**Certificate of Need (CON) Related Resources**

**1. Application and Monitoring Processes and Data Collection**

**Data Collected As Part of the CON Decision Process**

The Office of Health Care Access (OHCA) CON authority and the decision guidelines that support the information and data collected from a CON applicant are specified in CGS section 19a-639.

The Department of Social Services (DSS) CON authority and the determination guidelines that support the information and data collected from a CON applicant are specified in CGS sections 17b-352 through 17b-355.

Additional information may be requested form applicants as deemed necessary by OHCA or DSS.

1. Office of Health Care Access (OHCA) CON Applications

The information and data required by OHCA to conduct a CON review is collected through the application process. CON applications for all forms of CONs may be viewed [online](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=459510&dphNav=|52593|).

Additionally, as part of the CON process hospitals must complete the appropriate financial worksheet(s).



1. Department of Social Services (DSS) CON applications

The DSS CON application process is less complex and specific to nursing facilities, residential care homes and intermediate care facilities for individuals with intellectual disabilities. DSS typically customizes applications around the decision criteria required by CGS section 17b-355.

 

**Data and Methods Used to Measure Success Towards CON Goals Over Time**

OHCA: OHCA’s CON goals are to improve access and quality of services, reduce unnecessary duplication, and reduce health care costs[[1]](#footnote-1). Each CON application approved includes information and data provided by the applicant that supports its assertion that the proposal is aligned with OHCA’s goals. CON applications include quantitative and qualitative data relating to projections of unmet need, service capacity and other relevant factors. OHCA’s statutes and regulations do not provide guidance on specific benchmarks and methodologies to measure success. To OHCA’s knowledge there have been no studies conducted to evaluate results of the state’s CON process over time.

DSS:The DSS audits facilities that receive approval for capital expenditures to ensure that funds were spent as specified in the CON application. Facility closures do not require additional monitoring to evaluate their impact on state goals for the DSS CON process because the state is currently “over-bedded” and therefore any bed reduction is achieving the goals of rebalancing the state’s long term care system.

**2. Other Relevant Data Collected by OHCA**

**Hospital Reporting System:** [**Hospital Financial Stability Report and Hospital Dashboards**](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=276986&dphNav=|)

This site includes links to the financial review statutes, regulations, recent filings and OHCA hospital financial publications including all recent financial stability reports and hospital dashboards

**Statewide Health Care Facilities and Services Plan and Inventory**

[2012 Plan](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=469574)

[2014 Plan](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=557562)

[2014 Inventory](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=557564&dphNav=|56694|)

**Hospital Inpatient Discharge Database: Hospital Utilization Reporting**

* [Utilization report](http://www.ct.gov/dph/lib/dph/ohca/utilizationreport/utilizationreport2013.pdf)
* [Cardiac transfers report](http://www.ct.gov/dph/lib/dph/ohca/publications/2014/pa_13-208_sec._69_cardiac_transfers_report_revised_102015_final.pdf)
* [Preventable Hospitalization report](http://www.ct.gov/dph/lib/dph/ohca/publications/2014/preventable_hospital_report_final.pdf)

**Outpatient Surgery Data Collection**

[Outpatient surgery data reporting webpage](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=565090&dphNav=|)

**Chargemaster/Pricemaster** [**Filings**](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=526224)

This site links to the OHCA webpage describing the pricemaster filing process, including recent hospital pricemasters.

**Other Filings/Notifications Required to be Filed with OHCA**

* [**Medical Foundation Filings**](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=574812)**: Pursuant to Public Act 14-168, starting December 31, 2014 and annually thereafter, m**edical foundations must provide annual reports to OHCA that include (1) a statement of its mission; (2) a description of the services it provides; (3) a description of any significant change in its services during the preceding year; and (4) other financial information as reported on the medical foundation’s most recently filed Internal Revenue Service return of organization exempt from income tax form or, if such medical foundation is not required to file such form, information substantially similar to that required by such form.   The elements of this annual report have just been greatly expanded by [Senate Bill 351](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2016&bill_num=351), *An Act* *Concerning Matters Affecting Physicians and Hospitals,* which has passed both chambers, but has not yet been signed by the Governor.  The above description does not include provisions that will become effective once Senate Bill 351 is signed into law.
* [**Group Practice Filing**s](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=556534&dphNav=|56589|)**:** Pursuant to Public Act 14-168, starting December 31, 2014 and annually thereafter, each hospital, hospital system, and each group practice comprised of thirty or more physicians must submit to the Office of the Attorney General and to the Department of Public Health, an annual report of information concerning these group practices.
* [**Filings related to Hospital/Health Systems Affiliated with Other Hospitals/Health Systems**:](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=576324&dphNav=|56589|) Pursuant to Public Act 15-146, starting December 31, 2015 and annually thereafter, each hospital and hospital system must file with the Office of the Attorney General and the Department of Public Health, a written report describing each affiliation with another hospital or hospital system.
* **Facility Fee Filings:**  Pursuant to Subsection (l) of Section 13 of Public Act 15-146, starting July 1, 2016 and annually thereafter, each hospital and health system shall report to the Department of Public Health concerning facility fees charged or billed during the preceding calendar year.

1. Office of Health Care Access [website](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=564018&dphNav=|) [↑](#footnote-ref-1)