RECEIVED
AUG 25 2016
Office of
HEALTHCARE ACCESS

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.: 16-32119-CON **Check No.:** 043386
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

COPY

4

HH571485 1/03

TOTALS	$500.00	0.00	0.00	$500.00

General Information

Name of Applicant:	Name of Co-Applicant:
The Hospital of Central Connecticut	

Connecticut Statute Reference:

Main Site	MAIN SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	MAIN SITE NAME
		4041950	**Acute Care Hospital**	**The Hospital of Central Connecticut**
	STREET & NUMBER			
	100 Grand Street			
	TOWN			ZIP CODE
	New Britain , CT			**06050**

Project Site	PROJECT SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	PROJECT SITE NAME
		4041950	**Outpatient rehabilitation**	**The Hospital of Central Connecticut Rehabilitation Network**
	STREET & NUMBER			
	15 Massirio Drive			
	TOWN			ZIP CODE
	Berlin			**06037**

Operator	OPERATING CERTIFICATE NUMBER	TYPE OF FACILITY	LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator)
	1053477075	**Acute Care Hospital**	**The Hospital of Central Connecticut**
	STREET & NUMBER		
	81 Meridan Ave		
	TOWN		ZIP CODE
	Southington		**06489**

Chief Executive	NAME	TITLE
	Lucille Janatka	**Sr. Vice President , Hartford HealthCare and President , Central Region**
	STREET & NUMBER	
	100 Grand Street	

	TOWN		STATE	ZIP CODE
	New Britain		**CT**	**06050**
	TELEPHONE	FAX	E-MAIL ADDRESS	
	203-694-8202		Lucille.janatka@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 ☐	**Board approval is not required**
Does the Applicant have non-profit status? If yes, attach documentation.	YES X NO ☐	**Please see Exhibit 1**
Identify the Applicant's ownership type.	PC ☐ LLC ☐ Corporation ☒	Other: _____
Applicant's Fiscal Year (mm/dd)	Start **10/1** End **9/30**	

Contact:

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

Contact Information	NAME		TITLE	
	Barbara Durdy		**Director, Strategic Planning**	
	STREET & NUMBER			
	181 Patricia M. Genova Drive			
	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 Drive			
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: **The Hospital of Central Connecticut**

Project Title: **Termination of Outpatient Rehabilitation Services**

I, **Lucille Janatka, President** of **The Hospital Of Central Connecticut** being duly sworn, depose and state that the said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature _____ Date 8/23/16

Subscribed and sworn to before me on August 23, 2016

Joyce M. Hawrylik

Notary Public/~~Commissioner of Superior Court~~

My commission expires: JOYCE M. HAWRYLIK
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2019

NEW BRITAIN HERALD

AFFIDAVIT OF PUBLICATION

State of Connecticut

s.s.

County of Hartford

I, Gary Curran, do solemnly swear, that I am Sales Director for the New Britain Herald published at 1 Herald Square, in the state of Connecticut, and from my own personal knowledge and reference to the files of said publication, the advertisement of:

The Hospital of Central Connecticut, Outpatient Pediatric Clinic Closing

was inserted in the regular edition(s) on date(s) as follows, at which the annexed is a printed copy Friday, June 24, 2016 & Friday, July 1, 2016

Sales Director

Signature/Title

Subscribed and sworn to me

this 6th

day of July

20 16

Anna R. Lichniak

Notary Public

July 31, 2019

My commission expires on:

ANNA R. LICHNIAK
NOTARY PUBLIC
MY COMMISSION EXPIRES JULY 31, 2019

CLAIM OR POSSIBLE CLAIM BE VESTED OR CONTINGENT.

The plaintiff has named as a Defendant, THE WIDOWS, HEIRS, AND/OR CREDITORS OF THE ESTATE OF JOHN J. PASTOR A/K/A JOHN PASTOR, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, if not living, as a party defendant(s) in the complaint which it is bringing to the above-named Court seeking a foreclosure of its mortgage upon premises known as 1 Zwick's Farm Road a/k/a 1 Zwicks Farm Road a/k/a 1 Zwick Farm Road, Southington, CT 06479.

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

Now, Therefore, it is hereby ORDERED that notice of the institution of this action be given to said THE WIDOWS, HEIRS, AND/OR CREDITORS OF THE ESTATE OF JOHN J. PASTOR A/K/A JOHN PASTOR and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or lien or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, by some proper officer causing a true and attested copy of this Order of Notice to be published in the New Britain Herald, once a week for 2 successive weeks, commencing on or before June 25, 2016 and that return of such service be made to this Court.

BY THE COURT
J ABRAMS
Judge

A TRUE COPY ATTEST:
JOHN T. FIORILLO
CONNECTICUT STATE MARSHAL
HARTFORD COUNTY

8, 2016.

2. Petition #22-16: Special Permit (Section 3.15.3: Restaurant) at 2551 Berlin Turnpike (The Sloppy Waffle). The Sloppy Waffle, applicant; 2551 Berlin Turnpike LLC, owner; Luz Ramos, 164 Eddy Lane, Newington CT, contact. Continued from June 8, 2016.

3. Petition #19-16: Zoning Text Amendment (Section 3.49 and 6.7: Interior Lots). Town Plan and Zoning Commission, applicant.

4. Petition #27-16: Special Permit (Section 6.2.4: Free-standing Sign) at 109 Stamm Road. Sign Pro Inc., applicant; Lot 5 Styles Avenue LLC, owner; Robert Kuszpa, Sign Pro Inc., 60 Westfield Drive, Plantsville CT, contact.

At this Public Hearing written communications pertinent to the above petition will be received and interested persons may appear and be heard. These petitions are on file in the Office of the Town Planner for public inspection.

Submitted,

Craig Minor, AICP
Town Planner

Legals 0900

view area and flood hazard zone on Lots #14 and #5/Block 133, Beckley Road. Approved Permit Modifications.

Application 16-03WF - Proposal by DeGroff Holding Company, LLC to construct parking and discharge drainage into both a wetland and flood hazard zone at #176 White Oak Drive. Approved.

Effective date will be June 25, 2016.

Michael Cassetta, Chairman
Inland Wetlands and Watercourses Commission

Develop the classified habit. You'll be cash ahead.

ANNOUNCEMENTS 105-130

Found 125

IMPOUNDED: Red Terrier X, Male, found on Willard Ave. Call NPD ACO, 860-594-6250.

Legals 0900

tronics, misc. items new & used.

FARMINGTON - 110 Brickyard Rd, Sat 6/11, 9 - 2; Farmington Girl Scout Troop holding the sale. Clothing, household items, kids' items. Rain or shine.

NEW BRITAIN - THE CITY OF NEW BRITAIN'S SALE OF ABANDONED PROPERTY IS SCHEDULED FOR FRIDAY, JUNE 10, 2016, AT **12:00 NOON** AT THE OLD SKILL/ C.E.T.A. (CENTER) LOCATED AT 665 SLATER RD., NEW BRITAIN, CT., WEATHER PERMITTING.

Legals 0900

ANTIQUES. Always buying, cash paid. One item or entire estate. Clocks, military, cameras, watches, toys, posters, art, jewelry, signs, musical instruments & more. 860-718-5132.

Old Tools Wanted
Always Buying old, used and antique hand tools, carpentry, MACHINIST, engraving & workbench tools. If you have old or used tools that are no longer being used, call with confidence. Fair & friendly offers made in your home.
Please call Cory
860 - 322 - 4367

Legals 0900

Apartments for Rent 720

***BRISTOL** - 2 BR, all util inc. Laundry on site. Downtown. $1,050. 860-559-9349. RE Agent

NEW BRITAIN: 2 BR, 2 BA, garage, lg deck, lg Master BR. 706-951-9356.

FARMINGTON: Charming older colonial set in Farmington village on 1.75 acre yard. Formal lvng rm/dr. 3 or 4 br. Eat in kitchen fully appliance plus washer/dryer. Efficient gas heat, central air, generator, 2 car garage. $2600/mo. Tenant pays util. Call (860)559-9349 or (860)729-1010 RE

860-874-2474 or 860-729-1010.

Mobile Homes 755

PLAINVILLE - 2016 NEW 2 BR/1 BA, next to town park. $38,500. Liberty Mobile Homes (860)747-6881

NOTICE AND AGENDA
TOWN COUNCIL MEETING
Monday, June 13, 2016 – 7:00 p.m.
Municipal Center Assembly Room, 196 N. Main Street, Southington, CT

Continuation of Public Hearing

Bond Ordinance – appropriating $57,100,000 for improvements to the Southington Water Pollution Control Facility, and authorizing the issue of bonds, notes and obligations not to exceed $57,100,000 to finance the appropriation

Regular Meeting

I. **Roll Call – Prayer – Flag Salute**
II. **Minutes**
III. **Councilmanic Communications**
V. **Report of Special Committees**
  A. SmartPower Solar Presentation
V. **Report of Special Committees**
  A. Sewer Committee
  B. Public Works Committee
  C. Farm Heritage Committee
V. **Town Manager's Report and Communications**
  A. Report of Board of Finance
  B. Budget (Dial-A-Ride)
VI. **Town Attorney's Report**
  A. Snow plowing and landscaping bids
  B. Trash and recycling bids
  C. HVAC bids
VII. **Public Communications***
VIII. **Old Business**
  A. Action on Report of Board of Finance
  B. Action on Debt Ceiling
  C. Action on Bond Ordinance from public hearing
  D. Snow plowing and landscaping bids
  E. Trash and recycling bids
  F. HVAC bids
  G. 8-24 from PZC on bond ordinance for WPC
IX. **New Business**
  A. Tax Refunds
X. **Adjournment**

*Remarks of any qualified elector or taxpayer (town resident over age 18) shall, in the discretion of the Chair, be limited to 5 minutes.

Dated: June 9, 2016

TOWN OF SOUTHINGTON
Michael A. Riccio
Chairman, Town Council

060326

PUBLIC NOTICE

Statutory Reference:
Connecticut General Statutes §19a-638

Applicant: Hospital of Central Connecticut

Project Address:
The Hospital of Central Connecticut
Rehabilitation Network
15 Massirio Drive, Berlin, CT 06037

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 Berlin, Connecticut.

Capital Expenditure: N/A

059173

Clay R. Pollan's

THAT DAILY PUZZLER **SCRAM-LETS®** WORD GAME

Edited by Ray & Rosemary Gray

1 Rearrange letters of the four scrambled words below to form four simple words.

T R E E G R
1 2

C Y D E O
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P R O C I T
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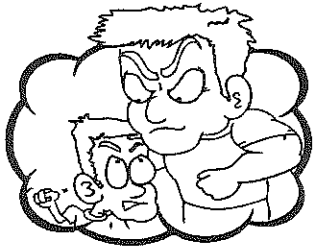
6/10/16



A bully can steal your lunch, but he cannot steal _____.

4 Complete the chuckle quoted by filling in the missing words you develop from step No.3 below.

2 PRINT NUMBERED LETTERS IN SQUARES: 1 2 3 4 5 6 7 8 9

3 UNSCRAMBLE FOR ANSWER

SCRAMLETS ANSWERS 6/10/16

regret - decoy - burst - tropic - your pride

A bully can steal your lunch, but he cannot steal YOUR PRIDE.

SUDOKU

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-2378

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Tag Sales/Flea Markets 290

FARMINGTON - 110 Brickyard Rd, Sat 6/11, 9 - 2; Farmington Girl Scout Troop holding the sale. Clothing, household items, kids' items. Rain or shine.

RENTING an apartment? Call **CLASSIFIEDS 860-229-8687**

NEW BRITAIN - THE CITY OF NEW BRITAIN'S SALE OF ABANDONED PROPERTY IS SCHEDULED FOR FRIDAY, JUNE 10, 2016, AT **12:00 NOON** AT THE OLD SKILL/ C.E.T.A. (CENTER) LOCATED AT 665 SLATER RD., NEW BRITAIN, CT., WEATHER PERMITTING.

SOUTHINGTON - 1273 Queen St, Fri 6/10 & Sat 6/11, 9 - 3; Rain or shine. 5 families, everything must go!

Wanted to Buy 299

ALWAYS ACQUIRING all vintage musical instruments, guitars, amps, trumpets, saxophones, accordions. Cash paid. 860-372-9147.

ALWAYS BUYING - Vintage electronics, Ham, CB, shortwave, radios, guitars, amps, hi-fi audio, watches. 860-707-9350.

Old Tools Wanted
Always Buying old, used and antique hand tools, carpentry, MACHINIST, engraving & workbench tools. If you have old or used tools that are no longer being used, call with confidence. Fair & friendly offers made in your home.
Please call Cory
860 - 322 - 4367

Wanted to Buy 299

ANTIQUES. Always buying, cash paid. One item or entire estate. Clocks, military, cameras, watches, toys, posters, art, jewelry, signs, musical instruments & more. 860-718-5132.

Develop the classified habit. You'll be cash ahead. Call **860-229-8687**

EMPLOYMENT 505-535

Part Time Help Wanted 525

DRIVERS/WAREHOUSE EMPLOYEES - PT.
10am - 3pm. Call CT Tire 860-224-2675, after 1pm,

REAL ESTATE FOR RENT 705-765

Apartments for Rent 720

NEW BRITAIN
APPLICATIONS BEING ACCEPTED FOR 3 & 4 BR'S STARTING AT $1045.00
INCOME RESTRICTIONS APPLY.
INDUSTRIA COMMONS & BRYTANIA SQUARE
(860)612-0100.

It's true, your junk can be someone else's treasure. Prove it to yourself by running a low-cost, high-result Tag Sale ad of your own this weekend. Call Classified at **860-583-2378**

PUBLIC NOTICE

Statutory Reference:
Connecticut General Statutes §19a-638
Applicant: Hospital of Central Connecticut
Project Address:
The Hospital of Central Connecticut
Rehabilitation Network
15 Massirio Drive, Berlin, CT 06037
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 Berlin, Connecticut.
Capital Expenditure: N/A

059173

Apartments for Rent 720

NEW BRITAIN: 2 BR, 2 BA, garage, lg deck, lg Master BR. 706-951-9356.

***BRISTOL** - 2 BR, all util inc. Laundry on site. Downtown. $1,050. 860-559-9349. RE Agent

Apartments for Rent 720

NEW BRITAIN: Nice, clean, quiet Studio, $550. 1 BR, $625. Laundry. Police report. Available now. (203) 630-6999, M-F, 9-5

Develop the classified habit. You'll be cash ahead.

Help Wanted 520

Help Wanted 520

A GREAT MULTIMEDIA OPPORTUNITY

Central Connecticut Communications, parent company of The Bristol Press and the New Britain Herald, seeks a thorough, creative, multitalented copy editor / online editor to join our news desk. The successful candidate will have a deep knowledge of AP style and put it to work; can design inviting pages efficiently (we use InDesign); knows the essential components of a news story (our goal is "tight and bright"); and can meld print and web to improve our digital presentation. This editor will play a leading role in the production of two seven-day newspapers in addition to providing top-notch line editing for our web products. We're seeking an upbeat editor full of ideas and ambition, who enjoys working on a team to put out a great newspaper that truly serves the community.. The position requires evening and weekend work. Polish speakers/ writers are encouraged to apply (Spanish is good, too)

We're near Hartford, two hours from NYC and an hour and a half from Boston. We cover vibrant communities that offer higher education, an array of arts and entertainment, and industries that range from traditional manufacturing to high-technology health care.

If your primary motivation is serving readers, send a resume, cover letter and no more than three examples of your work to Managing Editor Bianca Pavoncello at bpavoncello@centralctcommunications.com. Please make sure COPY EDITOR is in the subject line. Please, no phone calls.

Central Connecticut Communications is an equal-opportunity employer. We don't discriminate on the basis of age, sex, ethnicity, religious background, physical challenges or sexual orientation, and we encourage applications from qualified minority candidates.in our service area.

NEW BRITAIN HERALD The Bristol Press

Houses for Rent 735

FARMINGTON: Charming older colonial set in Farmington village on 1.75 acre yard. Formal lvng rm/dr. 3 or 4 br. Eat in kitchen fully appliance plus washer/dryer. Efficient gas heat, central air, generator, 2 car garage. $2600/mo. Tenant pays util. Call (860)559-9349 or (860)729-1010 RE

Office/Studio 745

FARMINGTON - Modern 1st FL office space. Approx 1100 sf. BA/kitchen, plenty of pkg, close to hwys. $1,100. 860-559-93349, RE Agent.

Looking for a Job?
Check out our Help Wanted ads or go to **CentralCTjobs.com**

Garage/Space/Land 750

STORAGE CONTAINERS FOR RENT. 40 ft long, 8 ft wide, 8 ft high. $150.00/month. 860-874-2474 or 860-729-1010.

Mobile Homes 755

PLAINVILLE - No age restriction. New 2016 2 BR/1 BA w/appl. $38,500. Liberty Mobile Homes (860)747-6881

SUDOKU

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

Clay R. Pollan's

THAT DAILY PUZZLER **SCRAM-LETS®** WORD GAME

Edited by Ray & Rosemary Gray

1 Rearrange letters of the four scrambled words below to form four simple words.

CRABHN
1 2

RACYR
3

TUDIA
4

YEMOPL
5 6

6/9/16

It's not unreasonable to feel sorry for someone happier than ___ ___.

4 Complete the chuckle quoted by filling in the missing words you develop from step No.3 below.

2 PRINT NUMBERED LETTERS IN ANSWERS

1 2 3 4 5 6

map to change the zoning of certain properties along Arch Street, between Hart Street and Whiting Street south to Shuttle Meadow Avenue and Wallace Street, from A-3 (High-Rise Apartments), T (Two-Family) and B-1 (Neighborhood Business), to B-3 (Secondary Business), accepted and referred back to the Common Council with a favorable recommendation.
By majority vote of the New Britain Common Council at their regular meeting of June 8, 2016, item 33476 was adopted and signed by Mayor Erin E. Stewart on June 9, 2016.

Printed copies of said item may be obtained at the Office of the Town & City Clerk, 27 West Main Street, New Britain, CT 06051.

Todd Cheney
Clerk of Committees

Don't Shell Out a Lot of Cash; Use the Classifieds.

Smart shoppers know about the bargains found within the Classified pages. It's easy to place an ad or find the items you want, and it's used by hundreds of area shoppers every day.

Use the Classifieds today.

Lost 130

LOST CAT - Grey tiger male w/only one eye. Lost in Stillwell Dr area of Plainville. 860-747-1601.

MERCHANDISE 203-299

Tag Sales/Flea Markets 290

BERLIN: 682 Norton Rd. Sat 6/11 & Sun 6/12, 9 - 2; Tools, housewares, home decor, jewelry, furn, women's clothing, shoes, electronics, misc. Items new & used.

FARMINGTON - 110 Brickyard Rd, Sat 6/11, 9 - 2; Farmington Girl Scout Troop holding the sale. Clothing, household items, kids' items. Rain or shine.

SOUTHINGTON - 1273 Queen St, Fri 6/10 & Sat 6/11, 9 - 3; Rain or shine. 5 families, everything must go!

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Legals 0900

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Rehabilitation Network
15 Massirio Drive, Berlin, CT 06037

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 Berlin, Connecticut.

Capital Expenditure: N/A

059173

town. $1,050.
860-559-9349. RE Agent

NEW BRITAIN: 2 BR, 2 BA, garage, lg deck, lg Master BR. 706-951-9356.

Help Wanted 520

NEW BRITAIN: Nice, clean, quiet Studio, $550. 1 BR, $625. Laundry. Police report. Available now. (203) 630-6999, M-F, 9-5

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Sewer Machines
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860-566-8484
EAST HARTFORD, CT
Jason.Russell@expresspros.com

059149

A GREAT MULTIMEDIA OPPORTUNITY

Central Connecticut Communications, parent company of The Bristol Press and the New Britain Herald, seeks a thorough, creative, multitalented copy editor / online editor to join our news desk. The successful candidate will have a deep knowledge of AP style and put it to work; can design inviting pages efficiently (we use InDesign); knows the essential components of a news story (our goal is "tight and bright"); and can meld print and web to improve our digital presentation. This editor will play a leading role in the production of two seven-day newspapers in addition to providing top-notch line editing for our web products. We're seeking an upbeat editor full of ideas and ambition, who enjoys working on a team to put out a great newspaper that truly serves the community.. The position requires evening and weekend work. Polish speakers/ writers are encouraged to apply (Spanish is good, too)

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Central Connecticut Communications is an equal-opportunity employer. We don't discriminate on the basis of age, sex, ethnicity, religious background, physical challenges or sexual orientation, and we encourage applications from qualified minority candidates in our service area.

NEW BRITAIN HERALD The Bristol Press

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Clay R. Pollan's

THAT DAILY PUZZLER **SCRAM-LETS®** WORD GAME

Edited by Ray & Rosemary Gray

1 Rearrange letters of the four scrambled words below to form four simple words.

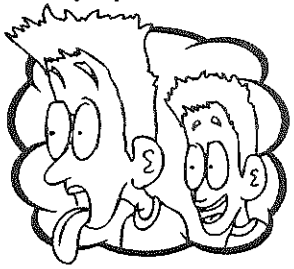
T	R	A	M	E	T
1				2	3

R	A	F	O	V
4	5			

P	H	U	M	T
6	7			

R	E	E	T	N	I
8		9			

6/11/16



When women go wrong, men go right _____ _____.

4 Complete the chuckle quoted by filling in the missing words you develop from step No.3 below.

2 PRINT NUMBERED LETTERS IN SQUARES: 1 2 3 4 5 6 7 8 9

3 UNSCRAMBLE FOR ANSWER

SCRAMLETS ANSWERS 6/11/16
matter - favor - thump - entire - after them
When women go wrong, men go right AFTER THEM.

SUDOKU

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

See Sudoku solution on TV page.

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 The Hospital of Central Connecticut ("The Hospital") or ("HOCC")" from 15 Massirio Drive in Berlin, Connecticut to 205 Kelsey Street in Newington, Connecticut. The Hospital intends to relocate this service from the 205 Kelsey Street location, back to Berlin, once permanent space in the greater Berlin community has been secured.

For the last five years HOCC, has provided outpatient rehabilitation services at 15 Massirio Drive in Berlin, CT. In February 2016, HOCC was notified by the landlord that the lease for the location in Berlin would be terminated. In order to continue to serve patients in the Berlin community, the Hospital decided to temporarily transition these outpatient rehabilitation services, to a location 1.4 miles away, at 205 Kelsey Street in Newington, Connecticut. The transition of outpatient rehabilitation services to this temporary location occurred on June 30, 2016.

The Hospital is continuing to search for a permanent location for these services within the greater Berlin area to ensure the continued provision of outpatient rehabilitation services to patients residing in this community.

The Hospital of Central Connecticut is seeking approval for the discontinuance of outpatient rehabilitation services at 15 Massirio Drive in Berlin, CT and the relocation of these services initially to temporary space located at 205 Kelsey Street, in Newington, CT., and ultimately to a permanent location within the same market.

There is no capital cost associated with this proposal.

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.

Introduction and Background

The Hospital of Central Connecticut is a member of Hartford HealthCare Corporation, an integrated health care delivery system ("HHC"). One of the principal goals of HHC is to deliver high quality, cost-effective, personalized and coordinated care through collaboration with its system members and other community providers.

For the last five years HOCC has provided outpatient rehabilitation services at 15 Massirio Drive in Berlin, CT. In the February 2016, HOCC was notified that the lease for this location would be terminated. In order to continue to serve patients in the Berlin community, the Hospital decided to temporarily transition these outpatient rehabilitation services, to a location 1.4 miles away, at 205 Kelsey Street in Newington, Connecticut. The transition of outpatient rehabilitation services to this temporary location occurred on June 30, 2016.

The Hospital is continuing to search for a permanent location for these services within the greater Berlin area to ensure the continued provision of outpatient rehabilitation services to patients residing in this community.

The transition of services to the temporary location occurred with no interruption in services and without disruption to patient care. This proposal involved careful planning and coordination. Team members chose the temporary location based on drive time, parking and office accessibility as well as availability for public transportation.

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 was notified by the property owner in February that the lease on the space at 15 Massirio Drive in Berlin, CT would terminate. Immediately following notification of the lease termination, HOCC began a search for suitable property within the greater Berlin area. The Hospital carefully reviewed patient drive times, parking availability and accessibility of various sites available for lease to determine the space that was most suitable for the continuous provision of outpatient rehabilitation services. On June 20th, 2016 a lease was signed to begin temporary occupancy at 205 Kelsey Street in Newington, Connecticut.

   The Hospital continues to search for permanent space for this service within the greater Berlin Community.

   Please see Exhibit 2, the communication to existing patients.

3. Provide the following information:

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

      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 relocation of services. 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 3, for a copy of HOCC's hospital license issued by the State of Connecticut Department of Public Health.

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 4, for copies of the curriculum vitae of key professional, administrative, clinical and direct service personnel related to the proposal.

Lucille Janatka, Senior Vice President, Hartford HealthCare and President Harford HealthCare Central Region
Nancy M. Kroeber, Vice President, Operations, Hospital of Central Connecticut

Eric Smullen, Executive Director, Hartford Healthcare Rehabilitation Network
Christopher J. Carlin, Vice President of Operations, Hartford HealthCare
Subramani Seetharama, Chief, Division of Physical Medicine & Rehabilitation Hartford Hospital Rehabilitation Network
Robert J. Stair, Regional Director, Central Region – Hospital of Central Connecticut & MidState Medical Center

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. No new services are being proposed

d. letters of support for the proposal;

Please see Exhibit 5, for a copy of the letters 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. No new services are being proposed

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

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 Berlin 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;

      HOCC provides outpatient rehabilitation services to the residents of greater Berlin including the towns of New Britain and Newington. There has been no change in the patient population served.

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

      The patient population was being served at 15 Massirio Drive in Berlin CT. As of June 30, 2016 the patients have been served at 205 Kelsey Street in Newington, Connecticut. This location is 1.4 miles from the prior location and is located on a public transportation route.

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

Not applicable. No new services are being proposed

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

Not applicable. No new services are being proposed

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

Not applicable. No new services are being proposed

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 from the relocation of services to 205 Kelsey Street in Newington, Connecticut, as it is located on a bus stop to ensure those utilizing public transportation can easily access these services, as well as better drive time and parking availability. Further, there has been no change to the services provided and no negative impact to patients.

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

Not applicable. No new services are being proposed

h. explain how access to care will be affected;

Not applicable. No new services are being proposed

i. discuss any alternative proposals that were considered.

Not applicable. No new services are being proposed

§ "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;

      All patients including Medicaid patients can continue to receive services with better drive time, parking and office accessibility, as well as, availability for public transportation. No changes will be made to the populations served.

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

      As previously discussed the new location is on a bus route, patients who rely on public transportation now have increased access to HOCC outpatient rehabilitation services.

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

      Not Applicable.

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)?

    This relocation will increase care coordination by allowing the continued provision of high quality outpatient rehabilitation services.

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

    As previously discussed, all patients, including Medicaid patients, will benefit by having continued access to high-quality physical therapy services.

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

    Please see Exhibit 6 for a copy of Hartford HealthCare's 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. This proposal will not reduce access to services for Medicaid patients

> § *"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 the termination and 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. There are no capital costs associated with this project.

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.

    Please see OHCA Table 3. There are no capital costs associated with this project.

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 Hartford Healthcare 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 7 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.

The Hospital assumed that volume would increase by 3% each fiscal year. There are no additional operating expenses for the new facility.

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.

Not applicable. This proposal does not reflect incremental expenses.

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 OHCA Tables 5 and 6

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.

    It was assumed that volume was going to increase by 3% annually each fiscal year. Volume for FY16 was calculated by annualizing the first 8 months of actual data and each subsequent fiscal year increases by 3%.

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 OCHA 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 OHCA table 8.

> *§ "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. No known effect anticipated from current providers.

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, and neurology.

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.

This proposal will have no impact on the diversity of health care providers and patient choice in the geographic region. Health care providers and patients will continue to have same choice due to the close proximity of the locations, only 1.4 miles. Some patients may even find it easier to access public transportation from the new location.

Tables

TABLE 1
APPLICANT'S SERVICES AND SERVICE LOCATIONS

Service	Street Address, Town	Population Served	Days/Hours of Operation	New Service or Proposed Termination
Outpatient Physical Therapy Services	**15 Massirio Drive , Berlin CT**	**All Adults age 18+**	**5 days a week Monday – Friday 8 am- 5pm***	**Same services new location**

***Schedule adjusted based on patient needs**
[back to question]

TABLE 2
SERVICE AREA TOWNS

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

Town*	Reason for Inclusion
Primary Service Area Berlin New Britain Newington	Primary Service area towns represent those towns from where 80 % of patients reside

* Village or place names are not acceptable.

[back to question]

TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE

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

* 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.

Not applicable. There are no capital expenditures associated with this proposal.

[back to question]

TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES

	FY 2017*	**FY 2018***	**FY 2019***
Revenue from Operations	$15,207	$15,625	$16,090
Total Operating Expenses	(27,794)	(27,794)	(27,794)
Gain/Loss from Operations	$43,001	$43,419	$43,884

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

[back to question]

TABLE 5
HISTORICAL UTILIZATION BY SERVICE

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2013***	FY 2014***	FY 2015***	FY 2016***
Physical Therapy Services visits and new patient evaluations	5,708	5,897	5,588	5,446
Total	5,708	5,897	5,588	5,446

* 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.

FY 2016 Volume data represents volume though May 2016, 8 months annualized.

[back to question]

TABLE 6
PROJECTED UTILIZATION BY SERVICE

Service*	Projected Volume		
	FY 2017**	**FY 2018****	**FY 2019****
Physical Therapy Services visits and new patient evaluations	5,610	5,778	5,951
Total	5,610	5,778	5,951

* 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.

Projected volumes represent 3% growth over FY 2015.

[back to question]

TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX

Payer	Current FY 2016**		Projected					
			FY 2017**		FY 2018**		FY 2019**	
	Visits	%	Visits	%	Visits	%	Visits	%
Medicare*	1,405	25.80%	1447	25.80%	1,491	25.80%	1,535	25.80%
Medicaid*	1,536	28.20%	1582	28.20%	1,629	**28.20%**	1,678	28.20%
Total Government	**2,941**	**54.00%**	**3,029**	**54.00%**	**3,120**	**54.00%**	**3,213**	**54.00%**
Commercial Insurers	2200	40.39%	2266	40.39%	2,333	**40.39%**	2,403	40.39%
Self -pay	26	.48%	27	.48%	28	.48%	29	.48%
Workers Compensation	279	5.13%	288	5.13%	297	5.13%	306	5.13%
Total Non-Government	**2,505**	**46%**	**2,581**	**46%**	**2,658**	**46%**	**2,738**	**46%**
Total Payer Mix	**5,446**	**100%**	**5,610**	**100%**	**5,778**	**100%**	**5,951**	**100%**

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

The payer mix table presented in Table 7 above represents all current visits and a projected 3% increase in visits but the percentage of payer mix to stay the same. Timeline Oct 2016- March 2016 of current data

[back to question]

TABLE 8
UTILIZATION BY TOWN

Patient City	Number of Visits FY15
NEW BRITAIN	1,428
KENSINGTON	1,262
BERLIN	832
NEWINGTON	828
PLAINVILLE	135
EAST BERLIN	114
BRISTOL	92
SOUTHINGTON	91
ROCKY HILL	90
UNIONVILLE	73
MIDDLETOWN	70
STAFFORD SPRING	65
WETHERSFIELD	59
All other	449
Total	**5,588**

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

[back to question]

TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Facility Name	**Facility Address**	**Providers**	**NPI #**	**Population Served (Counties)**	**Hours of Operation**
Select Physical Therapy	211 New Britain Road, Suite 101 Berlin CT 06037	Robert Becker, PT	1750497988	Berlin/Kensington	Monday - Friday 7:00AM to 6:00PM
Focus Physical Therapy	1231 Farmington Avenue Berlin CT 06037	Marcus Bacon, Steve DeFrancesco, Michael Johnson, Kari Callahan	1780868505	Berlin/Kensington	Monday - Friday 5:30AM - 6:00PM

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

[back to question]

List of Exhibits:

1. Exhibit 1- Copy of Hartford HealthCare Non-profit Status.
2. Exhibit 2- Copy of Communication to Existing Patients.
3. Exhibit 3- Copy of HOCC license.
4. Exhibit 4- Copies of Curriculum Vitae
5. Exhibit 5- Copy of Letters of Support.
6. Exhibit 6- Copy of Hartford HealthCare Financial Assistance Policy.
7. Exhibit 7- Copy of Financial Worksheet A.

Exhibit 1- Copy of Hartford HealthCare Non-profit Status.

Internal Revenue Service
Director, Exempt Organizations

Date: JUN 26 2007

The Hospital of Central Connecticut
at New Britain General and
Bradley Memorial
100 Grand Street
New Britain, CT 06050

Department of the Treasury
P.O. Box 2508
Cincinnati, Ohio 45201

Person to Contact - ID#:
Gwen Shaw - 75078
Contact Telephone Numbers:
877-829-5500 Phone
513-263-3756 FAX
Federal Identification Number:
06-0646768

Dear Sir or Madam:

By our determination dated January, 1937, you were held to be exempt from Federal Income Tax under the provisions of section 501(c)(3) of the Internal Revenue Code.

You recently furnished us information that New Britain General Hospital merged with Bradley Memorial Hospital and Health Center Inc on October 1, 2006. New Britain General Hospital which was the surviving organization changed it name to The Hospital of Central Connecticut at New Britain General and Bradley Memorial. Based on the information submitted, we have determined that the merger does not affect your exempt status. The organization will continue using Employer Identification Number 06-0646768.

Please let us know about any further changes in the character, purposes, method of operation, name or address of your organization.

If you have any questions regarding this matter, please contact the person whose name and telephone number appear in the heading of this letter.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Exhibit 2- Copy of Communication to Existing Patients.

The Hospital
of Central Connecticut
Rehabilitation Network

June 23, 2016

Dear Valued Patient,

The Hospital of Central Connecticut Rehabilitation Network (THOCCRN) will be moving its clinic located at 15 Massirio Drive in Berlin to 205 Kelsey Street in Newington, Connecticut on June 30, 2016. We will be providing seamless services to you during this move.

We can help you schedule your appointment at this or any of our other locations please feel free to call 860.829.1300 for assistance.

Thank you for your cooperation as we continue to improve the services we provide. If you have any questions, please feel free to reach out to us at 860.829.1300.

Sincerely,

Robert Stair

Robert Stair, PT
Regional Director, Central Region
Hartford HealthCare Rehabilitation Network

Exhibit 3- Copy of HOCC license.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0052

General Hospital

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

The Hospital of Central Connecticut at New Britain General and Bradley Memorial of New Britain, CT d/b/a The Hospital of Central Connecticut is hereby licensed to maintain and operate a General Hospital.

The Hospital of Central Connecticut is located at 100 Grand Street, New Britain, CT 06052-2008.

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

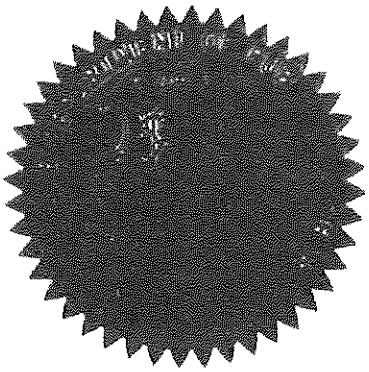
32 Bassinets
414 General Hospital Beds

This license expires **December 31, 2016** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, January 1, 2015.

Satellites:

Hispanic Counseling Center, 73 Cedar Street, New Britain, CT
The Hospital of Central Connecticut at Bradley Memorial, 81 Meriden Ave., Southington, CT
Outpatient Psychiatry and Behavioral Health, 73 Cedar Street, New Britain, CT
*Hartford Healthcare Cancer Institute at the Hospital of Central CT, 183 North Mountain Road, New Britain, CT

License revised to reflect:
*Added (1) Satellite effective 3/16/15



Jewel Mullen, MD, MPH, MPA
Commissioner

Exhibit 4- Copies of Curriculum Vitae.

LUCILLE ANDOLINA JANATKA, FACHE

P. O. Box 940
Woodbury, Connecticut 06798
203.405.3452

PROFESSIONAL EXPERIENCE:

2013 - Present **Senior Vice President and President, Central Region**
Hartford HealthCare
Hartford, Connecticut 06013

Responsible for two hospitals and healthcare services serving Central Connecticut. The Hospital of Central Connecticut in New Britain, Connecticut is a 414-bed teaching hospital and MidState Medical Center in Meriden, Connecticut is a 156-bed acute care hospital. Along with Senior Services and Behavioral Health Services, the Central Region is now focused on the integration of population health services.

2009 - 2013 **Senior Vice President**
Hartford HealthCare
Hartford, Connecticut 06103

In addition to MidState Medical Center, Executive Sponsor for the development of Hartford HealthCare Cancer Institute, a system-wide Cancer Service Line integrating five hospital cancer programs which average over 5,000 new cancer cases annually.

Hartford HealthCare is a charter member of the Memorial Sloan Kettering Cancer Alliance.

- Responsible for statewide VNA Healthcare with operating revenue of $44 million;
- Responsible for Central Connecticut Senior Health Services. This organization includes five facilities offering assisted living, memory care, and skilled nursing care.

1999 - Present **President/Chief Executive Officer**
MidState Medical Center
Meriden, Connecticut 06451

Responsible for executive leadership of MidState Medical Center, a 156-bed acute care hospital with net revenue of $233 million.

- Consistently achieved 3-5% operating margin for 12 years;
- Recognized by Press Ganey for top scores in patient satisfaction, physician satisfaction, and employee satisfaction over many years;
- Recognized with top awards for quality throughout State of Connecticut and Massachusetts Baldrige process;
- Developed multi-specialty medical foundation consisting of 40 physicians, now merged system-wide with 500 providers;
- Oversight of new construction totaling $60 million and adding 30% more capacity on current campus.

Lucille Janatka, FACHE
203-405.3452

P. O. Box 940
Woodbury, Connecticut 06798

1995 - 1999

Chief Operating Officer
Waterbury Hospital
Waterbury, Connecticut 06708

Responsible for all hospital operations at this 360-bed acute care teaching facility; implemented a redesign plan that achieved $10 million savings in operating expenses; negotiated sale of dialysis business for $2 million above offering price; developed joint venture with rehabilitation agency, increasing net revenues by $500,000; participated in planning stages of merging outpatient cancer services operating at two hospitals, into new independent LLC.

1992 - 1995

Vice President, Operations
Hospital of St. Raphael
New Haven, Connecticut 06511

Accountable for all Clinical and Support Services in 500-bed teaching tertiary care hospital; hospital-wide program coordination for cancer services, JCAHO requirements, union negotiations, and Engineering/Maintenance, Construction Management, Environmental Health and Safety departments.

1990 - 1992

Vice President, Administration
Greenwich Hospital
Greenwich, Connecticut 06830

Responsible for operation of all clinical departments, Environmental Services, Engineering, construction programs, Materials Management, Laundry, Safety and Security; directed construction of 600-car ($6.8 million) parking garage; coordinated plan, design, and construction of cancer center and medical offices ($15 million); participated in development of master plan for renovation and expansion of entire hospital.

1986 - 1990

Senior Vice President
Meriden-Wallingford Hospital
Meriden, Connecticut 06450

Responsible for operation of both clinical and non-clinical departments; coordinated purchase and operation of walk-in center, industrial medicine services program, physical therapy services; changed physician referral patterns, increased market share with $1 million new revenue to hospital; developed new Women's Health Center; physician recruitment; participated in planning, strategy, and implementation of merger with competitor hospital.

1982 - 1986

Vice President for Patient Care Services
Meriden-Wallingford Hospital
Meriden, Connecticut 06450

Areas of responsibility included Division of Nursing, Anesthesia, Operating Room, Emergency Department, Continuing Care/Social

Services, OB clinics, Hospice, Infection Control, SurgiCenter, and labor relations; decentralized Nursing Division; instituted walk-in program for non-emergent care through the Emergency Department; key member of negotiating team for all union contracts.

EDUCATION:

MSN Degree, Boston College, School of Arts and Sciences, Chestnut Hill, Boston, Massachusetts

BSN Degree, St. Anselm College
Manchester, New Hampshire

PROFESSIONAL ASSOCIATIONS:

- Fellow of the American College of Health Care Executives 1987-present.

BOARD and COMMITTEE MEMBERSHIPS:

Professional:

- Numerous Board and Community memberships

PERSONAL AWARDS:

- 2011 Women in Business Award - Hartford Business Journal, Hartford, CT
- 2009 Top 25 Women in Healthcare - Modern Healthcare Magazine
- 2009 CT Women's Hall of Fame
- 2008 Athena Award - Quinnipiac Chamber of Commerce, Wallingford, CT 2003 Strong, Smart & Bold Award - Girls, Inc., Meriden, CT
- 2006 Women in Leadership - Women & Families Center, Meriden, CT
- 2005 Regent's Award - American College of Healthcare Executives
- 2003 Strong, Smart & Bold Award - Girls Inc., Meriden, CT

4/15

NANCY M. KROEBER

SUMMARY

Health Care Leader with progressive responsibility and proven ability for developing successful programs and services, fostering teams that consistently exceed standards and building partnerships with physicians and staff that drive growth, financial performance and operational excellence.

EMPLOYEMENT HISTORY

THE HOSPITAL OF CONNECTICUT, NEW BRITAIN CT *(Formerly New Britain General Hospital)*
Vice President, Operations

The Hospital of Central Connecticut was created with the 2006 merger of the former New Britain General and Bradley Memorial hospitals. Through the University of Connecticut School of Medicine, the hospital participates in residency programs for primary care internal medicine, obstetrics and gynecology, otolaryngology, and general surgery. The hospital is a 414-bed acute care general hospital with two campuses. In my vice president role, I oversee operations to ensure successful execution of the strategic plan, organizational goals and balanced score card priorities.

Selected Accomplishments:

- Merged bariatric services between The Hospital of Central Connecticut and Midstate Medical Center to create a regional program.
- Led the transition of a for-profit rehab entity into a hospital service which enhanced quality, productivity and financial performance.
- Served as executive leader for the Hartford Healthcare Periop Productivity and Efficiency Committee that implemented $900,500 in system savings and $603,436 at the Hospital of Central Connecticut.
- Led the planning, development and implementation of a new Family Health Center where primary care, laboratory, imaging, urgent care and wound care services are provided.
- Planned and implemented wound care services in the New Britain community.
- Implemented an orthopedic hospitalist program.

Director, Cardiovascular, Neurodiagnostic, Interventional Radiology and Outpatient Services

Responsible for leading, planning, organizing and directing operations and services for Noninvasive Cardiology, Interventional Cardiology, Interventional Radiology, Neurodiagnostic Services, Sleep Disorders, Faculty Practice Clinics, Preadmission Testing, Medical, OB/GYN, Pediatric, Surgical, Orthopedic, GI, Podiatry and medical surgical subspecialty clinics. Lead multidisciplinary groups to ensure that quality care is provided and financial integrity is maintained. Planned and implemented an operating budget of $15.2 million with $38 million in billable services.

Selected Accomplishments:

- Achieved a 22% increase in net revenue through reorganization of hospital based faculty practice clinics
- Achieved savings of $117,000 through implementation of an inventory management program in the cardiac cath laboratory and interventional radiology.
- Implemented a Cardiac PET program
- Obtained CON for satellite sleep disorders center
- Achieved ICAEL accreditation status for Echocardiography
- Responsible for the consolidation of select clinical services as part of a two hospital merger.
- Established ENT, Hand, Neurology and Nephrology Clinics
- Leader for hospital wide strategic initiative in redesigning the role of the clinical manager.
- Key participant in the development and implementation of an organizational service excellence program.

NEW BRITAIN GENERAL HOSPITAL, NEW BRITAIN CT

Director, Cardiac, Neuro and Outpatient Services

Responsible for leading, planning, directing, service delivery, operations and financial performance for Cardiology, Neurodiagnostics, Sleep Disorders, Outpatient Clinics, PAT and an Outpatient Diagnostic Laboratory.

- Redesigned clinic billing policies, procedures, and processes which resulted in enhanced revenue capture and reduced compliance risk.
- Achieved a 7.9% increase in activity with zero variance in FTEs and reduced non-salary budget by 28% within the first year of assuming responsibility for the outpatient clinics.
- Implemented strategies that moved patient satisfaction scores from the 4th percentile to the 70th percentile within 8 months of assuming responsibility for an outpatient diagnostic facility.
- Oversaw major facility redesign for a sleep disorders center, outpatient clinics and the Department of Cardiology
- Connecticut Immunization Registry Best Practice Award recipient for pediatric outpatient service.
- Expansion of a 4-Bed Sleep Disorders Center to a 6-Bed Center with an annual increase in volumes of 44% and a 50% increase in the departmental gross margin.
- Project leader for successful AASM accreditation of a Sleep Disorders Center
- As a member of the IT Steering Committee and Implementation Team, assisted in the assessment, development and implementation of a hospital wide electronic health record

Manager, Department of Cardiology

Responsible for the operations, resource management and patient care for the Department of Cardiology and Cardiac Electrophysiology.

- Developed, implemented and expanded diagnostic service line to include transesophageal echocardiography and outpatient ambulatory cardiac monitoring electrophysiology.
- Development and implementation of a cardiac electrophysiology program.
- Established a cardiology diagnostic satellite.
- Increased gross margin by 30%, 13.3%, 12.4% and 16% for consecutive years.
- Participated in development of organizational work redesign.
- Development of a nurse-managed Coumadin Clinic.
- Developed department performance improvement program
- Developed and marketed a cardiovascular health-screening program for businesses in central Connecticut.

Assistant Nurse Manager, Cardiac Telemetry Unit
RN, Staff/Charge Nurse, Coronary Care Unit
RN, Staff/Charge Nurse, Surgical Unit

MERIDEN WALLINGFORD HOSPITAL, MERIDEN, CT
Staff Nurse, Telemetry Step Down Unit

GAYLORD HOSPITAL, WALLINGFORD, CT
Staff Nurse, Pulmonary Rehabilitation

ACADEMIC POSITIONS

STONE ACADEMY EAST HARTFORD CT
Anatomy and Physiology, Classroom Instructor

UNIVERSITY OF CONNECTICUT SCHOOL OF ALLIED HEALTH
Guest Lecturer, Spring Semester, 1999 and 2000

EDUCATION

AMERICAN MANAGEMENT ASSOCIATION
Leadership Certification Program
2010

MORESTREAM.COM UNIVERSITY
Lean Six Sigma, Certificate of Completion
2010

UNIVERSITY OF HARTFORD

MSN, Management, 1997

3.9 GPA

ConnectiCare Managed Care Company, Administrative Internship, 1/97 – 5/97

University of Connecticut Health Center, Clinical Internship, Cardiac Surgical Program, 1/96 – 5/96

Kappa Delta Pi, Phi Chapter, National Education Society

UNIVERSITY OF HARTFORD

B.S., Health Science, Concentration in Advanced Science and Medicine, 1989

Suma Cum Laude

MATTATUCK COMMUNITY COLLEGE, WATERBURY, CT

A.S., Nursing, 3.9/4.0 GPA, 1982

VINAL VOCATIONAL SCHOOL, MIDDLETOWN, CT

Practical Nurse Certificate, 1978

Honored for highest achievement in academic and clinical areas.

PROFESSIONAL MEMBERSHIPS AND AWARDS

American College of Healthcare Executives

Corporator, The Hospital of Central Connecticut

Board Member, Central Connecticut Chambers of Commerce

Board Member, New Britain Chambers of Commerce

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

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)

SUBRAMANI SEETHARAMA, MD ,MS

181 Patricia M Genova Dr.,Newington, CT 06111 Office: 860-972-5107 Fax: 860-545-5593
Cell: 860-690-7410

Professional Experience

10/2014 to present — **Chief, Division of Physical Medicine & Rehabilitation**
Hartford Hospital, Hartford, CT

1/2007 to present — **Hartford Healthcare Rehabilitation Network (HHRN)**
Hartford Hospital
Hartford, CT
Medical Director of Spinal Cord Injury Program and Medical
Medical Director of Rehabilitation Services
Medical Director of Sports Medicine

5/2012 to present — **Hospital for Special Care**
New Britain, CT
Consultant, Spinal Cord Injury Program

2007 – Present — **Dreaming and Working Together Inc.:** (Not for Profit – Medical Mission)
President (since 2014)
Providing Medical Missions
Lima, Peru

1998- Present — **University of Connecticut**
Farmington, CT
Assistant Professor

5/97 to 4/2012 — **Hospital for Special Care**
New Britain, CT

Director of Spinal Cord Injury Program

6/2006- to present — **Rehabilitation Subcommittee Chairman of Connecticut Trauma Systems**

5/94 to 4/97 — **Western Health Services**
Springfield, MA
Director, Spinal Cord Injury Program

1/95 to 5/99 — **Sub acute Rehab/Consultant:** Parkway Pavilion, Enfield, CT. Mediplex, East Longmeadow, MA, Evergreen, Stafford Springs, CT, Duncaster, Bloomfield, CT

1/94 to 9/94 — **Locum Tenens with Comp Health**

1/91 to 1/94 — **St. Francis Medical Center**
Resident, Department of Physical Medicine & Rehabilitation
Pittsburgh, PA
Chief Resident

1/93 to 1/94 — **St. Francis Medical Center**
Pittsburgh, PA
ER Physician

1/93 to 1/94 — **Uniontown Hospital**

Uniontown, PA
ER Physician

7/89 to 12/90 — **Department of Internal Medicine**
Ohio Valley Medical Corp.
Wheeling, West VA
Resident (PGY1)

7/86 to 6/89 — **West Virginia University**
Department of Microbiology & Immunology
Morgantown, W. VA
Chief, Microbiology Laboratories

8/84 to 6/86 — **West Virginia University**
Department of Microbiology & Immunology
Morgantown, W. VA
Graduate Teaching Assistant

1/84 to 6/84 — **West Virginia University**
Department of Biology
Morgantown, W. VA
Graduate Teaching Assistant

1/83 to 7/83 — **Kasturba Medical College Hospital**
Manipal, India
Resident, Department of Pediatrics

6/82 to 12/82 — **Tata Main Hospital**
Jamshedpur, India
Internship Training in Pulmonary Medicine, Pediatrics, Public Health and Psychiatry

12/81 to 6/82 — **Army Command Hospital (Eastern Command)**
Calcutta, India
Internship Training in Internal Medicine, Surgery, Obstetrics and Gynecology

Education

8/83 to 6/86 — **West Virginia University**
Morgantown, W. VA
M.S. in Microbiology
Thesis: *"An Immunological and Serological Study of E. Coli Alpha Hemolysin".*

8/76 to 10/81 — **Armed Forces Medical College, University of Poona**
Poona, India
M.D., B.S. (Equivalent to M.D.)

7/75 to 6/76 — **Kirorimal College, University of Delhi**
Delhi, India
B.S. in Botany (Honors) with Additional Physics (first year)

Board Certification

Physical Medicine and Rehabilitation	1995, 2005, 2015
Spinal Cord Injury	1998 Nov., 2008
Sports Medicine	2008 Sept

SUBRAMANI SEETHARAMA, MD ,MS

181 Patricia M Genova Dr.,Newington, CT 06111 Office: 860-972-5107 Fax: 860-545-5593
Cell: 860-690-7410

Certification:

Concussion ImPACT Certification	March 2013
Disaster Management and Emergency Preparedness	April 2013

Medical Registration and License

Connecticut, Massachusetts, Pennsylvania, West Virginia (Inactive), New Jersey

AWARDS

Connecticut "TOP DOC" 2010, 2011, 2012, 2013, 2014, 2015, 2016
SCI Service Excellence Award 2011 local chapter of the Christopher Reeves Foundation and NSCIS
Credentialed ImPACT Consultant for Concussion Management
Cheshire YMCA Health and Wellness award, March 2015 for Providing Services to the Local Cheshire community.

Publications

Learn, Douglas G., Brestel, Eric P., & Seetharama, Subramani, 1987. *"Hypochlorite Scavenging of Pseudomonas Aeruginosa Alginate".* Infection and Immunity, 55:1813-1818.

Seetharama, S., Cavalieri, S. J., & Snyder, I.S., 1988. *"Immune Response to Escherichia Coli Alpha-Hemolysin in Patients".* Journal of Clinical Microbiology, 26:850-856.

Faghri, Pouran, Pesce, William J., & Seetharama, S., 2001. *"Circulatory Hypokinesis and Functional Electric Stimulation during Standing in Persons with Spinal Cord Injury."* Archives Phys Med Rehab 82 1587-1595.

Faghri, Pouran, Pesce, William J., & Seetharama, S. *"Optimization of Functional Electrical Stimulation Induced Cycle Ergometry for Peoples with Spinal Cord Injury".* (For Publication).

Francois Bethoux, MD1, Subramani Seetharama MD et alThe Effects of Peroneal Nerve Functional Electrical Stimulation versus AFO wear on Gait Performance and Quality of life at 6 months in patients with chronic stroke a randomized controlled trial. *Neurorehabil Neural Repair* published online 13 February 2014

Francois Bethoux, MD1, Subramani Seetharama MD et al Long-Term Follow-up to a Randomized Controlled Trial Comparing Peroneal Nerve Functional Electrical Stimulatio to an Ankle Foot Orthosis for Patients With Chronic Stroke. *Neurorehabil Neural Repair* published online 1/12/2016

Timothy Belliveau,Alan M Jette, PT, PhD; Subramani Seetharama, MD; Jeffrey Axt, MBA; David Rosenblum, MD; Daniel Larose, PhD; Bethlyn Houlihan, MSW; Mary Slavin, PT, PhD; Chantal Larose, PhD
Title: Developing artificial neural network models to predict functioning one year after traumatic spinal cord injury. Archives of Physical Medicine and Rehabilitation (awaiting publication)

Abstracts:

Abstracts of the Annual Meeting of the American Society of Microbiology
Washington, D.C.
Seetharama, S., Cavalieri, S.J.H., Snyder, I.S., 1986. *"Characterization of the Immunological Response to Hemolytic E. Coli".*
Viti, A., Seetharama, S., Snyder, I.S., and Schwab, I.R. 1988. *"Bacterial Growth and the Use of Ciprofloxacin in MK Media".* Invest Opthalmo. Vis Sci. 29 (Suppl): 444.

181 Patricia M Genova Dr.,Newington, CT 06111 Office: 860-972-5107 Fax: 860-545-5593
Cell: 860-690-7410

Abstracts of the Annual Meeting of the American Society of Microbiology
New Orleans, Louisiana
Seetharama, S., Viti, A, Schwab, I.R., and Snyder, I.S. 1989. *"Potential of Ciprofloxacin in the Prevention of Ocular Infections Following Corneal Transplants"*.

Abstracts of the Annual Meeting of the Academy of PM&R
Miami, Florida
Seetharama, S., Bradley, J. P., 1993. *"Post-Traumatic Flexion Contractures of the Elbow"*.

Abstracts of the Annual ASIA Conference
Denver, Colorado
Seetharama, S., 2004. *"Intravascular Malignant Lymphamotosis of Spinal Cord, a Diagnostic Problem"*.

International Spinal Cord Society (ISCoS) conference, New Delhi, India
Repetitive-Activity based training of the upper extremity using an Electromyography Controlled Neurorobotic device to improve function in persons with Tetraplegia

Abstracts of the Annual Meeting of the Academy of PM&R
Washington, DC
Seetharama S, Steingiser Allison, Lovejoy, David.
Patient reported Outcomes Measurement Information System (PROMIS), as a measure of functioning in pediatric

American Spinal Injury Association/International Spinal Cord Society.Montreal, Canada.
Rosenblum, David, Seetharama S et al
Development of an Innovative tool to share the Disseminate Spinal Cord Injury Information to Providers across the Continuum of Careemotional functioning in pediatric

Abstracts of American Spinal Cord Injury Professionals New Orleans, LA
Rosenblum, David, Seetharama S et al
New England Spinal Cord Injury Toolkit Offers an Easy to Access and use Education Tool to Any SCI Caregiver

Abstracts of American College of Sports Medicine, Annual Meeting, Boston, MA
Seetharama, S' Belliveau T' Lovejoy D et al.
Performance Validity And Post-concussive Symptoms In A Pediatric And Young Adult Sample. Medicine and Science in Sports and Exercise, Volume 48:5 Supplement

Research Grants:

Hartford Hospital:

Accorda Pharmaceuticals	2003, 2004 - Completed
Sanofia – Aventis	2005 - Completed
Instride Study: Walk-Aide in Stroke-Innovative Neurotronics	2011 ongoing
New England SCI model Systems Research, NIDDR PI	2011-ongoing

4 studies:
SCI-FI (SCI-Functional Index)
SCI-QOL (SCI-Quality of Life)
EQuATe (Equity and quality in Assistive Technology)
My Care My Call- peer-led telephone based empowerment

Outcomes Database collection

Presentations:

10/17-19/85 **American Society of Microbiology. Marshall University** - Huntington, West Virginia
Seetharama, Subramani & Snyder, Irvin S., *"Characterization of the Immunological Response to Hemolytic E. Coli."*

3/30/86 **Sigma XI Research Colloquium** - Medical Center Auditorium
"Characterization of the Immunological Response to Hemolytic E. Coli".

3/23-28/86 **Annual Meeting of the American Society of Microbiology** - Washington, D.C.
Seetharama, Subramani, Cavalieri, S.J., Snyder, Irvin S., *"Characterization of the Immunological Response to Hemolytic Escherichia Coli."*

11/20-21/87 **Allegheny Branch of American Society for Microbiology** - Seven Springs, PA
Seetharama, S., Viti, A., Schwab, I., & Snyder, I., *"Growth of Bacteria in Cornea Storage Medium"*.

5/1-6/88 **Annual Meeting of the Association for Research in Vision for Ophthalmology** - Sarasota, FL
Viti, A., Seetharama, S., Schwab, I., & Snyder, I., *"Bacterial Growth in the Use of Ciprofloxacin in MK Media."*

5/15/93 **Annual Research Forum, St. Francis Medical Center** - Pittsburgh, PA
Seetharama, S., Bradley, J. P., *"Post-Traumatic Flexion Contractures of the Elbow"*.

10/31-11/4/93 **Annual Academy of PM&R Meeting** - Miami, FL
Seetharama, S., Bradley, J. P., *"Post-Traumatic Flexion Contractures of the Elbow"*.

5/14 – 5/16/2004 **Annual ASIA Conference** - Denver, Colorado
Intravascular Malignant Lymphamotosis of Spinal Cord, a diagnostic problem.

3/3/2005 **University of Connecticut Medical Grand Rounds** – UCONN Health Center

6/2/2005 **Trauma/Orthopedic Multidispliniary Conference** – Hartford Hospital, Hartford, CT Topic: *Role of Physiatrist in Discharge Planning*

3/2008 **Annual Respitory Conference**- Aqua Turf Southington, CT
Topic: *Pulmonary Rehab in a Spinal Cord Injury*

10/2008 **Annual Spinal Cord Injury Conference** – HSC New Britain, CT

4/2/2009 **11th Annual Connecticut Trauma Conference – Foxwoods, CT**
Topic: *Bar iatric Rehabilitation*

6/11/2009 **International Rehab Forum- Kayseri Turkey**
Topic: *Dreaming & Working Together In Lima, Peru*

10/29/2010	**International Spinal Cord Society (ISCoS) Conference, New Delhi,India** *REPETITIVE-ACITVITY BASED TRAINING OF THE UPPER EXTREMITY USING A ELECTROMYOGRAPHY CONTROLLED NEUROROBOTIC DEVICE TO I MPROVE FUNCTION IN PERSONS WITH TETRAPLEGIA.*
10/4/2013	**AAPMR Annual Conference , Washington, DC** Patient reported Outcomes Measurement Information System (PROMIS) ,as a measure of emotional functioning in pediatric
5/14/2015	**American Spinal Injury Association/International Spinal Cord Society.Montreal, Canada** **Development of an Innovative tool to share the Disseminate Spinal Cord Injury Information to Providers across the Continuum of Care**
9/7/2015	**American Spinal Cord Injury Professionals New Orleans, LA** New England Spinal Cord Injury Toolkit Offers an Easy to Access and use Education Tool to Any SCI Caregiver
10/25/2015	**American Congress of Rehabilitation Medicine Dallas, TX** Development of the New England Spinal Cord Injury Toolkit for Peer-to Peer Clinical Education
6/2/2016	**American College of Sports Medicine Anuual Meeting, Boston ,MA** Performance Validity And Post-concussive Symptoms In A Pediatric and Young Adult Sample
Appointments:	Member, Connecticut Governors Spinal Cord Injury Research Board Connecticut State Trauma Society, Chairman, Rehab subcommittee Medical Director: US OLYMPICS GYMNASTICS TRIALS, Aug 15 –Aug 19, 2013 at Hartford ,CT
Professional Affiliations:	American Association of Electrodiagnostic Medicine American Academy of Physical Medicine and Rehabilitation American Spinal Injury Association (ASIA) Connecticut Academy of Physical Medicine and Rehabilitation Connecticut Medical Society American College of Sports Medicine International Rehabilitation Forum
Hobbies:	Tennis (captain of the tennis team, played in Indian National Tennis Championship, 1981), racquetball, cricket, music and dramatics.

Robert J. Stair PT, MBA

20 Meadowview Court, Newington, CT 06111 Home: (860) 667-7156 Cell: (860) 280-6530 Email: rstair@cox.net

SUMMARY:

Results oriented healthcare professional with proven track record of successfully leading others through change and driving programmatic growth. A creative leader with a passion for rehabilitation and over 20 years of industry experience. Commended for providing exemplary customer service and valuable guidance to business partners while effectively managing multiple priorities.

EXPERIENCE:

Hartford HealthCare Rehabilitation Network, Newington, CT — January 2005 – Present

Regional Director, Central Region – Hospital of Central Connecticut & Midstate Medical Center — November 2011 – Present

- Manage the operations of 7 outpatient rehabilitation clinics, 3 acute care hospital locations, and 1 occupational health clinic across the central region of Hartford Healthcare, with over 45 FTEs of employed staff
- Outperformed budget with year over year growth above the projections consistently each year as regional director
- Implemented Lean Daily Management in 4 locations, and on track to roll-out to all 11 locations by October 2016
- Successfully opened a new outpatient rehabilitation location within the HHC Cancer Center in March 2015
- Converted former Central Connecticut Sports Medicine locations in Plainville and Berlin to hospital-owned practices
- Converted former Alliance Occupational Health clinic to a hospital-owned practice
- Partnered with other departments to achieve Joint Commission accreditation for Stroke and Joint Replacement programs at both Hospital of Central Connecticut and Midstate Medical Center
- Consistently demonstrate interdepartmental and interdisciplinary coordination with multiple system-wide initiatives
- Taken a lead role in many projects including employee engagement, customer satisfaction/outcomes reporting, and lean daily management

Contract Director, Hospital for Special Care — January 2008 – November 2011

- Managed multidisciplinary staff of 25 in an outpatient hospital setting with complex cases including spinal cord rehabilitation, stroke rehabilitation, and brain injury rehabilitation in addition to orthopedic and aquatic cases
- Recorded unprecedented growth over a three year period through improving workflow efficiency, developing programs, and building physician relationships (18% growth since 2008, with 15% growth through first four months FY 2012)
- Increased Speech Therapy staff by 100%, Physical Therapy staff by 30%, Occupational Therapy staff by 27%, and support staff by 66% to address volume growth over three year period
- Established department budgets for visits, staffing, supplies, and capital items annually
- Recorded very high customer satisfaction ratings from contract site leadership including CEO, VP of Administration, CFO, and VP of Information Systems, as well as clinical managers and physicians
- Achieved Joint Commission accreditation and CARF accreditation for Outpatient Rehabilitation Services, Spinal Cord Rehabilitation, and Acquired Brain Injury Rehabilitation
- Developed new programs including Bioness Training for Upper and Lower Extremities, MYOMO, Arthritis "Pre-Hab" Aquatic Protocol, Locomotor Training Program, Orthotics (custom and pre-fabricated) Program, Wii-Hab Program, and ABI Waiver Evaluations for DMHAS clients (OT safety evaluation component)
- Completed monthly, quarterly, semi-annual, and annual reports for contract site and ERN CEO consisting of financial data, referral trends, visit statistics, outcomes and satisfaction reports
- Constructed Eclipsys scheduling system in conjunction with IT Department for Outpatient Rehab and Physicians' Clinics
- Proactively addressed Medicare probe to ensure all required components were addressed within the medical record documentation resulting in a decreased error rate from 16% to 5% over 6 month period
- Partnered with Inpatient Rehab Nursing Staff and Discharge Planners to create seamless transition from inpatient discharge to outpatient admission
- Consistently outperformed HSC Outpatient Rehab Department net income budget and ERN Contract net income budget each year as Contract Director

Site Director, Glastonbury Office — January 2005 – December 2007

- Managed multidisciplinary staff of 11 in a high volume outpatient setting, including hiring of new employees, mentoring and performance management
- Tracked referral trends, staff productivity, billing error rates, and denial rates resulting in increased site efficiency
- Completed monthly productivity reports to identify trends and opportunities within the Glastonbury market
- Partnered with Regional Director to create strategies for building market share through both clinical and innovative cash-based programs including Pilates mat classes and a Parkinson's exercise class
- Increased clinical staff by 20% to accommodate program development and growth
- Contributed to the development of the annual budget based on past performance and future expectations within the marketplace
- Cooperatively managed athletic training services for Glastonbury High School

- Actively participated in marketing efforts to physicians to attract more business to the facility
- Continuously evaluated patient feedback through CQI process in order to maintain exceptional patient satisfaction
- Maintained patient caseload specializing in musculoskeletal diagnoses in addition to management responsibilities
- Participated on ERN Technology Committee to address computerized scheduling and billing
- Assisted in the establishment of an off-site clinic at local neurologist's office
- Facilitated CARF preparation for ERN Glastonbury site

Saint Mary's Hospital, Waterbury, CT

Clinical Manager, Saint Mary's Physical Therapy of Naugatuck — September 2002 – December 2004

- Managed outpatient physical therapy office with duties including: staffing, budgeting, marketing, and productivity
- Performed community outreach programs including on-site ergonomic assessments and presentations
- Provided physical therapy services in a fast-paced satellite office located adjacent to a walk-in medical clinic
- Participated in monthly management meetings to address current issues

Central Connecticut Sports Medicine Center, New Britain General Hospital — November 1996 – July 2002

Site Coordinator, CCSMC, Plainville Satellite Office, Plainville, CT — February 2001 – August 2002

- Operated as staff PT with additional responsibilities including: managing office budget, productivity, marketing and physician relations
- Provided exclusive PT services for foot dysfunctions and post-operative treatments

Outpatient Coordinator, NBGH, Physical Medicine Department — March 1999 – August 2002

- Coordinated outpatient schedules for rehab services
- Provided orientation for new employees
- Proactively marketed PT services to physicians and the community
- Center coordinator for clinical education of affiliating PT students
- Maintained full caseload with same responsibilities as staff physical therapist

Contract Physical Therapist, Jerome Home, New Britain, CT — April 1998 – March 1999

- Provided PT services in a 120 bed skilled nursing facility
- Attended family meetings regarding discharge and need for long term placement
- Provided safety screens for all appropriate residents
- Educated staff with body mechanics classes and patient safety awareness training

Staff Physical Therapist, NBGH, Physical Medicine Department — November 1996 – March 1999

- Evaluated and treated primarily orthopedic and work related injuries for New Britain area community as well as other related diagnoses including acute care/inpatient, neurological, post surgical, and wound/burn patients

Grove Hill Medical Center, New Britain, CT

Per Diem Physical Therapist — October 1998 – October 2001

- Provided outpatient physical therapy services for orthopedic injuries

Other Related Experience and Accomplishments:

• Joint Commission and DPH surveys for HOCC and Midstate	2013-2016
• Completed HHC lean daily management training, and led demonstration unit for HHC	2015
• Completed leadership behavior classes for HHC leadership	2013
• Attended various leadership courses through Hartford Hospital Leadership Program	2009-2011
• Eclipsys scheduling system conversion for HSC Outpatient Department	2010
• Christopher Reeves Foundation, CT Chapter Roll-a-thon Fundraiser Volunteer	2010
• CARF, Joint Commission, and DPH Surveys for HSC	2009
• Achieved McKenzie Certification	2008
• Presented a CPS course on Shoulder Special Tests	2007
• Interviewed with CARF inspector to obtain CARF certification for ERN	2006
• McKenzie Course Parts A, B, C, D, and E	2005-2009
• Leadership Training Seminars	2004-2006
• Member of American Physical Therapy Association	2002
• Conducted presentation in Spanish on body mechanics and ergonomics at *Baker's Choice*	2002
• Featured on WVIT Channel 30 News for demonstrating proper shoveling techniques	2002
• Balance program - provide screenings at Area Senior Centers in Newington and New Britain	2001
• Participated in JCAHO inspection of physical medicine department at NBGH	2001
• Member of team for CT Collaboration for Fall Prevention	2000
• Clinical Education Advisory Council Springfield College	1999

- Featured on WFSB Channel 3 News for *Health Beat,* describing proper body mechanics for gardening 1999
- Attended APTA National Conference 1998
- Developed and implemented body mechanics class for Jerome Home employees 1998
- Quoted in *New Britain Herald* newspaper article on children's backpack usage 1998
- Presented lecture at CT Radiology Technologists' Conference about body mechanics and work safety 1998
- Credentialed/certified clinical instructor by APTA 1997
- Center Coordinator for Clinical Education CCSMC/NBGH 1997
- Featured on WFSB Channel 3 News for *Health Beat* describing proper sleeping positions 1997

Education:

University of Connecticut, West Hartford, CT
Masters of Business Administration (MBA), 2003
Dual Concentrations: Management, Finance GPA 3.9

University of Connecticut, Storrs, CT
Bachelor of Science in Allied Health, 1996
Major: Physical Therapy

Special Skills:

- Bilingual in English and Spanish

Exhibit 5- Copy of Letters of Support.

NEWINGTON CHAMBER OF COMMERCE
1046 MAIN STREET, NEWINGTON, CT 06111 TEL.(860)666-2089
WEBSITE: WWW.NEWINGTONCHAMBER.COM FAX.(860)666-7551
EMAIL: OFFICE@NEWINGTONCHAMBER.COM
FACEBOOK: NEWINGTON CHAMBER OF COMMERCE
TWITTER: #NWNGTNCHAMBER

August 12, 2016

Dear Office of Health Care Access:

I am writing this letter in support of the Hospital of Central Connecticut (HOCC) Rehabilitation Network office regarding the application for relocation to Newington, Connecticut.

The proposed new location for the Rehabilitation Network Office from 55 Massirio Drive in Berlin to 205 Kelsey Street in Newington offers a new level of ease and accessibility for patients and staff alike. This simple move to a location on a bus line creates an affordable alternative option for those seeking care as well as support and improve access.

Thank you so much for your support of this improvement to the Newington medical community.

Sincerely,

Gail Whitney

Gail Whitney
Executive Director
Newington Chamber of Commerce

BAROCHIA
Internal Medicine

Dr. Sanjay Barochia
66 Cedar Street, Suite 105
Newington, CT 06111
Phone 860-667-8200
Fax 860-667-8202

August 11, 2016

Office of Health Care Access

RE: Letter of Support for HOCC Rehabilitation Office relocation to Newington

Dear Office of Health Care Access:

I am writing this letter in support of The Hospital of Central Connecticut's (THOCC) Rehabilitation Network Office application for relocation to Newington, CT. The proposed new location for the Rehabilitation Network Offices offers a new level of ease and accessibility for its patients and staff alike. The new office location is planned for 205 Kelsey Street in Newington, moving from 55 Massirio Drive in Berlin.

This simple move to a location on a bus line creates an affordable alternative option for those seeking care and provides a seamless transition between levels of care and treatment. As a primary care provider, the comfort and accessibility of care for my patients is of utmost importance.

Thank you so much for your support with this improvement to the Newington medical community.

Sincerely,

Sanjay Barochia, MD

Exhibit 6- Copy of Hartford HealthCare 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 7- Copy of Financial Worksheet A.

Applicant: HOCC
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) FY15 Actual Results	(2) FY16 Projected W/out CON	(3) FY16 Projected Incremental	(4) FY16 Projected With CON	(5) FY17 Projected W/out CON	(6) FY17 Projected Incremental	(7) FY17 Projected With CON	(8) FY18 Projected W/out CON	(9) FY18 Projected Incremental	(10) FY18 Projected With CON	(11) FY19 Projected W/out CON	(12) FY19 Projected Incremental	(13) FY19 Projected With CON
A.	OPERATING REVENUE													
1	Total Gross Patient Revenue	$862,643,115	$826,963,276	$0	$826,963,276	$813,777,000	$45,700	$813,822,700	$806,440,192	$46,958	$806,487,151	$804,787,080	$48,356	$804,835,436
2	Less: Allowances	$508,692,529	$477,400,669	$0	$477,400,669	$463,574,818	$30,494	$463,605,311	$455,018,235	$31,333	$455,049,568	$449,691,006	$32,266	$449,723,271
3	Less: Charity Care	$9,706,868	$11,430,212	$0	$11,430,212	$11,299,306		$11,299,306	$11,235,310		$11,235,310	$11,226,453		$11,226,453
4	Less: Other Deductions	$0	$0	$0	$0	$0		$0	$0		$0	$0		$0
	Net Patient Service Revenue	**$344,243,718**	**$338,132,395**	**$0**	**$338,132,395**	**$338,902,877**	**$15,207**	**$338,918,083**	**$340,186,647**	**$15,625**	**$340,202,272**	**$343,869,622**	**$16,090**	**$343,885,712**
5	Medicare	$128,301,089	$113,513,994	$0	$113,513,994	$111,459,612	$3,125	$111,462,736	$110,512,466	$3,211	$110,515,677	$110,656,997	$3,306	$110,660,304
6	Medicaid	$59,958,401	$51,111,596	$0	$51,111,596	$50,615,505	$4,144	$50,619,649	$50,372,803	$4,258	$50,377,061	$50,376,053	$4,385	$50,380,438
7	CHAMPUS & TriCare	$296,193	$220,255	$0	$220,255	$219,118	$0	$219,118	$218,985	$0	$218,985	$218,892	$0	$218,892
8	Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Total Government	**$188,555,683**	**$164,845,845**	**$0**	**$164,845,845**	**$162,294,234**	**$7,269**	**$162,301,503**	**$161,104,254**	**$7,469**	**$161,111,723**	**$161,251,943**	**$7,691**	**$161,259,634**
9	Commercial Insurers	$146,862,240	$154,554,713	$0	$154,554,713	$158,047,019	$6,913	$158,053,932	$160,605,660	$7,104	$160,612,763	$164,144,471	$7,315	$164,151,786
10	Uninsured	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
11	Self Pay	$1,610,094	$14,387,820	$0	$14,387,820	$14,220,385	$44	$14,220,430	$14,138,100	$45	$14,138,145	$14,126,458	$47	$14,126,504
12	Workers Compensation	$7,215,700	$4,344,017	$0	$4,344,017	$4,341,238	$980	$4,342,219	$4,338,633	$1,007	$4,339,640	$4,346,750	$1,037	$4,347,788
13	Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Total Non-Government	**$155,688,035**	**$173,286,550**	**$0**	**$173,286,550**	**$176,608,642**	**$7,936**	**$176,616,580**	**$179,082,392**	**$8,156**	**$179,090,549**	**$182,617,679**	**$8,399**	**$182,626,078**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$344,243,718**	**$338,132,395**	**$0**	**$338,132,395**	**$338,902,877**	**$15,207**	**$338,918,083**	**$340,186,647**	**$15,625**	**$340,202,272**	**$343,869,622**	**$16,090**	**$343,885,712**
14	Less: Provision for Bad Debts	$5,091,859	$6,197,828	$0	$6,197,828	$6,126,847	$0	$6,126,847	$6,092,146	$0	$6,092,146	$6,087,343	$0	$6,087,343
	Net Patient Service Revenue less provision for bad debts	**$339,151,859**	**$331,934,567**	**$0**	**$331,934,567**	**$332,776,030**	**$15,207**	**$332,791,237**	**$334,094,501**	**$15,625**	**$334,110,126**	**$337,782,278**	**$16,090**	**$337,798,369**
15	Other Operating Revenue	$11,780,567	$17,308,996	$0	$17,308,996	$17,482,086	$0	$17,482,086	$17,656,907	$0	$17,656,907	$17,833,476	$0	$17,833,476
17	Net Assets Released from Restrictions	$1,128,658	$863,784	$0	$863,784	$881,060	$0	$881,060	$898,681	$0	$898,681	$916,654	$0	$916,654
	TOTAL OPERATING REVENUE	**$352,061,084**	**$350,107,347**	**$0**	**$350,107,347**	**$351,139,176**	**$15,207**	**$351,154,382**	**$352,650,088**	**$15,625**	**$352,665,714**	**$356,532,409**	**$16,090**	**$356,548,499**
B.	OPERATING EXPENSES													
1	Salaries and Wages	$142,750,540	$138,957,353	$0	$138,957,353	$141,541,184	$0	$141,541,184	$145,221,363	$0	$145,221,363	$150,013,547	$0	$150,013,547
2	Fringe Benefits	$44,808,153	$41,786,339	$0	$41,786,339	$42,386,719	$0	$42,386,719	$43,526,172	$0	$43,526,172	$44,986,411	$0	$44,986,411
3	Physicians Fees	$10,255,000	$10,072,108	$0	$10,072,108	$10,273,550	$0	$10,273,550	$10,479,021	$0	$10,479,021	$10,688,602	$0	$10,688,602
4	Supplies and Drugs	$49,954,442	$47,205,060	$0	$47,205,060	$48,149,161	$0	$48,149,161	$49,112,144	$0	$49,112,144	$50,094,387	$0	$50,094,387
5	Depreciation and Amortization	$19,494,513	$15,582,714	$0	$15,582,714	$14,084,770	$0	$14,084,770	$12,102,586	$0	$12,102,586	$10,640,891	$0	$10,640,891
6	Provision for Bad Debts-Other[b]	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7	Interest Expense	$1,836,605	$3,229,521	$0	$3,229,521	$3,221,133	$0	$3,221,133	$3,219,261	$0	$3,219,261	$3,087,080	$0	$3,087,080
8	Malpractice Insurance Cost	$3,527,444	$3,638,818	$0	$3,638,818	$3,747,983	$0	$3,747,983	$3,860,422	$0	$3,860,422	$3,976,235	$0	$3,976,235
9	Lease Expense	$3,631,445	$3,354,228	$0	$3,354,228	$3,410,296	($27,794)	$3,382,502	$3,117,118	($27,794)	$3,089,324	$3,167,537	($27,794)	$3,139,743
10	Other Operating Expenses	$78,838,473	$73,179,935	$0	$73,179,935	$70,503,570	$0	$70,503,570	$67,473,142	$0	$67,473,142	$65,438,733	$0	$65,438,733
	TOTAL OPERATING EXPENSES	**$355,096,615**	**$337,006,076**	**$0**	**$337,006,076**	**$337,318,366**	**($27,794)**	**$337,290,572**	**$338,111,229**	**($27,794)**	**$338,083,435**	**$342,093,423**	**($27,794)**	**$342,065,629**
	INCOME/(LOSS) FROM OPERATIONS	**($3,035,531)**	**$13,101,271**	**$0**	**$13,101,271**	**$13,820,810**	**$43,001**	**$13,863,811**	**$14,538,859**	**$43,419**	**$14,582,279**	**$14,438,986**	**$43,884**	**$14,482,870**
	NON-OPERATING REVENUE	**($1,142,820)**	**$5,000,000**	**$0**	**$5,000,000**	**$5,000,000**	**$0**	**$5,000,000**	**$5,000,000**	**$0**	**$5,000,000**	**$5,000,000**	**$0**	**$5,000,000**
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	**($4,178,351)**	**$18,101,271**	**$0**	**$18,101,271**	**$18,820,810**	**$43,001**	**$18,863,811**	**$19,538,859**	**$43,419**	**$19,582,279**	**$19,438,986**	**$43,884**	**$19,482,870**
	Principal Payments	**$0**	**$591,000**	**$0**	**$591,000**	**$523,000**	**$0**	**$523,000**	**$580,000**	**$0**	**$580,000**	**$613,000**	**$0**	**$613,000**
C.	PROFITABILITY SUMMARY													
1	Hospital Operating Margin	-0.9%	3.7%	0.0%	3.7%	3.9%	282.8%	3.9%	4.1%	277.9%	4.1%	4.0%	272.7%	4.0%
2	Hospital Non Operating Margin	-0.3%	1.4%	0.0%	1.4%	1.4%	0.0%	1.4%	1.4%	0.0%	1.4%	1.4%	0.0%	1.4%
3	Hospital Total Margin	-1.2%	5.1%	0.0%	5.1%	5.3%	282.8%	5.3%	5.5%	277.9%	5.5%	5.4%	272.7%	5.4%
D.	FTEs	2,002	1,784	0	1,784	1,756	0	1,756	1,741	0	1,741	1,737	0	1,737
E.	VOLUME STATISTICS[c]													
1	Inpatient Discharges	15,230	14,683	0	14,683	14,096	0	14,096	13,729	0	13,729	13,578	0	13,578
2	Outpatient Visits	262,536	372,619	0	372,619	380,071	164	380,235	387,673	168	387,841	395,426	173	395,599
	TOTAL VOLUME	**277,766**	**387,302**	**0**	**387,302**	**394,168**	**164**	**394,331**	**401,402**	**168**	**401,570**	**409,004**	**173**	**409,177**

[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: **The Hospital of Central Connecticut**

Project Name: **Relocation of Outpatient Rehabilitation Services Location**

1. **Project Description: Service Termination**

   a. Please provide

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

Since 2011, The Hospital of Central Connecticut (the "HOCC"), has provided outpatient rehabilitation services at 15 Massirio Drive in Berlin, CT. In May 2016, HOCC was notified by the landlord that the lease for the location in Berlin would be terminated. In order to continue to serve patients in the Berlin community, the Hospital decided to temporarily transition these outpatient rehabilitation services, to a location 1.4 miles away, at 205 Kelsey Street in Newington, Connecticut. The transition of outpatient rehabilitation services to this temporary location occurred on June 30, 2016.

The Hospital is continuing to search for a permanent location for these services within the greater Berlin area to ensure the continued provision of outpatient rehabilitation services to patients residing in this community.

i. whether CON authorization was received and,

CON authorization was not required to establish this service.

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

N/A.

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.

Please see response to question 1.a. above.

The Hospital immediately relocated these services within the greater Berlin community so that there would be no interruption in services provided.

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.

The relocation of this service did not require Board approval.

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

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

TABLE A
PROVIDERS ACCEPTING TRANSFERS/REFERRALS

Facility Name	Facility ID*	Facility Address	Total Capacity	Available Capacity	Utilization FY XX**	Utilization Current CFY***
N/A.						

* 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.

N/A. The Hospital of Central Connecticut is continuing to provide these services to this patient population. No change or interruption in service occurred as a result of the relocation. There has been no transfer of patients to other providers.

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

N/A. There has been no transfer of patients to other providers.

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 15 Massirio Drive in Berlin, Connecticut will not affect access to any patients who utilize the services. Access will be improved for all patients in the new location at 205 Kelsey Street in Newington as the location is on a bus route and parking is readily available. The Hospital intends to find a permanent location for this service within the same community so that patient

care will not be interrupted.

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.

N/A.

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Monday, September 12, 2016 1:33 PM
To: Greer, Leslie
Cc: Riggott, Kaila
Subject: FW: 16-32219-CON HoCC Termination Issue
Attachments: HoCC Affidavit.pdf

Leslie, please add the attached correct affidavit from the newspaper to the record. Thank you.

From: Klein, Megan [mailto:Megan.Klein@hhchealth.org]
Sent: Monday, September 12, 2016 1:28 PM
To: Schaeffer-Helmecki, Jessica
Cc: Durdy, Barbara
Subject: 16-32219-CON HoCC Termination Issue

Jessica, to follow up from my last email attached is the correct affidavit, I apologize for any confusion.

Thank you!

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

Hartford HealthCare

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NEW BRITAIN HERALD

AFFIDAVIT OF PUBLICATION

State of Connecticut

s.s.

County of Hartford

I, Gary Curran, do solemnly swear, that I am Sales Director for the New Britain Herald published at 1 Herald Square, in the state of Connecticut, and from my own personal knowledge and reference to the files of said publication, the advertisement of:

The Hospital of Central Connecticut, Termination of Outpatient Rehab Service

was inserted in the regular edition(s) on date(s) as follows, at which the annexed is a printed copy Thursday, June 9, 2016, Friday, June 10, 2016 & Saturday, June 11, 2016

Sales Director

Signature/Title

Subscribed and sworn to me

this 8th day

day of July

20 16

Anna R. Lichniak

Notary Public

July 31, 2019

My commission expires on:

ANNA R. LICHNIAK
NOTARY PUBLIC
MY COMMISSION EXPIRES JULY 31, 2019

Greer, Leslie

From: Schaeffer-Helmecki, Jessica
Sent: Thursday, September 15, 2016 8:42 AM
To: 'Durdy, Barbara'
Cc: Greer, Leslie; User, OHCA; Riggott, Kaila
Subject: Completeness Questions: 16-32119-CON
Attachments: 16-32119 HoCC Outp Rehab Completeness 9.13.16.pdf; 16-32119 HoCC Outp Rehab Completeness 9.13.16.docx

Good Morning Barbara,

Attached please find a word and pdf version of completeness questions regarding CON docket number 16-32119, The Hospital of Central Connecticut's application to "terminate" outpatient rehab services at its Berlin location. Please feel free to contact me if you have any questions.

Thank you,

Jessica

Jessica Schaeffer-Helmecki, JD, MPA
Planning Analyst, Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 HCA, Hartford, Connecticut 06134
P: (860) 509-8075|F: (860) 418-7053|E: jessica.schaeffer-helmecki@ct.gov

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

September 15 , 2016 Via Email Only

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

RE: Certificate of Need Application Completeness Questions
The Hospital for Central Connecticut's termination of outpatient rehabilitation services in Berlin, CT (Docket No. 16-32119-CON)

Dear Ms. Durdy:

On August 25, 2016, OHCA received a Certificate of Need application from The Hospital of Central Connecticut ("Hospital" or "Applicant") for the termination of its outpatient rehabilitation services at its location at 15 Massirio Drive, Berlin CT ("Berlin location"). OHCA requests additional information pursuant to Connecticut General Statutes §19a-639a(c). Provide responses to the question below in both a Word document and PDF format as an attachment to a responding email.

Please note that pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request no later than sixty days from the date of this email transmission. Therefore, please provide your written responses to OHCA no later than **Friday, November 11, 2016**, otherwise your application will be automatically considered withdrawn.

Please provide:

1. An estimate of how long the Applicant will be at its temporary location in Newington;

2. An explanation of whether the new location in Newington will be able to handle the volume projected for the period during which the Applicant expects to be operating out of this office;

3. A description of how the June 23, 2016, letter notifying patients of the move was conveyed to existing patients (e.g., mailed to home address, electronically, posted in the office, etc) and any accommodations for non-English speaking patients;

4. Whether the Applicant is looking for a permanent location in "the greater Berlin Community" or Berlin specifically, and if the former, what towns the Applicant is considering; and,

5. The types of outpatient rehabilitation services provided at the Berlin location and the new temporary location in Newington

Repeat each question before providing your response, paginate and date your response, i.e., each page in its entirety. Information filed after the initial CON application submission (e.g., completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please begin your submission using **Page 83** and reference "**Docket Number: 16-32119-CON**." Please email your responses to all of the following addresses: **OHCA@ct.gov**, **jessica.schaeffer-helmecki@ct.gov**, **kaila.riggott@ct.gov** **.**

If you have any questions concerning this letter, please feel free to contact me at (860) 509-8075.

Sincerely,

J Schaeffer-Helmecki

Jessica Schaeffer-Helmecki
Planning Analyst

Attachment

Greer, Leslie

From: User, OHCA
Subject: FW: Completeness Questions: 16-32119-CON

Jessica,
Thank you. We will get back to you as soon as possible.
Barbara

Barbara A. Durdy
Director, Strategic Planning

Hartford HealthCare

181 Patricia M. Genova Blvd.

Newington, CT 06111

Office: 860.972.4231

Cell: 203.859.8174

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