



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

September 20, 2005

John R. Collins
General Manager
Collins I.V. Care, Inc.
60 Watson Boulevard
Stratford, CT 06615

Re: Certificate of Need Determination, Report Number 05-30555-DTR
Collins I.V. Care, Inc. d/b/a Collins I.V. Care
Establish a Freestanding Ambulatory Infusion Suite

Dear Mr. Collins:

On July 22, 2005, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request for the establishment of a freestanding ambulatory infusion suite in Stratford, Connecticut.

Please be advised that OHCA has reviewed your request and makes the following findings:

1. Collins I.V. Care, Inc. d/b/a Collins I.V. Care ("Collins I.V.") is a for-profit pharmacy located at 60 Watson Boulevard, Stratford, Connecticut that provides home infusion therapy throughout the State of Connecticut.
2. Collins I.V. is licensed by the State of Connecticut Department of Consumer Protection as a pharmacy and certified to provide infusion services.
3. Collins I.V. Care is accredited by the Joint Commission on Accreditation of Healthcare Organizations.
4. Collins I.V. Care proposes to establish an ambulatory infusion suite with its existing building at 60 Watson Boulevard in Stratford. The suite will allow patients to receive infusions administered by qualified infusion registered nurses. Currently, these patients are served at home or in a hospital.

5. A patient's infusion would be administered under the supervision of a qualified Registered Nurse. Supervision and direction will be provided by the Vice President of Operations who is a registered nurse certified in infusion therapy.
6. Care is provided to patients exclusively by an infusion therapy nurse. Collins I.V. is not licensed as a home health agency. It provides the service under its Pharmacy license.
7. Utilization of an ambulatory suite would be an option for patients that may be geographically and logistically convenient.
8. Commercial insurance companies would be billed for the services. There is no facility fee charged. The insurance companies provide reimbursement for medication, supplies, equipment, infusion pharmacy services and infusion nursing services.
9. The estimated capital cost associated with this proposal is \$101,500.
10. Section 19a-630 of the Connecticut General Statutes states that a "Health care facility or institution" means any facility or institution engaged primarily in providing services for the prevention, diagnosis or treatment of human health conditions, including, but not limited to: Outpatient clinics; outpatient surgical facilities; imaging centers; home health agencies, as defined in section 19a-490; clinical laboratory or central service facilities serving one or more health care facilities, practitioners or institutions; hospitals; nursing homes; rest homes; nonprofit health centers; diagnostic and treatment facilities; rehabilitation facilities; and mental health facilities."

Based on the above findings, OHCA has determined that the addition of an ambulatory infusion suite at 60 Watson Boulevard, Stratford, Connecticut represents an additional service and will require Certificate of Need authorization pursuant to Section 19a-638 of the Connecticut General Statutes.

Please be advised that your letter dated September 9, 2005, and the CON Determination Form filed with OHCA on August 3, 2005, serve as your Letter of Intent. Your Certificate of Need Application form has been sent to you under separate cover. If you have any questions concerning this letter, please contact Laurie Greci at (860) 418-7001.

Sincerely,

Signed by Cristine A. Vogel
Commissioner

c: Sandra Bauer, Health Processing Technician, DPH, DCBR

CAV:lkg