

M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

April 30, 2009

Sally Herlihy  
Vice President, Regulatory Compliance  
New Milford Hospital  
21 Elm Street  
New Milford, CT 06776-3029

Richard Gemming  
Chief Operating Officer  
Center for Interventional Vascular Therapy  
New York-Presbyterian Healthcare System  
161 Forth Washington Avenue  
5<sup>th</sup> Floor  
New York, NY 10032

RE: Certificate of Need Determination; Report Number 09-31365-DTR  
New Milford Hospital and New York-Presbyterian Healthcare System  
Request for a Waiver of Letter of Intent Period for the Certificate of Need Application for the  
Termination of Diagnostic Cardiac Catheterization Service at New Milford Hospital

Dear Ms. Herlihy & Mr. Gemming:

On April 29, 2009, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of New Milford Hospital ("Hospital") and New York-Presbyterian Healthcare System ("NYPHS") (the Hospital and NYPHS together herein will be referred to as "Applicants") requesting OHCA to waive the Letter of Intent ("LOI") period for the CON for the termination of cardiac catheterization service at New Milford Hospital, with no associated capital expenditure.

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

1. OHCA finds that the proposed request is for OHCA to waive the LOI requirement under section 19a-638(b) for the CON for the Applicants to terminate diagnostic cardiac catheterization service at the Hospital.
2. OHCA finds that the Applicants on April 21, 2004, under Docket No.: 03-30089-CON, entered into an agreed settlement with OHCA to establish diagnostic and interventional cardiac catheterization services at the Hospital.
3. OHCA finds that the diagnostic cardiac catheterization services at the Hospital commenced on October 11, 2004.

4. OHCA finds that the Hospital did not achieve the recommended minimum number of annual emergency angioplasty procedures for two consecutive years, it expects the emergency angioplasty program will terminate at 12:01 am on May 4, 2009.
5. OHCA finds that the Hospital is requesting to close its catheterization laboratory, commensurate with the termination of the emergency angioplasty program.
6. OHCA finds that the Hospital is losing its staff related to the cardiac catheterization service since the physicians and staffs were recruited for both the emergency angioplasty and diagnostic cardiac catheterization.
7. 19a-638(b) C.G.S. states the following...

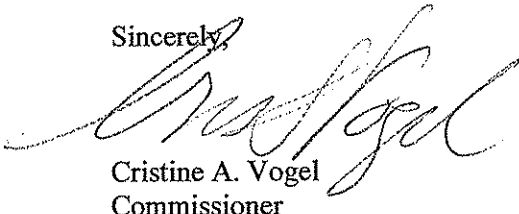
*"Upon a showing by such facility or institution that the need for such function, service or termination or change of ownership or control is of an emergency nature, in that the function, service or termination or change of ownership or control is necessary to maintain continued access to the health care services provided by the facility or institution, or to comply with requirements of any federal, state or local health, fire, building or life safety code, the commissioner may waive the letter of intent requirement, provided such request shall be submitted at least ten business days before the proposed date of institution of the function, service or termination or change of ownership or control."*

OHCA makes the following determinations in this matter:

- a. Pursuant to 19a-638(b) C.G.S., OHCA deems it appropriate to waive the Letter of Intent ("LOI") for the CON required of the Applicants for the termination of diagnostic cardiac catheterization at the Hospital.
- b. Pursuant to 19a-638, the 60-day period to file the Hospital's CON application will be between April 29, 2009 and June 28, 2009.

The CON application will be faxed and emailed to the Applicants under a separate cover letter. Further, OHCA anticipates that since the LOI period has been waived by OHCA, the Applicants will file the completed CON application with OHCA no later than May 15, 2009. If the Applicants are unable to file the CON application by this date, please provide OHCA a written explanation for the reasons prior to May 15, 2009. If you have any questions regarding this letter, please feel free to contact Steven W. Lazarus, Associate Health Care Analyst, at (860) 418-7012.

Sincerely,



Cristine A. Vogel  
Commissioner

CAV:swl

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

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

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ST. TIME 05/01 10:07  
TIME USE 00'31  
PAGES SENT 3  
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STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: SALLY HERLILY  
(860) 210-5075  
FAX: \_\_\_\_\_  
AGENCY: NEW MILFORD HOSPITAL  
FROM: STEVEN LAZARUS  
DATE: 5/1/09 TIME: \_\_\_\_\_  
3  
NUMBER OF PAGES: \_\_\_\_\_  
(including transmittal sheet)

Comments: Docket 09-31365-DTR

**PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.**

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\*\*\* TX REPORT \*\*\*  
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PAGES SENT 3  
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STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: RICHARD GEMMING  
(212) 342-3660  
FAX: CENTER FOR INTERVENTIONAL VASCULAR THERAPY  
AGENCY: NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM  
STEVEN LAZARUS  
FROM: 5/1/09  
DATE: 3 TIME:  
NUMBER OF PAGES: 3  
(including transmittal sheet)

Comments: Docket 09-31365-DTR

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

**New Milford Hospital**Member  
New York-Presbyterian Healthcare System  
Affiliate: Columbia University College of Physicians & Surgeons**Administrative Office**

21 Elm Street

New Milford, CT 06776

www.newmilfordhospital.org

**Facsimile Transmission**To: Commissioner VogelFrom: Joe Frolkis, MD  
Pres / CEOFax Number: 860-418-7053

Fax Number: 860-350-7297

Telephone: \_\_\_\_\_

Telephone: 860-350-7200

Date: \_\_\_\_\_

Number of Pages: 11

Time: \_\_\_\_\_

(Including Cover Sheet)

Regarding:

Message:

Please see attached.

Note: We are awaiting an executed Affidavit  
from Nyp and will forward a copy tomorrow.

RECEIVED  
2009 APR 29 PM 4:17  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

**Confidentiality Note**

The documents accompanying this fax transmission contain confidential or privilege information from NEW MILFORD HOSPITAL. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of the telecopied information is prohibited. If you have received this fax transmission in error, please notify us by fax, telephone or via our web page immediately so that we can arrange for the retrieval of the original document(s) and all copies at no cost to you or your office. Thank you for your assistance.

**New Milford Hospital**

Member  
New York-Presbyterian Healthcare System  
Affiliate: Columbia University College of Physicians & Surgeons

**RECEIVED**

Joseph Frolkis, MD, PhD, FACP  
President and CEO

2009 APR 29 P 4:17

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

21 Elm Street  
New Milford, Connecticut 06776-2915  
Telephone: (860) 350-7200 Facsimile: (860) 350-7297  
frolkisj@newmilfhosp.org

April 29, 2009

Honorable Cristine A. Vogel  
Commissioner  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: Letter of Intent to Terminate the Diagnostic Cardiac Catheterization Service at  
New Milford Hospital previously approved in an Agreed Settlement in OHCA Docket No.  
03-30089-CON, as modified by OHCA Dockets 06-30089-MDF and 06-30089-MD2.

Dear Commissioner Vogel:

Attached please find OHCA Form 2030, a Letter of Intent, which is being submitted by New Milford Hospital ("Hospital") and New York Presbyterian Healthcare System, Inc. in order to terminate the diagnostic cardiac catheterization program at the Hospital. The diagnostic cardiac catheterization program began in 2004 and has existed as an integral part of the emergency angioplasty program at the Hospital.

With the termination of the authority to operate the emergency angioplasty program at 12:01 A.M. on May 4, 2009 by virtue of the terms of the Agreed Settlement in OHCA Docket No. 03-30089-CON (as modified), the emergency angioplasty program will cease to exist. Recent resignations of the staff responsible for the cardiac services associated with our emergency angioplasty program and the diagnostic cardiac catheterization program will impact our ability to staff the diagnostic cardiac catheterization services. As of that date and time, primary care physicians and cardiologists in the community have indicated that they will not refer patients to the program, based on the existing referral patterns and Hospital's inability to achieve the volumes it anticipated for these programs, and referrals to this service have effectively ceased with the announcement of the program's impending closure.

Based on the changed circumstances in which we find ourselves due to the closure of the emergency angioplasty program, we would ask OHCA to either waive the letter of intent requirement pursuant to Conn. Gen. Stat. Section 19a-638(b) for the diagnostic cardiac catheterization program, or allow us to suspend the cardiac catheterization program pending CON authorization to terminate the program. Inability to close the diagnostic cardiac catheterization program will create issues for the Hospital in terms of providing continued access to health care services.

Thank you, in advance, for your consideration of our filings with the Office of Health Care Access. If you have any questions regarding this Letter of Intent, please do not hesitate to call me.

Respectfully submitted,



Joseph Frolkis, M.D.  
President and CEO

JF:sh:sb



## 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 the Applicant(s), 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	New Milford Hospital	NewYork-Presbyterian Healthcare System
Doing Business As	New Milford Hospital	NewYork-Presbyterian Healthcare System
Name of Parent Corporation		
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	21 Elm Street New Milford, CT 06776	525 East 68 <sup>th</sup> Street New York, NY 10021
Identify Applicant Status: P for Profit or NP for Nonprofit	NP	NP
Does the Applicant have Tax Exempt Status?	Yes	Yes
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Sally Herlihy MBA, FACHE Vice President, Regulatory Compliance	Richard Gemming Chief Operating Officer Center for Interventional Vascular Therapy
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	New Milford Hospital 21 Elm Street New Milford, CT 06776-3029	Columbia University 161 Fort Washington Ave. 5 <sup>th</sup> Floor New York, NY 10032
Contact Person Telephone Number	(860) 350-7205 phone	(212) 305-9314 phone
Contact Person Fax Number	(860) 210-5075 fax	(212) 342-3660 fax
Contact Person e-mail Address	herlihys@nmhct.org	rhg7@columbia.edu



**SECTION II. GENERAL APPLICATION INFORMATION**a. Project Title: Diagnostic Cardiac Catheterization Programb. Project Proposal: Termination of Program

c. Type of Project/Proposal, please check all that apply:

**Inpatient Service(s):**

- ☐ Medical/Surgical      ☐ Cardiac      ☐ Pediatric      ☐ Maternity  
☐ Trauma Center      ☐ Transplantation Programs  
☐ Rehabilitation (specify type) \_\_\_\_\_  
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)  
☒ Other Inpatient (specify) Diagnostic Cardiac Catheterization Service

**Outpatient Service(s):**

- ☐ Ambulatory Surgery Center      ☐ Primary Care      ☐ Oncology  
☐ New Hospital Satellite Facility      ☐ Emergency      ☐ Urgent Care  
☐ Rehabilitation (specify type) \_\_\_\_\_ ☐ Central Services Facility  
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)  
☐ Other Outpatient (specify) \_\_\_\_\_

**Imaging:**

- ☐ MRI      ☐ CT Scanner      ☐ PET Scanner  
☐ CT Simulator      ☐ PET/CT Scanner      ☐ Linear Accelerator  
☐ Cineangiography Equipment      ☐ New Technology: \_\_\_\_\_

**Non-Clinical:**

- ☐ Facility Development      ☐ Non-Medical Equipment      ☐ Renovations  
☐ Change in Ownership or Control      ☐ Land and/or Building Acquisitions  
☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)  
☐ Other Non-Clinical: \_\_\_\_\_

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

☒ Yes☐ No

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

- ☐ New (F, S, Fnc)      ☐ Additional (F, S, Fnc)      ☐ Replacement  
☐ Expansion (F, S, Fnc)      ☐ Relocation      ☒ Termination of Service  
☐ Reduction      ☐ Change in Ownership/Control

- e. Will the Capital Expenditure/Cost of the proposal exceed \$3,000,000, pursuant to Section 19a-639, C.G.S.?

☐ Yes ☒ No

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

- ☐ New equipment acquisition and operation  
☐ Replacement equipment with disposal of existing equipment  
☐ Major medical equipment  
☐ Change in ownership or control

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

New Milford Hospital, 21 Elm Street, New Milford, CT 06776

- g. List each town this project is intended to serve:

The Hospital's primary service area includes the towns of Bridgewater, Brookfield, Kent, New Milford, Roxbury, Sherman, Warren and Washington in Connecticut. The Hospital's secondary service area draws patients from portions of adjacent towns, including Bethlehem, Goshen, Litchfield, Morris, Southbury and Woodbury in Connecticut. The hospital's service area does include several towns in New York due to the Hospitals' proximity to the New York State line.

- h. Estimated starting date for the project: May 4, 2009 (suspension of the service simultaneous with closure of the emergency angioplasty program pursuant to an Agreed Settlement)

- i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed
N/A				

**SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION**

- a. Estimated Total Project Expenditure/Cost: \$ 0.00
- b. Please provide the following tentative capital expenditure/costs related to the proposal:

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	
Non-Medical Equipment Purchases*	
Land/Building Purchases	
Construction/Renovation	
Other (Non-Construction) Specify: _____	
<b>Total Capital Expenditure</b>	
Major Medical Equipment – Fair Market Value of Leases Medical	
Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	
<b>Total Capital Cost</b>	
<b>Total Project Cost</b>	
Capitalized Financing Costs (Informational Purpose Only)	

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

- c. If the proposal has a total capital expenditure/cost exceeding \$20,000,000 or if the proposal is for major medical equipment exceeding \$3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes

☐ No

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing
- ☐ Energy Conservation      ☐ Health, Fire, Building and Life Safety Code
- ☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

- d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

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

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

- |   |  |  |
|---|--|--|
| <input 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 ( <i>specify</i> ) _____ |  |  |

#### SECTION IV. PROJECT DESCRIPTION

**In paragraph format**, 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 narrative noted below

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 being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and 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?

On April 21, 2004, under Docket Number 03-30089-CON, New Milford Hospital and New York Presbyterian Healthcare System, Inc. entered into an Agreed Settlement in which OHCA granted a CON to establish diagnostic and interventional cardiac catheterization services at New Milford Hospital. The diagnostic cardiac catheterization program commenced services on October 11, 2004. At that time the implementation of the emergency angioplasty program was contingent upon reaching specified diagnostic catheterizations (300 in any consecutive 12 month period).

On June 21, 2006, under Docket Number 06-30089-MD2, OHCA modified the CON in order to allow commencement of the interventional cardiac program for emergency angioplasty after 200 diagnostic cardiac catheterization procedures were performed. The first emergency angioplasty procedure was performed on May 4, 2007. The hospital did not achieve the agreed upon volumes during its first full year of operation and on June 30, 2008, based on Stipulation #5 of the Agreed Settlement under Docket Number 03-30089-CON, commenced filing required monthly reports to OHCA for diagnostic catheterization and emergency angioplasty procedures.

The hospital has provided eleven monthly reports to date, which indicate a total of 13 emergency angioplasty procedures and 121 diagnostic cardiac catheterizations have been performed during the second year of the approved program. It is clear that the hospital will not achieve the required minimum institutional volume of 36 emergency angioplasty procedures at the end of the second twelve months (which would require 23 to be performed in the remaining month to meet the minimum). As the hospital will not achieve the recommended minimum number of annual emergency angioplasty procedures for two consecutive years it is expected the emergency angioplasty program will terminate at 12:01 A.M. on May 4, 2009.

The hospital is requesting to close its catheterization laboratory and vacate the terms of the CON (provisions) to provide diagnostic catheterization services, commensurate with the termination of the emergency angioplasty program. Changed conditions warrant this request and include:

- Once the emergency angioplasty program is terminated by virtue of the terms of agreed settlement, the conditions that have existed with the full program will have changed.
- The program was approved simultaneously for diagnostic and emergency angioplasty services, and the cardiac catheterization/angioplasty unit set up as one unit with this in mind. No cardiac catheterization services had been offered at New Milford Hospital prior to this program.
- Physicians and staff were recruited for provision of both services in mind, and with pending closure of the emergency angioplasty program the staffing element for the remaining diagnostic program is of concern due to recent resignations.
- Additionally, the primary care physicians and cardiologists in the community have indicated they will not refer patients to the program, as evidenced by existing referral patterns and the hospital's continued inability to achieve the projected volumes in the original CON (currently at 27% of anticipated volumes).
- The cardiac program has financially impacted the hospital's operations (the projected net loss for FY 2009 is \$1,541,794), and this in turn affects the hospital's ability to provide other clinical programs and services.

Other providers of diagnostic catheterization services include Danbury Hospital, St. Mary's Hospital, and Waterbury Hospital.

New Milford Hospital has been providing monthly reports to OHCA regarding its cardiac program activity based on stipulation #5 of the Agreed Settlement under Docket Number 03-30089-CON for reporting diagnostic and interventional cardiac procedures. The hospital has submitted eleven monthly reports to date, representing the second year of the approved program. Included in that reporting have been descriptions of the hospital's initiatives related to community outreach, provider dialogue, and other communication efforts about program capabilities. While initial submissions reflected our work to promote the emergency angioplasty program, the content has subsequently shifted, reflecting awareness of the termination of the emergency angioplasty capability at NMH.

Communication efforts in anticipation of likely program closure have also included:

NewYork Presbyterian Healthcare System - Dialogue has been held with the Center for Interventional Cardiology at Columbia University, our NewYork Presbyterian partner, for the purposes of assessment and coordination of the management services agreement for the hospital as well as coordination of the terms of the employment agreement with Lawrence Laifer, MD, Director of Interventional Cardiology at New Milford Hospital with pending program closure.

Community Awareness – Ongoing promotion of hospital capabilities regarding emergency angioplasty (print, radio and billboard advertising) was suspended February 27, 2009 in recognition of the hospital's likely inability to achieve volumes satisfying the terms of the Agreed Settlement (and potential closure of the program in early May 2009). Subsequent press coverage following concurrent cost-savings measures announced by the hospital resulted in several area newspapers focusing coverage on informational articles, editorials and Letters to the Editor whereby public awareness of the pending closure of the emergency angioplasty services was greatly increased. The hospital also discussed the pending closure of the angioplasty program with elected public officials to enable them to communicate effectively with their constituents.

Employees, Volunteers, and Board of Directors – There has been hospital-wide communication concerning the potential closure of the emergency angioplasty service. Direct correspondence from hospital leadership via letters, open forums and committee discussions provided multiple opportunities for education and clarification to all these stakeholder groups was initiated in January 2009.

New Milford Hospital Medical Staff – Ongoing dialogue has also occurred at Medical Executive Committee, Quarterly Medical Staff, Medical Department, Emergency Department and Cardiology Section on multiple occasions between January 2009 and the present. Physician providers are fully aware of the pending closure of the emergency angioplasty service effective May 4, 2009.

Current and former patients were notified of the pending closure of the catheterization laboratory directly by letter from Lawrence Laifer, MD in late March 2009.

Regional Hospitals and Emergency Responders - Region V emergency service providers endorsed a plan for pre-hospital care of STEMI patients that was implemented in March 2009. These providers received notification April 9, 2009 that New Milford Hospital would accept patients only until May 3, 2009. In addition, New Milford Hospital maintains long-standing transfer processes to treat and support patients who may need to leave our community for care – processes that existed before the angioplasty program and that were also utilized during the time it has been available. The in-hospital Emergency Department triage process will facilitate appropriate identification and transfer where warranted to interventional cardiology providers; these patient transfer agreements ensure that heart attack patients receive the timeliest interventions possible. Going forward, the hospital will continue the work it has initiated with the region's medical community, municipalities and EMS organizations, which promises to truly improve treatment both in the field and in area hospitals. The administrative leadership of Sharon Hospital, C. Hungerford Hospital and Danbury Hospital each participated in direct communication with New Milford Hospital regarding the emergency angioplasty program as well.

Upon program closure, notification will be sent to the State of Connecticut Department of Public Health, The Joint Commission, and American Osteopathic Association for modification of New Milford Hospital's service profile associated with licensure and accreditation.

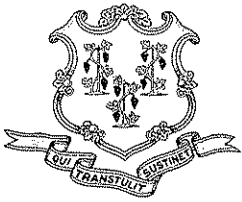
As difficult as termination of a program that has helped diagnose and save lives of community residents, one that has been available to the community for four years, New Milford Hospital recognizes its inability to achieve the terms of the Agreed Settlement for emergency angioplasty and the subsequent staffing and referral bases to maintain the diagnostic catheterization service. The hospital will continue its best efforts to be a "safe haven" for its community and strive to maintain quality clinical programs that will meet their key health needs, and identify those services for patients at other hospitals that we – as a community hospital – simply cannot provide.

**AFFIDAVIT****To be completed by each Applicant**Applicant: New Milford HospitalProject Title: Diagnostic Cardiac Catheterization ProgramI, Joseph Frolikis, MD, CEO  
(Name) (Position – CEO or CFO)of New Milford 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 New Milford 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.

Joseph Frolikis 4/29/09  
Signature DateSubscribed and sworn to before me on 29th day of April 2009Joseph R. Hart  
Notary Public/Commissioner of Superior CourtJOSEPH R. HART  
NOTARY PUBLIC  
State of Connecticut  
My Commission Expires  
November 30, 2012

My commission expires: \_\_\_\_\_



M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

April 30, 2009

Sally Herlihy  
Vice President, Regulatory Compliance  
New Milford Hospital  
21 Elm Street  
New Milford, CT 06776-3029

Richard Gemming  
Chief Operating Officer  
Center for Interventional Vascular Therapy  
New York-Presbyterian Healthcare System  
161 Fort Washington Avenue  
5<sup>th</sup> Floor  
New York, NY 10032

RE: Certificate of Need Application Forms; Docket Number 09-31365-CON  
New Milford Hospital and New York-Presbyterian Healthcare System  
Termination of Diagnostic Cardiac Catheterization Service at New Milford  
Hospital

Dear Ms. Herlihy and Mr. Gemming:

Enclosed are the application forms for New Milford Hospital and New York-Presbyterian Healthcare System (together herein referred to as "Applicants") Certificate of Need ("CON") proposal for the termination of diagnostic cardiac catheterization service at New Milford Hospital with no associated capital expenditure.

According to the parameters stated in Section 19a-638 of the Connecticut General Statutes, the CON application may be filed between April 29, 2009, and June 28, 2009. However, since OHCA has waived the LOI period for this CON Application, under OHCA's CON Determination Report No.: 09-31365-DTR, the Applicants will file their CON Application with OHCA no later than May 15, 2009.

Should the Applicants be unable to file their CON Application by May 15, 2009, the Applicants must file in writing to OHCA reasons they will be unable to file the CON Application material.

**When submitting your CON application, please paginate and date each page contained in your submission. In addition, please submit one (1) original and five hard copies; as well as a scanned copy of the complete application, including all attachments, on CD or Diskette. OHCA requests that the electronic copy be in Adobe or MS Word format and that the Financial Attachment and other data as appropriate be in MS Excel format.**



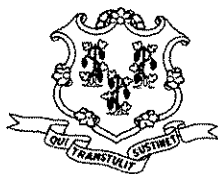
Steven W. Lazarus, Associate Health Care Analyst, has been assigned to this CON Application. Please feel free to contact him directly at (860) 418-7012, if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kimberly R. Martone', with a stylized flourish at the end.

Kimberly R. Martone  
Director of Operations

Enclosures



## State of Connecticut Office of Health Care Access Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, Not Applicable may be an acceptable response. The Analysts assigned to your application are Steven W. Lazarus and he may be reached at the Office of Health Care Access ("OHCA") at (860) 418-7012.

**Note:** Due to the emergent nature of this application, as determined by OHCA under Report No: 09-31365-DTR, OHCA anticipates that New Milford Hospital will complete and submit the enclosed application *no later than May 15, 2009*.

**Docket Number:** 09-31365-CON

**Applicant Name:** New Milford Hospital

<b>Contact Person:</b>	Sally Herlihy	Richard Gemming
<b>Title:</b>	Vice President, Regulatory Compliance	Chief Operating Officer Center for Interventional Vascular Therapy
<b>Address:</b>	New Milford Hospital  21 Elm Street, New Milford CT 06776-3029	New York-Presbyterian Healthcare System 161 Fort Washington Ave. 5 <sup>th</sup> Floor New York, NY 10032

**Project Location:** New Milford

**Project Name:** Termination of Diagnostic Cardiac Catheterization Service at New Milford Hospital

**Type proposal:** Section 19a-638, C.G.S.

**Est. Capital Expenditure:** None

## HOSPITAL AFFIDAVIT

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the (Hospital Name) information submitted in this Certificate of Need application is accurate and correct to the best of my knowledge. With respect to the financial impact related to this CON application, I hereby affirm that:

1. The proposal will have a capital expenditure in excess of \$15,000,000.

☐ Yes ☐ No

2. The combined total expenses for the proposal's first three years of operation will exceed one percent of the actual operating expenses of the Hospital for the most recently completed fiscal year as filed with the Office of Health Care Access.

☐ Yes ☐ No

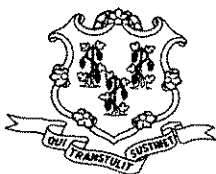
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_



## State of Connecticut Office of Health Care Access Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, Not Applicable may be an acceptable response. The Analysts assigned to your application are Steven W. Lazarus and he may be reached at the Office of Health Care Access ("OHCA") at (860) 418-7012.

**Note:** Due to the emergent nature of this application, as determined by OHCA under Report No: 09-31365-DTR, OHC Anticipates that New Milford Hospital will complete and submit the enclosed application *no later than May 15, 2009*.

**Docket Number:** 09-31365-CON

**Applicant Name:** New Milford Hospital

<b>Contact Person:</b>	Sally Herlihy	Richard Gemming
<b>Title:</b>	Vice President, Regulatory Compliance	Chief Operating Officer Center for Interventional Vascular Therapy
<b>Address:</b>	New Milford Hospital  21 Elm Street, New Milford CT 06776-3029	New York-Presbyterian Healthcare System 161 Fort Washington Ave. 5 <sup>th</sup> Floor New York, NY 10032

**Project Location:** New Milford

**Project Name:** Termination of Diagnostic Cardiac Catheterization Service at New Milford Hospital

**Type proposal:** Section 19a-638, C.G.S.

**Est. Capital Expenditure:** None

## **1. State Health Plan**

No questions at this time.

## **2. Applicant's Long Range Plan**

- A. Please explain how the termination of the proposed service is consistent with New Milford Hospital's ("Applicant" or "Hospital") long range plan.

## **3. Clear Public Need**

- A. Explain how the Applicant determined the need to terminate cardiac catheterization service.
- B. Identify the process undertaken by the Applicant in making the decision to terminate.
- C. Discuss the emergent nature of the proposed application.
- D. Please explain how this proposal will be in the best interest of the residents of the proposed service area.
- E. Please discuss what steps the Hospital has undertaken to ensure continued access to these diagnostic cardiac catheterization services for the Hospital's patients.
- F. Where will the patients from the service area receive diagnostic cardiac catheterization services after the proposed termination by the Hospital?
- G. Discuss and provide a copy of a transition plan from the termination of the diagnostic cardiac catheterization service. (include discussion with other area providers, EMS, community communications etc.)
- H. Did this termination require the vote of the Board of Directors of the Applicant? If so, please provide a copy of the minutes (excerpted for other unrelated business) for the meeting(s) at which this termination was discussed and voted on/
- I. Provide the utilization for the past three fiscal years for diagnostic cardiac catheterization service.

- J. Will your proposal remedy any of the following barriers to access?  
Please provide an explanation.

- |  |   |
|--|---|
| <input type="checkbox"/> Cultural          | <input type="checkbox"/> Transportation         |
| <input type="checkbox"/> Geographic        | <input type="checkbox"/> Economic               |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Other (Identify) _____ |

If you checked other than None of the above, please provide an explanation.

#### 4. Improvements to Productivity and Containment of Costs

In the past year has your facility undertaken any of the following activities to improve productivity and contain costs?

- |  |   |
|--|---|
| <input type="checkbox"/> Energy conservation   | <input type="checkbox"/> Group purchasing |
| <input type="checkbox"/> Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.) | <input type="checkbox"/> Reengineering    |
| <input type="checkbox"/> None of the above   |   |
| <input type="checkbox"/> Other (identify):   |   |

#### 5. Miscellaneous

- A. Will this proposal result in new (or a change to) your teaching or research responsibilities?

- ☐ Yes ☐ No

If you checked "Yes," please provide an explanation.

- B. Are there any characteristics of your patient/physician mix that makes your proposal unique?

- ☐ Yes ☐ No

If you checked "Yes," please provide an explanation.

## 6. Financial Information

A. Provide the following financial information:

- i) Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the Applicant is a hospital that has filed its most recently completed fiscal year audited financial statements, the Applicant may reference that filing for this proposal.

B. Provide the total capital expenditure/cost associated with this proposal (if applicable).

C. Provide the type of funding or financing source, if applicable.

D. Payer Mix Projection

Please provide the historical payer mix for this proposal. The payer mix should be Total Facility based on the Patient Population Mix in the following reporting format:

Total Facility Description	Current Payer Mix (FY 2008)
Medicare*	%
Medicaid* (includes other medical assistance)	
CHAMPUS and TriCare	
<b>Total Government Payers</b>	
Commercial Insurers*	
Uninsured	
Workers Compensation	
<b>Total Non-Government Payers</b>	
<b>Payer Mix</b>	<b>100.0%</b>

\*Includes managed care activity.

A.2. Please describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

C. Provide the following for the financial and statistical projections:

- i) A summary of revenue, expense and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **See attached, Financial Attachment I.** Please note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.
- ii) The assumptions utilized in developing the projections (e.g., FTE's by position, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).
- iii) Please discuss any cost savings or losses that may result from the termination of the diagnostic cardiac catheterization service.
- iv) Describe how this proposal is cost effective.



**6. C (i).** Please provide one year of actual results and three years of projections of **Total Facility** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

**Total Facility:**

Description	Results	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON
<b>NET PATIENT REVENUE</b>							
Non-Government				\$0			\$0
Medicare				\$0			\$0
Medicaid and Other Medical Assistance				\$0			\$0
Other Government				\$0			\$0
Total Net Patient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Other Operating Revenue</b>							
Revenue from Operations	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OPERATING EXPENSES</b>							
Salaries and Fringe Benefits				\$0			\$0
Professional / Contracted Services				\$0			\$0
Supplies and Drugs				\$0			\$0
Bad Debts				\$0			\$0
Other Operating Expense				\$0			\$0
Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Depreciation/Amortization				\$0			\$0
Interest Expense				\$0			\$0
Lease Expense				\$0			\$0
Total Operating Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Gain/(Loss) from Operations</b>							
	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Plus: Non-Operating Revenue</b>							
Revenue Over/(Under) Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FTEs				0			0

**\*Volume Statistics:**

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.

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(212) 342-3660  
FAX:  
AGENCY: CENTER FOR INTERVENTIONAL VASCULAR THERAPY  
NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM  
STEVEN LAZARUS  
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Comments: Docket 09-31365 CON Application

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FAX SHEET

TO: SALLY HERLIHY  
(860) 210-5075

FAX: NEW MILFORD HOSPITAL

AGENCY: STEVEN LAZARUS

FROM: 5/1/09

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NUMBER OF PAGES: 11  
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Comments: Docket 09-31365 CON Application

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