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.

X Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.

X (**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.

X Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of $500.

X 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)*

X Attached is a completed Financial Attachment

X Submission includes one (1) original hardcopy in a 3-ring binder and a USB flash drive containing:

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.: 16-32118-CON **Check No.:** 043387
OHCA Verified by: [illegible] **Date:** 8/29/16

RECEIVED
AUG 26 2016
Office of
HEALTHCARE ACCESS

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

Certificate of Need Application
Main Form

Required for all CON applications

Contents:

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

Supplemental Forms
In addition to completing this **Main Form** and **Financial Worksheet (A, B or C)**, the applicant(s) must complete the appropriate **Supplemental Form** listed below. All CON forms can be found on the OHCA website at OHCA Forms.

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

*This supplemental form should be included with all applications requesting authorization for the establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other "health care facilities," as defined by Conn. Gen. Stat § 19a-630(11) -

hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.

**If termination is due to insufficient patient volume, or it is a subspecialty being terminated, a CON is not required.

HARTFORD HEALTHCARE
ATTN: ACCOUNTS PAYABLE
PO BOX 5037
HARTFORD, CT 06102-5037

51-57
119

Check Number
043386
Bank of America

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

Five hundred and 00/100 Dollars

Pay to the order of

TREASURER, STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATI
P.O. BOX 1080
HARTFORD, CT 06143--108

Date: 07/08/2016

Payment Amount: *******$500.00

VOID AFTER 90 DAYS

THE BACK OF THIS DOCUMENT CONTAINS LAID LINES AND AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

[redacted]

TREASURER, STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATI
P.O. BOX 1080
HARTFORD, CT 06143--108

Entity	Vendor ID / Location	Check Number
30100	1000004913	043386

HARTFORD HEALTHCARE

Invoice Number	Invoice Date	Gross Amount	Discount Amount	Withholding Amount	Net Amount
C07011650000HOCC	07/01/2016	500.00			500.00
TOTALS		**$500.00**	**0.00**	**0.00**	**$500.00**

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General Information

Name of Applicant:	Name of Co-Applicant:
Windham Community Memorial Hospital	

Connecticut Statute Reference:

Main Site	MAIN SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	MAIN SITE NAME
	Windham Hospital	**In-Patient 004041828 Out-Patient 004025110**	**Acute Care Hospital**	**Windham Community Memorial Hospital**
	STREET & NUMBER			
	112 Mansfield Avenue			
	TOWN		ZIP CODE	
	Willimantic		**06226**	

Project Site	PROJECT SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	PROJECT SITE NAME
	Gateway Commons	**In-Patient 004041828 Out-Patient 004025110**	**Outpatient Rehabilitation**	**Gateway Commons - Windham Rehabilitation Services**
	STREET & NUMBER			
	1703 West Main Street			
	TOWN		ZIP CODE	
	Willimantic		**06226**	

Operator	OPERATING CERTIFICATE NUMBER	TYPE OF FACILITY	LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator)
	N/A	**Acute Care Hospital**	**Windham Hospital**
	STREET & NUMBER		
	5 Founders Street		
	TOWN		ZIP CODE
	Willimantic		**06226**

Chief Executive				
NAME		TITLE		
Bimal Patel		**SVP Hartford HealthCare & President of HHC East Region**		
STREET & NUMBER				
112 Mansfield Avenue				
TOWN			STATE	ZIP CODE
Willimantic			**CT**	**06226**
TELEPHONE	FAX	E-MAIL ADDRESS		
		Bimal.Patel@hhchealth.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 X NO ☐	
Does the Applicant have non-profit status? If yes, attach documentation.	YES X NO ☐	
Identify the Applicant's ownership type.	PC ☐ LLC ☐ Corporation X	Other: _____
Applicant's Fiscal Year (mm/dd)	Start **10/01** End **09/30**	

Contact:

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

Contact Information			
NAME		TITLE	
Barbara Durdy		**Director, Strategic Planning**	
STREET & NUMBER			
181 Patricia M. Genova Blvd			
TOWN		STATE	ZIP CODE
Newington		**Connecticut**	**06111**
TELEPHONE		FAX	E-MAIL ADDRESS
860-972-4231		**860-972-9025**	**barbara.durdy@hhchealth.org**
RELATIONSHIP TO APPLICANT	**Employee**		

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

Prepared by			
NAME		TITLE	
Barbara A. Durdy		**Director, Strategic Planning**	
STREET & NUMBER			
181 Patricia M. Genova Blvd			
TOWN		STATE	ZIP CODE
Newington		**Connecticut**	**06111**
TELEPHONE		FAX	E-MAIL ADDRESS
860-972-4231		**860-972-9025**	**barbara.durdy@hhchealth.org**
RELATIONSHIP TO APPLICANT	**Employee**		

Affidavit

Applicant: **Windham Community Memorial Hospital**

Project Title: **Consolidation of Two Outpatient Rehabilitation Locations within Windham, Connecticut**

I, **Dan Lohr, Regional Vice President, Finance**
(Name) (Position – CEO or CFO)

of **Windham Community Memorial 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.

Daniel E Lohr 8/19/16
Signature Date

Subscribed and sworn to before me on August 19, 2016

Cynthia A. Habeeb

Notary Public/Commissioner of Superior Court

My commission expires: CYNTHIA A. HABEEB
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 3/31/2021

145663

CHRONICLE PRINTING CO.

P. O. BOX 148
WILLIMANTIC, CT 06226

I hereby certify that the attached advertisement of LEGAL NOTICE PUBLIC NOTI
in space of 15.31 lines was published in the THE CHRONICLE
On :

06/16/2016 06/17/2016 06/18/2016

Subscribed and sworn to before me this

29th day of June, 2016

.....

notary public
Jodi L. Green

08/31/2017

UNIVERSAL Sudoku Puzzle

				5		2		
2				3	7			9
9	6	5		2			3	
		6	2				5	
		1		4		8		
	3				8	9		
	8			6		7	2	3
6			3	9				5
		3		8				

Complete the grid so every row, column and 3 x 3 box contains every digit from 1 to 9 inclusively.

Previous puzzle solution

1	7	9	8	2	4	6	5	3
3	2	6	7	9	5	4	8	1
8	4	5	1	3	6	9	2	7
7	6	1	5	4	2	8	3	9
4	5	3	9	8	1	7	6	2
2	9	8	6	7	3	5	1	4
6	1	2	4	5	9	3	7	8
9	3	7	2	6	8	1	4	5
5	8	4	3	1	7	2	9	6

6/17 DIFFICULTY RATING: ★★★★★

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8/16

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the Chronicle
We Deliver!

Legal Notice

Legal Notice

PUBLIC NOTICE FILING FOR WINDHAM HOSPITAL TERMINATION OF OUTPATIENT REHABILITATION SERVICE

Statutory Reference:
Connecticut General Statutes 19a-638
Applicant:
Windham Hospital
Project Address:
Windham Hospital
Rehabilitation Network
1703 West Main Street
Willimantic, CT 06226

Proposal: The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access for approval to terminate an outpatient rehabilitation practice located in Willimantic, Connecticut.

Capital Expenditure: $0

Legal Notice

Legal Notice

Windham Public Schools is Accepting Bids for the following projects.
North Windham School skylight installation and structural roof work.
North Windham School cafeteria suspended ceiling replacement.
You may request Specs by calling or emailing
Wayne Donaldson at (860) 465-2335 or wdonaldson@windham.k12.ct.us
Sealed bids will be publicly opened at 11 AM June 29, 2016.

Legal Notice

TOWN OF WINDHAM PUBLIC HEARING

There will be a Public Hearing held by the Town of Windham Charter Revision Commission on June 23, 2016 at 7:00 p.m. in the Windham Town Hall 1st Floor Conference Room, 979 Main Street, Willimantic, Connecticut, to hear pubic comment on revisions to the Town of Windham Charter.

Town of Windham
Charter Revision Commission

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reprint that part of the ad that was incorrect and altered the meaning or effect of the ad.

Advertisers must notify **the Chronicle** advertising department within **24 hours** of such error and then it will be rerun once.

The Chronicle will not knowingly accept any advertisement that is in violation of any applicable laws.

The publisher reserves the right to edit or reject any submitted material she deems not in the best interest of **the Chronicle** readers.

the Chronicle Classifieds
860.423.8466 x3363

Legal Notice

Legal Notice

REGIONAL DISTRICT #19
Edwin O. Smith High Schools

Confidential Records

In accordance with the Regional District 19 procedures relative to Confidentiality of Education Records, as mandated by both state and federal regulations, student's confidential records should be destroyed when the information is no longer relevant for the provision of educational services to the student. Confidential records are in no event, retained beyond six (6) years following a student's graduation, or the graduation of the class to which he/she belonged.

Basic administrative records will continue to be maintained by the district for fifty (50) years after graduation.

Pursuant to these procedures, the **Special Education and Health records of** students who were, at any time members of the Edwin O. Smith High School graduating **class of 2010 will be destroyed after July 20, 2016.**

If you are a member of the Class of 2010 and you wish to have a copy of the information prior to its destruction, please notify the Director of Special Services in writing or by phone (860-429-7739) no later than 3:00 p.m. on July 20th, at Edwin O. Smith High School, 1235 Storrs Road, Storrs, CT 06268. Please note these records may be needed by the former student or the parents for Social Security benefits or other purposes.

Legal Notice

PUBLIC NOTICE FILING FOR WINDHAM HOSPITAL TERMINATION OF OUTPATIENT REHABILITATION SERVICE

Statutory Reference:
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Capital Expenditure: $0

Legal Notice

Legal No

Legal Notice

NOTICE

The U-Haul Moving And Storage of 29 RT COLUMBIA, CT. 06237 will sell household and pe contained in the storage rooms to pay the unpaid Telephone 860-228-1886

Karl Powers	Rm# 1002	Garey Bishop	F
Corinna Diallo	Rm# 1010	Robert Daigle	F
Ronica Hite	Rm# 1207	Ronica Hite	F
Ryan Gilbert	Rm# 1216	Ryan Fitzgerald	F
Jordan D'Andria	Rm# 1300	Chris Brown	F
Mikel Singleton	Rm# 1310	Susan Radcliff	F
Kassie Topolski	Rm# 1320	David Santiago	F
Ramona Rodriguez	Rm# 1403	Walt Okoney	
Walt Okoney	Rm# 1418	Robert Daigle	
William Greenleaf	Rm# 1542	Melody Rivera	
Richard Brooks	Rm# 1616	Holly Cox	
Steve Chinigo	Rm# 1709	Holly Cox	
Brian Lavoie	Rm# 1805	Joe Malinowski	

Contents to be sold on the premises of U-Haul o Rt. 66 East, Columbia, CT. 06237 on June 23rd, am. To be paid for in cash or credit card at th chase; also a $100.00 deposit will be needed purchased. U-Haul reserves the right to bid or p or space. Auction service provided by Storage Auction Solutions. www.storageauctions

UNIVERSAL Sudoku Puzzle

	7		3					
8		3		2				1
		9		7	8			
6				8		7		2
9			4	6	3			8
1		8		5				6

Complete the grid so every row, column and 3 x 3 box contains every digit from 1 to 9 inclusively.

Previous puzzle solution

3	7	4	9	5	6	2	1	8
2	1	9	4	3	7	5	6	9

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Reuters

DENVER — Chad Bettis came back from a 4-start slump, and DJ LeMahieu rebounded from a scary moment Wednesday as the Colorado Rockies beat the New York Yankees 6-3 to sweep their 2-game series.

Nolan Arenado hit a 2-run homer and drove in three runs as the Rockies equaled a season best with their fourth straight victory. They also won four straight from May 11-15.

Colorado went 5-1 on a just-concluded homestand, giving it eight wins in its past 10 games.

"I've been saying to our club for a while now that I feel like this team's going to get better as the year goes on, which has not been the trend here the last few years," Rockies manager Walt Weiss said.

The loss was the fourth straight for the Yankees, who were unable to muster an extra-base hit.

LeMahieu finished a home run shy of the cycle and drove in two runs while extending his hitting streak to nine games and raising his average to .323, the highest it has been since April 17. The second RBI came in the ninth when he tripled off hard-throwing closer Aroldis Chapman with two outs.

In LeMahieu's previous plate appearance in the sixth, Anthony Swarzak split the visor of LeMahieu's helmet with a pitch. LeMahieu went face-down but quickly got up and stayed in the game after being examined by head trainer Keith Dugger.

"I was pretty lucky it wasn't worse," LeMahieu said. "I was more in shock than anything, but (realized) 'Alright, everything's good.' "

After Charlie Blackmon singled, LeMahieu came up against Chapman and quickly regrouped from the beaning. Chapman twice reached 100 mph with his fastball before LeMahieu tripled on an 88 mph changeup with the count 1-2.

"I was just kind of thinking, 'How many times is that going to happen in my career?' " LeMahieu said. "'I think that's the first time ever. So I was like, 'I'm not going to let that shake what I've been doing the last couple weeks'."

The last thing Bettis (5-5) wanted to do was repeat the recent past. He had worked fewer than fi
past four starts
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with 11 strikeo

Bettis said he
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Bettis, who ret
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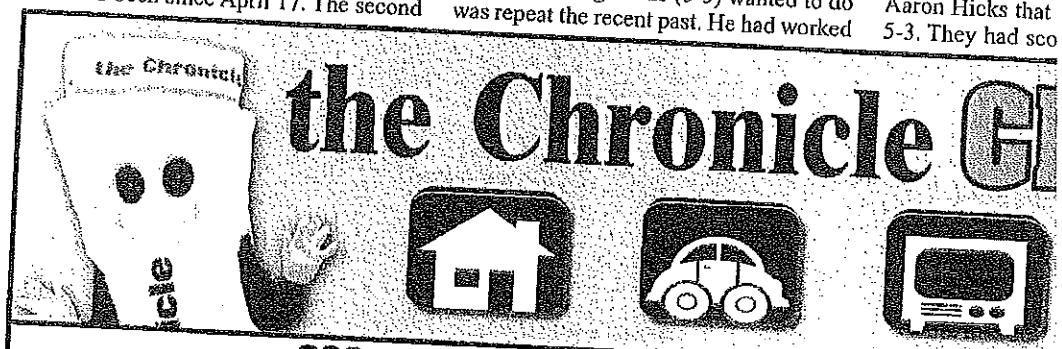

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Legal Notice

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PUBLIC HEARING
TOWN OF WINDHAM

There will be a Public Hearing held by the Windham Town Council on Tuesday, June 21, 2016 at 6:30 p.m. in the Windham Town Hall Auditorium, 979 Main Street, Willimantic, Connecticut, to hear public comment on the following ordinance:

To Consider an ordinance on the proposed Transfer Station Use Regulation and Fees, which includes a fee of $100 for a 2-year permit ($50/year) for Landlords to use the Transfer Station and possible adopt a fee resolution.

You can receive a copy of the ordinance at the Office of the Town Clerk 979 Main Street, Willimantic, Connecticut, during normal business hours. Normal business hours are Monday, Tuesday and Wednesday 8:00 a.m. to 5:00 p.m., Thursday 8:00 a.m. to 7:30 p.m. and Friday 8:00 a.m. to 12:00 noon.

(This document is prepared for the hen-

Legal Notice

Legal Notice

PUBLIC NOTICE FILING FOR WINDHAM HOSPITAL TERMINATION OF OUTPATIENT REHABILITATION SERVICE

Statutory Reference:
Connecticut General Statutes 19a-638
Applicant:
Windham Hospital
Project Address:
Windham Hospital
Rehabilitation Network
1703 West Main Street
Willimantic, CT 06226

Proposal: The Applicant intends to file a Certificate of Need application with the State of Connecticut Office of Health Care Access for approval to terminate an outpatient rehabilitation practice located in Willimantic, Connecticut.

Capital Expenditure: $0

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Executive Summary

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

This Application concerns the relocation of outpatient rehabilitation services at Windham Community Memorial Hospital ("The Hospital)" from 1703 West Main Street in Willimantic, Connecticut to the existing outpatient rehabilitation services location within the Windham Hospital Family Health Center also located in Willimantic, Connecticut at 5 Founders Street.

This proposal represents a relocation and consolidation of services within the Willimantic community and does not result in any reduction of services provided.

The Windham Hospital Family Health Center located at 5 Founders Street in Willimantic, Connecticut is approximately 1.4 miles from the former 1703 West Main Street location also within the town of Willimantic. This location, newly renovated in 2013, offers state-of-the-art facilities to patients in the Windham community. There is no change in patient population or payer mix, patient care or staffing levels as a result of the service relocation.

All physical, occupational, and speech therapy services previously offered at the Gateway Commons location are offered at the Family Health Center. The service relocation allows for expanded hours of operation and improved access for patients.

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.

   Windham Community Memorial Hospital is a 130-bed, not-for-profit acute care community hospital providing comprehensive medical services, personalized attention and care for more than 75 years.

   The Hospital's service area includes eleven towns in eastern Connecticut: Ashford, Eastford, Hampton, Willington, Coventry, Columbia, Mansfield, Chaplin, Hebron, Scotland and Windham. These towns account for 81% of the current population utilizing rehabilitation services at the Windham Hospital.

   In an effort to avoid duplication of services and to optimize the use of existing physical space proximate to the Hospital's main campus, the decision was made to consolidate outpatient rehabilitation services at the Family Health Center location. This decision was made to consolidate services in late 2015 and the service relocation occurred February 1, 2016.

   The relocation of services provided at Gateway Commons serves additional multiple purposes. Foremost, it allows greater access to rehabilitation services outside of normal business hours (nights and weekends) to accommodate patient schedules and preferences. Hours of operation were expanded 10.5 hours per week by offering evening and weekend access. In addition, outpatient rehabilitation services are co-located with other outpatient hospital services so patients may receive more of their care under one roof. The Windham Hospital Family Health Center is located on a bus line which improves access for those patients who rely on public transportation. The Family Health Center location is newly renovated and offers state-of-the-art equipment providing a better experience for patients.

   Finally, the consolidation of outpatient rehabilitation services provides the Hospital with some financial savings by eliminating a lease payment each month.

   The relocation of outpatient rehabilitation services to the Family Health Center has not resulted in the interruption to rehabilitation services provided to the Windham Hospital community. All physical, occupational and speech therapy services previously

offered at the Gateway Commons location continue to be offered at the Family Health Center. The same staff continues to treat the same patients in a newer, state-of-the-art facility. There has been no change in patient population served and there have been no reduction in services provided.

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?).

   The Hospital began internal discussions approximately eight to twelve weeks prior to the February 1, 2016 relocation of services. The main considerations evaluated by the Hospital included the preservation and enhancement of patient access to outpatient rehabilitation services and the reduction of duplicative services.

   Effective February 1, 2016, the services were relocated to the Family Health Center location. All current patients were notified of this change prior to moving the services to the new location. Patients were transitioned to the new location without interruption in service.

   Please see Exhibit 1, the communication to existing patients.

   Windham Hospital notified OHCA of the relocation on January 28, 2016 with the understanding that a relocation within the Town of Willimantic that does not change the patient population or payer mix did not require a CON, but required only notification to OHCA pursuant to C.G.S. § 19a-639c. OHCA inquired about additional information from Windham Hospital in its letter dated February 8, after the relocation had occurred, and Windham Hospital responded to OHCA's inquiry. Ultimately, OHCA determined that a CON is required and this Application responds to this determination.

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;

      Please see OHCA Table 1, below.

   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);

      Please see OHCA Table 2, below.

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

   Not applicable. This CON Application is for the relocation and consolidation 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);

      Please see Exhibit 2, for a copy of the WCHM license.

   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;

      Please see Exhibit 3, for copies of the Curriculum Vitae.

      Bimal Patel, Sr. VP Hartford HealthCare East Region, President, Windham Hospital
      Eric Smullen, Executive Director of Rehabilitation Network
      Cary Trantilis, Vice President of Operations and Clinical Services, Windham Hospital
      Chris Carlin, Vice President of Operations Rehabilitation Network
      Dan Lohr, SVP & CFO of Windham Hospital
      Mary Tyler, Regional Director, Rehabilitation Network

   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;

      Not Applicable.

   d. letters of support for the proposal;

      Please see Exhibit 4 for a letter of support for this proposal.

   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.

      Not Applicable.

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.

Not Applicable.

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.

   This proposal is consistent with policies and standards set forth in Connecticut General Statute Section 19a-639(a)(1) because the relocation of outpatient rehabilitation services as described above will result in improved access and higher quality services resulting in greater population health outcomes for the Applicant's patients.

> § *"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.

   This project aligns with the Statewide Health Care Facilities and Services Plan by ensuring that cost-effective and efficient outpatient rehabilitation services are available to support the needs of the greater Willimantic community and to support the advancement of high quality, well-coordinated care.

> § *"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;

      The service area includes the eleven towns that comprise the greater Willimantic area; Ashford, Eastford, Hampton, Willington, Coventry, Columbia, Mansfield, Chaplin, Hebron, Scotland and Windham. These towns account for 81% of the current population utilizing rehabilitation services at the Windham Hospital.

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

      The Hospital continues to serve this population at the Windham Hospital Family Health Center location in Willimantic Connecticut.

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

Not Applicable.

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

The Windham Hospital Family Health Center location was chosen to allow for better coordination of services and enhanced access for the patients we serve. This location is newly renovated, offers state-of-the-art facilities and is located on a bus route for patients who rely on public transportation.

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

Not Applicable.

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

Underserved patient populations including low income persons, racial and ethnic minorities, and disabled persons will benefit by having outpatient rehabilitation services available in a location proximate to where they receive many of their other health care services and by the expansion of access to include evening and weekend hours.

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

There are no changes to any clinical services offered.

h. explain how access to care will be affected;

Access to outpatient rehabilitation services will increase as a result of expanded hours to include evening and weekend schedules, and by relocating these services on a bus line to better accommodate patients who rely on public transportation. In addition, the co-location of outpatient rehabilitation services with other health care services enhances access and helps to minimize the transportation burden for many patients.

i. discuss any alternative proposals that were considered.

Not applicable as the Hospital's plan was always to continue to provide these services proximate to the main hospital campus for the greater Willimantic community.

§ "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; (Conn.Gen.Stat. § 19a-639(a)(5))

9. Describe how the proposal will:

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

      The quality of health care in the region will be improved because the Family Health Center location offers state-of-the-art equipment which enhances the services offered and improves quality while providing an exceptional patient experience. In addition, the co-location of these services with other necessary health care services improves care coordination by minimizing the transportation burden for patients.

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

      Access to care will increase as a result of this proposal due to the expanded hours of (evenings and weekends) and because this service will be relocated to a site which is convenient for patients who rely on public transportation.

      The new expanded hours are: 7am-7pm Monday through Thursday, 7am-5pm Fridays, and 7:30am -12:30pm on Saturdays.

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

      The proposal is cost effective because it eliminates duplicative services and allows the Hospital to provide outpatient rehabilitation services in a more cost effective manner.

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)?

    The relocation of rehabilitation service will be directly across the street from the main entrance of Windham Hospital and is co-located in a building with other health care services. The new location offers increased access to all hospital services and including family practice and internal medicine physicians.

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

The outpatient rehabilitation service is a Windham Hospital service and thus, patients including Medicaid patients, will be subject to Hartford HealthCare's Charity Care Policy, which provides for the provision of services to patients covered by Medicare and Medicaid, as well as providing free or reduced charge services to the poor or indigent on the basis of ability to pay.

Please see Exhibit 5, for a copy of Hartford Healthcare System Financial Assistance Policy.

12. Provide a copy of the Applicant's charity care policy and sliding fee scale applicable to the proposal.

Please see Exhibit 5 for a copy of the Hartford Healthcare System Financial Assistance Policy.

> *§ "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))*

13. 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.

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))*

14. 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.

There will be no impact to patient health care costs related to this relocation of services.

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 applicant;" (Conn.Gen.Stat. § 19a-639(a)(4))*

15. 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.

    The relocation of services was completed with no capital costs incurred.

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

    Please see OHCA Table 3, below.

17. 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.

    Not Applicable.

18. 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;

       The most recent audited financial statements for Windham Hospital are on file with OHCA.

    b. completed **Financial Worksheet A (non-profit entity), B (for-profit entity) or C (§19a-486a sale)**, 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.**

       Please see Exhibit 6 for Financial Worksheet A.

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

    Please see OHCA Table 4, below.

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

    Incremental assumptions:

    - **Salary**
        - **The Incremental Assumptions for salary – The consolidation allows the hospital to reduce 1 FTE. The hospital decided to realize this through attrition. A staff member is planning to retire September 2016 and the position will not be rehired. Although not realized yet, the retirement has been factored into the financial worksheet.**
    - **Fringes -38% of Salary**
    - **Electricity / Gas Heating / Med Surgical Supplies / Minor Equipment / Repairs and Maintenance – Expense reduction due to Gateway site no longer being occupied.**

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

    Not Applicable.

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

    Incremental gain is mainly met by reduced expenses resulting from lease expense and building costs no longer required.

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))*

23. 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.

    Please see Table 5 and Table 6 below.

24. 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 Table 5 and 6.

    In Table 5 for periods greater than 6 months annualized volume is annualized. For periods less than 6 months, actual volume is reported for the months covered.

    CFY16 Volume represents actual volume from October 1 2015- January 31 2016 (4 months).

    Table 6 provides The Windham Hospital Family Health Center visit projected volume by service for the consolidated offices, Family Health Center and Gateway Commons. FY17, FY18 and FY19 represent a 3% growth each year as a result of expanded access.

25. 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.**

    Please see Table 7.

> § *"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))*

26. 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.**

    No change in the population being served.

27. Using **OHCA Table 8**, provide a breakdown of utilization by town for the most recently completed fiscal year. Utilization may be reported as number of persons, visits, scans or other unit appropriate for the information being reported.

    Please see Table 8. Utilization is reported as number of patient accounts per town. The towns represented are the 11 included in The Hospital's service area.

> *§ "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))*

28. 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.

    Please see Table 9.

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

    Not Applicable.

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

    While a referral is not required for physical, occupational or speech therapy, the majority of the patients do present with a referral from a physician, physician assistant or advance practice registered nurse. The referrals are either sent directly or brought by the patient when setting up an appointment or at the time of the initial evaluation. The main referring physician or non-physician providers include primary care providers and specialty providers including orthopedics, podiatry, neurology etc.

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

We expect no change to the current referral patterns related to this relocation.

> *§ "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))*

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

Not Applicable.

> *§ "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))*

33. Explain in detail how the proposal will impact (i.e., positive, negative or no impact) the diversity of health care providers and patient choice in the geographic region.

Not Applicable.

Tables

TABLE 1
APPLICANT'S SERVICES AND SERVICE LOCATIONS

Service	Street Address, Town	Population Served	Days/Hours of Operation	New Service or Proposed Termination
Physical Therapy Occupational Therapy Speech Therapy	1703 West Main Street, Willimantic	Residents of the greater Willimantic area	(7A – 7P Monday-Thursday and 7A-5P on Fridays and 7:30 -12:30 on Saturday)	Relocation from 1703 West Main Street, Willimantic to 5 Founders Street, Willimantic

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TABLE 2
SERVICE AREA TOWNS

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

Town*	Reason for Inclusion
Willington Ashford Eastford Coventry Mansfield Chaplin Hampton Hebron Columbia Windham Scotland	These towns account for 81% of the current population utilizing rehabilitation services at this location.

* Village or place names are not acceptable.

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TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE

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

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TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES

	FY 2017*	**FY 2018***	**FY 2019***
Revenue from Operations	$31,095	$32,028	$32,989
Total Operating Expenses	$(211,357)	$(211,357)	$(211,357)
Gain/Loss from Operations	$242,452	$243,385	$244,346

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

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TABLE 5
HISTORICAL UTILIZATION BY SERVICE

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2013***	FY 2014***	FY 2015***	FY 2016***
Physical Therapy (PT)	10,156	8,632	7,857	2,740
Occupational Therapy (OT)	3,563	2,735	2,594	906
Speech Therapy (ST)	432	375	468	265
Total	14,151	11,742	10,919	3,911

* 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.

Note: CFY Volume represents actual volume from October 1 2015- January 31 2016 (4 months)

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TABLE 6
PROJECTED UTILIZATION BY SERVICE

Service*	Projected Volume		
	FY 2017**	**FY 2018****	**FY 2019****
Physical Therapy	8,467	8,721	8,983
Occupational Therapy	2,800	2,884	2,970
Speech Therapy	819	844	869
Total	12,085	12,448	12,821

* 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.

NOTE: These projections represent the expected therapy visits at the 5 Founders St. location.

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TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX

Payer	Current FY16** Discharges		Projected					
			FY 2017**		FY 2018**		FY 2019**	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*	1,146	29.3	3,541	29.3	3,647	29.3	3,757	29.3
Medicaid*	1,558	39.8	4,814	39.8	4,958	39.8	5,107	39.8
CHAMPUS & TriCare					0		0	
Total Government	**2,704**	**69.1**	**8,355**	**69.1**	**8,606**	**69.1**	**8,864**	**69.1**
Commercial Insurers	782	20	2,416	20	2,488	20	2,563	20
Uninsured	17	0.4	53	0.4	55	0.4	56	0.4
Workers Compensation	408	10.4	1,261	10.4	1,299	10.4	1,338	10.4
Total Non-Government	**1,207**	**30.8**	**3,730**	**30.8**	**3,842**	**30.8**	**3,957**	**30.8**
Total Payer Mix	**3,911**	**100**	**12,085**	**100**	**12,448**	**100**	**12,821**	**100**

Assumption: FY16 Payer Mix will remain the same for the projected timeframes
* Includes managed care activity.
** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided. New programs may leave the "current" column blank.

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TABLE 8
UTILIZATION BY TOWN

Town	Utilization Volume FY 2015
WILLIMANTIC	5,218
COVENTRY	620
COLUMBIA	575
LEBANON	575
NORTH WINDHAM	556
MANSFIELD CENTER	534
CHAPLIN	410
WINDHAM	347
All other	2,075
Total	**10,919**

***Utilization visit volume is based on the number of patient accounts by town**

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TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Service or Program Name	Population Served	Facility ID*	Facility's Provider Name, Street Address and Town	Hours/Days of Operation	Current Utilization
Crossroads Physical Therapy	Tolland/New London/Windham Counties	Unknown	106 Route 66 East, Columbia, CT.	Unknown	Unknown
Procare			162 Mansfield Avenue, Willimantic, CT.		
First Choice Rehabilitation			122 Valley Street, Willimantic, CT		
Mansfield Physical Therapy	Tolland/Windham Counties		175 Stafford Rd., Mansfield, CT		
Select Physical Therapy			9 Dog Lane, Storrs, CT		
Nayden Rehabilitation Clinic			842 Bolton rd. Storrs CT		
Pelletier Physical Therapy			10 Higgins Hwy, Mansfield Center, CT		
Bolton Physical Therapy	Tolland/Hartford		921 Boston Tpk., Bolton, CT		
Select Physical Therapy	Tolland County		384 Merrow Rd., Tolland, CT		
Integrated Physical Therapy			1683 Voston TPK, Coventry, CT		
Integrated Physical Therapy			9B Field Street Commons, Tolland CT		

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

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List of Exhibits

1. Exhibit 1- Copy of Communication to Existing Patients.
2. Exhibit 2- Copy of Windham Community Memorial Hospital license.
3. Exhibit 3- Copies of CVs for all key administrative, clinical and direct service personnel related to this proposal.
4. Exhibit 4- Letter of Support.
5. Exhibit 5- Copy of Hartford Healthcare System's Financial Assistance Policy.
6. Exhibit 6- Copy of Financial Worksheet.

Exhibit 1- Copy of Communication to existing patients.

Windham Hospital
Rehabilitation Network

January 22, 2016

Dear Valued Patient,

Windham Hospital Rehabilitation Network is pleased to announce expanded hours for services in the Windham Hospital Family Health Center at 5 Founders Street in Willimantic.

Beginning February 1, our new hours at the Founders Street location will be 7 AM-7 PM Monday-Thursday, 7 AM- 5PM on Fridays, and 7:30AM-12:30PM on Saturdays.

To help expand our hours, the Gateway Commons location at 1703 West Main Street in Willimantic will close on January 29 and all physical, occupational and speech rehabilitation services previously offered there will be transferred to the Family Health Center starting on February 1.

You can access our Family Health Center through the hospital's main entrance at Mansfield Avenue. At the first stop sign veer to the right onto Founders Street, where you will find ample parking in front and back of the building. The Windham Hospital Rehabilitation Network office is located on the second floor.

Thank you for your cooperation as we take this exciting step to help improve access to care for the patients we serve. If you have any questions, please feel free to reach out to our staff at the Family Health Center at 860.942.5090.

Sincerely,

Mary Tyler, PT
Regional Director, East Region
Hartford HealthCare Rehabilitation Network

Exhibit 2- Copy of Windham Community Memorial Hospital license.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0061

General Hospital

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

Windham Community Memorial Hospital, Inc. of Willimantic, CT d/b/a Windham Community Memorial Hospital, Inc. and Hatch Hospital Corporation is hereby licensed to maintain and operate a General Hospital.

Windham Community Memorial Hospital, Inc. and Hatch Hospital Corporation is located at 112 Mansfield Avenue, Willimantic, CT 06226.

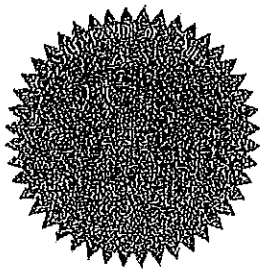
The maximum number of beds shall not exceed at any time:

14 Bassinets
130 General Hospital Beds

This license expires September 30, 2017 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2015. RENEWAL.

Satellites:
Windham Middle School Health Center, 123 Quarry Street, Willimantic, CT
Windham High School Wellness Center, 355 High Street, Willimantic, CT
Charles Barrows STEM Academy School-Based Health Center, 141 Tuckie Rd, N. Windham, CT



Jewel Mullen, MD, MPH, MPA
Commissioner

Exhibit 3-Copies of CVs for all key administrative, clinical and direct service personnel related to this proposal.

Bimal Patel

President, East Region
Backus and Windham Hospitals
&
Senior Vice President
Hartford Healthcare

Contact Information:

195 Cider Brook Road
Avon, CT 06001

Phone: 860-462-2961

Email: bimalpatelhc@gmail.com

Organizational Description:

Hartford Healthcare: Operating company holding 6 hospitals, Physicians organization, Senior Services, Clinical Ancillary services, over $2.5B Net Revenue, 1600 acute care beds, 600 long-term care beds, and 16000+ FTEs

Hartford Hospital: Level 1 Trauma center - 867 Beds Acute Care Teaching Hospital, 5400 FTEs, $1.2 B net revenue

Mid-State Medical Center
Hospitals of Central Connecticut

Backus Hospital and Windham Hospital: Level III Trauma center – 450 beds, Medical Foundation, Free standing Emergency Services

Post-Acute Services: Senior care, Home care, Rehab services
Behavioral Health Services: Institute of Living, Natchaug Hospital and Rushford Hospital
Hartford Healthcare Medical Group

My Personal Purpose

Build a vibrant culture, develop leaders and help them find their best by using visionary, balanced and practical approach to deliver better quality of healthcare at affordable price point with un-matched service excellence and highest integrity.

Experiences

President, East Region and SVP HHC
Backus and Windham Hospitals **January 2016- Present**

Executive and leadership responsibility of the East Region of HHC including Backus and Windham hospitals, Plainfield emergency and ambulatory center, various outpatient clinics and urgent care centers, Backus physician organization and Conn Care network.

HHC responsibilities include Real Estate, Master planning and Contraction projects for the system.

Harford Healthcare, SVP Operational Integration **Dec 2014- Dec 2015**
Regional VP of Operations **August2013- Nov 2014**
Hartford Hospital, VP of Operations and Support **Feb 2009 – July 2013**

Responsibilities include operational integration reporting to EVP-COO of HHC System, I lead administration and management of major healthcare system initiatives such as Hospitals integration, System consolidation for efficiency and cost benefit, Spin-off key service line to leverage capital, HHC 2020- infrastructure master plan and HHC Thrive-cost reduction.

Hartford Healthcare Thrive – cost reduction strategy, executive project leadership and Lean methodology:

- Responsible for the system Operating Margin goal via Balance Scorecard
- Reduced $195M in three years via partnership with Huron Healthcare Consulting largely focused on administrative services
- On target with additional $165M in one year improvement over $2.4B cost structure via administrative and clinical transformation work
- Productivity and efficiency infrastructure deployment to help achieve 25th percentile benchmark of these resources which resulted in over 500 FTEs reduction.
- HHC real estate portfolio
- HHC Lab Strategy deployment
- HHC Radiology Strategy leader
- Key administrative leader for all physicians driven clinical councils across HHC

Lead Healthcare System via following teams:

- Clinical and support integration of hospital operations – VP OPs
- Managing outsourcing and selling of clinical and support services for the system – M&A
- Develop Bone and Joint Institute in partnership with Orthopedic Physician Group(s).
- Build key strategic partnership with GE, Stanley, Siemens, CVS, Commercial labs - Strategy
- Develop retail healthcare via pharmacy, 340b, specialty and long-term care- Growth
- Help building HHC command center - Operations

Capital budget experiences and responsibilities:

- HHC2020 and routine Capital deployment annually at $ 100M
- $250M Strategic capital which included parking facility, ED expansion, and planning for Special Surgical Hospital for Ortho-Neuro-Spine.
- Facilities Master plan and support system growth initiatives
- Public utility company funds to improve power plant and fuel cell deployment

Key operational integration, leverage supply chain, engagement of physician leaders across the system and partner with nursing to horizontally integrate and deploy plan to improve efficiency, safety and quality.

Physicians and Nursing leadership experiences over ten years:

- Administrative member of Medical Executive Committee
- Clinical Chiefs council member

- Administrative leader for the Departments of Cardiology, Neurology, Radiation Oncology, Nephrology, Pulmonary, Pathology and Radiology.
- Management of service line leadership agreements
- Hospital Quality board and Safety Council
- Clinical nursing leadership in clinical ancillary and procedural areas
- Leadership of cardiac, vascular and endo-vascular platform
- Lead EPIC - EMR physician advisory committee and executive sponsor for EPIC rollout, bedside bar code, pharmacy systems, nursing and respiratory documentation

Board and non-profit community experiences:

- Member of Board Quality Committee
- Board of Governors for the hospital
- Connecticut Health Council member, a consortium of payers, providers, educators, suppliers, manufacturers, and consultants.
- Achieve Hartford Board member: Hartford Public Schools
- SINA (Southside institution of neighborhood alliance of hospitals and Trinity College) board member: community board for revitalization of neighborhood

Fund Development experiences:

- Meet and educate donors in and outside hospital
- Chair various fund raising committees
- Black and Red events raised $1M on annual basis
- Golf committee chair annual $400k raised
- Hospital Auxiliary Executive: annually raise and give $1.5M to hospital
- Open personal home for awareness and fund development

Community and Government experiences:

- Meet local leaders, Neighborhood Revitalization Zones, historical commission
- Interact with Mayor and administrative leadership of city including Planning & Zoning
- Interact with local senators and house representatives to build support and nurture relationship to promote organizational interests
- Attend political support functions as appropriate
- Emerging as a key executive for community connection

Achieved Objectives

- Hospital patient satisfaction has improved by 40 percentile points in 3 years after establishing Patient Experience Officer in a cost neutral method.

- Established productivity model for the hospital and system including position review committee structure and shift management tool.

- Became part of a team lead Hartford Hospital from $8M loss to gain of $53M over 4 years period from 2008 to 2012.

- Improve cost structure by $195M in first three years for the hospital and system while working towards a goal of new $165M over current year.

- Improved the food service program to ensure it is providing the highest level of quality, while minimizing costs. Patient Satisfaction scores went up by 70%.

- Prioritize and manage the various capital projects approximately $350 million over past five years including $150M Bone and Joint Institute

- Built CESI (center for education, simulation and innovation) and obtained grant of $15M from the state

- Wrote and received NIH grant of $3.5M construction for expanding neuro-psych research

Robert Packer Hospital – Guthrie Health System **March 2006 – Jan 2009**
Administrative Director Professional and Support Services
230 Beds Acute Care Teaching Hospital
Level II Trauma Center

Professional and Support Services responsibility included the administration and management of both clinical and support service functions for the Robert Packer Hospital. **Clinical areas** of responsibility included Cardiology, Oncology, Nephrology, Neurology, Radiology, Pathology and Critical care via oversight of Cardiac Cath lab, EP lab, Radiology, Neurology, Sleep services, Dialysis, Radiation Oncology, Respiratory Services and Pharmacy. Support services included Engineering and facilities, Environmental services, Biomedical Engineering, Laundry and Food Services, Patient Transport, Switch-board and Security.

Key achievements during three years were as follows.

- Solucient Top 100 hospital for 2 of the 3 years
- Top 100 Cardiovascular hospital for all 3 years
- Profitable operation with operating margin of 8-10 % annually for 3 years
- Employee satisfaction changed to top quintile
- Lead value analysis as a chair of the committee for the Guthrie Health System for two years with savings of 2 plus million each year above budget
- Help flatten the administrative structure with reorganization
- Stabilized the for-profit division of hospital during crisis
- Executive sponsor and successful implementation for the EPIC ® bed-side bar-coding, nursing documentation, e-MAR and pharmacy systems.

Robert Packer Hospital – Guthrie Health System **June 2004 – Feb 2006**
Administrative Director Pharmacy Services
230 Beds Acute Care Teaching Hospital
Level II Trauma Center
200 Beds long term care facility

Pharmacy services chief for both acute care hospital and long-term care. Total employees 40 with drug budget of 20 million.

Key achievements during two years period were as follows.

- Merge the long term care pharmacy in to retail operation during Medicare Part D and made profitable as well as compliant to regulations
- Renegotiated system contract with pharmaceutical venders and generated additional savings of $1.5 – 2 million annually for two year
- Stabilized the CPOE system which was failing due to pharmacy interface
- Cleaned CDM and revenue cycle processes
- Changed service orientation of pharmacy

Good Samaritan Hospital – GHS **December 1999 – May 2004**
Supervisor Pharmacy and Home Infusion Services
200 Beds Acute Care Teaching Hospital
35 Beds TCU, Rehab and Oncology Services

Pharmacy services supervisor of two sites. Delivered care to variety of services including acute care hospital, long-term care, rehab in-patients, home infusion and oncology outpatient infusion services.

Key achievements during four year period were as follows.

- Expanded home infusion services
- Rebuilt oncology service model
- Cleaned up inventory with 16 inventory turns and process improvements in contract compliance
- Service excellence superior status of pharmacy from customer base of nursing and patients

<u>For Profit Experiences as follows:</u>

Owen Healthcare- Cardinal Health **July 1996-December 1999**
Clinical Staff Pharmacist
On-call Special projects for north-east

During this time period, I worked at various North-East US hospitals for different reasons including start ups, close outs, staffing needs, administrative needs, regulation preparedness, information technology roll-out and program set ups.

Owen Healthcare- Cardinal Health **January 1995 - June 1996**
Director in Training
Management Fellowship

One and half years of both corporate and local hands on experience as well as curriculum based formal fellowship training with Owen Healthcare. A national hospital pharmacy management company with 300 plus hospital pharmacies in forty plus states. During this period learned various aspects of pharmacy services including financials, clinical, IT and technical, managements and contracts, regulatory and P&T.

Owen Healthcare- Cardinal Health **March 1993 – December 1994**
Staff Pharmacist

During this period I functioned as a staff pharmacist for acute care hospital working directly with nursing, physicians and other clinical services. This experience helped build the quintessential base needed for future growth and development.

Education

BS in Pharmacy, LMCP, India 1990
Management Fellowship, Owen Healthcare, 1995
Certified in Long Term Care, Penn State University, 2003
Masters in Health Administration, Penn State University, 2004

References upon request from current and past work will be available.

Eric J. Smullen PT,OCS

209 Lexington Court
Cheshire, CT 06410
eric.smullen@hhchealth.org
860-573-8242 cell

Professional Experience:

Hartford Healthcare Rehabilitation Network, Newington, Connecticut July 2014-Present
Executive Director
Lead a management service organization of over six hundred employees providing 650,000 visits annually and generating approximately 110 million in revenue. The rehabilitation business unit is a part of the post-acute division within Hartford Healthcare. Work collaboratively with executives of the homecare and senior care divisions to develop strategy and coordinate business functions. Supports senior executive of the healthcare system with new business development.

Vice President of Outpatient Rehabilitation Services May 2012-June 2014
Directing operations for Hartford Hospital/HHCRN as well as the outpatient rehabilitation of Hospital of Central Connecticut and Windham Hospital. Participating in strategic planning for service line initiatives such as Stroke, Spine, and Orthopedics. Working with HHC system leadership to achieve practice expansion opportunities through acquisitions and new openings. Directing marketing and outreach initiatives to achieve business growth. Monitoring clinical compliance and revenue goals across the system.

Regional Director August 2005-April 2012
Responsible for clinical and financial operations of Hartford Hospital/HHCRN outpatient physical medicine services "East of the River". Built-out new space and moved offices. Directed operations of physical therapy services for two orthopedic physician groups. Responsible for staffing and management of rehabilitation services for VNA East Homecare Agency. Responsible for the integration of Windham Hospital rehabilitation services to the HHC system. Provided consulting services to out of state hospital for growth of their rehabilitation services program.

NRH Regional Rehab at Friendship Heights, Chevy Chase, Maryland
Clinic Manger Outpatient Orthopedics July 1997-July 2005
Responsible for all aspects of practice management and supervising in a busy orthopedic office. Continually manage staffing, scheduling, marketing, operational budgeting and oversight of all administrative functions.
Received the Partners in Excellence Award June 2004
Received Outpatient Team Member of the Year Award February 2005

Suburban Physical Medicine Center, Chevy Chase, Maryland
Clinic Coordinator Outpatient Orthopedics Nov 1995- June 1997
Shared responsibility for clinical and administrative operations of two facilities. Supervised clinic assistants and office personnel. Participated in budget decision making. Provided full time patient care to an orthopedic caseload.

Suburban Hospital, Bethesda, Maryland
Staff Physical Therapist Sept 1994- Nov 1995

Provided full time patient care to an ortho/neuro caseload. Participated in practice growth initiatives and marketing for the hospital based practice. Clinical instructor for student affiliations.

Traveling Physical Therapist

Suburban Hospital, Bethesda, Maryland — June 1994-August 1994
Outpatient Orthopedics

Mercy/Baptist Hospital, New Orleans, Louisiana — Feb 1994-May 1994
Acute Rehabilitation Inpatient Unit

Grays Harbor Hospital, Aberdeen, Washington — Oct 1993-Jan 1994
Home Health Care

Staff Physical Therapist — July 1991- August 1993
Brigham and Women's Hospital, Boston, Massachusetts

Education

Bachelors of Science in Physical Therapy — June 1991
Northeastern University Boston, Massachusetts

Certification

Board Certified Orthopedic Clinical Specialist — June 2006

Professional Education

Lean Fundamental Training — April 2010
Mohamed Saleh

Taking You and Your Organization to the Next Level — July 2009
The Studer Group

Continuing Education

Advanced Topics in Management and Treatment of Shoulder Disorders
Todd Ellenbecker PT — December 2004

Functional Relationships of the Lower Quarter
Richard Jackson PT — August 2004

Kinetic Golf
Paul Geisler ATC — May 2003

Principles of Manual Medicine (teaching assistant)
Edward Issacs MD — February 2003

Work Injury Management Perspectives
Jayne Gribble PT — May 2003

Application of Joint Play and Muscle Energy Techniques in the extremities
Lisa Vredevoogd DO — February 2002

Clinical Biomechanics, Practical Approaches to Lower Extremity Rehabilitation
Lisa Gillanardo PT — July 2001

Functional Capacity Assessment Clinical Training
Jayne Gribble PT — January 2000

Dynamic Stabilization using Gymnastic Balls and Foam Rollers
Caroline Creager PT — June 1999

Occupational Rehab and Work Injury Management
Jayne Gribble PT — September 1999

Exercise Prescription an Adjunct to Manual Medicine
Reshma Rathod PT/ Miriam Noble-Grahmn PT — May 1999

Principles of Manual Medicine

Edward Issacs MD	November 1999
S3 Advanced Evaluation and Manipulation of the Cranio Facial Region	
Cervical and Upper Thoracic Spine, Rusty Smith PT	July 1998
Clinical Evaluation and treatment of the Shoulder Complex	
Todd Ellenbecker PT	January 1998
When the Foot Hits the Ground Everything Changes II	
Brian Hoke PT	April 1996
Complete Vestibular Rehabilitation	
Anne Shumway-Cook PT, Faye Horak PT	September 1994
When the Foot Hits the Ground Everything Changes I	
Brian Hoke PT, Leslie Lefever-Button PT	November 1994
S1 Manual Mobilization of the Spine	
Rusty Smith PT	April 1992

Community Lectures

Balance and Falls in the Elderly/Fall Prevention
Fitness and Aging
Golf Performance Enhancement

Clinical Initiatives

Manual Medicine Special Interest Group
Orthopedic Special Interest Group
Spine Special Interest Group

Clinical Program Development

Creation and Implementation of a Running Clinic
Creation and Implementation of Golf Performance Enhancement Program
Creation and Implementation of Vestibular Rehabilitation Program
Creation and Implementation of Falls Prevention Program

CAROLYN M. TRANTALIS, RN, MSN

carolyn.trantalis@hhchealth.org

PROFILE

Enterprise thinking, strategically oriented and innovative leader who is results-focused with a strong record of change leadership and managerial courage.

ACADEMIC PREPARATION

University of Hartford
Hartford, Connecticut
Masters of Science Degree in Nursing Management: May 2005. Focus of study related to public policy with a graduate practicum at the Connecticut Department of Public Health's Licensing Bureau.

Western Connecticut State University
Danbury, Connecticut
Bachelors of Science Degree in Nursing: May 1986

Licensure
State of Connecticut E49594, July 1986

PROFESSIONAL EXPERIENCE

Hartford Healthcare
Windham and Backus Hospitals, East Region
Willimantic and Norwich, Connecticut

June 2015- Present — Regional Vice President of Operations and Clinical Services

Accountable for the integration of clinical services with other regional departments and system service lines to improve culture, engagement, quality, patient safety, customer experience, and High Reliability from the hospital frontlines to community-based ambulatory settings.

- Transition 130 groups from monthly to daily How Hartford Healthcare Works (H3W) performance improvement model
- Implement Windham Hospital transition to Cornerstone Services
- CareConnect: successful testing and implementation of EPIC
- Improve Length of Stay through interdisciplinary rounds and just-in-time data collection
- Improve VTE rates through interdisciplinary process change

August 2013-June 2015 — Regional Vice President of Operations

Responsible for the cultural and operational integration of Backus Hospital into Hartford Healthcare.

- Integration of Backus into HHC
- HHC Thrive – reduce the cost structure
- Regional PRC and OPS Council
- MSK Affiliation (2014) – customers to clinical trials, increase standards; COC accreditation for Windham Hospital
- Regional rollout H3W work groups, H3W leadership behaviors, HRO
- Thrive – 10%
- Develop Windham Hospital transition to Cornerstone Services
- Hand washing
- Teleneurology
- Recruitment

Windham Hospital
Willimantic, Connecticut
A partner in Hartford Healthcare Corporation, Windham Hospital is a 130 bed not-for-profit acute care community hospital that provides comprehensive medical services to a 19 town service area

April 2011- August 2013 Vice President of Operations

Accountable for strategic development ,maintaining a culture of excellence, and overall operations including Process Improvement, Medical Staff Support, Physician Recruitment & Relations, Imaging, Cardiopulmonary, Oncology, Pharmacy, Lab, Physical Medicine, Prenatal Clinic, School-Based Health Clinics, Food & Nutrition, Plant Operations, Safety & Security, and Environmental Services. As an Executive Team member, responsible for the strategic and long-range planning of the organization, allocation of human, material, and financial resources, service excellence, fiscal performance, and quality of clinical practice.

- Recruited primary care, cardiology, OB/GYN, and Rheumatology physicians to meet strategic market needs
- Implemented internal Hospitalist program
- Opened centers for Physical Therapy, Mammography, and Surgical Clinic
- Executed & sustained a culture of staff engagement and performance improvement
- Implemented a unified approach to cancer services obtaining NAPBC accreditation with 100% of breast cancer patients being offered navigation and 100% of new breast cancer cases being prospectively reviewed in multidisciplinary cases conferences.

June 2007-April 2011 Vice President of Patient Care Services

Responsible for strategic development, and overall operations of the Patient Care Division including Nursing, Imaging, Cardiopulmonary, Oncology, Pharmacy, Lab, Physical Medicine, School-Based Health Clinics, and Paramedic Services. As an Executive Team member, responsible for the allocation of human, material, and financial resources, service excellence, fiscal performance, and quality of clinical practice. As Chief Nurse Executive, responsible for setting evidenced-based standards of nursing practice and patient care.

- Recruited and stabilized high performing Nurse Leader Team
- Maintained low RN vacancy rates: 1.5 – 0.75%
- Successful bargaining unit negotiations for Nursing and Support Services
- Outstanding results for 2 consecutive Joint Commission surveys
- Maintained top decile performance in composite CORE Measures
- ED Door to Provider in 30 minutes at greater than 85%
- ED ranked at 99th percentile for Connecticut by Press Ganey
- 2010 no hospital acquired pressure ulcers
- 2010 no hospital acquired central line infections
- Reduced & maintained monthly labor productivity FTE variance from 33 to 13

February 2006-June 2007 Director of Outpatient Services

Accountable for planning, organizing and directing all activities for the Emergency Department, Operating Room, Post Anesthesia Care Unit, Ambulatory Care Unit, Central Processing Department, and Pain Management Clinic

- Directed the completion of the 22 bed Jeffrey P. Ossen Emergency Department
- Revised staffing plans to maintain efficient staffing levels to ensure safe continuity of care while maintaining established budgetary guidelines
- Implemented Empower electronic medical record for the ED
- Instituted OR equipment reprocessing program with significant decrease in operational costs
- Developed strategies for labor efficiencies in OR and Pain Management
- Collaborated with Finance on ED, OR, and ACU coding and charging revisions

Hartford Hospital, Hartford, Connecticut

An 800 bed major teaching hospital providing tertiary care to the city of Hartford and surrounding suburbs.

November 2001-February 2006 — Emergency Department Nurse Manager

Responsible for the 24-hour operations of a 60-bed Emergency Department with greater than 80,000 patient visits per year and 200 staff.

- Maintained accreditation as a Level I Trauma, Stroke, and Chest Pain Center
- Developed and implemented Computerized Provider Order Entry and Electronic Medication Administration Record
- Implemented multi-disciplinary trauma rounds
- Obtained Magnet status: voting member of Shared Governance Operations Council, Co-chair of Shared Governance Human Resource Subgroup, and Co-chair of Nurse Manager Leadership Development Committee
- Emergency Department APC and Revenue Enhancement Taskforce: 31% improvement in department revenue generation

July 1986 to November 2001 — Staff Nurse - Clinical Leader

- Primary Nurse in an acute care medical/surgical and critical care setting
- Charge Nurse in Level I Trauma Center Emergency Department
- Team Leader for Emergency Department Redesign Project:

PROFESSIONAL ASSOCIATIONS

Committee on Human Resources of the Connecticut Hospital Association Board of Trustees
Sub-committee on Diversity and Cultural Competence- Connecticut Hospital Association
Organization of Nurse Executives- Connecticut : Secretary January 2010 to January 2013
American Organization of Nurse Executives
Sigma Theta Tau, Iota Upsilon-At-Large Chapter
Connecticut Nurses Association
American Nurse Association
Site Preceptor Boston University Masters of Public Health
Site Preceptor University of Hartford Masters of Science in Nursing Management

ACHIEVEMENTS

Recipient of Nightingale Award for Excellence in Nursing 2007
Recognized as Patriotic Employer by National Committee for Employer Support of the Guard and Reserve

REFERENCES

Furnished upon request

107 Abbe Rd
Enfield, Connecticut 06082
Phone 860-573-8231

Christopher J. Carlin, OTR/L, MBA

EDUCATION

Western New England College, Springfield, Massachusetts
Master of Business Administration, December 2004

Quinnipiac University, Hamden, Connecticut
Bachelor of Science, January 1998
Major: Occupational Therapy Concentration: Athletic Training

BOARD CERTIFICATIONS

National Board for Certification in Occupational Therapy, April 20, 1998 Certification #1023464

LICENSURE

Occupational Therapist – State of Connecticut #002223

PROFESSIONAL MANAGERIAL EXPERIENCE

Hartford HealthCare Rehabilitation Network (formerly Eastern Rehabilitation Network), Newington Connecticut (Dec. 1998 – present)

Vice President, Operations (September 2014 – present)

- Oversee the operations of outpatient, acute care, LTAC, Sub-acute/LTC and school based therapy services
- Create, implement and monitor budget
- Negotiate service agreements with clients
- Establishment of strategic priorities and implementation of the initiatives through the operational leaders
- Initiate, lead and sustain profound changes in the organization.
- Communicate a compelling and inspiring vision or sense of purpose and urgency for change

Vice President, Contract Services (April 2012 – September 2014)

- Oversee the operations of contract division including outpatient, acute care, LTAC, Sub-acute/LTC, physiatry, pain management and school based therapy services
- Create, implement and monitor budget
- Negotiate service agreements with clients
- Develop strategic initiatives

Regional Director (Feb. 2005 – April 2012)

- Managed the daily operations of multiple owned outpatient and sub-acute rehabilitation services contract sites providing occupational, physical, speech and hand therapy services, sports medicine and wellness programs
- Facilitated successful CARF and the Joint Commission (TJC) accreditation for the outpatient rehabilitation division
- Implemented an electronic medical record in outpatient division

Rehabilitation Administrator, Duncaster, Bloomfield, Connecticut (Sept. 2000 – Feb. 2005)

- Managed the daily operation of rehabilitation service contracts at multiple sites including budgeting, direct supervision of staff, marketing and program development
- Facilitated continual growth in profitability by reorganizing staffing patterns, streamlining indirect responsibilities and expanding service offerings
- Developed rehabilitation policy and procedure manual incorporating standards of the Joint Commission (TJC), Continuing Care Accreditation Commission (CCAC), DPH and CMS

BOARD POSITIONS

National Associations for Rehab Providers and Agencies
Secretary (July 2015-Present)
Nominating Committee (July 2014-July 2015)

Enfield Little League
Safety Officer (2010 – 2015)

DANIEL E. LOHR, CPA

PROFESSIONAL EXPERIENCE

HARTFORD HEALTHCARE, Hartford, CT 2013-Present
Regional Vice President, Finance

THE WILLIAM W. BACKUS HOSPITAL, Norwich, CT 1993-2013
Senior Vice President & Chief Financial Officer

Management of the financial operations of a 200 bed, 1300 employee acute care hospital. Responsibilities include board and regulatory agency reporting and operating responsibility with direct oversight for management information systems, materials management, medical records, business office and patient registration. Other corporate responsibilities include investment/foundation oversight, development of for-profit joint ventures and physician practice activities.

ERNST & YOUNG, Hartford, CT 1974-1992
Partner 1987-1992

Coordinated services to hospitals, healthcare systems, small entrepreneurial companies and multi-national organizations. Facilitated merger and acquisition activities, financing transactions and systems conversions.

EDUCATION

University of New Haven, MBA, 1999

Ohio University, BBA, summa cum laude, 1973

Ernst & Young Partners' Executive Development Program, 1991
Northwestern University, J.L. Kellogg Graduate School of Management

MARY C. TYLER

53 Cooney Rd.
Pomfret Center, CT 06259

(860) 928-0868
tylermary@sbcglobal.net

PROFESSIONAL EXPERIENCE

HARTFORD HOSPITAL/ HARTFORD HEALTHCARE REHABILITATION NETWORK 5/2014-present

Regional Director; East Region

- Develops and leverages regional, system and external partnerships and networks to maximize the achievement of business goals; Leads regional team by providing clarity of vision, prioritizing resources and setting high expectations; Develops and implements multiyear business plans and profitable growth strategies for the region to deliver growth in market share; Implements and models patient experience standards; Teach, coach and mentor regional team to achieve H3W cultural behaviors and values; Manages overall financial performance of regional inpatient and outpatient Rehabilitation Divisions; Analyzes and mitigates regional risk; Leverages alternate realities in developing system wide standard work and best practice standards.

BACKUS HOME HEALTH CARE, NORWICH, CT 6/2011-present

Rehabilitation Supervisor

- Responsible for all aspects of departmental and clinical management of PT, OT and ST services; staff training and development; ensure adherence to applicable regulations; clinical record and peer review through case conference; recruiting, hiring, discipline and termination of staff. Member of management team charged with developing strategies to improve clinician productivity, expand demand for service and improve communication systems while focusing on excellence in patient care and the customer experience.

UNITED COMMUNITY & FAMILY SERVICES, INC. , NORWICH, CT 6/2007-5/2011

Director of Process Improvement 6/2008-5/2011

- Responsible for operational oversight of administrative services departments including Satellite Office Reception Teams, Medical Records, Intake, Managed Care, Smiles on the Move; identified work flow challenges, operational inefficiencies and resource needs; developed data driven improvements using participatory management and implemented change focusing on team building and staff education/ training. Focus = re-design of operational processes leading to improved customer experience.

- Program Director for Smiles on the Move In-School Dental Program – Focused on improving the oral health of underinsured and underserved children in New London County. Improved program outcomes for the treatment of decay; increased from 27% to 61% in three years. Operated program as profit center; made operational and staffing adjustments to mitigate changes in enrollment due to economic climate.

- Lead relocation and re-design of Medical Records Department housing ~12,000 patient records; re-engineered correspondence division achieving 100% compliance with HIPAA guidelines and development of key performance indicators.

Project Analyst 9/2007- 6/2008

- Charged with analyzing operational processes, collecting and aggregating data and making recommendations for operational changes resulting in improved customer service, improved access to services and reduction in agency expenses.

Consultant 6/2007- 9/2007

- Special projects coordinator for Safety Net Solutions Dental Practice improvement initiative, organized state bond RFP application for $200,000, administered staff opinion survey and developed written recommendations for renovation planning.

MARY C. TYLER

(860) 928-0868 tylermary@sbcglobal.net

THE WILLIAM W. BACKUS HOSPITAL, NORWICH, CT 4/2001 - 5/2011

Per Diem Staff Therapist 4/2007 – 5/2011

Examination, evaluation and treatment of inpatient populations as part of weekend rotations.

Physical Therapist 4/2001 – 4/2007

Program Development:

Designed and developed 2 popular community education programs; collaborated with marketing, public relations and nursing education departments to develop professional materials and client base.

- Backpack Safety – Targeted school aged children, parents and educators; recognized with NESHCo (New England Society of Health Care Communications Organization) Lamplighter Award for Excellence in 2005.
- Balance Screening – Created detailed screening tool using a variety of evidenced based tests and measures to determine risk of falling in community dwellers.

Project Coordinator:

Member of 8-person core team challenged with hospital wide implementation of computerized documentation using Meditech Client Server. Involved with all aspects of implementation for Departments of Rehabilitation and Nutrition; included research of departmental process, documentation and daily operations, documentation re-design, dictionary building and editing, system testing, staff training and post implementation support.

- Revolutionized PT documentation using *The Guide to Physical Therapist Practice* and Medicare guidelines. Zero Medicare denials during first year following implementation.

Developed new employee orientation training program for Department of Rehabilitation including competency.

Team Leader:

Served as clinical resource in areas of clinical documentation, Medicare guidelines, coding, wound care practices and management of patients with medically complex histories. Operational resource in director's absence. Generated monthly productivity statistics. Member of various hospital and departmental committees including: Diabetes Advisory Committee and Policy and Procedure Committee.

HARTFORD HOSPITAL/ ERN, HARTFORD, CT 7/1996 – 4/2001

Physical Therapist

Consultant for Neuropathic Foot Program - collaborated with podiatrist and senior therapist in the treatment of patients with impaired integumentary integrity at high risk for developing functional impairments and limb loss due to diabetes mellitus.

Instrumental in educating staff in advances in wound care technology; decreased usage of resource intensive whirlpool in favor of evidenced based modalities including pulsed lavage and vacuum assisted closure; improved patient outcomes, productivity and resource allocation.

Redesigned written documentation; improved objective data collection and increased interdisciplinary understanding of patient impairments.

BAYFRONT MEDICAL CENTER, ST. PETERSBURG, FL 8/1995 – 6/1996

Physical Therapist

Primary physical therapist for persons with brain injuries on acute rehabilitation unit of large metropolitan teaching hospital. Supervised PTA and rehab technician.

EDUCATION AND LICENSURE

B.S. in Allied Health Professions, Major in Physical Therapy, University of CT, 1995
State of CT Physical Therapy License # 005513

Professional Training - Committed to professional growth and development through continuing education; have attended wide range of conferences focusing on topics in leadership, mentoring, generational diversity, informatics, orthopedics, differential diagnosis, diabetes management and advances in wound care. Complete listing available upon request.

PRESENTATIONS

- "An Interactive Approach to Using the Guide to Physical Therapist Practice," CPTA 2004 Fall Conference, Cromwell, CT, 11/13/2004.
- "Inpatient and Outpatient Rehabilitation Considerations When Converting From ITS to PCS," The 21st Annual MUSE International Conference, Miami, FL, 5/20/2004.

Exhibit 4- Letter of Support.

MARY E BARRY, M.D., HMDC

14 QUARRY ST

WILLIMANTIC, CT 06226

July 14, 2016

Office of Health Care Access

Re: Letter of Support for Windham Hospital termination of outpatient rehabilitation at 1703 West Main Street, Willimantic, CT

Dear Deputy Commissioner J. Brankafort,

I am writing this letter in support of Windham Hospital's application for the termination of outpatient rehabilitation services at 1703 West Main Street in Willimantic, CT.

With all physical and occupational rehabilitation services previously offered at this location now being offered in the recently opened Family Health Center at 5 Founders Street in Willimantic, I am confident that care and access to care for our patients will not be impacted. The new location offers easy access to patients in a state-of-the-art facility less than 1.5 miles from its current location and now offers expanded weekday and weekend hours. The Family Health Center, located on the campus of Windham Hospital, also offers patients convenient access to orthopedics, primary care, cardiology and lab services which are all housed in this new facility.

As an internist who has worked closely with Windham Hospital for more than 30 years, I feel this shifting of services is in the best interests of the patients we serve and will offer greater access to those currently receiving care and for those patients seeking rehabilitation care in the future. I am in agreement with Windham Hospital's decision to terminate services at the 1703 Main Street location and will gladly refer patients to the new location at 5 Founders Street in Willimantic.

If you have any questions, please feel free to reach out to me at 860.423.6733.

Sincerely,

Mary E Barry MD

Mary Barry, MD

Exhibit 5- Copy of Hartford Healthcare System's Financial Assistance Policy.

Hartford Healthcare System
Financial Assistance Policy

Purpose: The purpose of this Policy is to set forth Hartford Healthcare System policy of providing free or discounted health care services to patients who meet the Systems criteria for Financial Assistance. Specifically, this Policy will describe: (i) eligibility criteria for Financial Assistance, and whether such assistance includes free or discounted care; (ii) the basis for calculating amounts charged to patients; (iii) the method for applying for Financial Assistance from the System; (iv) the actions the System will take in the event of nonpayment, including collections action and reporting to credit agencies for patients that qualify for Financial Assistance; and (v) the Systems measures to widely publicize this Policy in the community served by the Hartford Healthcare System.

Scope: This Policy applies to all Hartford Healthcare System services regardless of the location at which they are being provided by the System:

Definitions:

"Charges" means [the Medicare rate, the lowest managed care rate, or an average of the three lowest managed care rates] for those patients who are Uninsured and qualify for Financial Assistance, and for patients who are underinsured, Charges shall mean the contractual amounts agreed to by the Hartford Healthcare entity with the third-party payor.

"Eligibility Criteria" means the criteria set forth in this Policy to determine whether a patient needs Financial Assistance for the Health Care Services provided by the System.

"Family" means pursuant to the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union or adoption. For purposes of this Policy, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent.

"Family Income" means the following income when calculating Federal Poverty Level Guidelines of liquid assets: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources of income.

"Federal Poverty Level Guidelines" means the federal poverty level guidelines established by the United States Department of Health and Human Services.

"Financial Assistance" means free or discounted Health Care Services provided to persons who pursuant to the Eligibility Criteria, the System has determined to be unable to pay for all or a portion of the Health Care Services.

"Free Bed Funds" means any gift of money, stock, bonds, financial instruments or other property made by any donor to the System for the purpose of establishing a fund to provide medical care to an inpatient or outpatient of the System.

"Health Care Services" means Hartford Healthcare System (i) emergency medical services as defined by the federal law known as "EMTALA"; services for a condition if not promptly treated will result in adverse change in the health status of the individual; (ii) non-elective services provided in response to life-threatening circumstances in a non-emergency department setting; and (iii) medically necessary services as determined by the System on a case-by-case basis.

"Medically Indigent" means persons for whom the System has determined to be unable to pay some or all of their medical bills because their medical bills exceed a certain percentage of their Family income or assets even though they have income or assets that otherwise exceed the generally applicable Eligibility Criteria for free or discounted care under the Policy.

"Uninsured" means a patient who has no level of insurance or third party assistance to assist in meeting his or her payment obligations for Health Care Services and is not covered by Medicare, Medicaid or Champus or any other health insurance program of any nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including, but not limited to workers' compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence.

"Underinsured" means the patient has some level of insurance or third-party assistance but still has out-of-pocket expenses such as high deductible plans that exceed his or her level of financial resources.

Policy: It is Hartford Healthcare System policy to provide Financial Assistance to all eligible individuals who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Health Care Services due to their limited financial resources. It is also the System's policy to provide without discrimination care for emergency medical conditions (as defined by federal law known as "EMTALA") to individuals regardless of their eligibility for Financial Assistance under this Policy.

I. Determining Eligibility.

In determining eligibility for Financial Assistance, it is important that both the Hospital and the patient work collaboratively. Specifically, the System will do its best to apply the Eligibility Criteria in a flexible and reasonable manner and the patient will do

its best in responding to the Hartford Healthcare Entity's requests for information in a timely manner.

1. **Eligibility for Financial Assistance.** Individuals who are Uninsured, Underinsured (ex: high deductible plans), ineligible for any government health care benefit program and unable to pay for their Health Care Services may be eligible for Financial Assistance pursuant to this Policy.

2. **Process for Determining Eligibility for Financial Assistance.** In connection with determining eligibility for Financial Assistance, the System (i) will require that the patient complete an application for Financial Assistance along with providing other financial information and documentation relevant to making a determination of financial eligibility; (ii) may rely upon publicly available information and resources to determine the financial resources of the patient or a potential guarantor; (iii) pursue alternative sources of payment from public and private payment benefit programs; (iv) may review the patient's prior payment history; and (v) may consider the patient's receipt of state-funded prescription programs, participation in Women, Infants and Children programs, food stamps, subsidized school lunches, subsidized housing, or other public assistance as presumptive eligibility when there is insufficient information provided by the patient to determine eligibility.

3. **Processing Requests.** The Hartford Healthcare entity will use its best efforts to facilitate the determination process prior to rendering services so long as the determination process does not interfere with the provision of emergency medical services as defined under federal law. However, eligibility determinations can be made at any time during the revenue cycle. During the eligibility determination process, the System will at all times treat the patient or their authorized representative with dignity and respect and in accordance with all State and Federal laws.

4. **Financial Assistance Guidelines.** Eligibility criteria for Financial Assistance may include, but is not limited to, such factors as Family size, liquid and non-liquid assets, employment status, financial obligations, amount and frequency of healthcare expense (i.e. Medically Indigent) and other financial resources available to the patient. In particular, eligibility for Financial Assistance will be determined in accordance with the following guidelines:

(a) ***Uninsured Patients:***

(i) If Family income is at or below 250% of the Federal Poverty Level Guidelines, the patient may qualify for a 100% discount against Charges for Health Care Services;

(ii) If Family income is between 250% and 400% of the Federal Poverty Level Guidelines, the patient may qualify for a discount against Charges for Health Care Services based on the Health Reform guidelines in IRC Section 501(5) that states "*limits amount*

charged for emergency or other medically necessary care provided to individuals eligible for assistance under the financial assistance policy to not more than the amounts generally billed to individuals who have insurance covering such care". The discounted rate will be reviewed annually based on the individual system facility Managed Care Contracts. Family size is determined based upon the number of dependents living in the household;

(iii) Patients may also qualify for Free Bed Funds in accordance with the System's Free Bed Funds Policy; and

(iv) Patients may have presumptive eligibility if they are homeless and have no assets or qualify for other means-tested government programs.

(b) ***Underinsured Patients:***

(i) Payment plans will be extended for any patient liability (high deductible plans) identified in alignment with Hartford Healthcare System Payment Plan policy*: (example: patient balance of $2500 at $200 monthly payment plan).*

(ii) If Family income is at or below 250% of the Federal Poverty Level Guidelines and the liquid asset test described in subsection (iv) below is met, the patient may qualify for a 100% discount against Charges for Health Care Services;

(iii) If Family income is between 250% and 400% of the Federal Poverty Level Guidelines and the liquid asset test described in subsection (iv) below is met, the patient may qualify for discount that is equal to the facilities lowest managed care contracted discount against Charges for Health Care Services;

(iv) The liquid asset test is based upon the patient's median family income per each Hartford Healthcare System Entity's Service Area statistics published annually by Housing and Urban Development and cash or other funds that can be converted to cash to meet immediate and emergency needs, *excluding* residence, vehicles, personal property, retirement funds and real estate;

(v) Family size is determined based upon the number of dependents living in the household;

(vi) Patient may also qualify for Free Bed Funds in accordance with the System Entity's Free Bed Funds Policy;

(vii) The Financial Assistance discount percentage is applied to the System Entity's account balance after insurance payments from third-party payors (both Medicare and non-Medicare); and

(vii) Patients may have presumptive eligibility if they are homeless and have no assets or qualify for other means-tested government programs.

(c) ***Medically Indigent:*** Patients will be required to submit a Financial Assistance application along with other supporting documentation, such as medical bills, drug and medical device bills and other evidence relating to high-dollar medical liabilities, so that the appropriate Hartford Healthcare System Entity's committee can determine whether the patient qualifies for Financial Assistance due to the patient's medical expenses and liabilities.

II. Method for Applying for Financial Assistance. Patients may ask any nurse, physician, chaplain, or staff member from Patient Registration, Patient Accounts, Office of Professional Services, Case Coordination, or Social Services about initiating the Financial Assistance application process. Information about applying for Financial Assistance is also available online at www.harthosp.org. Signage and written information regarding how to apply for Financial Assistance will be available in all System emergency service and patient registration areas. Once patient requests information about Financial Assistance, a Financial Counselor will provide the patient with the Financial Assistance application along with a list of the required documents that must be provided to process the application. If the patient or his or her legal representative does not provide the necessary documentation and information required to make a Financial Eligibility determination within fourteen (14) calendar days of the Hartford Healthcare System Entity's request, the Financial Assistance application will be deemed incomplete and rendered void. However, if an application is deemed complete by the Entity, the Entity will provide to the patient a written determination of financial eligibility within twenty (5) business days. Decisions by the Entity that the patient does not qualify for Financial Assistance may be appealed by the patient with fourteen (14) calendar days of the determination. If the patient appeals the determination, the Director of Patient Access will review the determination along with any new information and render a final decision within five (5) business days.

III. Relationship to Hartford Healthcare System Collection Practices. In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted Charges pursuant to this Policy, and the patient does not pay timely their obligations to the System, the System reserves the right to begin collection actions, including but not limited to, imposing wage garnishments or liens on primary residences, instituting legal action and reporting the matter to one or more credit rating agencies. For those patients that qualify for Financial Assistance and who are cooperating in good

faith to resolve the Entity's outstanding accounts, the Entity may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

IV. Publication and Education. The System will disseminate information about its Financial Assistance Policy as follows: (i) provide signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other Hospital patient registration areas; (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information in all admission, patient registration, discharge, billing and collection written communications; (iii) post the Policy on the System's web site with clear linkage to the Policy on the System's Home page; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (v) include the tag line "Please ask about our Financial Assistance Policy" in all System written advertisements.

V. Relation to Free Bed Funds. If a patient applies for Financial Assistance, the System will determine their eligibility for Financial Assistance and or Free Bed Funds.

VI. Regulatory Compliance. The System will comply with all state and federal laws, rules and regulations applicable to the conduct described in this Policy.

VII. Uninsured patients. Patients that are uninsured and do not qualify for the full or partial discounted Financial Assistance program, will receive a Self Pay discount = to the lowest managed care discount rate. This discounted rate is to be determined annually by each facility in accordance with the IRC 501 (5) guidelines.

Reviewed By: Niobus Queiro, Revenue Cycle Director, Hartford Healthcare Corporation
Shelly McCafferty, PFS Director, Hartford Healthcare Corporation
Becky Peters, PAS Director, Hartford Hospital
Joan Feldman, Hartford Healthcare Corporation, Legal Department

Approved By: _____ **Thomas Marchozzi, EVP & CFO Hartford Healthcare Corp.**

Date: __**October 1, 2010**_____

Issued Date: 08/16/2010

1493202v2

Exhibit 6- Copy of Financial Worksheet.

Applicant: Windham Hospital
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 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	(11) FY 2019 Projected W/out CON	(12) FY 2019 Projected Incremental	(13) FY 2019 Projected With CON
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$196,286,597	$178,162,484		$178,162,484	$189,366,409	$86,375	$189,452,784	$191,260,073	$88,966	$191,349,039	$193,172,674	$91,635	$193,264,309
2	Less: Allowances	$112,015,902	$107,112,474		$107,112,474	$112,110,482	$55,280	$112,165,762	$113,231,587	$56,938	$113,288,525	$114,363,903	$58,646	$114,422,549
3	Less: Charity Care	$1,994,173	$1,608,287		$1,608,287	$1,938,956		$1,938,956	$1,958,346		$1,958,346	$1,977,929		$1,977,929
4	Less: Other Deductions	$0	$0		$0			$0			$0			$0
	Net Patient Service Revenue	**$82,276,522**	**$69,441,723**	**$0**	**$69,441,723**	**$75,316,971**	**$31,095**	**$75,348,066**	**$76,070,141**	**$32,028**	**$76,102,169**	**$76,830,842**	**$32,989**	**$76,863,831**
5	Medicare	$32,982,794	24,812,902		$24,812,902	$26,912,244	$9,118	$26,921,363	$27,181,367	$9,392	$27,190,759	$27,453,181	$9,674	$27,462,854
6	Medicaid	$9,524,499	8,411,946		$8,411,946	$9,123,655	$12,391	$9,136,045	$9,214,891	$12,762	$9,227,654	$9,307,040	$13,145	$9,320,185
7	CHAMPUS & TriCare	$506,960	427,876		$427,876	$464,077	$63	$464,141	$468,718	$65	$468,783	$473,405	$67	$473,473
8	Other	$469,614	396,356		$396,356	$429,890		$429,890	$434,189		$434,189	$438,531		$438,531
	Total Government	**$43,483,867**	**34,049,080**	**$0**	**$34,049,080**	**$36,929,867**	**$21,573**	**$36,951,439**	**$37,299,165**	**$22,220**	**$37,321,385**	**$37,672,157**	**$22,887**	**$37,695,044**
9	Commercial Insurers	$31,565,655	30,870,398		$30,870,398	$33,482,246	$4,988	$33,487,234	$33,817,069	$5,138	$33,822,207	$34,155,239	$5,292	$34,160,531
10	Uninsured	$0	-		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
11	Self Pay	$5,159,977	2,777,669		$2,777,669	$3,012,679	$117	$3,012,796	$3,042,806	$121	$3,042,927	$3,073,234	$124	$3,073,358
12	Workers Compensation	$1,393,406	1,176,040		$1,176,040	$1,275,541	$3,247	$1,278,788	$1,288,296	$3,345	$1,291,641	$1,301,179	$3,445	$1,304,624
13	Other	$673,617	568,536		$568,536	$616,638	$1,170	$617,808	$622,804	$1,205	$624,009	$629,032	$1,241	$630,273
	Total Non-Government	**$38,792,655**	**$35,392,643**	**$0**	**$35,392,643**	**$38,387,104**	**$9,522**	**$38,396,627**	**$38,770,975**	**$9,808**	**$38,780,784**	**$39,158,685**	**$10,102**	**$39,168,788**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$82,276,522**	**$69,441,723**	**$0**	**$69,441,723**	**$75,316,971**	**$31,095**	**$75,348,066**	**$76,070,141**	**$32,028**	**$76,102,169**	**$76,830,842**	**$32,989**	**$76,863,831**
14	Less: Provision for Bad Debts	$4,675,102	$3,684,312		**$3,684,312**	$3,877,912		**$3,877,912**	$3,916,691		**$3,916,691**	$3,955,858		**$3,955,858**
	Net Patient Service Revenue less provision for bad debts	**$77,601,420**	**$65,757,411**	**$0**	**$65,757,411**	**$71,439,059**	**$31,095**	**$71,470,154**	**$72,153,450**	**$32,028**	**$72,185,478**	**$72,874,984**	**$32,989**	**$72,907,973**
15	Other Operating Revenue	$4,764,422	$3,107,007		**$3,107,007**	$2,854,798		**$2,854,798**	$2,900,000		**$2,900,000**	$2,900,000		**$2,900,000**
17	Net Assets Released from Restrictions	$0	$0		**$0**			**$0**			**$0**			**$0**
	TOTAL OPERATING REVENUE	**$82,365,842**	**$68,864,418**	**$0**	**$68,864,418**	**$74,293,857**	**$31,095**	**$74,324,952**	**$75,053,450**	**$32,028**	**$75,085,478**	**$75,774,984**	**$32,989**	**$75,807,973**
B.	**OPERATING EXPENSES**													
1	Salaries and Wages	$35,993,309	$31,289,021	($22,229)	$31,266,793	$31,936,090	($38,106)	$31,897,984	$32,255,451	($38,106)	$32,217,345	$32,578,005	($38,106)	$32,539,899
2	Fringe Benefits	$10,834,809	$10,843,696	($8,447)	$10,835,249	$11,279,717	($14,480)	$11,265,237	$11,392,514	($14,480)	$11,378,034	$11,506,439	($14,480)	$11,491,959
3	Physicians Fees	$1,109,392	$463,607		$463,607	$367,000		$367,000	$367,000		$367,000	$367,000		$367,000
4	Supplies and Drugs	$9,821,151	$8,578,315	($21,678)	$8,556,637	$11,966,005	($37,162)	$11,928,843	$11,966,005	($37,162)	$11,928,843	$11,966,005	($37,162)	$11,928,843
5	Depreciation and Amortization	$4,243,315	$4,111,833		$4,111,833	$4,137,884		$4,137,884	$4,137,884		$4,137,884	$4,137,884		$4,137,884
6	Provision for Bad Debts-Other[b]	$0	$0		$0	$0		$0	$0		$0	$0		$0
7	Interest Expense	$1,698,978	$1,774,636		$1,774,636	$1,916,311		$1,916,311	$1,916,311		$1,916,311	$1,916,311		$1,916,311
8	Malpractice Insurance Cost	$343,860	$395,881		$395,881	$541,461		$541,461	$541,461		$541,461	$541,461		$541,461
9	Lease Expense	$1,168,112	$990,009	($68,833)	$921,176	$935,309	($118,000)	$817,309	$935,309	($118,000)	$817,309	$935,309	($118,000)	$817,309
10	Other Operating Expenses	$21,548,598	$23,547,049	($2,105)	$23,544,944	$19,894,153	($3,609)	$19,890,544	$19,894,153	($3,609)	$19,890,544	$19,894,153	($3,609)	$19,890,544
	TOTAL OPERATING EXPENSES	**$86,761,524**	**$81,994,047**	**($123,292)**	**$81,870,755**	**$82,973,930**	**($211,357)**	**$82,762,573**	**$83,406,088**	**($211,357)**	**$83,194,731**	**$83,842,568**	**($211,357)**	**$83,631,211**
	INCOME/(LOSS) FROM OPERATIONS	**($4,395,682)**	**($13,129,629)**	**$123,292**	**($13,006,337)**	**($8,680,073)**	**$242,452**	**($8,437,621)**	**($8,352,638)**	**$243,385**	**($8,109,253)**	**($8,067,584)**	**$244,346**	**($7,823,238)**
	NON-OPERATING REVENUE	**($1,156,978)**	**($1,891,693)**		**($1,891,693)**	**($1,406,700)**		**($1,406,700)**	**($1,400,000)**		**($1,400,000)**	**($1,400,000)**		**($1,400,000)**
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	**($5,552,660)**	**($15,021,322)**	**$123,292**	**($14,898,030)**	**($10,086,773)**	**$242,452**	**($9,844,321)**	**($9,752,638)**	**$243,385**	**($9,509,253)**	**($9,467,584)**	**$244,346**	**($9,223,238)**
	Principal Payments	**$2,349,623**	$2,349,623		**$2,349,623**	$2,349,623		**$2,349,623**	$2,350,000		**$2,350,000**	$2,350,000		**$2,350,000**
C.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**-5.4%**	**-19.6%**	**0.0%**	**-19.4%**	**-11.9%**	**779.7%**	**-11.6%**	**-11.3%**	**759.9%**	**-11.0%**	**-10.8%**	**740.7%**	**-10.5%**
2	Hospital Non Operating Margin	**-1.4%**	**-2.8%**	**0.0%**	**-2.8%**	**-1.9%**	**0.0%**	**-1.9%**	**-1.9%**	**0.0%**	**-1.9%**	**-1.9%**	**0.0%**	**-1.9%**
3	Hospital Total Margin	**-6.8%**	**-22.4%**	**0.0%**	**-22.2%**	**-13.8%**	**779.7%**	**-13.5%**	**-13.2%**	**759.9%**	**-12.9%**	**-12.7%**	**740.7%**	**-12.4%**
D.	**FTEs**	**478**	415	(0.6)	**414**	429	(1)	**428**	429	(1)	**428**	429	(1)	**428**
E.	**VOLUME STATISTICS[c]**													
1	Inpatient Discharges	2,926	2,200		**2,200**	3,196		**3,196**	3,196		**3,196**	3,196		**3,196**
2	Outpatient Visits	95,420	95,420		**95,420**	95,420	352	**95,772**	96,374	363	**96,737**	97,338	373	**97,711**
	TOTAL VOLUME	**98,346**	**97,620**	**0**	**97,620**	**98,616**	**352**	**98,968**	**99,570**	**363**	**99,933**	**100,534**	**373**	**100,907**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.
[b]Provide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No.2011-07, July 2011.
[c]Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

Supplemental CON Application Form

Termination of a Service

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

Applicant: Windham Community Memorial Hospital

Project Name: Relocation and Consolidation of Outpatient Rehabilitation

1. **Project Description: Service Termination**

   a. Please provide

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

      Windham Hospital is a 130-bed, not-for-profit acute care community hospital providing comprehensive medical services, and personalized attention and care. Our hospital seeks to meet the total healthcare needs of people from throughout our 11-town service area in eastern Connecticut.

      As previously described, the outpatient rehabilitation services at Windham Hospital include physical, occupational and speech therapy.

      ii. whether CON authorization was received and,

      Not applicable.

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

      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.

      The service relocation improves access to rehabilitation services outside of normal business hours (nights and weekends) to accommodate patient schedules and preferences. Hours of operation were expanded 10.5 hours per week by offering evening and weekend access. In addition, outpatient rehabilitation services are co-located with other outpatient hospital services so patients may receive more of their care under one roof. The Windham Hospital Family Health Center is located on a bus line which improves access for those patients who rely on public transportation. The Family Health Center location is newly renovated and offers state-of-the-art equipment providing a better experience for patients. Beyond access this relocation aids in the efforts to in an effort to avoid duplication of services and to optimize the use of existing physical space

   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.

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.

   Not applicable.

TABLE A
PROVIDERS ACCEPTING TRANSFERS/REFERRALS

Facility Name	Facility ID*	Facility Address	Total Capacity	Available Capacity	Utilization FY XX**	Utilization Current CFY***

* Please provide either the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.
** Fill in year and identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.). Label and provide the number of visits or discharges as appropriate.
*** For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

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

   Not applicable.

   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.

Termination of services at Gateway Commons location, 1703 West Main Street in Willimantic will not affect access to any patients who utilize the services. Access will be improved for all patients in the new location at Windham Hospital Family Health Center at 5 Founders Street also in Willimantic.

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

Please see Exhibit 1, the communication to existing patients.

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.

Not applicable.

Greer, Leslie

From: Carney, Brian
Sent: Monday, October 03, 2016 3:47 PM
To: Greer, Leslie
Subject: FW: 16-32118-CON Termination of outpatient rehabilitative services at Gateway Commons
Attachments: 16-32118-CON Completeness letter.docx; 16-32118-CON Completeness_ 201609201522.pdf

Leslie, I forgot to cc you on this one…….

Brian A. Carney, MBA
Office of Health Care Access

Phone: (860) 418-7014
Fax: (860) 418 7053
Email: brian.carney@ct.gov

From: Carney, Brian
Sent: Tuesday, September 20, 2016 3:21 PM
To: Barbara.Durdy@hhchealth.org
Cc: Riggott, Kaila
Subject: 16-32118-CON Termination of outpatient rehabilitative services at Gateway Commons

Good afternoon Barbara,

Please see the attached completeness letter in the above referenced matter. Please confirm receipt of this email and corresponding attachments and provide your written responses to OHCA no later than **November 19, 2016**.

Sincerely,
Brian A. Carney

Brian A. Carney, MBA
Associate Research Analyst
Office of Health Care Access
CT Department of Public Health
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Phone: (860) 418-7014
Fax: (860) 418 7053
Email: brian.carney@ct.gov
Web: www.ct.gov/ohca

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

September 20, 2016

Via Email Only

barbara.durdy@hhchealth.org
Ms. Barbara Durdy
Director, Strategic Planning
181 Patricia M. Genova Blvd.
Newington, CT 06111

RE: Certificate of Need Application: Docket Number: 16-32118-CON
Termination of outpatient rehabilitative services at Gateway Commons
Certificate of Need Completeness Letter

Dear Ms. Durdy:

On August 25, 2016, OHCA received the Certificate of Need application from Windham Community Memorial Hospital for the termination of rehabilitative services at Gateway Commons. 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 as an attachment to a responding email. ***Please email your responses to each of the following email addresses: OHCA@ct.gov, brian.carney@ct.gov and kaila.riggott@ct.gov.***

Paginate and date your response (i.e., each page in its entirety). Repeat each OHCA question before providing your response. Information filed after the initial CON application submission (e.g., completeness response letter, prefiled testimony, late file submissions, etc.) must be numbered sequentially from the Applicant's preceding document. Begin your submission using **Page 76** and reference "**Docket Number: 16-32118-CON**."

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information no later than sixty days after the date this request was transmitted. Therefore, please provide your written responses to OHCA no later than **November 19, 2016**, otherwise your application will be automatically considered withdrawn.

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

1. As noted on page 31 of the application, provide an explanation for the decline in volume at Gateway Commons from FY 2013 through FY 2015.

2. Why are volumes at Windham Hospital Family Health Center projected to increase 3% in FYs 2017, 2018 and 2019 (page 32 of application), given the declining trend at Gateway Commons? Provide the basis for these projections. Are they any additional factors beyond expanded access that would support these projections?

If you have any questions concerning this letter, please feel free to contact Brian A. Carney (860) 418-7014.

Sincerely,

Brian A. Carney

Brian A. Carney
Associate Research Analyst

Greer, Leslie

Subject: FW: WH Completeness Respinse Docket Number: 16-32118-CON
Attachments: Windham Hospital Completeness Responses.pdf

From: Klein, Megan [mailto:Megan.Klein@hhchealth.org]
Sent: Tuesday, October 04, 2016 9:52 AM
To: Carney, Brian
Cc: Durdy, Barbara
Subject: WH Completeness Respinse Docket Number: 16-32118-CON

Brian,

Attached please find the Windham Community Memorial Hospital's response to OHCA completeness questions.

Megan

Megan Klein, MHA
181 Patricia M. Genova Drive.
Newington, CT 06111
Office: 860-972-9814
Cell: 860-670-1312
megan.klein@hhchealth.org

Hartford HealthCare

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October 4, 2016

Mr. Brian A Carney
Associate Research Analyst
Department of Public Health
Office of Health Care Access
410 Capitol Avenue,
P.O. Box 340308
Hartford, CT 06134-0308
brian.carney@ct.gov

RE: Certificate of Need Application: Docket Number: 16-32118-CON

Termination of outpatient rehabilitative services at Gateway Commons
Certificate of Need Completeness Letter

Mr. Carney:

Enclosed please find Windham Community Memorial Hospital's responses to the Office of Health Care Access's completeness questions dated September 20, 2016.

Please do not hesitate to contact me at 860-972-4231 if you have any questions. Thank you for your time and consideration.

Sincerely,

Barbara A. Durdy

Enclosures

1. As noted on page 31 of the application, provide an explanation for the decline in volume at Gateway Commons from FY 2013 through FY 2015.

   The decline in volume at Gateway Commons from FY 2013 to FY 2015 is a result of operational inefficiencies, which included patient flow and throughput, staffing challenges and the inability to offer evening hours.

2. Why are volumes at Windham Hospital Family Health Center projected to increase 3% in FYs 2017, 2018 and 2019 (page 32 of application), given the declining trend at Gateway Commons? Provide the basis for the projection. Are they any additional factors beyond expanded access that would support these projections?

   The relocation to Windham Hospital Family Health Center ('FHC') allows for expansion of hours and more efficient use of staff resulting in the increased number of available appointments each week. Relocating to FHC allowed the Gateway Commons team to join the FHC team, in one office. The collaboration of these teams results in more efficient office operations, meaning, there is time to make personal reminder calls, keep schedules filled and thus maximize the number of appointments scheduled and seen each week.

   The FHC clinic is co-located next to a Hand Surgeon, Orthopedic Surgeon, and PCP practice; the additional appointment offerings allow us to strengthen our existing relationships and serve more of their patients.

If you have any questions concerning this letter, please feel free to contact Brian A. Carney (860) 418-7014.

Sincerely,

Brian A. Carney
Associate Research Analyst

Greer, Leslie

From: Carney, Brian
Sent: Thursday, October 13, 2016 12:10 PM
To: Barbara.Durdy@hhchealth.org
Cc: Klein, Megan; Riggott, Kaila; Greer, Leslie
Subject: 16-32118-CON
Attachments: 16-32118-CON Deemed complete.pdf

Dear Ms. Durdy,

Please see attached letter deeming complete the above-referenced application. I would appreciate it if you would reply to confirm receipt of this email.

Sincerely,
Brian A. Carney

Brian A. Carney, MBA
Associate Research Analyst
Office of Health Care Access
CT Department of Public Health
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Phone: (860) 418-7014
Fax: (860) 418 7053
Email: brian.carney@ct.gov
Web: www.ct.gov/ohca

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

October 13, 2016

Via Email Only

Ms. Barbara Durdy
Director, Strategic Planning
Hartford HealthCare
181 Patricia M. Genova Blvd.
Newington, CT 06111
barbara.durdy@hhchealth.org

RE: Certificate of Need Application: Docket Number: 16-32118-CON
Termination of outpatient rehabilitative services at Gateway Commons and relocation of these same services to Windham Hospital Family Health Center

Dear Ms. Durdy:

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 October 13, 2016.

If you have any questions concerning this letter, please feel free to contact me at (860) 418-7014.

Sincerely,

Brian A. Carney

Brian A. Carney
Associate Research Analyst

Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
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Affirmative Action/Equal Opportunity Employer

Greer, Leslie

From: Greer, Leslie
Sent: Monday, November 14, 2016 3:16 PM
To: Barbara Durdy
Cc: Carney, Brian; Riggott, Kaila; Hansted, Kevin; Martone, Kim
Subject: DN: 16-32118-CON Decision
Attachments: 32118_201611141455.pdf

Tracking:

Recipient	Delivery
Barbara Durdy	
Carney, Brian	Delivered: 11/14/2016 3:16 PM
Riggott, Kaila	Delivered: 11/14/2016 3:16 PM
Hansted, Kevin	Delivered: 11/14/2016 3:16 PM
Martone, Kim	Delivered: 11/14/2016 3:16 PM

Barbara,
Attached is the CON decision for Windham Hospital's Certificate of Need Application.

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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Office of Health Care Access

Final Decision

Applicant: **Windham Community Memorial Hospital**
112 Mansfield Avenue
Willimantic, CT 06226

Docket Number: **16-32118-CON**

Project Title: **Termination of outpatient rehabilitative services at Gateway Commons and relocation of these same services to Windham Hospital Family Health Center**

Project Description: Windham Community Memorial Hospital ("WCMH" or "Applicant") is seeking approval to terminate outpatient rehabilitative services at Gateway Commons, located at 1703 West Main Street, Willimantic and to relocate these same services to the Windham Hospital Family Health Center ("Family Health Center"), located at 5 Founders Street, Willimantic, with no associated capital expenditure.

Procedural History: The Applicant published notice of its intent to file a Certificate of Need ("CON") application to terminate outpatient rehabilitative services in *The Chronicle* on June 16, 17 and 18, 2016. On August 26, 2016, the Office of Health Care Access ("OHCA") received the CON application from WCMH for the above-referenced project and deemed the application complete on October 13, 2016. OHCA received no responses from the public concerning the proposal and no hearing requests were received from the public per Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a(e). Deputy Commissioner Addo considered the entire record in this matter.

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Findings of Fact and Conclusions of Law

1. WCMH is a 130-bed not-for-profit acute care community hospital located at 112 Mansfield Avenue, Willimantic, Connecticut. Exhibit A, pp. 5, 14

2. Gateway Commons, located at 1703 West Main Street, Willimantic, operated as an outpatient department of WCMH, providing physical, occupational and speech therapy services. Exhibit A, pp. 5, 14; OHCA Docket Number: 16-32069-DTR

3. On February 1, 2016, in an effort to reduce costs, avoid duplication of services and to optimize the use of existing physical space proximate to WCMH's main campus, outpatient rehabilitation services provided at Gateway Commons were relocated to the Family Health Center, located at 5 Founders Street, Willimantic. Exhibit A, pp. 13-14

4. Accordingly, WCMH requests authorization to terminate outpatient rehabilitative services at Gateway Commons and to transfer these same services to the Family Health Center. Ex. A, p.14

5. The Family Health Center operates as an outpatient department of WCMH and has provided outpatient rehabilitative services since its 2013 inception. OHCA Docket Number: 16-32069-DTR

6. The Family Health Center is located 1.4 miles from Gateway Commons and 0.3 miles from the main entrance of WCMH. OHCA Docket Number: 16-32069-DTR

7. Hours of operation at the Family Center were expanded by 10.5 hours per week to include evening and weekend appointments. The new hours are 7am to 7 pm Monday through Thursday, 7 am to 5 pm on Fridays and 7:30 am to 12:30 pm on Saturdays. Ex. A, pp.14, 20

8. Patients were notified about the closing of Gateway Commons and provided with the new location (Family Health Center), hours of operation, directions and contact information. Ex. A, p. 38

9. In addition to rehabilitation services, the Family Center offers urgent care, primary care and endocrinology services. Ex. A, p.14; https://windham hospital.org/ about-us/news/hartford-healthcare-opens-its-newest-family-health-center-in-storrs-offering-extended-urgent-care-hours-primary-care-endocrinology-and-rehabilitation

10. The Family Health Center is located on a bus line for patients requiring public transportation to travel to medical appointments. Ex. A, p.14

11. The Family Health Center is a newly renovated facility offering state-of-the-art equipment. Ex. A, p.14

12. The relocation of rehabilitative services has not resulted in any reduction in services. All rehabilitative services previously offered at Gateway Commons continue to be provided by the same staff at the Family Health Center. Ex. A, pp.14-15

13. WCMH's primary service area includes eleven towns in eastern Connecticut: Ashford, Eastford, Hampton, Willington, Coventry Columbia, Mansfield, Chaplin, Hebron, Scotland, and Windham. These towns account for 81% of the current patient population utilizing rehabilitation services at WCMH. Ex. A, p.14

14. The same patient population served at Gateway Commons will continue to be served at the Family Health Center. Ex. A, p. 15

15. While a referral is not required for physical, occupational or speech therapy, the majority of patients do present with a referral from a physician, physician assistant or advance practice registered nurse. Ex. A, p. 25

16. The Applicant does not anticipate any changes to the current referral patterns as a result of this proposal. Ex. A, p. 26

17. Historical patient rehabilitation visits at Gateway Commons are listed in the table below:

TABLE 1
GATEWAY COMMONS HISTORICAL UTILIZATION BY SERVICE

	Actual Volume (Visits)			CFY Volume
Service	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016[1]**
Physical Therapy	10,156	8,632	7,857	2,740
Occupational Therapy	3,563	2,735	2,594	906
Speech Therapy	432	375	468	265
Total[2]	**14,151**	**11,742**	**10,919**	**3,911**

[1] Volume represents actual visits from October 1, 2015 through January 31, 2016 (4 months)
[2] Volume decline from FY 2013 to FY 2015 resulted from operational inefficiencies due to patient flow and throughput, staffing challenges and the inability to offer evening hours.

Ex. A, p. 31; Ex. C, p. 77

18. The Applicant projects a three percent increase in patient visits over the next three fiscal years due to the expansion of hours at the Family Health Center and more efficient scheduling[1].

TABLE 2
FAMILY HEALTH CENTER PROJECTED UTILIZATION BY SERVICE

Service	Projected Volume (Visits)		
	FY 2017	FY 2018	FY 2019
Physical Therapy	8,467	8,721	8,983
Occupational Therapy	2,800	2,884	2,970
Speech Therapy	819	844	869
Total	**12,085**	**12,448**	**12,821**

Ex. A, p. 32

19. The Applicant does not anticipate any changes in payer mix for rehabilitative services at the Family Health Center.

TABLE 3
APPLICANT'S CURRENT & PROJECTED PAYER MIX

Payer	FY 2016[1]		FY 2017		FY 2018		FY 2019	
	Visits	%	Visits	%	Visits	%	Visits	%
Medicare*	1,146	29%	3,541	29%	3,541	29%	3,541	29%
Medicaid*	1,558	40%	4,814	40%	4,814	40%	4,814	40%
CHAMPUS & TriCare	0	0%	0	0%	0	0%	0	0%
Total Government	**2,704**	**69%**	**8,355**	**69%**	**8,355**	**69%**	**8,355**	**69%**
Commercial Insurers	782	20%	2,416	20%	2,416	20%	2,416	20%
Uninsured	17	<1%	53	<1%	53	<1%	53	<1%
Workers Compensation	408	10%	1,261	10%	1,261	10%	1,261	10%
Total Non-Government	**1,207**	**31%**	**3,730**	**31%**	**3,730**	**31%**	**3,730**	**31%**
Total Payer Mix	**3,911**	**100%**	**12,085**	**100%**	**12,085**	**100%**	**12,085**	**100%**

[1] Volume represents actual visits from October 1, 2015 through January 31, 2016 (4 months).
*Includes managed care activity

Ex. G, p. 116

20. There will be no impact on patient health care costs related to the relocation of services from Gateway Commons to the Family Health Center. Ex. A, p. 21

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[1] It is anticipated that combining the teams from Gateway Commons and the Family Health Center will result in improved collaboration and more efficient office operation. Additional staff and extended service hours will provide more opportunity to maximize the number appointments.

21. Patients will retain the ability to utilize Hartford HealthCare's charity care policies, which provides for the provision of services to patients covered by Medicare and Medicaid, as well as providing free or reduced charge services to the poor or indigent, based on the ability to pay. Ex. A, p. 21

22. There is no capital expenditure associated with the proposal. Ex. A, p. 22

23. The proposal will generate incremental gains of $123,292, $242,452, $243,385 and $244,346 in Fiscal Years ("FYs") 2016 through FY 2019, respectively. Ex. A, pp. 23, 71

24. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))

25. This CON application is consistent with the Statewide Health Care Facilities and Service Plan. (Conn. Gen. Stat. § 19a-639(a)(2))

26. The Applicant has established that there is a clear public need for the proposal. (Conn. Gen. Stat. § 19a-639(a)(3))

27. The Applicant has demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))

28. The Applicant has satisfactorily demonstrated that the proposal will improve quality, accessibility and maintain the cost effectiveness of health care delivery in the region. (Conn. Gen. Stat.§ 19a-639(a)(5))

29. The Applicant has shown that there would be no change in the provision of health care services to the relevant populations and payer mix, including access to services by Medicaid recipients and indigent persons. (Conn. Gen. Stat. § 19a-639(a)(6))

30. The Applicant has satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7))

31. The Applicant's historical provision of treatment in the service area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))

32. The Applicant has satisfactorily demonstrated that this proposal would not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))

33. The Applicant has demonstrated that there will be no reduction in access to services by Medicaid recipients or indigent persons. (Conn. Gen. Stat. § 19a-639(a)(10))

34. The Applicant has demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the region. (Conn. Gen. Stat. § 19a-639(a)(11))

35. The Applicant has satisfactorily demonstrated that the proposal will not result in any consolidation that would affect health care costs or access to care. (Conn. Gen. Stat. § 19a-639(a)(12))

Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in § 19a-639(a) of the Statutes. The Applicants bear the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board, 309 Conn. 727 (2013).*

WCMH is a 130-bed acute care community hospital located in Willimantic, Connecticut. WCMH provided outpatient physical, occupational and speech therapy services at the Gateway Commons facility at 1703 West Main Street, Willimantic. On February 1, 2016, in an effort to reduce costs, avoid duplication of services and to optimize the use of existing physical space proximate to WCMH's main campus, outpatient rehabilitation services at Gateway Commons were relocated to the Family Health Center at 5 Founders Street, Willimantic. The Family Health Center has provided outpatient rehabilitative services as an outpatient department of WCMH since its 2013 inception. Accordingly, WCMH requests authorization to terminate outpatient rehabilitative services at Gateway Commons and to transfer these same services to the Family Health Center. *FF1-FF5*

The Family Health Center is located only 1.4 miles from Gateway Commons and 0.3 miles from the WCMH main entrance. As part of the proposal, the hours of operation at the Family Center were expanded by 10.5 hours per week to include evening and weekend appointments. Patients were notified of the change in location and expanded hours and may benefit from additional services offered at the Family Center, including urgent care, primary care and endocrinology. The Family Health Center is located on a bus line for patients requiring public transportation to travel to medical appointments. In addition, the Family Health Center is a newly renovated facility offering state-of-the-art equipment to help improve rehabilitative treatments. Patients will maintain access to all rehabilitative services previously offered at Gateway Commons, including the same staff. *FF6-FF12*

The Family Health Center provided 3,911 rehabilitation therapy visits from October 1, 2015 through January 31, 2016. The Applicant projects a three percent increase in patient visits over the next three fiscal years due to the expansion of hours at the Family Health Center and more efficient scheduling. *FF17-FF18* Due to the close proximity to the former service location at Gateway Commons, the Family Health Center will serve the same patient population and physician referral patterns will remain the same. *FF14-FF16* As a result of these combined factors, the Applicant has satisfactorily demonstrated that quality and access to rehabilitative treatment services in the region will be enhanced for all relevant patient populations, including Medicaid.

There will be no impact on patient health care costs related as a result of this proposal. Patients will retain the ability to utilize Hartford HealthCare's charity care policies, which provides for the provision of services to patients covered by Medicare and Medicaid, as well as providing free or reduced charge services to the poor or indigent, based on the ability to pay. *FF20-FF21*

WCMH projects incremental gains of $123,292, $242,452, $243,385 and $244,346 respectively, in FYs 2016, 2017, 2018 and 2019. These gains are primarily due to the elimination of Gateway Commons' lease expense. *FF23* As a result, the Applicant has satisfactorily demonstrated that the proposal is financially feasible.

Based on the foregoing factors, the Applicant has demonstrated clear public need for this proposal as access to and quality of care will be improved. Further, consolidating rehabilitation services to the Family Center will help eliminate duplicative services within close proximity to the hospital. These benefits are consistent with the Statewide Health Care Facilities and Services Plan.

Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application for the termination of outpatient rehabilitative services at Gateway Commons and relocation of these same services to the Family Health Center, with no associated capital expenditure, is hereby APPROVED.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Department of Public Health
Office of Health Care Access

11/14/2016
Date

Yvonne T. Addo, MBA
Deputy Commissioner