



DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities



Susan I. Hamilton, M.S.W., J.D.
Commissioner

2009 AUG -3 A 11:03

M. Jodi Rell
Governor

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

VIA FACSIMILE - 860-418-7053

August 3, 2009

Commissioner Cristine A. Vogel
Office of Health Care Access
410 Capitol Avenue
MS #13HCA
Hartford, CT 06134

RE: CLOSURE OF HIGH MEADOWS

Dear Commissioner Vogel:

The Department of Children and Families hereby submits this notice of its intent to close High Meadows, a DCF-operated residential treatment center located in Hamden, Connecticut.

The reasons for the closure are as follows:

1. The demand for residential facility placement has fallen by 30% over the past several years.
2. There are sufficient vacancies within our existing system of private, non-profit, fee-for-service providers and our remaining state-operated facilities to assure that children meeting the level of care criteria for residential placement are not denied timely access to the necessary level of care.
3. Among the DCF-operated facilities, High Meadows is most in need of capital improvements to remain operational. Its closure will save more than \$11,000,000 in capital improvement costs to the state.
4. Due to a high number of recent retirements, combined with normal attrition rates, at High Meadows, and DCF's inability to refill vacancies due to fiscal constraints, we will be unable to maintain sufficient staffing to operate High Meadows along with our remaining state-operated facilities.

STATE OF CONNECTICUT
Phone (860) 550-6300 - Fax (860) 560-7086
505 Hudson Street, Hartford, Connecticut 06106-7107
E-Mail: commissioner.dcf@ct.gov
www.state.ct.gov/dcf
An Equal Opportunity Employer

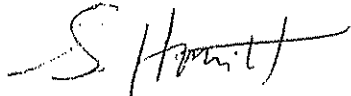
I respectfully request a waiver from the requirement of Conn. Gen. Stat. §19a-638(a)(4) that a letter of intent remain on file for a minimum of 60 days due to the emergent need to close this facility as soon as is reasonably possible. The reasons for this waiver request are as follows:

1. Some capital expenditures must be made immediately in order to keep the entire facility operating in a safe and efficient manner.
2. Making capital improvement expenditures immediately will constitute a waste of resources should the Office of Health Care Access ultimately conclude that it is appropriate to grant our request to close High Meadows.
3. Staffing patterns will soon become problematic due to vacancies that cannot be refilled. In order to ensure the safety and well-being of staff and clients, it is necessary to begin reducing bed capacity immediately.
4. It is in the best interests of the children at High Meadows to remain in a state of flux for as little time as possible. Therefore, a thoughtful, but accelerated, discharge of clients should be accomplished as soon as reasonably possible.
5. It is in the best interests of the children at High Meadows to be in new placements or returned home, if possible, before the start of the new school year whenever this can be accomplished consistent with their individual needs and circumstances.

If you determine that granting this waiver request is appropriate, I respectfully request that you schedule a public hearing on this matter in as short a time frame as possible.

I appreciate your assistance with this matter.

Yours truly,



Susan I. Hamilton, M.S.W., J.D.
Commissioner

SH/bc



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

August 3, 2009

VIA FAX ONLY

Susan I. Hamilton, M.S.W., J.D.
Commissioner
Department of Children and Families
505 Hudson Street
Hartford, CT 06106-7107

RE: Certificate of Need Determination; Report Number 09-31422-DTR
Department of Children and Families
Request for a Waiver of Letter of Intent Period for the Certificate of Need Application for
the Termination of Services at High Meadows in Hamden

Dear Commissioner Hamilton:

On August 3, 2009, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Department of Children and Families ("DCF") requesting OHCA to waive the Letter of Intent ("LOI") period for the CON for the termination of services at High Meadows in Hamden, with no associated capital expenditure.

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

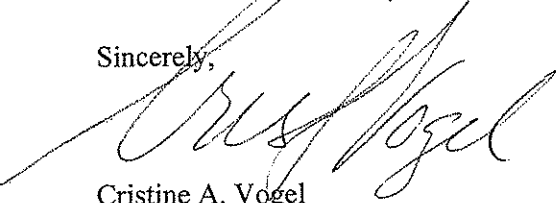
1. OHCA finds that the proposed request is for OHCA to waive the LOI requirement under section 19a-638(b) for the CON for DCF to terminate services at High Meadow in Hamden, Connecticut.
2. OHCA finds that High Meadowss is a state-operated residential treatment center located in Hamden, CT.
3. DCF contends that some capital expenditures must be made immediately in order to keep the entire facility operating in a safe and efficient manner.
4. DCF contends that it is in the best interest of the children at High Meadows to remain in a state of flux for as little time as possible.

5. 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 fourteen business days before the proposed date of institution of the function, service or termination or change of ownership or control."

OHCA has determined that pursuant to 19a-638(b) C.G.S., OHCA deems it appropriate to waive the Letter of Intent ("LOI") for the CON required of DCF for the termination of services at High Meadow in Hamden. The CON application will be faxed and emailed to DCF under a separate cover letter. Further, OHCA anticipates that since the LOI period has been waived by OHCA, DCF will file the completed CON application with OHCA no later than August 28, 2009. If DCF is unable to file the CON application by this date, please provide OHCA a written explanation for the reasons prior to August 28, 2009. If you have any questions regarding this letter, please feel free to contact OHCA staff analysts Steven W. Lazarus, or Alexis G. Fedorjaczenko at (860) 418-7001.

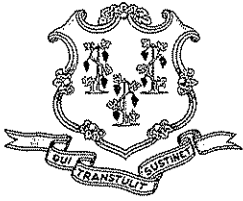
Sincerely,



Cristine A. Vogel
Commissioner

CAV:agf

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



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

August 3, 2009

Susan I. Hamilton, M.S.W., J.D.
Commissioner
Department of Children and Families
505 Hudson Street
Hartford, CT 06106-7107

Re: Letter of Intent, Docket Number 09-31422
Termination of Services at High Meadows in Hamden, CT
Notice of Letter of Intent

Dear Commissioner Hamilton,

On August 3, 2009, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Department of Children and Families ("Applicant") for the termination of services at High Meadows in Hamden, CT with no associated capital expenditure.

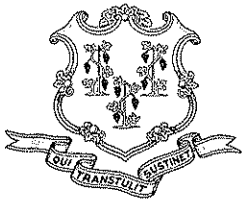
A notice to the public regarding OHCA's receipt of a LOI was published in *The New Haven Register* pursuant to Section 19a-638 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

A handwritten signature in cursive script, reading "Kimberly Martone" with a stylized "SR" or "SE" monogram at the end.

Kimberly R. Martone
Director of Operations

KRM:lmg



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

August 3, 2009

Requisition # HCA010-008
Fax: (203) 865-8360

New Haven Register
40 Sargent Street
New Haven, CT 06531-0715

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 **Friday, August 7, 2009**.

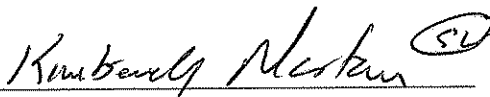
Please provide the following **within 30 days** of publication:

- 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 Steven Lazarus or Alexis Fedorjaczenko at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,


Kimberly R. Martone
Director of Operations

Attachment

KRM:SWL:AF;lmg

c: Marie Dempsey, OHCA

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-638
Applicant:	Department of Children and Families
Town:	Hamden
Docket Number:	09-31422-LOI
Proposal:	Termination of services at High Meadows in Hamden, CT
Capital Expenditure:	\$0

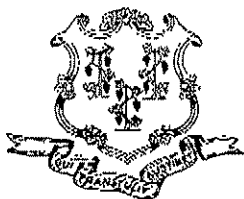
The Applicant may file its Certificate of Need application no later than August 28, 2009. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available at OHCA or on OHCA's website at www.ct.gov/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 Applicants.

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0425
RECIPIENT ADDRESS 912038858360
DESTINATION ID
ST. TIME 08/03 16:04
TIME USE 00'20
PAGES SENT 2
RESULT OK



M. JODI REIL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

August 3, 2009

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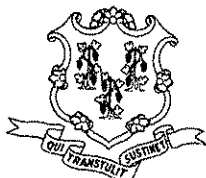
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Sincerely,


Kimberly R. Martone
Director of Operations



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

August 3, 2009

VIA FAX ONLY

Susan I. Hamilton, M.S.W., J.D.
Commissioner
Department of Children and Families
505 Hudson Street
Hartford, CT 06106-7107

RE: Certificate of Need Determination; Report Number 09-31422-DTR
Department of Children and Families
Request for a Waiver of Letter of Intent Period for the Certificate of Need Application for
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Please be advised that OHCA has reviewed your request and makes the following findings:

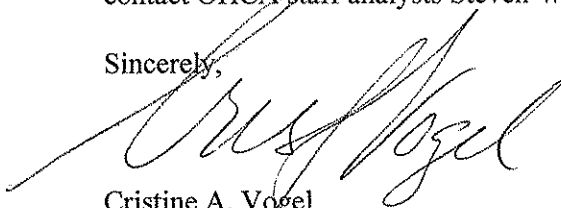
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4. DCF contends that it is in the best interest of the children at High Meadows to remain in a state of flux for as little time as possible.

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OHCA has determined that pursuant to 19a-638(b) C.G.S., OHCA deems it appropriate to waive the Letter of Intent ("LOI") for the CON required of DCF for the termination of services at High Meadow in Hamden. The CON application will be faxed and emailed to DCF under a separate cover letter. Further, OHCA anticipates that since the LOI period has been waived by OHCA, DCF will file the completed CON application with OHCA no later than August 28, 2009. If DCF is unable to file the CON application by this date, please provide OHCA a written explanation for the reasons prior to August 28, 2009. If you have any questions regarding this letter, please feel free to contact OHCA staff analysts Steven W. Lazarus, or Alexis G. Fedorjaczenko at (860) 418-7001.

Sincerely,



Cristine A. Vogel
Commissioner

CAV:agf

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

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0426
RECIPIENT ADDRESS 95607086
DESTINATION ID
ST. TIME 08/03 16:25
TIME USE 00'25
PAGES SENT 3
RESULT OK



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: COMMISSIONER SUSAN HAMILTON

FAX: (860) 560-7086

AGENCY: DEPARTMENT OF CHILDREN AND FAMILIES

FROM: STEVEN LAZARUS
8/3/09

DATE: _____ TIME: _____

NUMBER OF PAGES: 3
(including transmittal sheet)

Comments: Docket 09-31422-DTR

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

August 3, 2009

VIA FAX & EMAIL ONLY

Susan I. Hamilton, M.S.W., J.D.
Commissioner
Department of Children and Families
505 Hudson Street
Hartford, CT 06106-7107

RE: Certificate of Need Application Forms, Docket Number 09-31422-CON
Department of Children and Families
Termination of Services at High Meadows in Hamden, Connecticut

Dear Commissioner Hamilton:

Enclosed are the application forms for the Department of Children and Families ("DCF" or "Applicant") Certificate of Need ("CON") proposal for termination of services at High Meadows in Hamden, Connecticut with no associated capital expenditure. Since OHCA has waived the LOI period for this CON Application, under OHCA's CON Determination Report No.: 09-31422-DTR, the Applicant will file their CON Application with OHCA no later than August 28, 2009.

Should the Applicant be unable to file their CON Application by August 28, 2009, the Applicant must file in writing to OHCA reasons they will be unable to file the CON Application material.

When submitting your CON application and any subsequent application information to this agency, you are obligated to observe the following procedural requirements. **Failure to observe these requirements will require follow-up work on your part to correct the filing.**

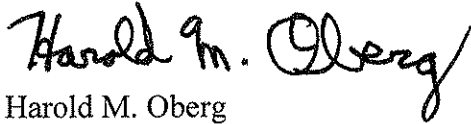
- Number and date each page, including cover letter and all attachments. Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document immediately preceding it. For example, if the application concludes with page 100, your completeness response letter would begin with page 101.
- Submit one (1) original and five (5) hard copies of each submission in 3-ring binders.

An Equal Opportunity Employer
410 Capitol Ave., MS#13HCA, P.O. Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

- Submit a scanned copy of each submission in its entirety, including all attachments on CD, preferably in Adobe (.pdf) format.
- Submit an electronic copy of the documents in MS Word format with financial attachments and other data as appropriate in MS Excel format.

The analysts assigned to the CON application are Steven W. Lazarus and Alexis G. Fedorjaczenko. Please contact them at (860) 418-7001 if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Harold M. Oberg". The signature is written in a cursive, flowing style.

Harold M. Oberg
Principal Health Care Analyst

Enclosure

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0427
RECIPIENT ADDRESS 95607086
DESTINATION ID
ST. TIME 08/03 16:28
TIME USE 01'03
PAGES SENT 10
RESULT OK



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: COMMISSIONER SUSAN HAMILTON

FAX: (860) 560-7086

AGENCY: DEPARTMENT OF CHILDREN AND FAMILIES

FROM: STEVEN LAZARUS
8/3/09

DATE: _____ TIME: _____

NUMBER OF PAGES: 10
(including transmittal sheet)

Comments: Docket 09-31422-CON

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

GENERAL AFFIDAVIT

Applicant: _____

Project Title: _____

I, _____, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and 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.

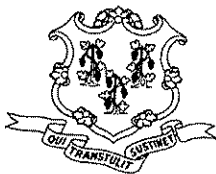
Signature

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, a response of "Not Applicable" may be acceptable. The OHCA analysts assigned to your application are Steven W. Lazarus and Alexis G. Fedorjaczenko. They may be reached at the Office of Health Care Access by dialing (860) 418-7001.

Note: Due to the emergent nature of this application, as determined by OHCA under Report No: 09-31422-DTR, OHCA anticipates that Department of Children and Families will complete and submit the enclosed application *no later than August 28, 2009*.

Docket Number: 09-31422-CON

Applicant Name: Department of Children and Families

Contact Person: Susan I. Hamilton, M.S.W., J.D.
Contact Title: Commissioner
Contact Address: 505 Hudson Street
Hartford, CT 06106-7107

Project Location: Hamden

Project Name: Termination of Services at High Meadows in Hamden, Connecticut

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

**Estimated Total
Capital Expenditure:** \$0

1. Project Description and Need

- a. Please provide a detailed narrative of the proposal including description of all programs and services offered.
- b. Identify the location, population served, hours of operation, number of beds for the program that is proposed for termination.
- c. Provide the rationale for this termination of services.
- d. Identify the proposed date for termination of services.

2. Impact on Patient and Provider Community

- a. List all existing providers of the services proposed for termination that will be able to accommodate the Applicant's patients. Include the following:
 - i. Name and address;
 - ii. Services provided; and
 - iii. Current utilization and capacity.
- b. Discuss what steps the Applicant will undertake to ensure continued access to the services proposed for termination.
- c. Provide the following:
 - i. A plan for transition of the patients to other providers;
 - ii. A communications plan (i.e. for the patients, referral base, emergency responders, local health authorities, etc.); and
 - iii. Transfer agreements with providers with similar services.
- d. Identify any special populations that utilize the services and explain how these clients will continue to access this service after the service location closes.
- e. Provide evidence that other providers are willing and able to absorb the displaced patients. This evidence should be specific and concrete, such as written agreements or memorandum of understanding, and should include the provider's capacity and the number of additional clients from High Meadow that could be accommodated, along with any limitations to the types or numbers of patients that could be accommodated.
- f. Describe how clients and/or their families/caregivers will be notified about the termination and transferred to other providers. What steps will be taken to ensure continuity of care and the least disruption to clients?

- g. Please discuss how access to any “specialized” services that High Meadow currently offers will be maintained.

3. Actual and Projected Volume

- a. Provide volumes for the most recently completed FY by town.
- b. Describe how High Meadow receives referrals and list the most common referral sources.
- c. Provide the number of referrals from Department of Children and Family for the most recently completed FY.
- d. Complete the following table for the past three fiscal years (“FY”) and current fiscal year (“CFY”), for both number of visits and number of admissions, by service.

Table 1: Historical, Current, and Projected Visits & Admissions

	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY ***	FY ***	FY ***	FY ***
Service**				
Total				

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

** Identify each service type and add lines as necessary. Provide both number of visits and number of admissions for each service listed.

*** Fill in years. In a footnote, identify the period covered by the Applicant’s FY (e.g. July 1-June 30, calendar year, etc.).

- e. Explain any increases and/or decreases in volume seen in the tables above.
- f. Provide a report the following information for the last three full FYs and the current FY to-date:
- Average daily census;
 - Average length of stay
 - Occupancy rate
 - Number of clients on the last day of the month;
 - Number of clients admitted during the month; and
 - Number of clients discharged during the month.

4. Quality Measures

- a. Explain how this proposal contributes to the quality of health care delivery in the region.

- b. Describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

5. Organizational and Financial Information

- a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).
- b. Does the Applicant have non-profit status?
☐ Yes (Provide documentation) ☐ No
- c. Please provide a copy of High Meadow's most recent annual budget or a portion of Department of Children and Family services' budget that applies directly to High Meadow.

6. Financial Attachments I & II

- a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. Complete **Financial Attachment I**. (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.
- b. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. Complete **Financial Attachment II**. The projections must include the first three full fiscal years of the project.
- c. Provide the assumptions utilized in developing **both Financial Attachments I and II** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).
- d. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the service(s).
- e. Please detail any cost savings for the Applicant, as a result of the proposed termination.

7. Other Review Criteria

- a. Specify whether any of the following apply to the proposal. If so, provide an explanation and supporting documentation.
 - i. Voluntary efforts to improve productivity and contain costs;
 - ii. Changes to the Applicant's teaching or research responsibilities; and/or
 - iii. Special characteristics of the Applicant's patient or physician mix.

Department of Children and Families (High Meadows)

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

<u>Total Facility:</u> <u>Description</u>	<u>FY</u> <u>Actual</u> <u>Results</u>	<u>FY</u> <u>Projected</u> <u>W/out Project</u>	<u>FY</u> <u>Projected</u> <u>Incremental</u>	<u>FY</u> <u>Projected</u> <u>W/out Project</u>	<u>FY</u> <u>Projected</u> <u>Incremental</u>	<u>FY</u> <u>Projected</u> <u>W/out Project</u>	<u>FY</u> <u>Projected</u> <u>Incremental</u>	<u>FY</u> <u>Projected</u> <u>With Project</u>	<u>FY</u> <u>Projected</u> <u>With Project</u>
Revenue from Operations									
Non-Operating Revenue									
Total Revenue:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Operating Expenses									
Revenue Over/(Under) Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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.

[illegible]



DEPARTMENT of CHILDREN and FAMILIES

Making a Difference for Children, Families and Communities



Susan I. Hamilton, M.S.W., J.D.
Commissioner

M. Jodi Rell
Governor

RECEIVED
2009 AUG -4 A 11:00
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

VIA FACSIMILE - 860-418-7053

August 3, 2009

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4. Due to a high number of recent retirements, combined with normal attrition rates, at High Meadows, and DCF's inability to refill vacancies due to fiscal constraints, we will be unable to maintain sufficient staffing to operate High Meadows along with our remaining state-operated facilities.

STATE OF CONNECTICUT
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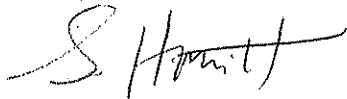
I respectfully request a waiver from the requirement of Conn. Gen. Stat. §19a-638(a)(4) that a letter of intent remain on file for a minimum of 60 days due to the emergent need to close this facility as soon as is reasonably possible. The reasons for this waiver request are as follows:

1. Some capital expenditures must be made immediately in order to keep the entire facility operating in a safe and efficient manner.
2. Making capital improvement expenditures immediately will constitute a waste of resources should the Office of Health Care Access ultimately conclude that it is appropriate to grant our request to close High Meadows.
3. Staffing patterns will soon become problematic due to vacancies that cannot be refilled. In order to ensure the safety and well-being of staff and clients, it is necessary to begin reducing bed capacity immediately.
4. It is in the best interests of the children at High Meadows to remain in a state of flux for as little time as possible. Therefore, a thoughtful, but accelerated, discharge of clients should be accomplished as soon as reasonably possible.
5. It is in the best interests of the children at High Meadows to be in new placements or returned home, if possible, before the start of the new school year whenever this can be accomplished consistent with their individual needs and circumstances.

If you determine that granting this waiver request is appropriate, I respectfully request that you schedule a public hearing on this matter in as short a time frame as possible.

I appreciate your assistance with this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "S. Hamilton", written over a horizontal line.

Susan I. Hamilton, M.S.W., J.D.
Commissioner

SH/bc