**The Connecticut Certificate of Need (CON) Process**

**The Independent Roles of the Office of Health Care Access (OHCA) and the Department of Social Services (DSS)**

**OHCA:** Connecticut General Statutes (CGS) Section 19a-638 grants CON program authority to OHCA for review of the following:

1. Establishment of:
   1. A new health care facility[[1]](#footnote-1);
   2. A freestanding emergency department;
   3. An outpatient surgical facility; and
   4. Cardiac services, including inpatient and outpatient interventions and surgery;
2. Termination of:
   1. Hospital inpatient or outpatient services;
   2. Surgical services unless due to insufficient patient volume or termination of a subspecialty; and
   3. Inpatient or outpatient services offered by a state-owned facility that provides services eligible for Medicaid or Medicare;
3. Transfer of ownership of a health care facility or certain group practices;
4. Acquisition of:
   1. Certain imaging equipment;
   2. Nonhospital linear accelerators; and
   3. Equipment using technology not previously used in the state;
5. Increase:
   1. In the licensed bed capacity of a health care facility; and
   2. Of two or more operating rooms within any three-year period.

**DSS:** CGS Sections 17b-352 through 17b-355 grants authority to DSS for the CON process for nursing facilities, residential care homes and intermediate care facilities for individuals with intellectual disabilities. CON approval is required for these entities prior to undertaking any of the following activities:

* Capital expenditure exceeding $2 million;
* Capital expenditure exceeding $1 million, which increases facility square footage by five thousand square feet or five percent of existing square footage;
* Introduction of any new or additional function or service;
* Termination of a health service including facility closure or a substantial decrease in total bed capacity by a facility or institution;
* New nursing facilities associated with a continuing care facility provided such beds do not participate in the Medicaid program;
* Medicaid certified beds to be relocated from one licensed nursing facility to another licensed nursing facility to meet a priority need identified in the strategic plan developed pursuant to subsection (c) of section 17b-369 of the Connecticut General Statutes;
* Medicaid beds to be relocated from a licensed facility to a new licensed facility, provided at least one currently licensed facility is closed in the transaction, and the new facility bed total is not less than 10% lower than the total number of beds relocated; and
* Requests to license a new residential care facility or intermediate care facility for the intellectually disabled.

The attached document provides a history of the CON Program in the state and the individual roles of OHCA and DSS.

****

The attached document contains the statutory and regulatory authority for the Connecticut CON Program at OHCA and DSS.



**Overview of CON Process at OHCA**

Attached are flow charts detailing the CON program workflow within OHCA[[2]](#footnote-2).



**Overview of CON Process at DSS**

The CON process begins with an applicant's submission of a letter of intent. The Department issues an application within 10 business days and the Applicant has up to 180 days to submit the CON application. The Department will issue a written decision generally within 120 days after receiving the application. CON decisions may be reviewed by the public during normal business hours[[3]](#footnote-3).

1. Defined in CGS 16a-630 as hospitals, specialty hospitals, freestanding EDs, outpatient surgical, state-operated facilities eligible for Medicaid/Medicare, mental health facilities, substance abuse facilities, and central service facilities including parents, affiliates, etc. [↑](#footnote-ref-1)
2. Office of Health Care Access, *Certificate of Need Analysts Toolbox*, p. 8-12, 2016 [↑](#footnote-ref-2)
3. The Department of Social Services, *Presentation to CON Task Force*, Slide #4, April 12, 2016 [↑](#footnote-ref-3)