

3:30 PM 2/1/2013

State of Connecticut Office of Health Care Access Letter of Intent Form Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by an Applicant, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	Hartford Hospital	Connecticut Children's Medical Center
Doing Business As	Hartford Hospital	Connecticut Children's Medical Center
Name of Parent Corporation	Hartford Healthcare Corporation	Connecticut Children's Medical Center Corporation
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	80 Seymour Street Hartford, CT 06102	282 Washington Street Hartford, CT 06106
What is the Applicant's Status: P for Profit or NP for Nonprofit	Non Profit	Non Profit
Does the Applicant have Tax Exempt Status?	<u>Yes</u>	<u>Yes</u>
Does the Applicant have Tax Exempt Status?	No	No
Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	J. Kevin Kinsella Vice President	Paul Dworkin, M.D. Physician-in-Chief
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Administration 80 Seymour Street Hartford, CT 06102	Administration 80 Seymour Street Hartford, CT 06106

Contact Person's Telephone Number	860-545-4155	860-545-8566
Contact Person's Fax Number	860-545-4193	860-545-8558
Contact Person's e-mail Address	kkinsel@harthosp.org	pdworki@ccmckids.org

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

CARES Program for Greater Hartford.

b. Type of Proposal, please check all that apply:

Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

<input checked="" type="checkbox"/> New (F, S, Fnc)	<input type="checkbox"/> Replacement	<input type="checkbox"/> Additional (F, S, Fnc)
<input type="checkbox"/> Expansion (F, S, Fnc)	<input type="checkbox"/> Relocation	<input type="checkbox"/> Service Termination
<input type="checkbox"/> Bed Addition	<input type="checkbox"/> Bed Reduction	<input type="checkbox"/> Change in Ownership/Control

Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

<input type="checkbox"/> Project expenditure/cost greater than \$ 3,000,000	<input type="checkbox"/> Equipment Acquisition	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Major Medical (> \$3,000,000)
		<input type="checkbox"/> Imaging	<input type="checkbox"/> Linear Accelerator	

Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$3,000,000

c. Location of proposal, identifying Street Address, Town and Zip Code:

Institute of Living Campus, Retreat Ave, Hartford, CT 06106

d. List each town this project is intended to serve: Greater Hartford (see page 9)

e. Estimated starting date for the project: Fall 2007

f. Type of project: 9

(Fill in the appropriate number(s) from page 7 of this Form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed
Inpatient Psychiatric	120	150	0	150

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Project Cost: \$ 700,000

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Medical Equipment Purchases	
Major Medical Equipment Purchases	
Non-Medical Equipment Purchases*	90,000*
Land/Building Purchases	
Construction/Renovation	450,000
Other (Non-Construction) Specify: <u>Contingency</u>	160,000
Total Capital Expenditure	
Medical Equipment – Fair Market Value of Leases	
Major Medical Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	
Total Capital Cost	700,000
Total Project Cost	700,000
Capitalized Financing Costs (Informational Purpose Only)	

- Provide an itemized list of all non-medical equipment to be purchased and leased.

*Beds and Furniture

c. If the proposal has a total capital expenditure/cost of \$20,000,000 or more, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check the your preference as follows:

No Yes

If you checked "Yes" above, please check the appropriate box below:

Energy Fire Safety Code Non Substantive

If you checked "Yes" to the Waiver of Public Hearing, please provide the following:

a) Supporting documentation from elected town officials
(i.e. letter from Mayor's Office).

Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
None				

Note: Provide a copy of the vendor contract or quotation for the major medical/imaging equipment.

d. Type of financing or funding source (more than one can be checked):

<input checked="" type="checkbox"/> Applicant's Equity	<input type="checkbox"/> Capital Lease	<input type="checkbox"/> Conventional Loan
<input type="checkbox"/> Charitable Contributions	<input type="checkbox"/> Operating Lease	<input type="checkbox"/> CHEFA Financing
<input type="checkbox"/> Funded Depreciation	<input type="checkbox"/> Grant Funding	<input type="checkbox"/> Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

(See page 10)

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

2. List the types of services are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and who is the target population to be served.
4. Identify any unmet need and describe how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.
7. Who will be responsible for providing the service?
8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

AFFIDAVIT

To be completed by each Applicant

Applicant: Connecticut Children's Medical Center

Project Title: CARES Program for Greater Hartford

I, Martin J. Gavin, President and CEO
(Name) (Position – CEO or CFO)

of Connecticut Children's Medical Center being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that Connecticut Children's Medical Center complies with the appropriate and
(Facility Name)

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.

Martin J. Gavin
Signature

February 2, 2007
Date

Subscribed and sworn to before me on February 2, 2007

R. J. Phillips
Notary Public/Commissioner of Superior Court
Rebecca J. Phillips

My commission expires: 10/31/2011

AFFIDAVIT

To be completed by each Applicant

Applicant: Hartford Hospital

Project Title: CARES Program for Greater Hartford

I, John Meehan, President and CEO
(Name) (Position – CEO or CFO)

of Hartford Hospital being duly sworn, depose and state that the

information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that Hartford Hospital complies with the appropriate and (Facility Name)

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.

John Meehan
Signature

2/2/07

Date

Subscribed and sworn to before me on 2/2/07

Diana Nio
Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2007

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. PET/CT Scanner
23. Other Imaging Services
24. Lithotripsy
25. Other Medical Equipment
26. Mobile Services
27. Other Outpatient
28. Central Services Facility
29. Occupational Health

Non-Clinical

30. Facility Development
31. Non-Medical Equipment
32. Land and Building Acquisitions
33. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
34. Renovations
35. Other Non-Clinical

Section II. General Application Information (d.)

Hartford Hospital's Primary Service Area consists of the cities and towns of Avon, Bloomfield, East Hartford, Farmington, Glastonbury, Hartford, Manchester/Bolton, New Britain, Newington, Rocky Hill, Simsbury, South Windsor, West Hartford, Wethersfield and Windsor.

Hartford Hospital's Secondary Service Area consists of Andover, Barkhamsted, Berlin, Bozrah, Bristol, Burlington, Canton, Colchester/Salem, Columbia, Coventry, Cromwell, East Granby, East Haddam, East Hampton, East Windsor, Ellington, Enfield, Franklin, Granby, Haddam, Hartland, Harwinton, Hebron, Lebanon, Mansfield, Marlborough, Meriden, Middlefield, Middletown, New Hartford, Norwich/Preston, Plainville, Portland, Somers, Southington, Stafford/Union, Suffield, Tolland, Torrington, Vernon, Wallingford, Winchester, Windham and Windsor Locks.

Section IV. Project Description

1.) List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

Since the year 2000 the number of mental health evaluations performed on children presenting to CCMC Emergency Department has increased from 566 annually to 1608 evaluations in 2006. This nearly threefold increase in volume has placed tremendous strain on the clinical systems at both CCMC and the Institute of Living/Hartford Hospital. In addition to evaluations there has been an increase in the number of children who spend one or more nights in the Emergency Room either waiting for an inpatient bed or being held until community services can be arranged and accessed. This number has increased from 139 children staying overnight in 2000 to 927 children in 2006. This is both a stressor on the available clinical resources as well as a symptom of problems accessing the overall systems of care and services available to mentally ill children in the Greater Hartford area.

In a response to this medical/psychiatric emergency room situation, CCMC and IOL/HH began to look for clinical models in other urban areas to address these issues. The search resulted in consultation with Dr. Jennifer Havens, a child psychiatrist, at New York Presbyterian Hospital. Dr. Havens adapted the New York Adult Crisis model and developed a specialty psychiatry crisis service for children in Manhattan. It is a model that is transferable to the clinical systems in operations at CCMC/IOL. The model is based on the premise that, as an intervention, intensive evaluation, rapid symptom stabilization and coordination of community supports in a medical/psychiatric setting is an effective level of care for some children and serves as a diversion from traditional inpatient care.

As a result of this consultation, CCMC and IOL/HH jointly responded to an RFP from the Department of Children and Families in 2004 to create a Child and Adolescent Rapid Emergency Service (CARES). This RFP was withdrawn by DCF because of lack of State funds. The service proposed then and again now in 2007 includes a Psychiatric Evaluation on all children presenting to CCMC Emergency Department, the development of a six bed unit with increased resources to address the issue of evaluation over time, full coordination of service, as well as a diversion from inpatient level of care for those children who could benefit from rapid stabilization of behavioral symptoms.

In collaboration with local EMPS teams, some beds in the CARES unit would also be available to children presenting to other ED's in the greater Hartford area. This collaboration is key to rapidly accessing and connecting children to resources in their own communities. Availability of the service to the Greater Hartford Region, the resources of child psychiatrists and psychiatric nurses and other IOL/HH personnel is intended to maximize the CARES unit census and effectively utilize the scarce clinical resources currently available to this population. The proposed six-bed unit will be located in the Donnelly building on the IOL campus. The space for the unit will be renovated at a capital cost of \$ 700,000 to HH/IOL and CCMC. The unit would be adjacent the IOL input Child and Adolescent psychiatric unit, which would allow for maximum of scarce personnel. The

proposed 6-bed CARES unit is approximately a 10-minute walk or 5-minute ride from the CCMC ER and on the same medical campus.

See attachment I for HH license.

2.) List the types of services are being proposed and what DPH licensure categories will be sought, if applicable.

HH/IOL has a total of 867 licensed beds of which 150 were defined as psychiatric beds at the time of the 1994 HH/IOL merger. On a daily basis approximately 120 of the 150 psychiatric beds are staffed and occupied. The CARES crises beds would be licensed and staffed as inpatient psychiatric beds so no new bed capacity is required.

3.) Identify the current population served and who is the target population to be served.

The CARES Program would serve Children and adolescents ages 2-18 who are in psychiatric crisis and in need of evaluation and treatment. This proposed services will allow current patients to be served more effectively with expanded services and resources.

4.) Identify any unmet need and describe how this project will fulfill that need.
See #1 answer.

5.) Are there any similar existing service providers in the proposed geographic area?

None.

6.) Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

This service is being proposed to alleviate ER overcrowding and provide a needed service to children and families. If implemented it will allow the Emergency Room to better serve the medical needs of critically ill patients.

7.) Who will be responsible for providing the service?

This is a collaborative effort between CCMC/HH/IOL. CCMC will be responsible for the medical screening, evaluation and treatment of children and adolescents in the CCMC ER with the assistance of IOL clinical staff. IOL will be responsible for the provision of services in the CARES unit on the IOL Campus.

8.) Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

HH/IOL will contract with commercial payers for a rate for this service. The rates needed from the state Medicaid program to insure the viability of this program are contained in attachment III.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0046

General Hospital

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

Hartford Hospital of Hartford, CT, d/b/a Hartford Hospital is hereby licensed to maintain and operate a General Hospital.

Hartford Hospital is located at 80 Seymour Street And 200 Retreat Avenue, Hartford, CT 06106

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

819 General Hospital beds

48 Bassinets

This license expires December 31, 2007 and may be revoked for cause at any time.

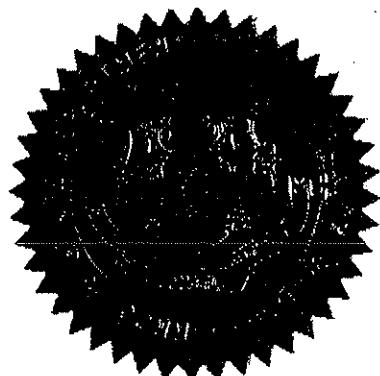
Dated at Hartford, Connecticut, January 1, 2006. RENEWAL.

License revised to reflect:

* Change of Address (Not Relocation)

Satellites

The IOL Day Program At Cheshire, 725 Jarvis Street, Cheshire, CT
The IOL Day Program At Bloomfield, 2 Northwestern Drive, Bloomfield, CT



J. Robert Galvin, M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

CARES Program - Financial Feasibility Analysis Based on No Grant Subsidy and New Rates

Service	Payer	Client Volume	Unit volume	Notes	Unit Cost
Intensive Evaluation	BHP & Medicaid	466	[1] [7]	\$ 500.00	\$ 233,020
Intensive Evaluation	Commercial	298		\$ 300.00	\$ 80,449
patient - CARES	CT BHP (68%)	553	1008 [3]	\$ 1,295.00	\$ 1,306,001
patient - CARES	Medicaid FFS (2%)	13	24 [2], [3]	\$ 5,885	\$ 76,505
patient - CARES	Commercial (30%)	242	442	\$ 980.00	\$ 433,532
TOTALS		808	1,475		\$ 2,129,508
ARES Occupancy % (without same day discharges)		67.3% [5]	Less w/o	\$ 2,023,032	
		1 8 [6]			

Recommendations

Children admitted to the ED never wear harnesses.

Children admitted to the CADES program and discharged to home or lesser level - same day

Children evaluated in CARE program and admitted to HH inpatient - same day

Children evaluated and admitted to CARES inpatient service

Children evaluated and admitted to ER/ED inpatient or clinic care, cont'd.

Children evaluated and transferred to high-risk facility - 113 (3.1%) children

Childcare evaluated in three hospital EDs and achieved 95% agreement.

Clients

100.0% 1,6

42.5% 695

8.9% 145

44.5% 728

69

80

NOTES:

Note 1: Total comprehensive evaluations billable for children discharged to home or transferred to other hospital - Same day.

Note 2: Medicaid FFS unit/cost is per discharge, portion needs to be allocated to inpatient stay for 2 patients admitted to IOC

Note 3: Husky (BHP) and Medicaid (FFS) are based on actual payer mix for children held overnight in CCWIC in 2000.

Note 4: Assumes 56 clients evaluated by CARES who otherwise would have been same day admissions to inpatient.

Note 5: 5% write off of accounts for charity, bad debt, administrative denials, etc.

Note 6. Children currently held overnight (490) held for 2 nights 50% of time. This increases CAES LOS from 1.0 to 1.0.

Note 7. Intensive Evaluation reflects BHP/Medicaid reimbursement for 61% of patients. Projected commercial reimbursement for CARES will include direct salary cost for CARES staff and indirect costs.



STATE OF CONNECTICUT

No. 3914

P. 2
HOUZ

DEPARTMENT OF SOCIAL SERVICES
25 SIGOURNEY STREET
HARTFORD, CT 06106

OFFICE OF HEALTH CARE ACCESS
410 CAPITOL AVENUE, MS #13HCA
HARTFORD, CT 06134

October 23, 2006

Martin Gavin
President & Chief Executive Officer
Connecticut Children's Medical Center
282 Washington Street
Hartford, CT 06106

RE: Child and Adolescent Rapid Emergency Stabilization

Dear Mr. Gavin,

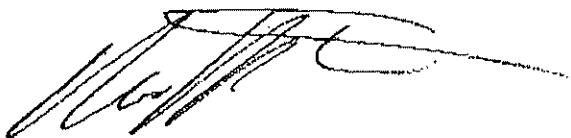
As you are well aware, emergency department services in Connecticut and nationwide, continue to experience the strain from increased demand. Children and adults with psychiatric and substance abuse issues are among those who rely heavily on emergency department services. Moreover, children with psychiatric issues present special challenges to emergency departments because they are most likely to present with issues that interfere with timely disposition. On occasion, children in crisis remain in the Emergency Department for extended periods of time while hospitals struggle to connect the child with appropriate treatment. These situations not only impact the health of the child, they further compromise emergency department resources.

The SFY07 state budget contained funds appropriated to DSS for the establishment of pilot Child and Adolescent Rapid Emergency Stabilization (CARES) services to care for children and adolescents in psychiatric/medical crises. The Office of Health Care Access is seeking Letters of Intent (LOI) from general hospitals who may be interested in developing and implementing hospital based crisis services. Hospitals that are successful in gaining a certificate of need for this service may apply to the Department of Social Services for reimbursement under Medicaid fee for service and the Connecticut Behavioral Health Partnership. The attached DSS policy transmittal outlines the basic requirements of such programs and provisions for reimbursement.

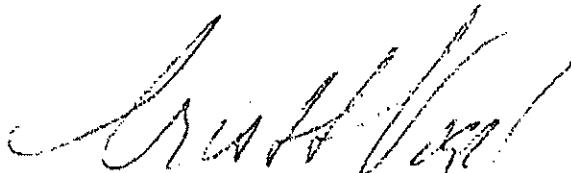
Page 2

We are pleased to announce this important pilot initiative. We believe that this initiative will improve the quality of the emergency psychiatric response provided by participating hospitals and support the use of existing hospital resources to manage medical emergencies. We look forward to hearing from interested hospitals.

Sincerely yours,



Michael Starkowski, Deputy Commissioner
Department of Social Services



Cristine Vogel, Commissioner
Office of Health Care Access

MPS:GR:lap

Enclosure (Policy Transmittal CARES)

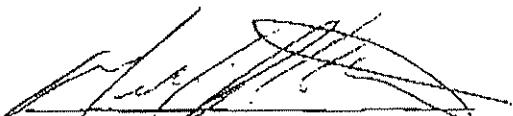
Cc: Robert Genuario, Secretary, Office of Policy and Management
Patricia Wilson-Coker, Commissioner, DSS
Representative Denise Merrill, Appropriations Committee
Senator David J. Cappiello, Ranking Member, Appropriations Committee
Representative Arthur J. O'Neill, Ranking Member, Appropriations Committee
Senator Mary Ann Handley, Co-chair, Human Services Committee
Representative Peter F. Villano, Co-chair, Human Services Committee
Senator John A. Kissel, Ranking Member, Human Services Committee
Representative Lile R. Gibbons, Ranking Member, Human Services Committee
Senator Christopher S. Murphy, Co-chair, Public Health Committee
Representative Peggy Sayers, Co-chair, Public Health Committee
Senator George L. Gunther, Ranking Member, Public Health Committee
Representative Julia B. Wasserman, Ranking Member, Public Health Committee



State of Connecticut
Department of Social Services
Medical Care Administration
25 Sigourney Street
Hartford, CT 06106-5033

PB 2006-86

Policy Transmittal 2006-20
October 2006

A handwritten signature in black ink, appearing to read "Michael P. Starkowski".

Michael P. Starkowski
Deputy Commissioner

Contact: Ondria Lucky
860-424-5195

January 1, 2007
Effective Date

**TO: General Hospitals, Managed Care Organizations, and
Connecticut Behavioral Health Partnership Administrative Service Organization**

SUBJECT: Child and Adolescent Rapid Emergency Stabilization Service

The purpose of this policy transmittal is to introduce coverage for Child and Adolescent Rapid Emergency Stabilization Services. In the SFY06 legislative session, the increase in emergency room visits by children and adolescents for psychiatric and substance abuse problems was recognized as a major problem. This problem is exacerbated by disposition issues, which leave many children and adolescents in emergency rooms for prolonged periods beyond the initial assessment and treatment episode. The Department intends to provide coverage for hospitals that establish Child and Adolescent Rapid Emergency Stabilization Services (CARES), the purpose of which will be: 1) to more effectively evaluate and manage children and adolescents with emergent psychiatric and substance abuse problems; 2) to identify and resolve disposition issues that interfere with timely discharge from the emergency department; and 3) to provide brief inpatient care to facilitate a rapid transition back to the community.

Program Components

In order to qualify for reimbursement from the Department, a CARES unit must include the following components:

1. Provision of or linkage with a comprehensive, full service pediatric emergency department or a pediatric division of a general emergency department (ED), which will receive all emergency cases for initial medical/psychiatric evaluation.
2. A dedicated psychiatric emergency stabilization unit that provides comprehensive outpatient evaluation and management services and licensed hospital beds.
 - o The comprehensive outpatient evaluation and management services must provide for medical assessment and psychiatric evaluation followed by a planned disposition to the appropriate level of care in the community.

- o The inpatient service must provide for brief treatment, stabilization, and discharge planning when it is anticipated that this will lead to appropriate disposition to a less intense level of care within 72 hours. This program is not intended to substitute for inpatient hospitalization.

3. The program must provide linkage to aftercare services including urgent (within 2 calendar days) access to outpatient services and home-based psychiatric services.

Other program requirements

In order to qualify for reimbursement, the hospital must have an approved Certificate of Need that specifically provides for the operation of a CARES unit. The hospital must have experience in providing emergency medical/psychiatric services and offer or demonstrate a linkage to a continuum of outpatient services for children and adolescents including outpatient and home-based psychiatric services.

The psychiatric emergency stabilization unit must be located on the hospital campus and in or adjacent to the ED, but must be physically separate and apart from the hospital's existing inpatient psychiatric unit. The unit must provide a continuum of services with the pediatric ED and must receive in transfer from the pediatric ED: a) patients who require a comprehensive psychiatric evaluation; b) patients whose ED stay will be prolonged by disposition issues; and c) patients who can reasonably be anticipated to be appropriate for discharge following crisis treatment of 72 hours or less.

The program must be staffed 24/7 by psychiatric nurses and child psychiatrists. Other staff shall consist of professionals with expertise in psychiatric evaluation and diagnosis and disposition issues.

Reimbursement

The Department will reimburse the comprehensive outpatient psychiatric evaluation services at the rate of \$500 per evaluation. The evaluation will not be reimbursable for children who are admitted to the CARES inpatient service or hospital's inpatient psychiatric service. The Department will review the adequacy of the outpatient evaluation rate based on cost information submitted by the hospital during the first year of operation.

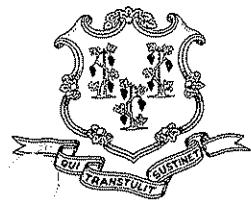
The Department will reimburse CARES inpatient services at the prevailing inpatient rates for the hospital under the Medicaid FFS and CT BHP programs. Under the CT BHP, inpatient services provided by the CARES unit will be eligible for reimbursement for no more than 3 days per admission. At the end of 3 days, the great majority of patients are expected to discharge to the community. On an exception basis, the Department will authorize medically necessary transfers to an inpatient psychiatric unit.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by Electronic Data Systems. Policy transmittals can also be downloaded from EDS' web site at www.ctmedicalprogram.com. Managed Care Organizations are requested to send this information to their network providers and subcontractors.

Responsible Unit: DSS, Medical Care Administration, Medical Policy Unit, Ondria Lucky, at 860-424-5195.

Date Issued: October 2006

title	First	Last	President	Hospital	Address	town	state/zip
Mr.	Clarence	Silvia	President & Chief Executive Officer	Bradley Memorial Hospital	81 Meriden Avenue	Southington	CT 06489
Mr.	Robert	Trefry	President & Chief Executive Officer	Bridgeport Hospital	267 Grant Street	Bridgeport	CT 06610
Mr.	Kelvin	Kreha	President	Bristol Hospital	Brewster Road	Bristol	CT 06011
Mr.	Daniel	McIntyre	President & Chief Executive Officer	C. Hungerford Hospital	540 Litchfield Street	Torrington	CT 06790
Mr.	Frank	Kelly	President & Chief Executive Officer	Danbury Hospital	24 Hospital Avenue	Danbury	CT 06810
Mr.	Irving	Schoope	President & Chief Executive Officer	Day Kimball Hospital	320 Pomfret Street	Puunam	CT 06260
Mr.	Peter	Karl	President & Chief Executive Officer	Eastern Connecticut Health Network	71 Haynes Street	Manchester	CT 06040
Mr.	Frank	Corrino	President & Chief Executive Officer	Greenwich Hospital	5 Perryridge Road	Greenwich	CT 06830
Mr.	Martin	Gavin	President & Chief Executive Officer	Connecticut Children's Medical Center	282 Washington Street	Hartford	CT 06106
Mr.	Patrick	Charmel	President & Chief Executive Officer	Griffin Hospital	130 Division Street	Derby	CT 06418
Mr.	John	Meehan	President & Chief Executive Officer	Hartford Hospital	80 Seymour Street	Hartford	CT 06102
Mr.	Steven	Strongwater	Chief Executive Officer	John Dempsey Hospital	263 Farmington Avenue	Farmington	CT 06030
Mr.	Alfred	Letz	President & Chief Executive Officer	Johnson Memorial Hospital	201 Chestnut Hill Road	Stafford Spring	CT 06076
Mr.	Bruce	Cummings	President & Chief Executive Officer	Lawrence & Memorial Hospital	365 Montauk Avenue	New London	CT 06320
Mr.	Robert	Kieley	President & Chief Executive Officer	Middlesex Hospital	28 Crescent Street	Middletown	CT 06457
Ms.	Lucille	Janatka	President & Chief Executive Officer	MidState Medical Center	435 Lewis Avenue	Meriden	CT 06451
Mr.	Paul	Moss	President	Milford Hospital	300 Seaside Avenue	Milford	CT 06460
Mr.	Laurence	Tanner	President & Chief Executive Officer	New Britain General Hospital	100 Grand Street	New Britain	CT 06050
Mr.	Richard	Plugh	President & Chief Executive Officer	New Milford Hospital	21 Elm Street	New Milford	CT 06776
Mr.	Geoffrey	Cole	President & Chief Executive Officer	Norwalk Hospital	Maple Street	Norwalk	CT 06856
Mr.	Charles	Therrien	Acting President & Chief Executive Officer	Sharon Hospital	50 Hospital Hill Road	Sharon	CT 06069
Mr.	Christophe	Padlez	President & Chief Executive Officer	St. Francis Hospital and Medical Center	114 Woodland Street	Hartford	CT 06105
Mr.	Robert	Ritz	Chief Executive Officer	St. Mary's Hospital	56 Franklin Street	Waterbury	CT 06706
Ms.	Susan	Davis	Chief Executive Officer	St. Vincent's Medical Center	2800 Main Street	Bridgeport	CT 06606
Mr.	Brian	Grissler	President & Chief Executive Officer	Stamford Health System	P.O. Box 9317	Stamford	CT 06904
Mr.	David	Benfer	President & Chief Executive Officer	The Hospital of Saint Raphael	1450 Chapel Street	New Haven	CT 06511
Mr.	Thomas	Fripicelli	President & Chief Executive Officer	The William W. Backus Hospital	326 Washington Street	Norwich	CT 06360
Mr.	John	Trabin	President & Chief Executive Officer	Waterbury Hospital	64 Robbins Street	Waterbury	CT 06721
Mr.	Richard	Bivenik	President & Chief Executive Officer	Windham Hospital	112 Mansfield Avenue	Williamantic	CT 06228
Ms.	Mama	Borgstrom	President & Chief Executive Officer	Yale-New Haven Hospital	20 York Street	New Haven	CT 06510



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

February 8, 2007

Dr. Paul Dworkin
Physician in Chief
Children's Medical Center
282 Washington Street
Hartford, CT 06106

Mr. Kevin Kinsella
Vice President
Hartford Hospital
80 Seymour Street
Hartford, CT 06115

Re: Letter of Intent, Docket Number 07-30918
Children's Medical Center & Hartford Hospital
Child and Adolescent Rapid Emergency Stabilization (CARES) program for the
Greater Hartford Region
Notice of Letter of Intent

Dear Dr. Dworkin & Mr. Kinsella:

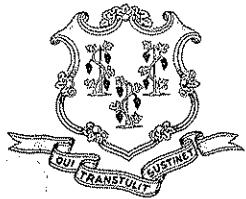
On February 2, 2007, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Children's Hospital & Hartford Hospital ("Applicants") for Child and Adolescent Rapid Emergency Stabilization (CARES) program for the Greater Hartford Region, at a total capital expenditure of \$700,000.

A notice to the public regarding OHCA's receipt of a LOI was published in the *Hartford Courant* pursuant to Section 19a-638 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

KRM:LKG:lmg



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

February 8, 2007

Requisition # HCA07-123
Email: Publicnotices@courant.com

The Hartford Courant
285 Broad Street
Hartford, CT 06115

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Monday, February 12, 2007**.

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact **Laurie Greci** at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,



Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:LKG:lmg

c: Sandy Salus, OHCA

PLEASE INSERT THE FOLLOWING:

Statute Reference: 19a-638
Applicants: Hartford Hospital's Institute of Living and Connecticut Children's Medical Center
Town: Hartford
Docket Number: 07-30918-LOI
Proposal: Child and Adolescent Rapid Emergency Stabilization (CARES) program for the Greater Hartford Region
Total Capital Expenditure: \$700,000

The Applicant may file its Certificate of Need application between April 3, 2007 and June 2, 2007. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

Greer, Leslie

From: Greer, Leslie
Sent: Thursday, February 08, 2007 2:03 PM
To: 'publicnotices@courant.com'
Subject: Legal Ad
Attachments: 07-30918 LOI Hartford Courant.doc

February 8, 2007

Legal Ad Department,

Please post the attached legal ad in your newspaper by 2/12/07 and notify me that you have received this request.

Thank you,

Leslie Greer
Office of Health Care Access
(860) 418-7001

Greer, Leslie

From: Little, Cassie [CLittle@courant.com]
Sent: Thursday, February 08, 2007 3:23 PM
To: Greer, Leslie
Subject: RE: Legal Ad

Your notice is all set to run on 2/12...\$148.87.

LEGAL NOTICE

Statute Reference: 19a-638

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Town: Hartford

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