Department of Social Services Reimbursement and Certificate of Need

The CON is a formal agreement approving, denying, or modifying a long term care facility's request to undertake an expansion or reduction in services.

Certificate of Need Process

Capital Improvements over \$2,000,000

Changes to Licensed Bed Capacity New or Replacement Facilities

Facility Closure

When is a CON Needed?

Certificate of Need approval is required prior to undertaking any of the following activities:

- Capital expenditure exceeding \$2 million.
- Capital expenditure exceeding \$1 million, which increases facility square footage by five thousand square feet or five percent of existing square footage.
- Introduction of any new or additional function or service.
- Termination of a health service including facility closure or a substantial decrease in total bed capacity by a facility or institution.
- New nursing facilities associated with a continuing care facility provided such beds do not participate in the Medicaid program.
- Medicaid certified beds to be relocated from one licensed nursing facility to another licensed nursing facility to meet a priority need identified in the strategic plan developed pursuant to subsection (c) of section 17b-369 of the Connecticut General Statutes.
- Medicaid beds to be relocated from a licensed facility to a new licensed facility, provided at least one currently licensed facility is closed in the transaction, and the new facility bed total is not less than 10% lower than the total number of beds relocated.
- Requests to license a new residential care facility or intermediate care facility for the intellectually disabled.

CON Timeline

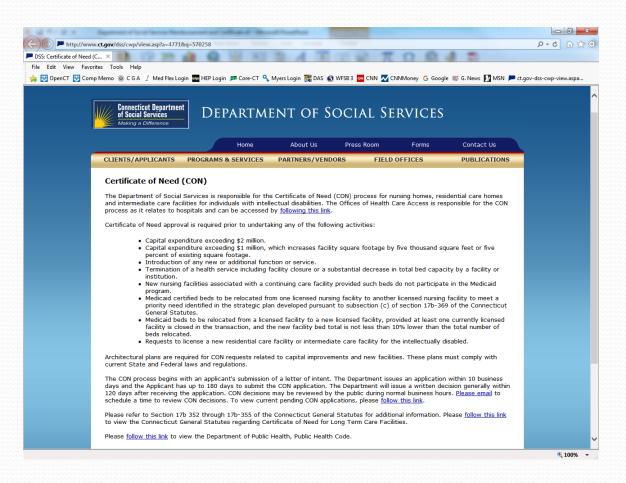
- The CON process begins with an applicant's submission of a letter of intent.
- The Department issues a CON application within 10 business days.
- A Closure Request requires a Public Hearing at the facility within 30 days of the letter of intent.
- The Applicant has up to 180 days to submit the CON application.
- The Department will issue a written decision generally within 120 days after receiving the application.

Factors to Analyze

- The relationship of the request to the state health plan,
- The financial feasibility of the request and its impact on the applicant's rates;
- The impact to the quality, accessibility and costeffectiveness of health care delivery in the region;
- Is there a clear public need for the request including a demonstrated bed need in the towns within a fifteen-mile radius, beds for current and prospective residents of the continuing care facility;
- The impact to the applicant's current utilization statistics,
- The business interests of all owners; and
- Any other factors the Department deems relevant to the request

CON Web Pages

The Department of Social Service maintains web pages to share information on the CON process and provide access to information on specific CONs where there is public interest.



CON 2014 - 2016 CON Decisions

- 10-20 CON requests annually
- 2 Facility Closures for -210 beds
- 7 Bed Reductions for -148 beds
- 6 Capital Improvements totaling \$44.7 million
- 4 New RCH facilities
- 5 Extensions or Modifications
- 1 New 280 bed nursing home for \$64 million
- 2 Denials for Capital Improvements
- 2 Pending Applications