

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Office of Health Care Access

### Final Decision

**Applicant:** Windham Community Memorial Hospital  
112 Mansfield Avenue  
Willimantic, CT 06226

**Docket Number:** 16-32118-CON

**Project Title:** Termination of outpatient rehabilitative services at Gateway Commons and relocation of these same services to Windham Hospital Family Health Center

**Project Description:** Windham Community Memorial Hospital ("WCMH" or "Applicant") is seeking approval to terminate outpatient rehabilitative services at Gateway Commons, located at 1703 West Main Street, Willimantic and to relocate these same services to the Windham Hospital Family Health Center ("Family Health Center"), located at 5 Founders Street, Willimantic, with no associated capital expenditure.

**Procedural History:** The Applicant published notice of its intent to file a Certificate of Need ("CON") application to terminate outpatient rehabilitative services in *The Chronicle* on June 16, 17 and 18, 2016. On August 26, 2016, the Office of Health Care Access ("OHCA") received the CON application from WCMH for the above-referenced project and deemed the application complete on October 13, 2016. OHCA received no responses from the public concerning the proposal and no hearing requests were received from the public per Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a(e). Deputy Commissioner Addo considered the entire record in this matter.



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## Findings of Fact and Conclusions of Law

1. WCMH is a 130-bed not-for-profit acute care community hospital located at 112 Mansfield Avenue, Willimantic, Connecticut. Exhibit A, pp. 5, 14
2. Gateway Commons, located at 1703 West Main Street, Willimantic, operated as an outpatient department of WCMH, providing physical, occupational and speech therapy services. Exhibit A, pp. 5, 14; OHCA Docket Number: 16-32069-DTR
3. On February 1, 2016, in an effort to reduce costs, avoid duplication of services and to optimize the use of existing physical space proximate to WCMH's main campus, outpatient rehabilitation services provided at Gateway Commons were relocated to the Family Health Center, located at 5 Founders Street, Willimantic. Exhibit A, pp. 13-14
4. Accordingly, WCMH requests authorization to terminate outpatient rehabilitative services at Gateway Commons and to transfer these same services to the Family Health Center. Ex. A, p.14
5. The Family Health Center operates as an outpatient department of WCMH and has provided outpatient rehabilitative services since its 2013 inception. OHCA Docket Number: 16-32069-DTR
6. The Family Health Center is located 1.4 miles from Gateway Commons and 0.3 miles from the main entrance of WCMH. OHCA Docket Number: 16-32069-DTR
7. Hours of operation at the Family Center were expanded by 10.5 hours per week to include evening and weekend appointments. The new hours are 7am to 7 pm Monday through Thursday, 7 am to 5 pm on Fridays and 7:30 am to 12:30 pm on Saturdays. Ex. A, pp.14, 20
8. Patients were notified about the closing of Gateway Commons and provided with the new location (Family Health Center), hours of operation, directions and contact information. Ex. A, p. 38
9. In addition to rehabilitation services, the Family Center offers urgent care, primary care and endocrinology services. Ex. A, p.14; <https://windhamhospital.org/about-us/news/hartford-healthcare-opens-its-newest-family-health-center-in-storrs-offering-extended-urgent-care-hours-primary-care-endocrinology-and-rehabilitation>
10. The Family Health Center is located on a bus line for patients requiring public transportation to travel to medical appointments. Ex. A, p.14
11. The Family Health Center is a newly renovated facility offering state-of-the-art equipment. Ex. A, p.14
12. The relocation of rehabilitative services has not resulted in any reduction in services. All rehabilitative services previously offered at Gateway Commons continue to be provided by the same staff at the Family Health Center. Ex. A, pp.14-15

13. WCMH's primary service area includes eleven towns in eastern Connecticut: Ashford, Eastford, Hampton, Willington, Coventry Columbia, Mansfield, Chaplin, Hebron, Scotland, and Windham. These towns account for 81% of the current patient population utilizing rehabilitation services at WCMH. Ex. A, p.14
14. The same patient population served at Gateway Commons will continue to be served at the Family Health Center. Ex. A, p. 15
15. While a referral is not required for physical, occupational or speech therapy, the majority of patients do present with a referral from a physician, physician assistant or advance practice registered nurse. Ex. A, p. 25
16. The Applicant does not anticipate any changes to the current referral patterns as a result of this proposal. Ex. A, p. 26
17. Historical patient rehabilitation visits at Gateway Commons are listed in the table below:

**TABLE 1  
GATEWAY COMMONS HISTORICAL UTILIZATION BY SERVICE**

Service	Actual Volume (Visits)			CFY Volume
	FY 2013	FY 2014	FY 2015	FY 2016 <sup>1</sup>
Physical Therapy	10,156	8,632	7,857	2,740
Occupational Therapy	3,563	2,735	2,594	906
Speech Therapy	432	375	468	265
<b>Total<sup>2</sup></b>	<b>14,151</b>	<b>11,742</b>	<b>10,919</b>	<b>3,911</b>

<sup>1</sup>Volume represents actual visits from October 1, 2015 through January 31, 2016 (4 months)

<sup>2</sup>Volume decline from FY 2013 to FY 2015 resulted from operational inefficiencies due to patient flow and throughput, staffing challenges and the inability to offer evening hours.

Ex. A, p. 31; Ex. C, p. 77

18. The Applicant projects a three percent increase in patient visits over the next three fiscal years due to the expansion of hours at the Family Health Center and more efficient scheduling<sup>1</sup>.

**TABLE 2**  
**FAMILY HEALTH CENTER PROJECTED UTILIZATION BY SERVICE**

Service	Projected Volume (Visits)		
	FY 2017	FY 2018	FY 2019
Physical Therapy	8,467	8,721	8,983
Occupational Therapy	2,800	2,884	2,970
Speech Therapy	819	844	869
<b>Total</b>	<b>12,085</b>	<b>12,448</b>	<b>12,821</b>

Ex. A, p. 32

19. The Applicant does not anticipate any changes in payer mix for rehabilitative services at the Family Health Center.

**TABLE 3**  
**APPLICANT'S CURRENT & PROJECTED PAYER MIX**

Payer	FY 2016 <sup>1</sup>		FY 2017		FY 2018		FY 2019	
	Visits	%	Visits	%	Visits	%	Visits	%
Medicare*	1,146	29%	3,541	29%	3,541	29%	3,541	29%
Medicaid*	1,558	40%	4,814	40%	4,814	40%	4,814	40%
CHAMPUS & TriCare	0	0%	0	0%	0	0%	0	0%
<b>Total Government</b>	<b>2,704</b>	<b>69%</b>	<b>8,355</b>	<b>69%</b>	<b>8,355</b>	<b>69%</b>	<b>8,355</b>	<b>69%</b>
Commercial Insurers	782	20%	2,416	20%	2,416	20%	2,416	20%
Uninsured	17	<1%	53	<1%	53	<1%	53	<1%
Workers Compensation	408	10%	1,261	10%	1,261	10%	1,261	10%
<b>Total Non-Government</b>	<b>1,207</b>	<b>31%</b>	<b>3,730</b>	<b>31%</b>	<b>3,730</b>	<b>31%</b>	<b>3,730</b>	<b>31%</b>
<b>Total Payer Mix</b>	<b>3,911</b>	<b>100%</b>	<b>12,085</b>	<b>100%</b>	<b>12,085</b>	<b>100%</b>	<b>12,085</b>	<b>100%</b>

<sup>1</sup>Volume represents actual visits from October 1, 2015 through January 31, 2016 (4 months).

\*Includes managed care activity

Ex. G, p. 116

20. There will be no impact on patient health care costs related to the relocation of services from Gateway Commons to the Family Health Center. Ex. A, p. 21

<sup>1</sup> It is anticipated that combining the teams from Gateway Commons and the Family Health Center will result in improved collaboration and more efficient office operation. Additional staff and extended service hours will provide more opportunity to maximize the number appointments.

21. Patients will retain the ability to utilize Hartford HealthCare's charity care policies, which provides for the provision of services to patients covered by Medicare and Medicaid, as well as providing free or reduced charge services to the poor or indigent, based on the ability to pay. Ex. A, p. 21
22. There is no capital expenditure associated with the proposal. Ex. A, p. 22
23. The proposal will generate incremental gains of \$123,292, \$242,452, \$243,385 and \$244,346 in Fiscal Years ("FYs") 2016 through FY 2019, respectively. Ex. A, pp. 23, 71
24. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))
25. This CON application is consistent with the Statewide Health Care Facilities and Service Plan. (Conn. Gen. Stat. § 19a-639(a)(2))
26. The Applicant has established that there is a clear public need for the proposal. (Conn. Gen. Stat. § 19a-639(a)(3))
27. The Applicant has demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))
28. The Applicant has satisfactorily demonstrated that the proposal will improve quality, accessibility and maintain the cost effectiveness of health care delivery in the region. (Conn. Gen. Stat. § 19a-639(a)(5))
29. The Applicant has shown that there would be no change in the provision of health care services to the relevant populations and payer mix, including access to services by Medicaid recipients and indigent persons. (Conn. Gen. Stat. § 19a-639(a)(6))
30. The Applicant has satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7))
31. The Applicant's historical provision of treatment in the service area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))
32. The Applicant has satisfactorily demonstrated that this proposal would not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))
33. The Applicant has demonstrated that there will be no reduction in access to services by Medicaid recipients or indigent persons. (Conn. Gen. Stat. § 19a-639(a)(10))
34. The Applicant has demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the region. (Conn. Gen. Stat. § 19a-639(a)(11))

35. The Applicant has satisfactorily demonstrated that the proposal will not result in any consolidation that would affect health care costs or access to care. (Conn. Gen. Stat. § 19a-639(a)(12))

## Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in § 19a-639(a) of the Statutes. The Applicants bear the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

WCMH is a 130-bed acute care community hospital located in Willimantic, Connecticut. WCMH provided outpatient physical, occupational and speech therapy services at the Gateway Commons facility at 1703 West Main Street, Willimantic. On February 1, 2016, in an effort to reduce costs, avoid duplication of services and to optimize the use of existing physical space proximate to WCMH's main campus, outpatient rehabilitation services at Gateway Commons were relocated to the Family Health Center at 5 Founders Street, Willimantic. The Family Health Center has provided outpatient rehabilitative services as an outpatient department of WCMH since its 2013 inception. Accordingly, WCMH requests authorization to terminate outpatient rehabilitative services at Gateway Commons and to transfer these same services to the Family Health Center. *FF1-FF5*

The Family Health Center is located only 1.4 miles from Gateway Commons and 0.3 miles from the WCMH main entrance. As part of the proposal, the hours of operation at the Family Center were expanded by 10.5 hours per week to include evening and weekend appointments. Patients were notified of the change in location and expanded hours and may benefit from additional services offered at the Family Center, including urgent care, primary care and endocrinology. The Family Health Center is located on a bus line for patients requiring public transportation to travel to medical appointments. In addition, the Family Health Center is a newly renovated facility offering state-of-the-art equipment to help improve rehabilitative treatments. Patients will maintain access to all rehabilitative services previously offered at Gateway Commons, including the same staff. *FF6-FF12*

The Family Health Center provided 3,911 rehabilitation therapy visits from October 1, 2015 through January 31, 2016. The Applicant projects a three percent increase in patient visits over the next three fiscal years due to the expansion of hours at the Family Health Center and more efficient scheduling. *FF17-FF18* Due to the close proximity to the former service location at Gateway Commons, the Family Health Center will serve the same patient population and physician referral patterns will remain the same. *FF14-FF16* As a result of these combined factors, the Applicant has satisfactorily demonstrated that quality and access to rehabilitative treatment services in the region will be enhanced for all relevant patient populations, including Medicaid.

There will be no impact on patient health care costs related as a result of this proposal. Patients will retain the ability to utilize Hartford HealthCare's charity care policies, which provides for the provision of services to patients covered by Medicare and Medicaid, as well as providing free or reduced charge services to the poor or indigent, based on the ability to pay. *FF20-FF21*

WCMH projects incremental gains of \$123,292, \$242,452, \$243,385 and \$244,346 respectively, in FYs 2016, 2017, 2018 and 2019. These gains are primarily due to the elimination of Gateway Commons' lease expense. *FF23* As a result, the Applicant has satisfactorily demonstrated that the proposal is financially feasible.

Based on the foregoing factors, the Applicant has demonstrated clear public need for this proposal as access to and quality of care will be improved. Further, consolidating rehabilitation services to the Family Center will help eliminate duplicative services within close proximity to the hospital. These benefits are consistent with the Statewide Health Care Facilities and Services Plan.




## Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application for the termination of outpatient rehabilitative services at Gateway Commons and relocation of these same services to the Family Health Center, with no associated capital expenditure, is hereby APPROVED.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the  
Department of Public Health  
Office of Health Care Access

11/14/2016  
Date

  
Yvonne T. Addo, MBA  
Deputy Commissioner