



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

October 30, 2013

Via Fax only

Ms. Kimberly Lumia
President and Chief Executive Officer
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital
50 Hospital Hill Road
Sharon, CT 06069

RE: Certificate of Need Determination Report Number 13-31872-DTR
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital
Termination of an outpatient psychiatric program

Dear Ms. Lumia:

On September 10, 2013, the Office of Health Care Access ("OHCA") commenced an inquiry into the closure of an outpatient psychiatric clinic during FY 2012 by Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital ("Hospital"). OHCA commenced this inquiry based on a review of the year end results filed in the Hospital's FY 2012 Twelve Months Actual filing (Report 450). The Hospital responded to OHCA's inquiry on September 23, 2013. OHCA's determination issued herein is based on the following information:

- 1) An Intensive Outpatient Program ("IOP") was provided for adults over the age of fifty-five at the Senior Behavioral Health Center located on the Hospital's main campus. The IOP was intended to provide complimentary behavioral health services for patients stepping down from the Hospital's inpatient program, or for patients who did not require an inpatient level of care.
- 2) The IOP was discontinued by the Hospital on April 27, 2012. The Hospital discontinued the program because there were no active patients and the program was considered by the Hospital to be non-operational at that time due to low volume.
- 3) The IOP's activities were recorded on the Hospital's books for utilization and financial purposes and the services were provided under the Hospital's facility license.

Based upon a review of the matter outlined above, OHCA determines that the Hospital has terminated a service as referenced in Connecticut General Statutes § 19a-638(a)(4). Based upon the foregoing, OHCA concludes that a Certificate of Need is required.

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308

Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

If you have any questions regarding the above, please contact Karen Roberts, Principal Health Care Analyst at (860) 418-7041.

Sincerely,



Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

*** TX REPORT ***

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OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: KIMBERLY L UMIA
FAX: (860) 364-4011
AGENCY: ESSENT HEALTHCARE OF CT D/B/A SHARON HOSPITAL
FROM: KAREN ROBERTS
DATE: 10/30/13 TIME: _____
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Comments: DN: 13-31872 DTR

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