W/out CON	(6) FY 2017 Projected Incremental	(7) FY 2017 Projected With CON	(8) FY 2018 Projected W/out CON	(9) FY 2018 Projected Incremental	(10) FY 2018 Projected With CON
A.	OPERATING REVENUE										
1	Total Gross Patient Revenue	$ 8,750,595,600	$ 9,653,683,000	$ (565,200)	$ 9,653,117,800	$ 9,747,015,000	$ (570,900)	$ 9,746,444,100	$ 9,843,819,000	$ (576,600)	$ 9,843,242,400
2	Less: Allowances	6,209,732,400	7,163,560,000	(371,500)	7,163,188,500	7,206,184,000	(375,300)	7,205,808,700	7,252,324,000	(379,000)	7,251,945,000
3	Less: Charity Care	-	-	-	-	-	-	-	-	-	-
4	Less: Other Deductions	-	-	-	-	-	-	-	-	-	-
	Net Patient Service Revenue	**$ 2,540,863,200**	**$ 2,490,123,000**	**$ (193,700)**	**$ 2,489,929,300**	**$ 2,540,831,000**	**$ (195,600)**	**$ 2,540,635,400**	**$ 2,591,495,000**	**$ (197,600)**	**$ 2,591,297,400**
5	Medicare	$ 808,011,500	$ 790,293,000	$ (8,520)	$ 790,284,480	$ 809,501,000	$ (8,600)	$ 809,492,400	$ 833,798,000	$ (8,690)	$ 833,789,310
6	Medicaid	308,108,200	342,978,000	(49,970)	342,928,030	346,492,000	(50,460)	346,441,540	350,042,000	(50,980)	349,991,020
7	CHAMPUS & TriCare	-	-	(1,940)	(1,940)	-	(1,960)	(1,960)	-	(1,980)	(1,980)
8	Other	-	-	-	-	-	-	-	-	-	-
	Total Government	**1,116,119,700**	**1,133,271,000**	**(60,430)**	**1,133,210,570**	**1,155,993,000**	**(61,020)**	**1,155,931,980**	**1,183,840,000**	**(61,650)**	**1,183,778,350**
9	Commercial Insurers	1,381,820,400	1,270,740,000	(16,370)	1,270,723,630	1,297,865,000	(16,530)	1,297,848,470	1,319,812,000	(16,700)	1,319,795,300
10	Uninsured	-	-	-	-	-	-	-	-	-	-
11	Self Pay	42,923,100	86,112,000	-	86,112,000	86,973,000	-	86,973,000	87,843,000	-	87,843,000
12	Workers Compensation	-	-	(116,900)	(116,900)	-	(118,050)	(118,050)	-	(119,250)	(119,250)
13	Other	-	-	-	-	-	-	-	-	-	-
	Total Non-Government	**$ 1,424,743,500**	**$ 1,356,852,000**	**$ (133,270)**	**$ 1,356,718,730**	**$ 1,384,838,000**	**$ (134,580)**	**$ 1,384,703,420**	**$ 1,407,655,000**	**$ (135,950)**	**$ 1,407,519,050**
	Net Patient Service Revenuea (Government+Non-Government)	**$ 2,540,863,200**	**$ 2,490,123,000**	**$ (193,700)**	**$ 2,489,929,300**	**$ 2,540,831,000**	**$ (195,600)**	**$ 2,540,635,400**	**$ 2,591,495,000**	**$ (197,600)**	**$ 2,591,297,400**
14	Less: Provision for Bad Debts	50,382,400	67,418,000	-	67,418,000	68,092,000	-	68,092,000	68,773,000	-	68,773,000
	Net Patient Service Revenue less provision for bad debts	**2,490,480,800**	**2,422,705,000**	**(193,700)**	**2,422,511,300**	**2,472,739,000**	**(195,600)**	**2,472,543,400**	**2,522,722,000**	**(197,600)**	**2,522,524,400**
15	Other Operating Revenue	64,676,500	42,598,000	-	42,598,000	42,598,000	-	42,598,000	42,598,000	-	42,598,000
17	Net Assets Released from Restrictions			-	-		-	-		-	-
	TOTAL OPERATING REVENUE	**$ 2,555,157,300**	**$ 2,465,303,000**	**$ (193,700)**	**$ 2,465,109,300**	**$ 2,515,337,000**	**$ (195,600)**	**$ 2,515,141,400**	**$ 2,565,320,000**	**$ (197,600)**	**$ 2,565,122,400**
B.	OPERATING EXPENSES										
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	-	606,887,000	625,093,000	-	625,093,000	643,846,000	-	643,846,000
4	Supplies and Drugs	490,320,700	435,726,000	(7,200)	435,718,800	451,955,000	(7,500)	451,947,500	468,797,000	(7,800)	468,789,200
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-Otherb	-	-	-	-	-	-	-	-	-	-
7	Interest Expense	20,879,700	37,389,000	-	37,389,000	37,025,000	-	37,025,000	41,373,000	-	41,373,000
8	Malpractice Insurance Cost	23,857,600	21,640,000	-	21,640,000	22,290,000	-	22,290,000	22,958,000	-	22,958,000
9	Lease Expense	23,519,600	15,310,000	(154,400)	15,155,600	15,540,000	(156,700)	15,383,300	15,945,000	(160,800)	15,784,200
10	Other Operating Expenses	93,012,900	25,201,000	(5,600)	25,195,400	(3,364,000)	(5,700)	(3,369,700)	(30,723,000)	(5,800)	(30,728,800)
	TOTAL OPERATING EXPENSES	**$ 2,443,042,900**	**$ 2,376,061,000**	**$ (167,200)**	**$ 2,375,893,800**	**$ 2,424,281,000**	**$ (169,900)**	**$ 2,424,111,100**	**$ 2,472,456,000**	**$ (174,400)**	**$ 2,472,281,600**
	INCOME/(LOSS) FROM OPERATIONS	**$ 112,114,400**	**$ 89,242,000**	**$ (26,500)**	**$ 89,215,500**	**$ 91,056,000**	**$ (25,700)**	**$ 91,030,300**	**$ 92,864,000**	**$ (23,200)**	**$ 92,840,800**
	NON-OPERATING REVENUE	**$ (6,297,800)**	**$ 50,000,000**	**$ -**	**$ 50,000,000**	**$ 50,000,000**	**$ -**	**$ 50,000,000**	**$ 50,000,000**	**$ -**	**$ 50,000,000**
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	**$ 105,816,600**	**$ 139,242,000**	**$ (26,500)**	**$ 139,215,500**	**$ 141,056,000**	**$ (25,700)**	**$ 141,030,300**	**$ 142,864,000**	**$ (23,200)**	**$ 142,840,800**
	Principal Payments										
C.	PROFITABILITY SUMMARY										
1	Hospital Operating Margin	4.4%	3.6%	13.7%	3.6%	3.6%	13.1%	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%
3	Hospital Total Margin	4.1%	5.7%	13.7%	5.7%	5.6%	13.1%	5.6%	5.6%	11.7%	5.6%
D.	FTEs	10,432	10,454	-	10,454	10,503	-	10,503	10,539	-	10,539
E.	VOLUME STATISTICSc										
1	Inpatient Discharges	78,444	81,336	-	81,336	82,150	-	82,150	82,971	-	82,971
2	Outpatient Visits	1,282,539	1,221,169	(1,551)	1,219,618	1,233,380	(1,567)	1,231,813	1,245,714	(1,583)	1,244,131
	TOTAL VOLUME	**1,360,983**	**1,302,505**	**(1,551)**	**1,300,954**	**1,315,530**	**(1,567)**	**1,313,963**	**1,328,685**	**(1,583)**	**1,327,102**

aTotal amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

bProvide 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.

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

Attachment 2

YALE- NEW HAVEN HOSPITAL
Rehab Services at Branford

Prior 3 Year Analysis- Full YNHH - Service (Branford Rehab) - YNHH w/o Branford Rehab FY 2012 thru FY 2014

LINE	Total Entity:	1	2	3	4	5	6	7	8	9	10	11	12
		FY 2012	FY 2012	FY 2012	FY 2013	FY 2013	FY 2013	FY 2014	FY 2014	FY 2014	FY 2015	FY 2015	FY 2015
		Actual		Actual w / o	Actual		Actual w / o	Actual		Actual w / o	Actual		Actual w / o
	Description	Results	Service	Service	Results	Service	Service	Results	Service	Service	Results	Service	Service
A.	OPERATING REVENUE												
1	Total Gross Patient Revenue	$ 5,740,304,100	$ -	$ 5,740,304,100	$ 8,243,052,900	$ 1,861,100	$ 8,241,191,800	$ 8,676,814,000	$ 1,858,600	$ 8,674,955,400	$ 8,750,595,600	$ 1,836,800	$ 8,748,758,800
2	Less: Allowances	4,027,033,100	-	4,027,033,100	5,897,700,200	1,330,700	5,896,369,500	6,203,146,000	1,328,900	6,201,817,100	6,209,732,400	1,207,300	6,208,525,100
3	Less: Charity Care	-	-	-	-	-	-	-	-	-	-	-	-
4	Less: Other Deductions	-	-	-	-	-	-	-	-	-	-	-	-
	Net Patient Service Revenue	**$ 1,713,271,000**	**$ -**	**$ 1,713,271,000**	**$ 2,345,352,700**	**$ 530,400**	**$ 2,344,822,300**	**$ 2,473,668,000**	**$ 529,700**	**$ 2,473,138,300**	**$ 2,540,863,200**	**$ 629,500**	**$ 2,540,233,700**
5	Medicare	$ 546,533,400	$ -	$ 546,533,400	$ 748,167,500	$ 23,300	$ 748,144,200	$ 786,643,000	$ 23,300	$ 786,619,700	$ 808,011,500	$ 27,700	$ 807,983,800
6	Medicaid	246,711,000	-	246,711,000	337,730,800	136,800	337,594,000	299,960,000	136,700	299,823,300	308,108,200	162,600	307,945,600
7	CHAMPUS & TriCare	-	-	-	-	5,300	(5,300)	-	5,300	(5,300)	-	6,300	(6,300)
8	Other	-	-	-	-	-	-	-	-	-	-	-	-
	Total Government	**793,244,400**	**-**	**793,244,400**	**1,085,898,300**	**165,400**	**1,085,732,900**	**1,086,603,000**	**165,300**	**1,086,437,700**	**1,116,119,700**	**196,600**	**1,115,923,100**
9	Commercial Insurers	892,614,300	-	892,614,300	1,221,928,800	44,800	1,221,884,000	1,345,277,000	44,800	1,345,232,200	1,381,820,400	52,900	1,381,767,500
10	Uninsured	-	-	-	-	-	-	-	-	-	-	-	-
11	Self Pay	27,412,300	-	27,412,300	37,525,600	-	37,525,600	41,788,000	-	41,788,000	42,923,100	-	42,923,100
12	Workers Compensation	-	-	-	-	320,200	(320,200)	-	319,600	(319,600)	-	380,000	(380,000)
13	Other	-	-	-	-	-	-	-	-	-	-	-	-
	Total Non-Government	**$ 920,026,600**	**$ -**	**$ 920,026,600**	**$ 1,259,454,400**	**$ 365,000**	**$ 1,259,089,400**	**$ 1,387,065,000**	**$ 364,400**	**$ 1,386,700,600**	**$ 1,424,743,500**	**$ 432,900**	**$ 1,424,310,600**
	Net Patient Service Revenuea (Government+Non-Government)	**$ 1,713,271,000**	**$ -**	**$ 1,713,271,000**	**$ 2,345,352,700**	**$ 530,400**	**$ 2,344,822,300**	**$ 2,473,668,000**	**$ 529,700**	**$ 2,473,138,300**	**$ 2,540,863,200**	**$ 629,500**	**$ 2,540,233,700**
14	Less: Provision for Bad Debts	-	-	-	62,436,600	-	62,436,600	71,764,000	-	71,764,000	50,382,400	-	50,382,400
	Net Patient Service Revenue less provision for bad debts	**1,713,271,000**	**-**	**1,713,271,000**	**2,282,916,100**	**530,400**	**2,282,385,700**	**2,401,904,000**	**529,700**	**2,401,374,300**	**2,490,480,800**	**629,500**	**2,489,851,300**
15	Other Operating Revenue	47,560,300	-	47,560,300	58,633,000	-	58,633,000	-	-	-	64,676,500	-	64,676,500
17	Net Assets Released from Restrictions			-			-			-		-	-
	TOTAL OPERATING REVENUE	**$ 1,760,831,300**	**$ -**	**$ 1,760,831,300**	**$ 2,341,549,100**	**$ 530,400**	**$ 2,341,018,700**	**$ 2,401,904,000**	**$ 529,700**	**$ 2,401,374,300**	**$ 2,555,157,300**	**$ 629,500**	**$ 2,554,527,800**
B.	OPERATING EXPENSES												
1	Salaries and Wages	$ 585,246,900	$ -	$ 585,246,900	$ 790,319,400	$ 337,600	$ 789,981,800	$ 808,684,000	$ 398,400	$ 808,285,600	$ 831,202,100	$ 464,600	$ 830,737,500
2	Fringe Benefits	172,016,200	-	172,016,200	235,369,600	108,600	235,261,000	225,961,000	124,700	225,836,300	239,423,700	128,300	239,295,400
3	Physicians Fees	248,959,100	-	248,959,100	393,234,300	-	393,234,300	567,135,000	-	567,135,000	627,545,400	-	627,545,400
4	Supplies and Drugs	294,363,400	-	294,363,400	396,090,500	22,200	396,068,300	407,750,000	24,300	407,725,700	490,320,700	25,500	490,295,200
5	Depreciation and Amortization	73,100,600	-	73,100,600	91,913,500	-	91,913,500	122,543,000	-	122,543,000	93,281,200	-	93,281,200
6	Provision for Bad Debts-Otherb	32,622,100	-	32,622,100	-	-	-	-	-	-	-	-	-
7	Interest Expense	17,719,700	-	17,719,700	23,920,200	-	23,920,200	23,742,000	-	23,742,000	20,879,700	-	20,879,700
8	Malpractice Insurance Cost	13,017,600	-	13,017,600	13,750,600	-	13,750,600	14,809,000	-	14,809,000	23,857,600	-	23,857,600
9	Lease Expense	14,368,700	-	14,368,700	22,279,800	139,800	22,140,000	14,516,000	137,800	14,378,200	23,519,600	150,200	23,369,400
10	Other Operating Expenses	202,837,200	-	202,837,200	269,795,800	35,300	269,760,500	82,219,000	34,400	82,184,600	93,012,900	32,400	92,980,500
	TOTAL OPERATING EXPENSES	**$ 1,654,251,500**	**$ -**	**$ 1,654,251,500**	**$ 2,236,673,700**	**$ 643,500**	**$ 2,236,030,200**	**$ 2,267,359,000**	**$ 719,600**	**$ 2,266,639,400**	**$ 2,443,042,900**	**$ 801,000**	**$ 2,442,241,900**
	INCOME/(LOSS) FROM OPERATIONS	**$ 106,579,800**	**$ -**	**$ 106,579,800**	**$ 104,875,400**	**$ (113,100)**	**$ 104,988,500**	**$ 134,545,000**	**$ (189,900)**	**$ 134,734,900**	**$ 112,114,400**	**$ (171,500)**	**$ 112,285,900**
	NON-OPERATING REVENUE	**$ 24,029,000**	**$ -**	**$ 24,029,000**	**$ 73,846,000**	**$ -**	**$ 73,846,000**	**$ 30,155,000**	**$ -**	**$ 30,155,000**	**$ (6,297,800)**	**$ -**	**$ (6,297,800)**
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	**$ 130,608,800**	**$ -**	**$ 130,608,800**	**$ 178,721,400**	**$ (113,100)**	**$ 178,834,500**	**$ 164,700,000**	**$ (189,900)**	**$ 164,889,900**	**$ 105,816,600**	**$ (171,500)**	**$ 105,988,100**
	Principal Payments												
C.	PROFITABILITY SUMMARY												
1	Hospital Operating Margin	6.1%	#DIV/0!	6.1%	4.5%	-21.3%	4.5%	5.6%	-35.9%	5.6%	4.4%	-27.2%	4.4%
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	7.4%	#DIV/0!	7.4%	7.6%	-21.3%	7.6%	6.9%	-35.9%	6.9%	4.1%	-27.2%	4.2%
D.	FTEs												
E.	VOLUME STATISTICSc												
1	Inpatient Discharges	61,958	-	61,958	80,503	-	80,503	78,315	-	78,315	78,444	-	78,444
2	Outpatient Visits	774,085	-	774,085	1,085,738	5,115	1,080,623	1,175,388	5,273	1,170,115	1,282,539	5,984	1,276,555
	TOTAL VOLUME	**836,043**	**0**	**836,043**	**1,166,241**	**5,115**	**1,161,126**	**1,253,703**	**5,273**	**1,248,430**	**1,360,983**	**5,984**	**1,354,999**

Notes To Schedule

- FY 2012 reflects zeroes (0's) as only Branford offers Rehab services which was not acquired until mid- September 2012, the last month of the Fiscal Year

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
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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,

Tillman Foster

Tillman Foster
Associate Health Care Analyst

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