#### User, OHCA

From:PATEL, SHRADDHA <SHRADDHA.PATEL@YNHH.ORG>Sent:Friday, May 05, 2017 5:50 PMTo:User, OHCASubject:CON Determination - Relocation of Dental Services (YNHH)Attachments:YNHH Dental Relocation Determination Form.pdf

Hello,

Attached please find the YNHH Determination Form related to the proposed relocation of dental services in New Haven.

Please let me know if you have questions.

Thank you for your consideration.

Shraddha

Shraddha Patel, FACHE Director of Strategy and Regulatory Planning & Reporting 2 Howe 3<sup>rd</sup> Floor New Haven, CT 06519 Phone: 860-912-5324 Email: shraddha.patel@ynhh.org

# YaleNewHavenHealth

This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.



# State of Connecticut Office of Health Care Access CON Determination Form Relocation of a Health Care Facility

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

# SECTION I. PETITIONER INFORMATION

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

	Petitioner	
Full Legal Name	Yale New Haven Hospital	
Doing Business As	Yale New Haven Hospital	
Name of Parent Corporation	Yale New Haven Health Services Corporation	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	789 Howard Avenue New Haven, CT 06511	
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP	
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Shraddha Patel Director, Strategy and Regulatory Planning & Reporting	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	2 Howe Street, 3 <sup>rd</sup> Floor New Haven, CT 06511
Contact Person's Telephone Number	860-912-5324
Contact Person's Fax Number	203-688-5013
Contact Person's e-mail Address	Shraddha.Patel@ynhh.org

### SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, 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 elements need to be addressed, if applicable.

Name of the Health Care Facilities &	YNHH Dental Program
Current Locations:	YNHH Main Campus, Dana Building
	789 Howard Avenue, New Haven, CT

YNHH Dental Program YNHH St. Raphael Campus 330 Orchard Street, New Haven, CT

Proposed Location: YNHH Dental Program, One Long Wharf, 1 Long Wharf Drive, New Haven, CT

#### <u>Current Population Served<sup>1</sup></u>:

For 789 Howard Avenue Site: Branford, Bridgeport, East Haven, Guilford, Hamden, Milford, New Haven, North Haven, Shelton, Stratford, West Haven

For 330 Orchard Street Site: Ansonia, Branford, Bridgeport, Derby, East Haven, Hamden, Milford, New Haven, North Haven, Stratford, Trumbull, Wallingford, West Haven

<u>Proposed Population Served</u>: The proposed population served is expected to remain unchanged from the current population served

<sup>&</sup>lt;sup>1</sup> Calculated based on towns from which 75% of volume originates. Service area adjusted to ensure contiguous towns. Form 2020 Revised 08/11

### Current Payor Mix:

For 789 Howard Avenue Site: 39% Medicaid, 42% Self Pay, 11% Private Insurance, 9% Other

For 330 Orchard Street Site: 45% Medicaid, 45% Self Pay, 10% Private Insurance, 0% Other

<u>Proposed Payor Mix</u>: The proposed payor mix is expected to remain unchanged from the current payor mix

Any other information that the Petitioner deems relevant: please see following page

### SECTION IV. PROPOSAL DESCRIPTION

Yale New Haven Hospital (YNHH) is evaluating its service and location configuration for all outpatient dental services in an effort to enhance accessibility and convenience for patients, and increase the quality and efficiency of care delivery.

YNHH currently offers outpatient dental services at the following locations:

- <u>One Long Wharf, 1 Long Wharf Drive, New Haven, CT</u> Pediatric dental services, oral health exams, consultations, and diagnostics
- <u>YNHH Main Campus, Dana Building, 789 Howard Avenue, New Haven, CT</u> Adult dental services, oral health exams, consultations, and diagnostics
- <u>YNHH St. Raphael Campus, 330 Orchard Street, New Haven, CT</u> Oral surgery services, restorative and procedural dental care
- <u>Hamden Professional Building, 2560 Dixwell Avenue, Hamden, CT</u> Adult dental services, oral health exams, consultations, and diagnostics

YNHH proposes to relocate the services available at 789 Howard Avenue and 330 Orchard Street to one renovated and expanded space within the One Long Wharf site in New Haven. The same services currently offered at each site will continue to be offered at one central location, which will add exam rooms to accommodate all patients. The same dental staff will provide the same dental care at this site.

With the proposed project, the One Long Wharf location will be a multifunctional facility providing comprehensive care for the continuum of patient needs. The location will be more convenient for patients, as pediatric, adult, and surgical services will be available at one site. Patients and families will be able to coordinate scheduling and eliminate the need to travel to multiple sites for care. Clinically, the colocation of the disciplines promotes better care coordination. For example, with the proposed project, should an adult or pediatric dental patient require a surgical consult, this can be completed in the same visit, and the benefit is two-fold. First, providers are able to consult real-time and collaborate directly with their peers during the patient encounter. Second, the need for another visit to a dental office is eliminated for the patient.

In addition, the One Long Wharf location is easily accessible. It is located on a bus route, has free parking, and is located minutes from major highways including I-95 and I-91. The other dental sites in New Haven proposed for relocation are more challenging to access. The One Long Wharf facility is also relatively new and in excellent condition.

There are no anticipated changes to the patient population or payor mix with this project as the distances between the existing and proposed locations are minimal as depicted in the table below.

CURRENT (distance from One Long Wharf)	FUTURE	
One Long Wharf (0 miles)		
YNHH Main Campus (1.8 miles)	One Long Wharf	
YNHH St. Raphael Campus (2.6 miles)		

YNHH is seeking a determination from OHCA that a CON is not required for this relocation.

Thank you for your consideration.

#### SECTION V. AFFIDAVIT

#### (Each Petitioner must submit a completed Affidavit.)

Petitioner: Yale New Haven Hospital

Project Title: Relocation of Outpatient Dental Services

I, Carolyn Salsgiver, Vice President, Business Planning/Strategy of Yale New Haven Health being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

2017 Date Signature May 4, 2017 Subscribed and sworn to before me on Notary Public/Commissioner of Superior Court Susan Castagna, State of CT 1/31/2020 My commission expires:

# 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

May 9, 2017

VIA EMAIL ONLY

Shraddha Patel Director, Strategy and Regulatory Planning & Reporting Yale New Haven Hospital 789 Howard Avenue New Haven, CT 06511

RE: Certificate of Need Determination Report Number 17-32166-DTR Relocation of Dental Program

Dear Ms. Patel:

On May 8, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Yale New Haven Hospital ("YNHH") with respect to the relocation of its dental program.

YNHH is a licensed hospital that currently offers outpatient dental services at the following locations: 1 Long Wharf Drive, New Haven; 789 Howard Avenue, New Haven; 330 Orchard Street, New Haven; and 2560 Dixwell Avenue, Hamden. YNHH is proposing the relocation of the dental services available at 789 Howard Avenue and 330 Orchard Street to its 1 Long Wharf Drive location, which will be renovated and expanded. There are no anticipated changes to the patient population or payer mix. Effectively, YNHH is terminating the dental services at its 789 Howard Avenue and 330 Orchard Street locations.

Connecticut General Statutes § 19a-638(a)(5) requires a CON for the "termination of inpatient or outpatient services offered by a hospital...". Since the dental services currently provided by YNHH at the 789 Howard Avenue and 330 Orchard Street locations will be terminated, a *CON is required* for YNHH's proposal.

Sincerely,

Kimberly R. Martone Director of Operations C: Rose McLellan, License and Applications Supervisor, DPH, DHSR.



Phone: (860) 418-7001 • Fax: (860) 418-7053 410 Capitol Avenue, P.O. Box 340308 Hartford, Connecticut 06134-0308 www.ct.gov/dph Affirmative Action/Equal Opportunity Employer



## Olejarz, Barbara

From: Sent: To: Subject: Attachments:	Olejarz, Barbara Tuesday, May 09, 2017 3:17 PM 'SHRADDHA.PATEL@YNHH.ORG' Determination 32166-1.pdf	
Tracking:	Recipient	Delivery
	'SHRADDHA.PATEL@YNHH.ORG'	
	Hansted, Kevin	Delivered: 5/9/2017 3:17 PM
	Riggott, Kaila	Delivered: 5/9/2017 3:17 PM
	Martone, Kim	
	McLellan, Rose	Delivered: 5/9/2017 3:17 PM
	Kimberly.Martone@ct.gov	Delivered: 5/9/2017 3:17 PM

5/9/17

Please see attached determination for Report Number: 17-32166-DTR for the relocation of Dental Program.

Barbara K. Olejarz Administrative Assistant to Kimberly Martone Office of Health Care Access Department of Public Health Phone: (860) 418-7005 Email: <u>Barbara.Olejarz@ct.gov</u>

