

Statewide Health Care Facilities and Services Plan

October 2012



Connecticut Department Of Public Health
Office Of Health Care Access

410 Capitol Avenue • Hartford, CT 06134

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Connecticut Department of Public Health

Jewel Mullen, MD, MPH, MPA
Commissioner

Lisa A. Davis, MBA, BSN, RN
Deputy Commissioner

Katharine Kranz Lewis, PhD, MSN, MPH, RN
Deputy Commissioner

Kimberly Martone
Office of Health Care Access Director of Operations

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Carmen Cotto
Barbara Dingfelder
Laurie Greci
Leslie Greer
Leonard Guercia
Paolo Fiducia
Jennifer Filippone
Valerie Fisher
Tillman Foster
Kevin Hansted

Salina Hargrove
Jack Huber
Margaret Hynes
Cindy Kozak
Steven Lazarus
Paragi Mehta
Barbara Olejarz
Christine Parker
Mary Pettigrew
Kaila Riggott
Karen Roberts
Gloria Sancho
Kristin Sullivan
Kristen Veneziano
Alla Veyberman

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OVERVIEW

The Department of Public Health (DPH) Office of Health Care Access' (OHCA) planning and regulatory activities are intended to increase accessibility, continuity and quality of health services; prevent unnecessary duplication of health resources; and provide financial stability and cost containment of health care services. Section 19a-634 of the Connecticut General Statutes (CGS) charges OHCA with the responsibility of developing and maintaining a *Statewide Health Care Facilities and Services Plan (the Plan)*, along with establishing and maintaining an inventory of all Connecticut health care facilities and services and conducting a biennial utilization study.

It is through the Plan that OHCA's regulatory and planning functions converge, as the Plan is noted in one of nine enumerated statutory guidelines,¹ specifying that when reviewing a Certificate of Need (CON) application, OHCA must take into consideration the relationship of the proposed project to the Plan.

The Plan, considered an advisory document, is intended to be a blueprint for health care delivery in Connecticut, serving as a resource for policymakers and those involved in the CON process and providing information, policies and projections of need to guide planning for specific health care facilities and services.

It includes standards/guidelines/methodologies for Acute Care Bed Need, Outpatient Surgery, Cardiac Services and Imaging Services/Equipment that, when adopted into regulation, will be utilized in the Certificate of Need review process.² In addition, the Plan examines unmet need and identifies possible gaps in services.

The Plan also incorporates available health care facilities and services utilization data that provide important information regarding shifts in the use of health care resources and services, identify what types of care specific populations use and how frequently, assist in examining the impact of new medical technologies or procedures, and may also indicate areas that warrant further study. These data serve as a foundation for projecting future health care needs and are the basis for determining resource needs. Additionally, through the inventorying of and reporting on utilization of services, the Plan will provide a means of monitoring the adequacy of access.

An Advisory Body and three service-specific subcommittees (Acute Care/Ambulatory Surgery, Behavioral Health and Primary Care), and an Imaging Workgroup, consisting of representatives from a cross-section of the health care industry and State government, provided guidance on the development of the Plan. Developed with their input, the Plan's standards and guidelines are intended to guide the CON review and decision-making process, and improve the accessibility and quality of health care services provided.

KEY ISSUES

The Plan identifies key issues surrounding the delivery of health care in Connecticut:

- Even before health care reform has been fully implemented, the state's health care system has begun a transformation in response to and in anticipation of major changes in the way health care is financed and delivered. Many provisions of the 2010 Patient Protection and Affordable Care Act (PPACA) favor integrated systems to create efficiencies and address quality. Hospital mergers and the acquisitions of imaging centers and physician practices are key issues surrounding Connecticut's CON process today.
- As the health care delivery model continues to evolve, it will be important to monitor and assess whether the size, clinician mix and statewide distribution of the health care workforce is sufficient to meet the additional demand.
- Based on acute care bed need projections for 2015, Connecticut has an adequate supply of acute care inpatient beds statewide, however further study is necessary to determine if gaps in service-specific beds exist in certain regions of the state.
- As part of OHCA's planning effort, focus groups were conducted in an effort to identify concerns about behavioral health (mental health and substance use treatment) patients treated in Emergency Departments (EDs) and their

¹Connecticut General Statutes Section 19a-639, as amended by Public Act 12-170

²These standards and guidelines are not final until adopted as regulation pursuant to Chapter 54 of the Connecticut General Statutes.

ability to access behavioral health services. Three common themes emerged from focus group meetings: (1) behavioral health patients presenting at EDs, although other treatment settings would be more appropriate, (2) limited access to behavioral health services (especially inpatient adult or residential youth services) and (3) lack of coordination of care between EDs and community based services. Focus group participants expressed concern that these issues will continue as long as EDs are the only “24/7” treatment option available.

- Market trends over the past several years have affected the environment in which hospitals and free-standing imaging centers operate. In the past, there was a steady and ongoing migration of imaging services out of the hospital setting, mostly to physician-owned free-standing imaging centers. Today however, reimbursement issues, access to capital, vendor relationships and physician employment are initiating a wave of acquisitions of imaging equipment at free-standing imaging centers by hospitals.³ CON approval is required for these acquisitions and purchasers must demonstrate clear public need for the equipment.
- The behavioral health industry has shifted focus over the past several years from mainly a treatment driven system to one of recovery assistance and resilience enabling. The industry will continue to support this shift by building resilience in children and adolescents and providing greater recovery mechanisms and opportunities for adults.
- Many primary care providers offer some level of behavioral health care as a service component. Likewise, many behavioral health providers provide a primary care component to address basic needs of their patients. This relationship is a significant effort and growing trend that will likely continue to be emphasized in the health care industry.
- Connecticut’s overall supply of primary care practitioners is adequate, however health care reform’s insurance coverage expansion will likely lead to a new and increased demand for primary care services.

NEXT STEPS/RECOMMENDATIONS

Next steps and recommendations had several sources; they were either suggested directly by subcommittee and advisory body members, evolved from subcommittee and advisory body discussions, or were suggested by reviewers of the Plan.

ACUTE CARE/AMBULATORY SURGERY

The next steps/recommendations on acute care/ambulatory surgery are intended to build upon the first Plan’s efforts.

- Explore whether and how data on observation days should be collected and submitted to OHCA and determine how the inclusion of bed days would affect the bed need methodology.
- Examine service type by region to determine if gaps in service exist on a regional basis.
- Investigate the development of planning regions that best facilitate the ability to assess the availability of and future demand for care, taking into consideration existing hospital service areas.
- Explore the formation of a statewide task force comprising key industry stakeholders to further examine action steps and solutions needed to address the concerns identified by the ED Focus Groups about inappropriate use of the ED.
- Evaluate ED capacity issues on an on-going basis.
- Examine availability of on-call specialty physicians to EDs.
- Further study Behavioral Health/ED Focus Group findings with the Connecticut Hospital Association (CHA)/ Department of Mental Health and Addiction Services (DMHAS) to determine if access to behavioral health services is a significant problem at Connecticut’s EDs and if there are any opportunities to help improve access.
- Examine the effect on hospital EDs of increasing reimbursement for outpatient behavioral health programs.
- Examine the benefits of increasing the number of intermediate care center (ICC) beds.
- Examine cardiac program quality measures, including risk-adjusted outcomes, institutional and operator performance.

³ Jeter, E. & Sorensen, T. (2010, May 17). The Reconsolidation of Imaging Centers. *ImagingBiz*. Retrieved from <http://www.imagingbiz.com/articles/view/the-reconsolidation-of-imaging-centers>.

- Continue to review and update Connecticut’s cardiac guidelines to reflect current information and recommendations provided by professional societies and organizations with expert knowledge of cardiac care.
- Encourage the adherence to national cancer clinical practice guidelines and investigate the inclusion of standards and guidelines in future Plans.
- Consider adopting the following surgical facility classes as defined by the American College of Surgeons:
 - Class A: Provides for minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. These procedures are also appropriately performed in Class B and C facilities.
 - Class B: Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. These procedures are also appropriately performed in Class C facilities.
 - Class C: Provides for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.
- Consider amending the definition of “operating room” as follows: “Operating Room” means a room with a fully controlled sterile environment that meets either (i) the standard for a Class B or Class C operating room as set forth in the 2006 edition of the American Institute of Architects (AIA) Guidelines for the Design and Construction of Health Care Facilities or (ii) the standards for an operating room as forth in the R.C.S.A. § 19-13-D56, to the extent consistent with section 19a-493b.
- Include treatment rooms in future Plan discussions related to ambulatory surgery capacity.
- With respect to ambulatory surgery standards and guidelines, discuss and consider including backlogs in the service area; ability of physicians to schedule block times; patient throughput at other facilities; and the quality of care at other facilities as additional factors for consideration in the next Plan.

BEHAVIORAL HEALTH

The next steps/recommendations on behavioral health are intended to build upon the efforts of and discussions held by the behavioral health subcommittee.

- Explore ways that Connecticut’s behavioral health service system can measure or determine capacity as it relates to need and access to care.
- Inventory and discuss behavioral health care services provided by private practitioners and include how the provision of services in private practice contributes to the overall provision of behavioral health care in the state.
- Further advance the discussion of additional types of providers (e.g., private practitioners, Veterans Administration) and the availability of clinical level services in the state and seek and provide more information on recovery supports available to residents in the state.
- Inventory distinct service levels.
- Enhance OHCA’s Hospital Reporting System (HRS) reporting mechanisms to capture accurate, usable data from short term general and children’s general hospitals on hospital-based or hospital-affiliated behavioral health care services (such as a revamped Report 450⁴ or a new schedule).
- Provide more focus on the provision and interrelation or co-location of mental health, primary care and/or oral health services within the various settings and provide further discussion as to the concept of “no wrong door” to accessing these services at any location.
- Further consider how health care reform and a possible blended behavioral health license might change the landscape for both behavioral health finance and delivery of care in the future.

⁴Hospital Report 450 (Hospital Inpatient and Outpatient Other Services Utilization and FTE Employees) is the form into which hospitals electronically report utilization data to OHCA annually.

PRIMARY CARE

The Primary Care Subcommittee's next steps/recommendations are intended to assure and enhance the quality of care provided by primary care providers in all settings by eliminating health disparities and barriers to access, and tracking and evaluation of health outcomes and patient satisfaction.

- Utilize the results of the DPH Primary Care Office survey of primary care providers to report on and highlight access issues related to primary care facilities and services to better identify practitioners' places of practice, affiliations or relationships with institutions (such as hospitals, FQHCs, multi-specialty practices) and to illustrate any primary care workforce needs, size, and distribution issues which the Primary Care Office identifies.
- Consider adjusting future Behavioral Risk Factor Surveillance System questionnaires so large enough samples are drawn in each county so that results for the questions related to health care access may be used for county level assessment and solutions.
- Consider mandating responses on all license renewal applications to certain survey questions on whether practitioners are actively practicing in the state; the primary location of practice; if the respondent is currently actively treating patients; and if he/she had ever been convicted of a felony.
- Improve OHCA's Hospital Reporting System's reporting mechanisms to capture accurate, usable data from hospitals on hospital-based primary care services (such as a revamped Report 450 or a new schedule) and to collect primary care data on all providers of primary care services.
- Consider more comprehensively primary care provided by hospital-affiliated entities, which are expanding rapidly throughout the state.
- Provide additional Plan focus on the provision of mental health and oral health services in primary care settings, and assess the interrelation of these services with primary care.



SECTION 1 CHAPTER 1
INTRODUCTION

1.0 INTRODUCTION

1.1 LEGAL AUTHORITY AND MANDATE

Section 19a-634 of the Connecticut General Statutes (CGS) charges the Department of Public Health (DPH) Office of Health Care Access (OHCA) with the responsibility of conducting an annual statewide health care facility utilization study, establishing and maintaining an inventory of all Connecticut health care facilities and services and certain equipment specified in statute, and developing and maintaining a Statewide Health Care Facilities and Services Plan (Appendix A). The Plan is one of nine permanent, enumerated guidelines contained in CGS Section 19a-639, as amended by Public Act 12-170, specifying that when reviewing a Certificate of Need (CON) application, OHCA must take into consideration the relationship of the proposed project to the statewide health care facilities and services plan.

1.2 PURPOSE AND VALUE

The Plan will serve as a blueprint for health care delivery in Connecticut by providing guidance on resource allocation decisions based on considerations of the appropriate balance of accessible quality health care for the state's residents.

In addition, the Plan will:

- Be a resource document for policymakers and for those involved in the Certificate of Need process; and
- Provide various entities (e.g., institutions, State and local governments and individuals) with information, policies and projections of need (in some cases) to guide the planning for specific health care facilities and services and the state's health care system.

The Plan is premised on establishing an inventory of health care services and facilities, examining access and utilization of certain services, and, as necessary, determining how best to distribute those resources in the most effective and efficient manner. It is intended to sustain hospital⁵ and health care system financial viability by:

- Helping to prevent excess capacity and underutilization of medical facilities;
- Fostering fair competition and a level playing field for entry into the most profitable services;
- Providing clearer rules for adding services (via CON standards and guidelines);
- Limiting the proliferation of services that would undermine community providers' ability to maintain financial viability; and
- Promoting shared service arrangements.

The Plan is also intended to provide improved patient access to services by:

- Providing better access to services through planned geographic distribution;
- Enhancing primary care access and availability by identifying gaps in services and unmet need; and
- Lowering overall cost to the health care system by limiting duplication of services.

⁵The use of the words "hospitals" or "acute care hospitals" throughout this document generally refers to hospitals that provide acute care in a general hospital setting. In Connecticut, these hospitals are licensed by the Department of Public Health as either a General Hospital or a Children's General Hospital pursuant to Section 19a-490 of the Connecticut General Statutes and Section 19-13-D1 of the Connecticut Public Health Code.

1.3 ADVISORY BODY

In October 2010, the Office of Health Care Access invited representatives from a cross section of the health care industry and State government to participate in an advisory body that would be charged with providing guidance on the development of the Plan. Advisory Body members are listed in Appendix B. The advisory body met monthly beginning in November 2010. In May 2011, advisory body subcommittees were formed to conduct more in-depth work in the areas of Acute Care/Ambulatory Surgery, Behavioral Health and Primary Care. Subcommittee members are listed in Appendix C.

Both advisory body and subcommittee members provided OHCA with guidance and expertise in the development of CON guidelines, standards, methodologies and analyses used in the Plan, including:

- Reviewing research conducted by OHCA on other states' facilities plans' standards, guidelines and methodologies and providing feedback and discussion regarding adaptation and applicability for Connecticut's Plan;
- Recommending authoritative professional organizations, published studies, industry-recognized standards/guidelines/methodologies, etc., to be considered by OHCA in the development of its plan;
- Providing insight on industry best practices and evidenced based research;
- Recommending data sources; and
- Offering feedback on OHCA's use and interpretation of available data.

1.4 GUIDING PRINCIPLES

The goal of OHCA's planning and regulation activities is to improve the health of Connecticut's residents; increase the accessibility, continuity and quality of health services; prevent unnecessary duplication of health resources; and provide financial stability and cost containment of health care services.

The guiding principles of the Plan are intended to:

- Promote and support the long term viability of the state's health care delivery system;
- Ensure that any regulated service will maintain overall access to quality health care;
- Promote equitable access to health care services (e.g., reducing financial barriers, increasing availability of physicians) and facilitate access to preventive and medically necessary health care;
- Encourage and support health education, promotion and prevention initiatives;
- Encourage collaboration among health care providers to develop health care delivery networks;
- Support the need for a sufficient health care workforce that facilitates access to the appropriate level of care in a timely manner (e.g., optimal number of primary and specialty care providers);
- Maintain and improve the quality of health care services offered to the state's residents;
- Promote planning that helps to contain the cost of delivering health care services to its residents;
- Encourage regional and local participation in discussions/collaboration on health care delivery, financing and provider supply;
- Promote public policy development through measuring and monitoring unmet need; and
- Promote planning or other mechanisms that will achieve appropriate allocation of health care resources in the state.

1.5 OVERVIEW OF PLAN STRUCTURE

The Plan consists of five major sections:

Section One provides an overview of the Plan and examines overarching policy issues.

Section Two consists of chapters related to health care facilities, services and equipment for which Certificate of Need (CON) standards and guidelines are included (Acute Care, Outpatient Surgery, and Imaging Services/Equipment).⁶

Section Three consists of chapters on unmet need/gaps in services, Primary Care and Behavioral Health.

Section Four provides next steps/recommendations and discusses data sources and limitations.

Section Five consists of an inventory of health care facilities, services and imaging equipment in Connecticut.

Prior to the publication of this Plan, OHCA used Certificate of Need as its primary planning tool. With the release of this Plan, however, OHCA's ability to plan systematically for Connecticut's health care system will be improved. The Plan is, by design, an advisory document. The Plan includes new standards and guidelines for health-care related activities that will be utilized in the Certificate of Need review process once adopted into regulation.

NOTE: THESE STANDARDS AND GUIDELINES ARE NOT FINAL UNTIL ADOPTED AS REGULATION PURSUANT TO CHAPTER 54 OF THE CONNECTICUT GENERAL STATUTES.

In addition to containing CON guidelines, standards and methodologies, the Plan incorporates available health care facilities and services utilization data.⁷ Such data are useful from a policy and planning perspective in that they provide important information regarding shifts in the use of health care resources and services, identify what types of services specific populations use and how frequently, assist in examining the impact of new medical technologies or procedures, and may also indicate areas that warrant further study. These data serve as a foundation for projecting future health care needs and as the basis for determining resource needs (e.g., personnel, training or facilities planning).⁸ Additionally, through the reporting of utilization of services, the Plan provides a means of monitoring the adequacy of access.

1.6 INTERPRETATION OF THE PLAN

The Plan becomes effective upon publication date, and will become applicable to Certificate of Need applications effective 90 days after its effective date.

The effective dates of this Plan are State Fiscal Year 2012 through 2014.

In its deliberations involving a CON application, when making findings concerning the relationship of a proposed project to the Plan, OHCA shall consider the most recent version of the Plan in effect on the date of the decision, regardless of when the application was filed or public hearing held.

In reviewing CON applications, OHCA first applies CGS 19a-639 guidelines and principles, and then considers any additional standards adopted through regulation and provided in the Plan. *As previously noted, these standards and guidelines will not be final until adopted as regulation pursuant to Chapter 54 of the Connecticut General Statutes.*

In reviewing CON applications, the latest version of the *Inventory of Connecticut Health Care Services and Facilities* and published utilization reports shall be considered.

The *Inventory of Connecticut Health Care Services and Facilities* shall be available from the Department of Public Health Office of Health Care Access, 410 Capitol Avenue, Hartford, CT 06134, (860) 418-7001 and at <http://www.ct.gov/dph/cwp/view.asp?a=3902&q=277344>

Unless otherwise noted, the five Connecticut Department of Emergency Services and Public Protection (DESPP) Division of Emergency Management and Homeland Security (DEMHS) regions are the geographic areas utilized in determining utilization rates but shall not be the service area for individual Certificate of Need applications. Recommendations for expansion of standards and guidelines are only effective and applicable to Certificate of Need

⁶Although they do not include standards and guidelines, Long Term Care and Rehabilitation Services are also broadly addressed in this section. While not part of the main focus of the plan, these services and facilities are part of its planning and inventorying efforts as they represent a significant portion of the continuum of care.

⁷In those years when a Facilities and Services Plan is not published, utilization data are presented in an annual utilization study.

⁸Bernstein A.B., Hing, E., Moss, A.J., Allen, K.F., Siller, A.B. & Tiggle, R.B. (2003). Health Care in America: 2003 Trends in Utilization. National Center for Health Statistics. 1. Retrieved from <http://www.cdc.gov/nchs/data/misc/healthcare.pdf>

applications once they have become enacted as regulations in accordance with the provisions of both Chapter 368z and the Uniform Administrative Procedures Act.

Any references, guidelines or national standards mentioned in this Plan means the most current version, and the Plan incorporates the most recent version, as amended from time-to-time.

1.7 RELATIONSHIP OF PLAN TO HEALTHY PEOPLE 2020 AND CONNECTICUT STATE HEALTH PLANNING

Healthy People 2020 is a 10-year national strategic health initiative led by the US Department of Health and Human Services which establishes objectives for health promotion and disease prevention for Americans. The initiative tracks 1,200 objectives organized into 42 topic areas, each of which represents a specific public health area. Within the topic area “Access to Health Services” is the initiative’s goal of improving access to comprehensive, quality health care services. Healthy People 2020 acknowledges the importance of access to a location where needed health care services are provided and identifies such access to health services as a determinant influencing health status. Lack of or limited access to health services may greatly impact an individual’s health.

Barriers to access (e.g., the lack of availability of care) can lead to unmet health needs, delays in receiving appropriate care, the inability to obtain preventive services and, ultimately, preventable hospitalizations.⁹ Healthy People 2020 specifically cites (1) increasing and measuring access to appropriate, safe and effective care, and (2) decreasing disparities and measuring access to care for diverse populations, including racial and ethnic minorities and older adults, as two issues that should be monitored over the next decade.

The Department of Public Health is the lead agency for public health planning and is mandated to assist in the development of collaborative planning activities that respond to public health needs. DPH is currently conducting a State Health Assessment and developing a comprehensive, long term State Health Improvement Plan (Healthy Connecticut 2020). Healthy Connecticut is our state’s translation of the national Healthy People effort. Once completed, the Assessment and Improvement Plans will complement future facilities and services planning efforts by providing additional guidance and focus. Together, these Plans will provide a mechanism for identifying community need, assessing the health care system’s capability of meeting those needs and allowing for the allocation of the necessary resources to address those needs.

1.8 CERTIFICATE OF NEED (CON) OVERVIEW

1.8.1 CON DEFINITION, PURPOSE AND HISTORY

Certificate of Need (CON) is a regulatory governmental program¹⁰ requiring certain types of health care providers to obtain State approval prior to making substantial capital investments in new equipment or facilities, changing bed complement (in hospitals) and adding or sometimes discontinuing a health care service. The CON program is intended to guide the establishment of health facilities and services which best serve public needs, ensure that high quality health services are provided, prevent unnecessary duplication of health care facilities and services and promote cost containment.

States maintain CON programs to achieve a number of health policy goals. While the specific goals may differ somewhat among states and vary from one health service to another, all CON regulation and related planning are intended to promote access, ensure quality, and help control costs by limiting market entry to those facilities and services that are found to be needed, appropriately supported and designed to promote quality and equitable access to care. The rationale for imposing market entry controls is that regulation, grounded in community-based planning, will result in more appropriate allocation and distribution of health care resources and thereby, help assure access to care, maintain or

⁹Healthy People 2020. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>

¹⁰Connecticut’s CON program is regulated by two State agencies. The Department of Social Services (DSS) operates the program for nursing homes, homes for the aged and rest homes. The Department of Public Health (DPH) Office of Health Care Access administers the program for all other health care facilities.

improve quality, and help control health care capital spending.¹¹ CON regulation also provides certain restrictions on exiting the market to ensure appropriate access is maintained.

CON regulation in Connecticut has its roots in the early 1970s, when many states established such programs in an attempt to exercise control over a rapidly expanding health care system. Changes in health care delivery, increased health care spending, gains in private and public health insurance coverage, population growth and physician workforce expansion and specialization all contributed to states' push to require certificates of need in the health care industry. Connecticut's Certificate of Need (CON) program was established in 1973 (P.A. 73-117) in anticipation of the enactment of federal legislation, The National Health Planning and Resources Development Act (P.L. 93-641), which provided substantial funding for state and local health planning activities and CON programs.

1.8.2 RECENT CON CHANGES

For nearly four decades, CON has shaped the structure of the health care system in Connecticut. The state's CON program has evolved over time and most recently, the scope of the program has become more focused on a limited number of health care facility and project categories. In 2010, Connecticut's CON program underwent significant changes, in part, to be responsive to impending shifts in the health care delivery system resulting from federal health care reform efforts focused on the development of a patient-centered integrated delivery system. The changes also improved CON's utility as a planning tool by:

- Better aligning health care resources with community needs;
- Simplifying CON procedural requirements;
- Focusing CON oversight on preserving access to “safety net” services;
- Avoiding potential areas of over-saturation or over-utilization; and
- Improving CON criteria to address the financial stability of the health care delivery system and enhance quality of patient care.

1.8.3 CON STATUTES AND IMPLEMENTATION

Health care projects that fall within certain jurisdictional parameters are subject to review and decision by OHCA. Connecticut General Statutes Section 19a-638 specifies that a CON is required for:

- 1) The establishment of a new health care facility;
- 2) A transfer of ownership of a health care facility;
- 3) The establishment of a free-standing emergency department;
- 4) The termination of inpatient or outpatient services offered by a hospital, including, but not limited to, the termination by a short-term acute care general hospital or children's hospital of inpatient and outpatient mental health and substance abuse services;
- 5) The establishment of an outpatient surgical facility, as defined in section 19a-493b, or as established by a short-term acute care general hospital;
- 6) The termination of surgical services by an outpatient surgical facility, as defined in section 19a-493b, or a facility that provides outpatient surgical services as part of the outpatient surgery department of a short-term acute care general hospital, provided termination of outpatient surgical services due to (A) insufficient patient volume, or (B) the termination of any subspecialty surgical service, shall not require certificate of need approval;
- 7) The termination of an emergency department by a short-term acute care general hospital;
- 8) The establishment of cardiac services, including inpatient and outpatient cardiac catheterization, interventional cardiology and cardiovascular surgery;

¹¹American Health Planning Association. CON Background. Retrieved from <http://www.ahpanet.org/copn.html>

- 9) The acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners, by any person, physician, provider, short-term acute care general hospital or children's hospital (except for acquisition of any equipment by any person that is to be used exclusively for scientific research that is not conducted on humans);
- 10) The acquisition of non-hospital based linear accelerators;
- 11) An increase in the licensed bed capacity of a health care facility;
- 12) The acquisition of equipment utilizing technology that has not previously been utilized in the state;
- 13) An increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010, by an outpatient surgical facility or by a short-term acute care general hospital; and
- 14) The termination of inpatient or outpatient services offered by a hospital or other facility or institution operated by the State that provides services that are eligible for reimbursement under Title XVIII or XIX of the Federal Social Security Act, 42 USC 301, as amended.



Connecticut General Statutes Section 19a-639, as amended by Public Act 12-170, specifies that when considering a CON application, OHCA must take into consideration each of the following guidelines and principles:

- 1) Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the Department of Public Health;
- 2) The relationship of the proposed project to the statewide health care facilities and services plan;
- 3) Whether there is a clear public need for the health care facility or services proposed by the applicant;
- 4) Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the applicant;
- 5) Whether an applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region;
- 6) The applicant's past and proposed provision of health care services to relevant patient populations and payer mix;
- 7) Whether an applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services;
- 8) The utilization of existing health care facilities and health care services in the service area of the applicant; and
- 9) Whether an applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities.

In November, 2010, the Department of Public Health, in accordance with Public Act 10-179, adopted interim Certificate of Need Policies and Procedures for Implementation of Public Act 10-179, §87, 89-93, which will be utilized by OHCA until official regulations are adopted by the General Assembly.

1.8.4 CERTIFICATE OF NEED AND HEALTH CARE REFORM

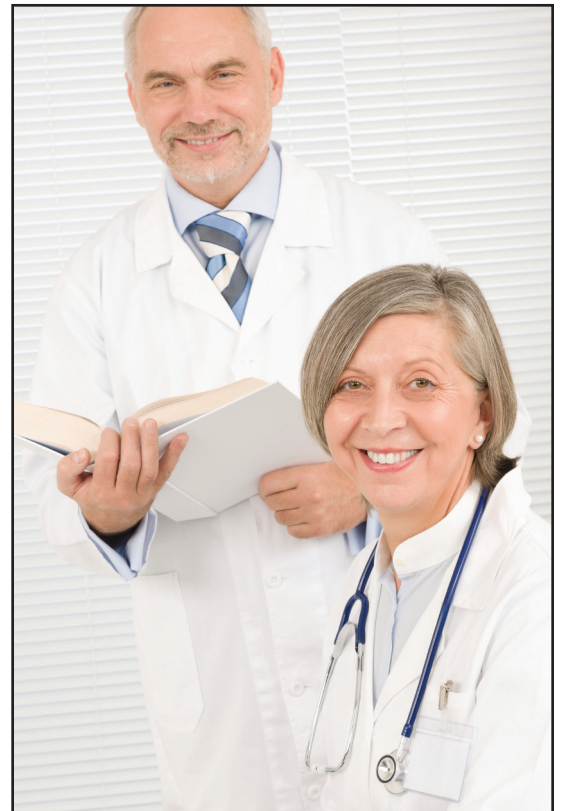
The 2010 Patient Protection and Affordable Care Act (PPACA) includes two provisions that may affect Connecticut's CON program: an increase in the insured population that will demand more services, which, in turn, may call for increased provider capacity; and provider payment reforms, which may restore some of the market constraints on prior health care system expansion. While it is unclear what the exact effect of these provisions will be, certain communities or regions may have adequate capacity to absorb increased demand, whereas those with a higher proportion of currently uninsured and less capacity may increase health care providers' reliance upon the CON program for health planning.¹²

1.8.5 MERGERS, ACQUISITIONS AND AFFILIATIONS

Even before health care reform has been fully implemented, the state's health care system has begun a transformation in response to and in anticipation of major changes in the way health care is financed and delivered. Many provisions of the PPACA favor integrated systems to create efficiencies and address quality. Hospital mergers and the acquisitions of imaging centers and physician practices are key issues surrounding Connecticut's CON process today.

Hospitals are pursuing affiliation arrangements and mergers in an effort to contend with growing financial pressures driven by such factors as providing uncompensated care, treating the uninsured in crowded emergency departments, caring for Medicaid patients whose cost of care often exceeds federal and State reimbursement rates, the threat of reduced reimbursement by government payers and tough negotiations with health insurers over contract terms related to the cost of medical services. Financially struggling hospitals see mergers with stronger hospitals as a way to survive in the face of thin profits, gain access to capital to make needed facilities improvements or acquire technological equipment and contend with debt and liability issues. Affiliations help smaller hospitals share the cost of new technology, provide the opportunity to access specialists at larger hospitals and also offer patients a wider range of treatment and services.¹³

A growing number of Connecticut hospitals have become members of larger corporate health care systems. This trend may be the result of a variety of factors including: a weak economy, increased competition in the health care market, anticipation of changes due to federal health care reform, an attempt to gain leverage in payer contract negotiations, to develop economies of scale when purchasing supplies and services, and to improve access to capital. Additional hospitals are currently in discussion with other health care systems or have officially submitted applications for regulatory approval that would alter the current structure of Connecticut's existing hospitals. It should be noted that while every hospital is analyzing the advantages and disadvantages of pursuing affiliations and possible mergers, some hospitals are deciding that affiliating or merging is not the best route for their institutions or their communities. Table 1.1 represents general hospitals that are part of a larger health care system at the time this document was published.



¹²Yee, T., Stark, L.B., Bond, A. M. & Carrier, E. (2011). Health Care Certificate of Need Laws: Policy or Politics? National Institute for Health Care Reform. (Research Brief Number 4). 7. Retrieved from http://www.nihcr.org/CON_Laws.html

¹³Sturdevant, M. (2012, February 3). Hartford Hospital, Backus in Norwich Consider Joining Forces. *The Hartford Courant*. Retrieved from http://articles.courant.com/2012-02-03/business/hc-hartford-hospital-backus-20120203_1_hartford-healthcare-hartford-hospital-windham-hospital

Table 1.1: General Hospitals within Health Care Systems

General Hospital Name	Town(s)	Parent Corporation	Higher Level Parent Corporation
Hartford Hospital	Hartford	Hartford Health Care Corporation	N/A
Hospital of Central CT	New Britain, Southington	Hartford Health Care Corporation	N/A
MidState Medical Center	Meriden	Hartford Health Care Corporation	N/A
Windham Community Memorial Hospital, Inc.	Willimantic	Hartford Health Care Corporation	N/A
Manchester Memorial Hospital	Manchester	Eastern Connecticut Health Network, Inc.	N/A
Rockville General Hospital	Vernon	Eastern Connecticut Health Network, Inc.	N/A
Yale-New Haven Hospital ^a	New Haven	Yale New Haven Network Corporation	Yale-New Haven Health Services Corporation
Greenwich Hospital	Greenwich	Greenwich Health Care Services, Inc.	Yale-New Haven Health Services Corporation
Bridgeport Hospital	Bridgeport	Bridgeport Hospital & Healthcare Services, Inc.	Yale-New Haven Health Services Corporation
St. Vincent's Medical Center	Bridgeport	St. Vincent's Health Services Corporation	Ascension Health ^b
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	Sharon	Sharon Hospital Holding Company, Inc.	Essent Healthcare, Inc. ^c
Danbury Hospital	Danbury	Western Connecticut Healthcare, Inc.	N/A
New Milford Hospital	New Milford	Western Connecticut Healthcare, Inc.	N/A

Source: Department of Public Health, Office of Health Care Access – Short Term General Hospitals' Annual Financial Filing

^aThis table does not reflect the recent change, effective September 12, 2012, when Yale-New Haven Hospital acquired the assets of the Hospital of Saint Raphael and became a single hospital with two main campuses.

^bAscension Health is a nationally based Catholic health system, which, according to the St. Vincent's Medical Center FY 2010 Audited Financial Statements, consists primarily of "nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 20 of the United States and the District of Columbia."

^cEssent Healthcare, Inc., is a for-profit company organized for the purpose of owning and operating acute care hospitals. As of September 30, 2010, Essent Healthcare, Inc. through its various subsidiaries, owned hospitals in Connecticut and various other states.

Similarly, free-standing imaging centers are feeling the effects of reimbursement cuts, increasing regulatory restrictions on the operation of referral source imaging and large capital requirements for equipment.¹⁴ In addition, physician practices are currently confronted with the pressures of reimbursement cuts, investing in electronic health records (EHR) systems and other technological improvements¹⁵ and caring for a growing population of chronically ill patients.

The current wave of mergers, acquisitions and affiliations is likely to continue throughout implementation of health care reform as health care providers react to shrinking payments and changes in the delivery of health care. The strategic financial and quality-of-care advantages associated with the integration of hospitals, physician practices and imaging centers are important drivers in today's CON environment.

¹⁴Jeter, C. E. & Sorensen, T. (2010, August 15). Why Hospitals Buy Imaging Centers. *ImagingBiz*. Retrieved from <http://www.imagingbiz.com/articles/view/why-hospitals-buy-imaging-centers>

¹⁵The Health Information Technology for Economic and Clinical Health Act, or HITECH Act, is intended to increase the use of Electronic Health Records (EHR) by physicians and hospitals. It stipulates that healthcare providers will be offered financial incentives for demonstrating meaningful use of electronic health records. Penalties may be levied for failing to demonstrate such use.

SECTION 1 CHAPTER 2
OVERARCHING ISSUES

2.0 OVERARCHING ISSUES

This chapter presents an overview of key overarching issues that shape the current health care environment and will affect its future as well. These issues include health care reform, health information technology and workforce concerns.

2.1 HEALTH CARE REFORM

The Patient Protection and Affordable Care Act (PPACA), as amended by the Health Care Education Reconciliation Act, of 2010 (collectively referred to as federal health care reform) is far-reaching legislation that will transform Connecticut's health care system in many ways. The legislation has numerous provisions that will be implemented over several years; thus the short- and long-term ramifications of reform will not be fully realized for some time. What is clear, however, is that an increase in the number of insured residents, coupled with changes in funding, reimbursement, transparency and innovation will certainly affect Connecticut's health care facilities and providers, their administrative costs and the services they provide. In addition, the implementation of new models of care may require the adoption of new analyses of systems of care needs and performance.

2.1.1 INSURANCE COVERAGE EXPANSION

The PPACA contains a number of provisions aimed at increasing health insurance coverage, including an optional State expansion of Medicaid to cover individuals in households with incomes below 133% of the federal poverty level (FPL); a requirement that states (or the federal government) develop and run health insurance exchanges through which individuals and small businesses can purchase health insurance coverage; a requirement that large and mid-size employers provide employee coverage or face possible penalties; and a requirement that most individuals obtain coverage through a private source or a public program or be penalized for non-compliance.¹⁶

Connecticut has a relatively low uninsured rate. Approximately 13% of the state's non-elderly are uninsured, compared to a national average of 18%.¹⁷ This rate reflects, in part, the state's high rate of employer-sponsored coverage, relatively generous Medicaid eligibility limits and a new Medicaid program for low-income adults that replaced its State-Administered General Assistance (SAGA) medical program. It is estimated that, with health care reform, the proportion of Connecticut residents with health insurance will increase from 89 to 95%, or 170,000 residents, by 2016. Additionally, enrollment in Medicaid is estimated to increase by 130,000, or 31%.¹⁸ Although expanded coverage options offered under the PPACA will likely result in a surge in demand for health care services statewide, some individuals are likely to remain uninsured (e.g., undocumented persons will not be eligible to purchase coverage from a health insurance exchange).

Consequently, beginning in 2014, payments to hospitals through the Disproportionate Share Hospital (DSH) program¹⁹ will be significantly reduced by 75%.²⁰ After the initial reduction, payment increases will be based on the percentage of the population that is uninsured and the amount of uncompensated care provided. Hospitals have expressed concern however, that the increase in insured individuals may not make up for the decrease in revenue.

¹⁶Auerbach, D., Nowak, S., Ringel, J.S., Girosi, F., Eibner, C., McGlynn, E.A. & Wasserman, J. (2011). *Rand Health Technical Report. The Impact of the Coverage-Related Provisions of the Patient Protection and Affordable Care Act on Insurance Coverage and State Health Care Expenditures in Connecticut. An Analysis from RAND COMPARE. 1.*

Retrieved from http://www.rand.org/content/dam/rand/pubs/technical_reports/2011/RAND_TR973.1.pdf

¹⁷Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2010 and 2011 Current Population Survey (CPS: Annual Social and Economic Supplements).

Retrieved from <http://www.statehealthfacts.org/comparetable.jsp?ind=126&cat=3>

¹⁸Auerbach, et al.

¹⁹Designed to assist hospitals financially with their uncompensated and undercompensated care costs.

²⁰Main, D. C. & Starry, M.M. (2010). *The Effect of Health Care Reform on Hospitals: A Summary Overview. 4.* Retrieved from <http://www.pillsburylaw.com/siteFiles/Publications/2C9547A6BFCBB37D8366EA2272190123.pdf>

Healthcare coverage, alone, does not guarantee access to health care services. Successful implementation of federal health care reform will depend on Connecticut's response to access issues including workforce and infrastructure capacity, and the regional supply of health care services. Access to health care will depend on the adequacy of the state's health care infrastructure (e.g., hospitals, clinics, etc.), available technology and necessary workforce capacity.²¹ The capacity of the state's workforce is discussed later in this chapter.

2.1.2 COMMUNITY BENEFIT

With approximately 385,600²² currently uninsured persons in Connecticut, providing charity care has historically been a significant portion of hospital community benefit activities. As noted above, the PPACA includes coverage, subsidy and penalty provisions that will extend insurance coverage to an estimated 170,000 state residents.²³ As the provisions of health care reform are implemented, Connecticut's hospitals will likely have fewer patients relying on charity care. To ensure that nonprofit hospitals continue to provide community benefit, the PPACA establishes a new set of requirements for hospitals to maintain their tax-exempt status. The PPACA also requires non-profit hospitals to conduct a community needs assessment every three years and to adopt implementation strategies to meet identified community health needs. Under the Act, hospitals are required to give increased attention to working with others to determine community health needs and take action to meet those needs, and to implement financial assistance and billing and collection policies that protect consumers. Hospitals will be obligated to collaborate with public health agencies, align patient payment requirements with patient financial capacity, advance community participation and promote public knowledge regarding hospital practices.²⁴ This emphasis on hospital engagement in consultative processes with relevant stakeholders is intended to ensure that hospital community benefit activities reflect an inclusive and interactive planning process.²⁵

As part of this mandate, non-profit hospitals are required to submit audited financial statements as evidence of the community benefits they report. Although the law does not base federal tax exemption on a nonprofit hospital's provision of community benefits at any specific quantitative level, the IRS will apply a 'facts and circumstances' test to determine whether the benefits a hospital provides to its community are sufficient to warrant its federal tax exemption.²⁶

Hospitals' community needs assessments should collectively encompass all of the state's 169 towns. Once completed by all of Connecticut's non-profit hospitals, they will become a valuable resource for hospital planning for future versions of the Plan as they will assist the State in identifying communities' health needs and establish priorities for addressing them. Vulnerable populations and their needs may vary substantially from one community to another, and through implementation of its Statewide Health Care Facilities and Services Plan, DPH may have the opportunity to play a role in planning to channel community benefit efforts appropriately.²⁷ The state's acute care hospitals are actively working

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²¹Taylor, M. (2010). The Patient Protection and Affordable Care Act: An Overview of Its Potential Impact on State Health Programs. *California Legislative Analyst's Office*. 28. Retrieved from http://www.lao.ca.gov/reports/2010/hlth/fed_healthcare/fed_healthcare_051310.pdf

²²Urban Institute.

²³Auerbach, et al.

²⁴Folkemer, D.C., Spicer, L.A., Mueller, C.H., Somerville, M.H., Brow, A.L.R., Milligan, Jr., C. & Boddie-Willis, C.L. (2011, January) Hospital Community Benefits after the ACA: The Emerging Federal Framework. *The Hilltop Institute*. 4.

Retrieved from <http://www.hilltopinstitute.org/publications/HospitalCommunityBenefitsAfterTheACA-HCBPIssueBrief-January2011.pdf>

²⁵Somerville, M.H., Mueller, C.H., Boddie-Willis, C.L., Folkemer, D.C. & Grossman, E.R. Hospital Community Benefits after the ACA: Partnerships for Community Health Improvement. *The Hilltop Institute*. (2012, February). 2-3

Retrieved from <http://www.hilltopinstitute.org/publications/HospitalCommunityBenefitsAfterTheACA-HCBPIssueBrief3-February2012.pdf>

²⁶Somerville, et al. 6.

²⁷CGS 19a-634 (b) states that the DPH commissioner, in consultation with hospital representatives, shall develop a process that encourages hospitals to incorporate the statewide health care facilities and services plan into hospital long-range planning and shall facilitate communication between appropriate State agencies concerning innovations or changes that may affect future health planning.

on their Community Needs Assessments that must be completed by 2014 to be in compliance with the PPACA. They are profiling communities, identifying partners and looking at common elements. DPH and the Connecticut Hospital Association (CHA) are communicating on the coordination of Community Needs Assessments with the statewide health improvement planning process.

2.1.3 FINANCIAL ASSISTANCE POLICY

Non-profit hospitals are required to adopt, implement and widely publicize a written financial assistance policy. This policy must include the eligibility criteria for financial assistance and whether it includes free or discounted care, the basis for calculating patient charges and the process for applying for financial assistance. Each hospital must also adopt and implement a policy to provide emergency medical treatment to individuals. The policy must prevent discrimination in providing emergency care, including denial of service, against those eligible for financial assistance under the hospital's financial assistance policy or government assistance.²⁸ It is expected that there will be increased administrative costs for non-profit facilities to implement this provision.²⁹

2.1.4 PROVIDER REIMBURSEMENT BASED ON PERFORMANCE

The PPACA includes provisions that will significantly affect providers and their reimbursement. Two payment systems have been established that directly tie reimbursement to performance – Value Based Purchasing (VBP) and bundled payments.

2.1.4.1 Value-based Purchasing

Effective October 1, 2012, the PPACA mandates a value based purchasing model for all hospitals, where incentive payments are given to hospitals that meet or exceed benchmarks set by the Centers for Medicare and Medicaid Services (CMS).³⁰ Beginning in 2013, under this provision, a percentage of payments to hospitals will be tied to their performance on certain quality measures for acute myocardial infarction, heart failure, pneumonia, surgeries and healthcare associated infections. It is expected that these quality measures and the accompanying reporting requirements will increase administrative costs. It is not yet known if the increased payments would offset the anticipated administrative costs.

2.1.4.2 Bundled Payments

In addition to the VBP reimbursement model, the PPACA established a 5-year Medicare voluntary bundled payment pilot, beginning in January 2013, for integrating care across hospitals, physicians and post-acute care providers during an episode of care for certain medical conditions. This pilot program pays for the overall management of a patient's health rather than discrete health care services, with a single reimbursement covering an entire episode of care³¹ rather than separate payments to hospitals and doctors involved in different aspects of a patient's care. Parallel goals of this effort are to correct the inefficiency of the current fee-for-service model and to lower hospital readmission rates. If the pilot is successful in reducing costs while maintaining quality, the Act allows for program expansion in 2016.³²

2.1.4.3 Infection Control and Preventable Hospitalizations

There are also health care reform provisions designed to encourage higher-quality care. Hospitals will need to improve their infection control programs or face reduced Medicare payments. Medicare payments to hospitals will also be reduced for preventable readmissions for certain conditions.

²⁸Kasprak, J. (2011, May 10). Hospital Community Benefits after the ACA: Partnerships for Community Health Improvement. *Connecticut Office of Legislative Research*, OLR Research Report. 1-2.

²⁹Main & Starry. 6.

³⁰Sharamitaro, A. & Drew, C. (2011). Healthcare Reform: Impact on Hospitals. *Health Capital Topics*: 4. 1. Retrieved at http://www.healthcapital.com/hcc/newsletter/1_11/aca.pdf

³¹Beginning three days prior to hospital admission and ending thirty days after a patient is discharged.

³²Main & Starry. 3.

2.1.5 INCENTIVES TO IMPROVE QUALITY, ACCESS, DELIVERY AND OUTCOMES

Federal health care reform includes numerous incentives and opportunities for states, health care providers and others to improve health care quality, access, delivery and outcomes. The Prevention and Public Health Fund is intended to provide ongoing support to public health and prevention programs at the national, state and local level. The burden of chronic disease (e.g., heart disease, cancer, stroke, and diabetes) presents a significant public health challenge to Connecticut. Since enactment of the PPACA in March 2010, the Department of Health and Human Services has awarded approximately \$8.28 million in grants to organizations in Connecticut through this fund for wellness and prevention efforts.³³ These include \$790,000 for community and clinical prevention efforts, \$593,000 for strengthening the public health infrastructure and \$6,901,000 to support the expansion of the public health workforce.

2.1.6 INNOVATION

Health care reform is leading to innovations in the delivery of health care, focusing on primary care, care coordination and chronic disease management. They include:

- Accountable Care Organizations (ACOs), which are networks of physicians, hospitals and other health professionals, that coordinate patient care and share in the savings generated for the government by keeping Medicaid patients healthy. It should be noted that it remains to be seen if the success of ACOs in achieving goals (reducing duplication of services, improving care and saving money), and consequently reducing hospital utilization, will create direct competition between physicians and hospitals, as the physicians will be incentivized to reduce hospital admissions;
- Medical homes, which are health care settings such as a primary care practice, that serve as the central coordinator for a patient's health care needs; and
- Health Information Technology improvements, discussed in more detail in the section below.

2.2 HEALTH INFORMATION TECHNOLOGY

2.2.1 HEALTH INFORMATION TECHNOLOGY AND EXCHANGE

The healthcare system in Connecticut and across the country is facing increasing costs, inconsistent payer rates, and independent information systems. One of the strategies to address these challenges is the coordination of health information exchange to improve health status and the experience of care for patients while reducing the cost of care. Health information technology and exchange (HITE) makes it possible for health care providers to better manage patient care through secure use and sharing of health information. A key component of HITE is the use of electronic health records (EHRs) instead of paper medical records to report patients' diagnostic data among healthcare providers serving that patient.

The 2009 American Recovery and Reinvestment Act (ARRA) includes the Health Information Technology for Economic and Clinical Health Act of 2009 (the HITECH Act) that sets forth a plan for advancing the appropriate use of health information technology to improve quality of care and establish a foundation for health care reform. The Act committed more than \$48 billion over five years to develop data exchange systems and to encourage 'meaningful use' of health data exchange in a secure technological environment. These efforts, along with healthcare practices, support the five-year goals of better technology and information to transform health care for providers, payers and patients.

Healthcare professionals in all fields will be required to assess and modify clinical practice, adapt roles and responsibilities, and create an environment that encourages innovation in practice through health IT/HIE. Direct patient care organizations such as hospitals, community clinics and private practices represent key settings for transforming the way health information is used to support improvements in the quality of care and efficiency of the Connecticut healthcare system.

In Connecticut, the HITECH Act authorized over \$13 million for multiple projects to advance health information exchange. The Connecticut Department of Public Health (DPH) serves as advocate, regulator, and consumer of health

³³HealthCare.gov. The Affordable Care Act's Prevention and Public Health Fund in Your State: Connecticut. Retrieved at <http://www.healthcare.gov/news/factsheets/prevention/states/ct.html>

information technology and exchange to serve public health and health care needs in Connecticut. In June 2009, DPH published the Connecticut State Health Information Technology Plan to set the agenda for health care information exchange and technology. By the end of 2009, DPH was designated as the State Health Information Exchange grantee to plan for a sustainable statewide health information exchange system for Connecticut. DPH contracted with the Health Information Technology Exchange of Connecticut (HITE-CT) to build and manage an HIE System.

A majority of the HITECH Act investment is allocated for incentive payments from the Centers for Medicare and Medicaid Services (CMS) to clinicians and hospitals when they use electronic health records (EHRs) in specific meaningful ways to improve care.

The health care system's infrastructure in Connecticut ranges from a one-physician office to a 1,000 bed general hospital, with the scope of health care services expanding this range exponentially. The diverse and extensive components of Connecticut's health care system share a common issue - a limited infrastructure and capacity to exchange health information in a secure, efficient, and timely manner.

2.2.2 MEANINGFUL USE

CMS and the US Office of the National Coordinator (ONC) established the Meaningful Use of Health Information Exchange priority for healthcare providers. The CMS Incentive Payment Program is based on a provider's attestation of meaningful use of electronic health data exchange. The requirements for meaningful use focus on medical objectives and certified electronic health record (EHR) technology for exchanging patient data on medications, laboratory results, diagnostics, radiological, and continuing care or medical home specific needs.

2.2.3 HEALTH INFORMATION TECHNOLOGY AND EXCHANGE OF CONNECTICUT

The Health Information Technology Exchange of Connecticut (HITE-CT) was established under Connecticut General Statute Section 19a-750 as a quasi-public agency managed by an appointed Board of Directors to coordinate and oversee Health Information Exchange (HIE) activities for the State. The members of the Board include key Connecticut stakeholders representing health care providers, medical researchers, academia, payers, employers, attorneys, State agencies, consumers and consumer advocates.

Several initiatives underway in Connecticut have laid the groundwork for a state structure, and the priorities and concerns of the stakeholders involved will shape the state system. There are many local and regional health information exchange efforts underway in Connecticut. While most are still in the early planning stages, a number of initiatives are well developed, building stakeholder support and developing business plans with the expectation that they will move to implementation in the near future. Several of these are collaborations between hospitals and their affiliated providers; the goal being to help providers implement a single EHR product that would provide data exchange between them, the hospital, and other connected providers.

2.3 WORKFORCE

The implementation of the Patient Protection and Affordable Care Act (PPACA) will likely increase demand for health care services as a result of expanded coverage.³⁴ Public health officials expect that following an initial surge, demand will level, but will likely remain greater than levels prior to PPACA implementation. As the health care delivery model continues to evolve, it will be important to monitor and assess whether the size, clinician mix and statewide distribution of the health care workforce is sufficient to meet the additional demand.

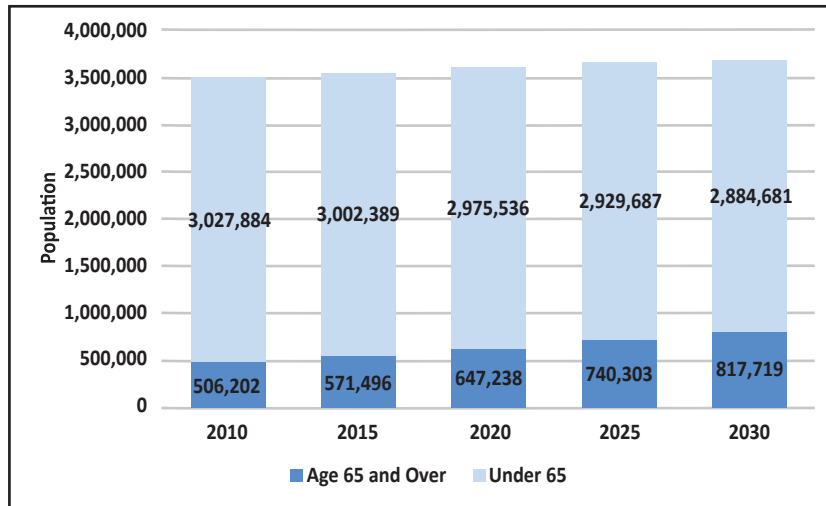
The number of Connecticut residents age 65 and older is projected³⁵ to increase by 60%, from 500,000 in 2010 to 800,000 in 2030 (Fig 2.1). In 2030, one out of every five Connecticut residents will be 65 years of age or older.

Demand for health care services increases with age. For example, Connecticut's 65-and-older population is at least three times more likely than younger people to have an inpatient hospital stay (Table 2.1). Similar inpatient hospital use rates applied to the 2030 population estimates would result in 100,000 additional 65-and-older hospital inpatients. Emergency

³⁴Taylor, M. 6.

³⁵Connecticut State Data Center population projections

Fig 2.1: Connecticut’s Aging Population, 2010-2030



Source: Connecticut State Data Center population projections

and outpatient health care services could experience similar increases in demand. Shifts in the type of care required by the elderly may also occur as Connecticut attempts to rebalance its long term care system from nursing home care to community placement, under the Money Follows the Person (MFP) program.³⁶

Table 2.1: Inpatient Utilization Projections by Age Group, Connecticut, 2010 and 2030

Age Group	FY 2010 Inpatient Discharges	Estimated Population 2010 ^a	FY 2010 Inpatient Use Rate per 1,000 Population	Projected Population 2030 ^a	FY 2030 Projected Inpatient Discharges	FY 2010-30 Inpatient Discharge Change
0 to 19	66,044	878,168	75.2	852,449	64,110	(1,934)
20 to 24	15,522	250,950	61.9	205,439	12,707	(2,815)
25 to 29	19,567	224,491	87.2	214,924	18,733	(834)
30 to 64	167,835	1,674,275	100.2	1,611,869	161,579	(6,256)
65 and over	159,460	506,202	315.0	817,719	257,592	98,132
All Ages	428,428	3,534,086	121.2	3,702,400	514,721	86,293

Source: Connecticut DPH, Office of Health Care Access Acute Care Hospital Inpatient Discharge Database

^aConnecticut State Data Center population projections

The growing number of people with chronic diseases and the continued need to treat behavioral and mental health issues will likely result in greater demand for health care services. In addition, evolving changes in health care delivery models, reimbursement and government policy changes will have a significant effect on the types of care, provider types and service location. The demand for healthcare workforce outside of acute care settings is growing and may require Connecticut’s future health care workforce to adjust to satisfy demand for additional ambulatory and home health care services in the community.

³⁶Money Follows the Person (MFP) is a federal demonstration program designed to help states rebalance their long term care systems to better support people living in institutions who want instead to live in the community. The MFP program is intended to serve elderly people and others with mental illness and developmental disabilities.

2.3.1 WORKFORCE AGE

As Connecticut's general population is aging, so too is its workforce. Many of Connecticut's health care providers are approaching retirement age (Table 2.2 and Appendix D). Between one quarter and one third of Connecticut's licensed physicians, dentists, psychologists and alcohol/drug counselors are 60 years of age and older. In addition, in seven of the ten major licensed practitioner categories, at least 20% of the workforce is 60 years of age and older.

Connecticut's largest cohort of health care practitioner type is registered nurses. Approximately 57,000 registered nurses are licensed at a rate of 1,606.8 per 100,000 population. However, determining the adequacy of Connecticut's practitioner supply is difficult. The use of existing licensing data may inflate practitioner supply, as key workforce elements (actively practicing, participating in direct patient care, or type of industry employed in) are not fully captured. DPH is presently collaborating with the National Council of State Boards of Nursing (NCSBN) to enhance its ability to collect workforce data for future planning efforts. NCSBN is a not-for-profit organization working to create a national public use nursing workforce database. DPH has initiated the collection of additional workforce data through its E-licensing program and is working to become a fully participating member in this national effort.

Table 2.2: Selected Licensed Practitioners, Connecticut, 2012

Practitioner Type	CT Licensed ^a	Mean Age (in Years) ^b	60 Years of Age and Older ^b	Rate Per 100,000 CT Population ^c
Advanced Practical Registered Nurse	3,664	48.7	19%	102.5
Certified Alcohol/Drug Counselor	286	53.9	29%	8.0
Dental Hygienist	3,654	45.4	11%	102.2
Dentist	3,385	50.7	29%	94.7
Licensed Alcohol/Drug Counselor	773	54.3	33%	21.6
Licensed Practical Nurse	13,249	47.8	24%	370.7
Physician Assistant	1,867	40.5	7%	52.2
Physician/Surgeon/Osteopath	17,154	51.7	27%	480.0
Psychologist	1,879	53.4	35%	52.6
Registered Nurse	57,429	48.8	22%	1,606.8

Source: Connecticut DPH Practitioner licensure data

^aIncludes all practitioners holding an active Connecticut license

^bErroneous age values and age values of less than 14 and greater than 90 have been omitted from the calculation

^cBased on Census 2010 data

2.3.2 WORKFORCE DEMAND

Connecticut's health care industry currently faces personnel shortages in physicians, surgeons, specialty areas, nurses and allied health professionals. In addition, the high cost of malpractice premiums and significant on-call burden have hindered the state's ability to meet the demand for surgeons and subspecialty surgeons. Hospitals face several significant cost issues involving recruiting and the retention of nurses. High vacancy rates are being seen in specialty fields such as emergency department and psychiatric nursing.³⁷

Projecting future workforce demand is difficult, given the uncertainty of future demand factors. It is clear that Connecticut has an aging population and older patients require more frequent and complex care. However, other factors are not as clearly defined. Shifts in patient care trends and proposed changes in health care related law (i.e., potential medication administration changes) may rapidly change the health care settings and practitioner mix necessary to deliver optimal, affordable patient care.

³⁷State of Connecticut, Task Force Report. (2008). *Hospital System Strategic Task Force Report-Findings and Recommendations*. 1-28.

2.3.3 NURSING DEMAND

The U.S. Department of Health and Human Services (DHHS) estimates that by 2020, there will be a national shortage of 808,416 nurses.³⁸ Connecticut will face a similar shortage of 21,791 nurses, the second worst shortage in the nation.³⁹ Furthermore, Connecticut’s ranking as 49th out of 50 states in producing registered nurses is just one indicator of the need for Connecticut to establish new priorities, resources, and policies for nursing education and workforce professional development.⁴⁰ Supply and demand for RNs in Connecticut is shown in Table 2.3.

Table 2.3: Supply and Demand for Registered Nurses; CT and US 2000-2020

Year	State/U.S	Supply	Demand	Excess/Shortage	Percent of Shortage
2000	CT	25,407	30,137	-3,730	-12%
	US	1,889,243	1,999,950	-110,707	-6%
2005	CT	24,175	31,919	-7,744	-24%
	US	2,012,444	2,161,831	-149,387	-7%
2010	CT	22,422	34,158	-11,736	-34%
	US	2,069,369	2,344,584	-275,215	-12%
2015	CT	19,841	36,786	-16,945	-46%
	US	2,055,491	2,562,544	-507,063	-20%
2020	CT	17,870	39,662	-21,791	-55%
	US	2,001,998	2,810,414	-808,416	-29%

Source: DHHS, HRSA, *Projected Supply, Demand and Shortages of RNs 2000-2020*, (July 2002)

2.3.4 FIVE MOST IN-DEMAND HEALTH OCCUPATIONS

An August 2011 report, *Connecticut Health Care Workforce Assessment*⁴¹, presents workforce demand projections based on aggregated “real-time” job postings from the internet, and provides information on the types of health care positions that employers are seeking to fill. Ranked by the projected number of annual openings between 2008 and 2018, the five most in-demand health occupations are: Registered Nurses, Home Health Aides, Nursing Aides, Orderlies and Attendants, Licensed Practical and Licensed Vocational Nurses and Medical Assistants (Table 2.4). The data suggest that many of the job openings in nursing are due to replacement of lost workers, sometimes referred to as “churning,” and indicate that a significant portion of new practitioner hiring will maintain and not increase numbers.

Table 2.4: Occupational Demand Measures: Top 30 Health Occupations, By Projected Openings

Occupational Group/Title	Employment		Annual Openings 2008 - 2018	Growth	Replacement		Total Postings 2010
	2008	2018			Number	Percent due to	
Registered Nurses	36,715	42,049	1,174	533	641	55%	8,668
Home Health Aides	13,600	18,248	600	465	135	23%	383
Nursing Aides, Orderlies, Attendants	25,835	27,767	450	193	257	57%	647
LPN and LVN Nurses	8,969	9,531	337	56	281	83%	738
Medical Assistants	6,421	7,553	185	113	72	39%	712

Source: *Connecticut Health Care Workforce Assessment* (August 2011)

³⁸The U.S. Department of Health and Human Services (DHHS). (2002). *Projected Supply, Demand and Shortages of Registered Nurses: 2000-2020*. 1-22.

³⁹DHHS, 18.

⁴⁰Connecticut League for Nursing (2008). *Nursing Workforce Demographics and educational and Economic Trends*. 1-12.

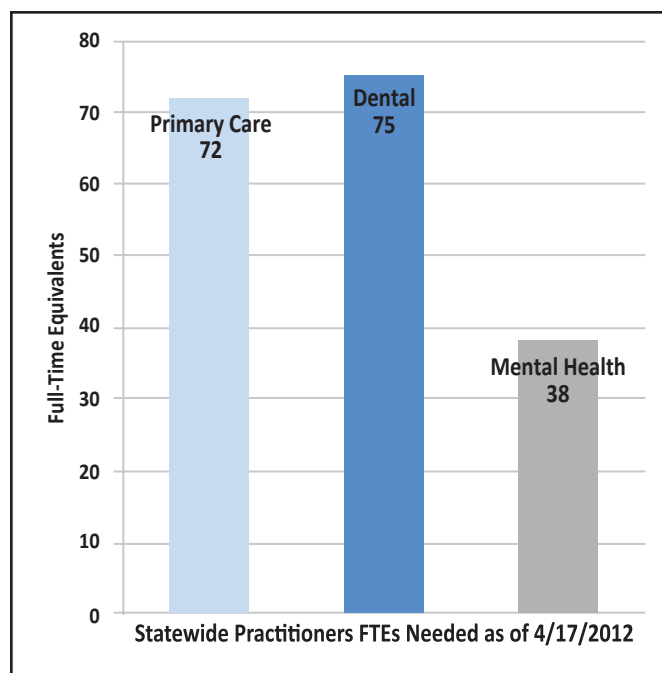
⁴¹Holm, R., Quimby, S., Dorrer, J. (2011). *Connecticut Health Care Workforce Assessment*. Office of Workforce Competitiveness and the Connecticut Employment and Training Commission. 1-88.

Potential changes in health care policy and programs may also affect the nursing vocation. If the scope of practice for Medical Assistants is expanded to include the administration of medication, demand for Medical Assistants may rise significantly, as LPNs currently provide medication and vaccinations. As elder advocates and government agencies seek to maintain elderly patients in the community, a growing demand for home health workers such as Personal Care Assistants and Home Health Aides may be required, in addition to registered nurses, to provide at-home care.

The *Connecticut Health Care Workforce Assessment* report also states that in regard to workforce, the worst supply/demand mismatch is for primary care physicians.⁴² “If reimbursement practices are changed to bring primary reimbursement into closer alignment with specialty practice, then more physicians may go into primary care practice. Without this change, there will continue to be a primary care physician shortage.”⁴³

According to the most recent data available from the Health Resources and Services Administration (HRSA), Connecticut has a professional shortage⁴⁴ of primary care (72 full time equivalents), dental (75) and mental health (38) practitioners on a statewide basis (Figure 2.2).

Figure 2.2: Connecticut Health Care Practitioner Full Time Equivalent (FTE) Shortages



Source: U.S. Dept. of Health and Human Services, Health Resources and Services Administration (HRSA)

Furthermore, a 2011 Robert Wood Johnson Foundation report, *Primary Care Health Workforce in the United States*,⁴⁵ indicated that the supply of physicians is not the only determinant of access to quality care. The report concludes that “An adequate number of health care providers is necessary, but not sufficient, to provide access to high quality care.” The report asserted that health care policy makers should focus their efforts on the geographic maldistribution of primary care providers to improve patient access and outcomes rather than looking exclusively at practitioner volumes. It will also be important to examine and determine the optimal mix of primary care providers (MD/APRN/PA) for Connecticut’s health care needs.

⁴²Holm, et al., 23.

⁴³Holm, et al.

⁴⁴Further information on Health Professional Shortage Areas can be found at the U.S. Department of Health and Human Services HRSA Web site: <http://bhpr.hrsa.gov/shortage/>

⁴⁵Dower, C., O’Neil, E. (2011). Primary care health workforce in the United States. *Robert Wood Johnson Foundation, Research Synthesis Report* No. 22. 1-20.

2.3.5 HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) DESIGNATIONS

Although Connecticut has an adequate number of health care providers statewide, 106 areas within the state (affecting all counties and tribal nations) have been identified as Health Professional Shortage Areas (HPSAs). HPSAs are designated by the Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers, and are further classified as being a specific geographic area, a specific population group, or in some cases, a specific facility.⁴⁶ Connecticut currently has 39 Primary Medical Care, 40 Dental and 27 Mental Health shortage areas. Thus, even with an adequate overall supply of health care providers,⁴⁷ their practice focus and distribution throughout Connecticut may not be optimal. Additional details on HPSAs are included in Chapter 9.



⁴⁶Further information on Health Professional Shortage Areas can be found at the U.S. Department of Health and Human Services HRSA Web site: <http://bhpr.hrsa.gov/shortage/>

⁴⁷Maine's 2008-2009 State Health Plan states that New England exceeds U.S. averages on available physicians – CT has 156 primary care docs per 100,000 (2006).

SECTION 2 CHAPTER 3
ACUTE CARE

3.0 ACUTE CARE

Acute care is a branch of health care where a patient is treated for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery and is typically of a short duration. Acute care may require an emergency department visit, a hospital stay or treatment in an ambulatory surgery center, diagnostic services, surgery, or follow-up outpatient community care.

3.1 ACUTE CARE HOSPITALS

According to Connecticut General Statutes (CGS), “hospital” means an establishment for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals (19a-490(b)). According to Connecticut Public Health Code (PHC) that regulates hospitals, a General Hospital is defined as a short-term hospital that has facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a wide range of acute conditions, including injuries (19-13-D3); a Children’s General Hospital is a short-term hospital having facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a wide range of acute conditions among children, including injuries (19-13-D4).

Connecticut’s 30 acute care hospitals provide a wide range of services from basic community level medical care to treatment of serious, complex medical illnesses (see Inventory Table 3 for a general list of services provided by individual hospital). Of the hospitals, 29 are licensed as a “General Hospital” and one, Connecticut Children’s Medical Center (CCMC) is licensed as a “Children’s General Hospital.”⁴⁸ The use of the terms “hospital” or “acute care hospitals” throughout this section refers to the 29 general hospitals and one children’s general hospital. All but one of the state’s hospitals currently are not-for-profit; however the number of for-profit hospitals may increase as the result of proposed hospital consolidations. All of Connecticut’s hospitals provide services for Medicare and Medicaid patients and have a comprehensive free care policy. Federal law mandates that hospitals must provide treatment for all patients, regardless of ability to pay.⁴⁹

The vast majority of hospitals are located in the central or southwestern part of the state (Figure 3.1). Hospital size and setting differ greatly throughout the state and range from small community hospitals in rural locations to large urban-based hospitals providing a wide range of specialty care using advanced technology.

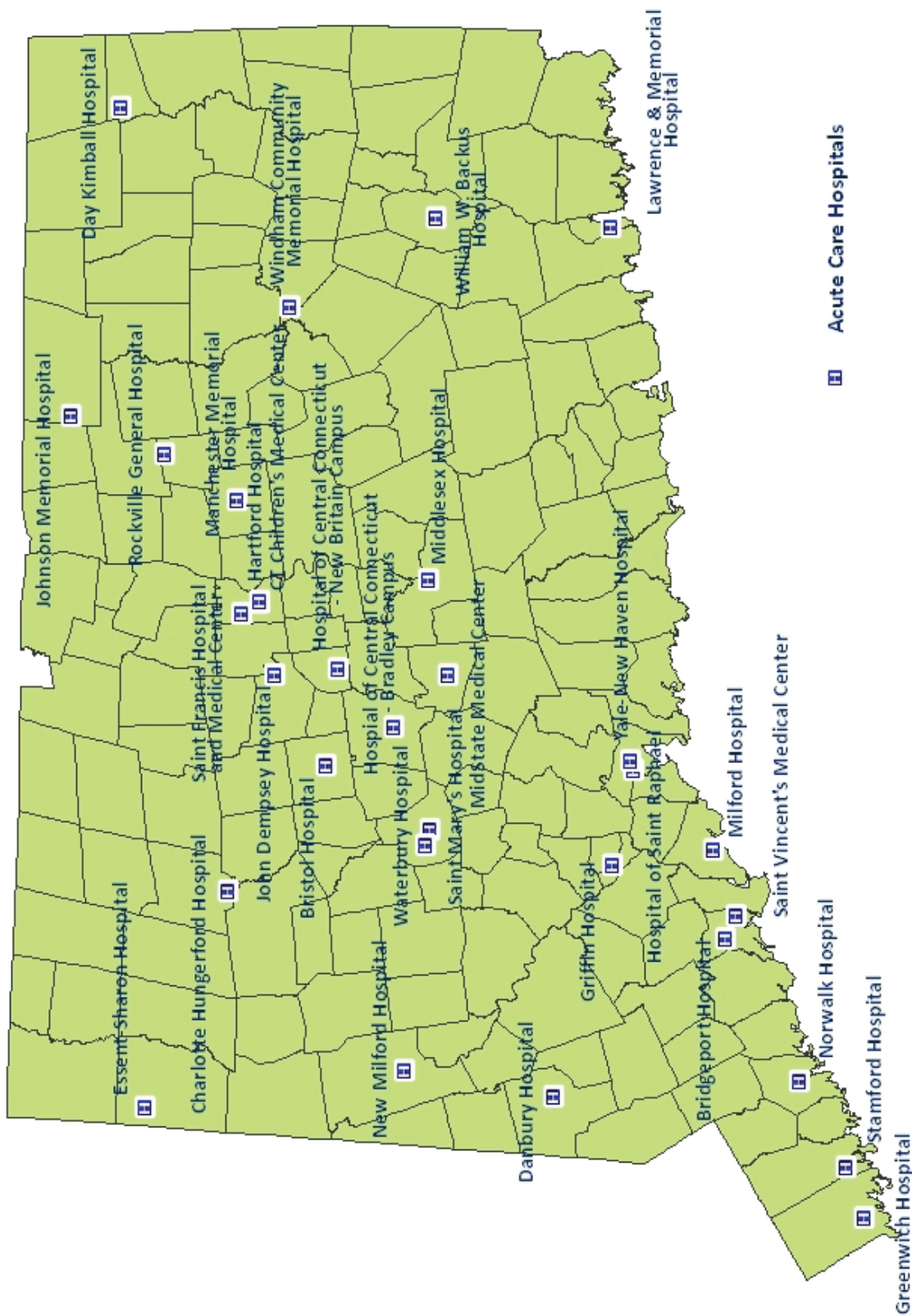
Using licensed beds as an indicator of size, hospitals range from a relatively small, rural, 94-bed facility to a 1,008 bed, large, urban-setting campus (see Inventory Table 2 for a complete listing of hospitals).



⁴⁸In addition to CCMC, Yale-New-Haven Hospital operates a “Children’s Hospital” within its General Hospital license.

⁴⁹Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) in 1986 to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act requires that Medicare-participating hospitals that provide emergency services conduct a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual’s ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient or if the patient requests a transfer, then an appropriate transfer should be made.

Figure 3.1: Acute Care Hospitals in Connecticut and Locations



Note: CT Children's Medical Center is licensed as a children's hospital and Yale-New Haven Hospital operates a children's hospital department within its General Hospital license.

Source: DPH Licensure Division

Prepared May 2012, DPH OHCA



3.1.1 ACUTE CARE HOSPITAL UTILIZATION

In FY 2010, Connecticut hospitals treated and discharged approximately 426,000 patients. These patients received a variety of inpatient services that are related to child birth, cardiac care, respiratory issues, general medicine, women’s health and other services. These inpatient services accounted for more than two million patient days. Although inpatient care continues to serve as the bedrock for acute care, more effective medicines, improved procedures and follow-up care, and advanced technology have facilitated the growing trend in which acute care is delivered outside of traditional hospital settings. Nationally, inpatient usage has declined while outpatient utilization has increased. Similarly, the number of discharges and patient days in

Connecticut from FY 2008 to FY 2011 also declined. Existing utilization numbers (Table 3.1) combined with expected demographic changes in Connecticut’s population, suggest that future demand for inpatient services will remain steady for the foreseeable future. Hospitals will continue to adjust their business model and health service offerings to address outpatient care trends to remain competitive. Many hospitals currently offer or have partnered with additional providers to deliver a variety of outpatient services at hospital facilities or near hospital campuses.

A complete list of acute care hospitals is given in Inventory Table 2.

Table 3.1: Acute Care Hospitals Utilization by Service Line

Service Line	Discharges				chg	chg	Patient Days				chg	chg
	FY 2008	FY 2009	FY 2010	FY 2011	08-11	10-11	FY 2008	FY 2009	FY 2010	FY 2011	08-11	10-11
Cardiac Care -Medical	43,072	41,747	41,795	40,542	-6%	-3%	159,087	156,890	155,239	153,817	-3%	-1%
Cardiac Care -Surgical	18,681	18,299	18,104	16,710	-11%	-8%	95,344	93,054	90,455	87,361	-8%	-3%
Cancer Care -Medical	7,933	7,761	7,997	7,627	-4%	-5%	52,106	50,875	51,824	50,681	-3%	-2%
Cancer Care -Surgical	3,191	3,307	3,226	3,064	-4%	-5%	16,870	16,734	15,295	15,590	-8%	2%
Neurological -Medical	15,699	16,145	16,254	16,467	5%	1%	76,513	76,412	74,708	75,644	-1%	1%
Neurological -Surgical	12,063	12,096	11,808	11,075	-8%	-6%	94,111	95,463	86,932	86,263	-8%	-1%
Renal or Urology -Medical	15,531	15,088	15,468	16,826	8%	9%	72,893	68,498	69,720	77,892	7%	12%
Renal or Urology -Surgical	4,972	4,758	4,696	4,675	-6%	0%	22,221	20,781	19,696	20,115	-9%	2%
Womens Health	52,484	51,297	49,296	48,451	-8%	-2%	151,760	148,910	141,260	141,202	-7%	0%
Orthopedics -Medical	3,545	3,341	3,391	3,195	-10%	-6%	15,539	13,978	14,601	12,669	-18%	-13%
Orthopedics -Surgical	22,083	22,546	22,694	23,059	4%	2%	90,896	91,575	91,537	92,088	1%	1%
Respiratory	37,258	37,093	36,366	36,438	-2%	0%	194,931	190,148	186,046	189,883	-3%	2%
Medicine	80,274	82,129	84,943	87,554	9%	3%	386,912	387,561	401,449	420,730	9%	5%
General Surgery	26,492	27,251	25,933	24,330	-8%	-6%	153,864	149,611	139,559	135,446	-12%	-3%
Other Surgery	9,119	9,256	9,355	9,027	-1%	-4%	86,794	82,387	83,102	82,208	-5%	-1%
Newborn	42,830	41,150	39,480	39,666	-7%	0%	166,437	159,917	155,209	154,707	-7%	0%
Psychiatry	21,790	24,363	24,771	24,402	12%	-1%	198,097	212,910	212,515	212,792	7%	0%
Ophthalmology	548	563	529	585	7%	11%	1,655	1,652	1,611	1,947	18%	21%
Trauma -Medical	3,639	3,840	3,797	3,844	6%	1%	12,785	14,061	13,681	14,200	11%	4%
Trauma -Surgical	1,803	1,701	1,712	1,683	-7%	-2%	14,901	13,844	15,145	13,689	-8%	-10%
Dental	277	316	371	349	26%	-6%	946	1,204	1,461	1,215	28%	-17%
Substance Abuse	5,280	6,104	6,439	6,661	26%	3%	26,540	30,424	32,662	34,093	28%	4%
Miscellaneous	-	8	3	5	-	67%	-	48	17	33	-	94%
Total	428,564	430,159	428,428	426,235	-1%	-1%	2,091,202	2,076,937	2,053,724	2,074,265	-0.8%	1.0%

Source: CT DPH Office of Health Care Access Acute Care Hospital Discharge Database

3.2 BED NEED

3.2.1 RELATIONSHIP TO CERTIFICATE OF NEED

Connecticut General Statutes Section 19a-638(a)(11) specifies that a Certificate of Need is required for an increase in the licensed bed capacity of a health care facility. Connecticut hospitals seeking authorization for additional licensed beds are required to demonstrate that they meet clear public need as well as other criteria set forth in Connecticut General Statutes Section 19a-639.

3.2.2 BED NEED METHODOLOGY

In coordination with the development of the Plan, the Acute Care and Ambulatory Surgery Subcommittee determined that a standardized methodology will enhance OHCA's ability to evaluate the availability of acute care services, help identify areas with unmet need and provide an equitable measure to determine how acute care beds are distributed throughout the state.

Based on the acute care bed need projections for 2015, Connecticut has a statewide surplus of 1,581 inpatient beds. Each of the five individual DEMHS planning regions has excess capacity, ranging from a low of 71 surplus beds in DEMHS Region 2 to a high of 726 in DEMHS Region 3.

CONNECTICUT BED NEED CALCULATION

1. Bed utilization is based on patient days and is calculated using data from three consecutive Federal Fiscal Years (FFYs). Patient days are broken down by DEMHS region, hospital, service category (Medical/Surgical, Maternity, Psychiatric, Rehabilitation and Pediatric) and age group (0-14, 15-44, 45-64, 65+) – the Pediatric category uses different age groups (0-19, 20+) to better utilize population estimate age ranges.
2. Patient days are divided by 365 (days) to calculate Average Daily Census (ADC) for each year of the three years.
3. A Weighted ADC is calculated, giving the greatest weight to the most current year and the least weight to the oldest year. $\text{Weighted avg. daily census} = (\text{Year1} + \text{Year2} \times 2 + \text{Year3} \times 3) / 6$
4. The Weighted ADC is multiplied by a population growth/attrition factor for each DEMHS region (based on projected population estimates for 2010 and 2015, provided by the Connecticut State Data Center) to produce the Projected Average Daily Census.
5. The Projected ADC is divided by the Target Occupancy factors provided by the Acute Care/Ambulatory Surgery Subcommittee to determine the number of beds needed.
6. "Beds Needed" is summed by service/age category and totaled by individual hospital.
7. The sum of "Beds Needed" is deducted from a hospital's total number of licensed beds (excluding bassinets) to determine the number of excess or additional licensed beds that are required (Excess (-)/Deficit (+)).
8. Individual hospital utilization and licensed bed data can be summed by the region in which hospitals are located to produce regional results. Statewide capacity is calculated using data from all 30 acute care hospitals.

OTHER FACTORS FOR CONSIDERATION

The office may also take the following criteria into consideration during its review of an application:

1. Observation Days; or
2. An average weekday occupancy rate/census for two separate and distinct periods of 30 calendar days for the most recent twelve month period at or above 80% of total licensed beds, it may qualify to add acute care beds. Those qualifying hospitals may seek a CON to add up to 10% of licensed bed capacity (not to exceed 50 beds), or alternatively up to 30 beds, whichever is greater. A hospital seeking to add beds under this exception must not have been granted a bed increase in the past 12 months and must have been licensed for at least one year.
3. Particular innovations, changes in care delivery models or modalities, resources (including physical resources and building facilities) needed to treat specific diseases or conditions
4. Quality or patient safety concerns



3.2.3 BED NEED PLANNING AREA(S)

OHCA's acute care bed need planning uses the Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security (DEMHS) regions. The DEMHS regions divide the state into five planning areas, comprising the Eastern, Western, North Central, South Central and Southwestern parts of the state (see Appendix E for a list of towns in each region). The DEMHS regions may be considered as part of the assessment under CGS 19a-639, specifically subsections (2) and (5), but are not necessarily considered the service area of the applicant.

3.2.4 ACUTE CARE BED NEED MODEL RESULTS

Based on the acute care bed need projections for 2015, Connecticut has a statewide surplus of 1,581 inpatient beds. Each of the five individual DEMHS planning regions has excess capacity, ranging from a low of 71 surplus beds in DEMHS Region 2 to a high of 726 in DEMHS Region 3. It is important to note, however, that DEMHS Region 3 has more hospitals (10) than any other region.

Projected regional and statewide bed need is shown in Tables 3.2 to 3.7.

Table 3.2: Summary of Acute Care Bed Need Projections

DEMHS Region	FY 2009 Patient Days ^a	FY 2010 Patient Days ^a	FY 2011 Patient Days ^a	Weighted ADC	Projected ADC 2015	Beds Needed	Licensed Beds ^b	Excess (-) or Deficit (+)
1	387,655	394,049	392,123	1,074	1,073	1,408	1,653	-245
2	470,952	467,202	480,843	1,300	1,352	1,746	1,817	-71
3	663,114	648,363	651,204	1,787	1,783	2,315	3,041	-726
4	149,602	150,786	152,093	414	466	601	727	-126
5	245,697	238,115	243,295	663	700	907	1,321	-414
Statewide	1,917,020	1,898,515	1,919,558	5,239	5,375	6,978	8,559	-1,581

Source: CT DPH Office of Health Care Access Acute Care Hospital Discharge Database

^aExcludes Newborn service category

^bExcludes bassinets

Table 3.3: DEMHS Region 1 - Acute Care Bed Need Projection

DEMHS Region	Services ^a	FY 2009 Patient Days	FY 2010 Patient Days	FY 2011 Patient Days	FY 2009 ADC	FY 2010 ADC	FY 2011 ADC	Weighted ADC	Pop chg 2010 to 2015 ^b	Projected ADC	Target Occupancy	Beds Needed	Licensed Beds ^c	Excess (-) or Deficit (+)	
1	Medical/Surgical														
	0-14	0	0	0	0.0	0.0	0.0	-	0.92137	-	0.80	-			
	15 - 44	34,863	35,386	35,057	95.5	96.9	96.0	96.3	1.00632	96.9	0.80	121			
	45 - 64	79,753	82,215	81,249	218.5	225.2	222.6	222.8	1.05619	235.3	0.80	294			
	65+	173,159	174,853	171,851	474.4	479.0	470.8	474.2	0.97070	460.3	0.80	575			
	Sub Total	287,775	292,454	288,157	788.4	801.2	789.5	793.2			792.5		991		
	Maternity														
	0-14	15	2	21	0.0	0.0	0.1	0.0	0.924938	0.0	0.50	0			
	15 - 44	32,827	31,296	32,217	89.9	85.7	88.3	87.7	0.998229	87.5	0.50	175			
	45 - 64	223	257	247	0.6	0.7	0.7	0.7	1.056390	0.7	0.50	1			
	65+	0	0	0	0.0	0.0	0.0	-	0.966918	-	0.50	-			
	Sub Total	33,065	31,555	32,485	90.6	86.5	89.0	88.4			88.3		177		
	Psychiatric														
	0-14	2,949	2,686	2,593	8.1	7.4	7.1	7.4	0.92137	6.8	0.80	8			
	15 - 44	20,471	20,027	21,411	56.1	54.9	58.7	57.0	1.00632	57.3	0.80	72			
	45 - 64	14,788	14,841	14,405	40.5	40.7	39.5	40.0	1.05619	42.3	0.80	53			
	65+	5,641	7,447	7,543	15.5	20.4	20.7	19.7	0.97070	19.1	0.80	24			
	Sub Total	43,849	45,001	45,952	120.1	123.3	125.9	124.1			125.5		157		
	Rehabilitation														
	0-14	0	0	0	0.0	0.0	0.0	-	0.92137	-	0.80	-			
	15 - 44	1,007	1,205	870	2.8	3.3	2.4	2.8	1.00632	2.8	0.80	3			
	45 - 64	3,620	4,257	4,648	9.9	11.7	12.7	11.9	1.05619	12.6	0.80	16			
	65+	11,267	13,279	13,907	30.9	36.4	38.1	36.3	0.97070	35.3	0.80	44			
	Sub Total	15,894	18,741	19,425	43.5	51.3	53.2	51.0			50.6		63		
	Pediatric														
	0-19	7,072	6,298	6,104	19.4	17.3	16.7	17.3	0.95358	16.5	0.80	21			
	20+	0	0	0	0.0	0.0	0.0	-	1.01406	-	0.80	-			
Sub Total	7,072	6,298	6,104	19.4	17.3	16.7	17.3			16.5		21			
Total		387,655	394,049	392,123	1,062	1,080	1,074	1,074.0		1,073.4		1,408	1,653	-245	

Source: CT DPH Office of Health Care Access Acute Care Hospital Discharge Database

^aExcludes Newborn service category

^bSource: CT State Data Center (CTSDC)

^cExcludes bassinets

Based on projections derived from the acute care bed need model, Connecticut has sufficient acute care inpatient bed capacity, overall. However, further study is necessary to determine if regional gaps in service exist by service line/department.

3.2.5 INPATIENT BED CAPACITY

Based on projections derived from the acute care bed need model, Connecticut has sufficient acute care inpatient bed capacity, overall. However, further study is necessary to determine if regional gaps in service exist by service line/department (e.g., psychiatric, maternity, medical/surgical). OHCA's ability to remedy any gaps identified would be limited, as acute care beds are licensed generally (not by service type or department). In addition, hospitals apportion beds based on individual operational considerations, rather than regional needs.

3.3 EMERGENCY DEPARTMENTS

Connecticut has emergency departments in each of its 30 acute care hospitals (Figure 3.2). The emergency department (ED) provides initial treatment to patients with a broad range of illnesses and injuries; some may be life threatening. Upon arrival at the ED, people typically undergo a brief triage to evaluate the nature of the illness or injury. Individuals with more serious illnesses are examined by a

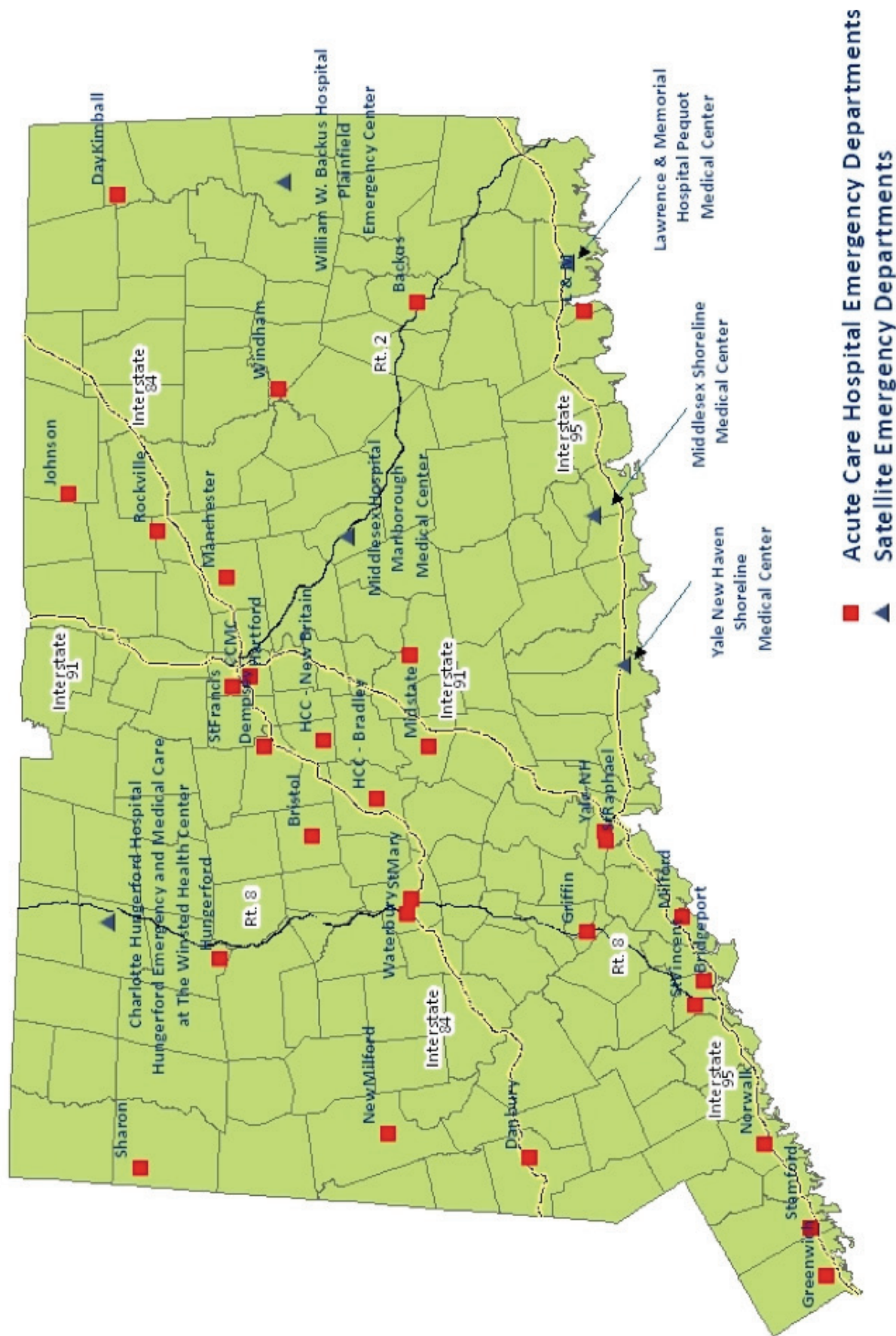
physician sooner than patients with less severe symptoms or injuries. After treatment in the ED, patients are discharged, admitted to the hospital, or stabilized and transferred to another hospital. Most EDs operate 24 hours and 7 days a week, with staffing levels usually lower at night.

A free-standing ED is one that is located away from the main campus of a hospital and provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment. Free-standing EDs are not licensed separately from hospitals in Connecticut. OHCA regulates the establishment of these facilities. (Sec. 19a-630-(10)(C)). Connecticut's free-standing EDs are shown in Figure 3.2 and additional information is provided about them in Table 3.8.

3.3.1 RELATIONSHIP TO CERTIFICATE OF NEED

Connecticut General Statutes Sections 19a-638(a)(3) and 19a-638(a)(7) specify that a Certificate of Need is required for the establishment of a free-standing emergency department or the termination of an emergency department by a short-term acute care general hospital. Connecticut hospitals seeking authorization to establish a free-standing emergency department are required to demonstrate that they meet clear public need as well as other criteria set forth in Connecticut General Statutes Section 19a-639.

Figure 3.2 Emergency Departments and Satellite EDs



Source: DPH Licensure Division and OHCA CON Database
Prepared August 2012 OHCA

Table 3.8: Free-Standing Emergency Departments

Hospital	ED Site	Location	Description
William W. Backus Hospital	Plainfield Emergency Care Center	Plainfield	Provides comprehensive emergency medical treatment 24 hours per day, 7 days per week. Also provides diagnostic imaging and lab services.
Charlotte Hungerford Hospital	Winsted Health Center	Winsted	Emergency treatment services provided 7 days per week, including holidays from 9:00 AM to 9:00 PM. Urgent and Non-urgent treatments also provided at this location. On-site X-ray and laboratory services.
Lawrence and Memorial Hospital	Pequot Health Center	Groton	Walk-in medical treatment is available 7 days per week from 7:00 am to 11:00 pm. Provides Emergency and Urgent Care as well as other health care services: X-Ray, MRI and CT scanning capabilities and laboratory.
Middlesex Hospital	Marlborough Medical Center	Marlborough	Offers full complement of emergency services, 24 hours per day, 7 days per week. An Express Care area serves patients with urgent medical needs. There are also isolation and decontamination areas in the ED and a helipad on-site for LIFE STAR.
Middlesex Hospital	Shoreline Medical Center	Essex	Emergency treatment services are provided by Middlesex Hospital 24 hours per day, 7 days per week and supported by a broad spectrum of diagnostic capabilities.
Yale-New Haven Hospital, Inc.	Yale-New Haven Shoreline Medical Center	Guilford	Emergency treatment services are provided by Yale-New Haven Hospital 24 hours per day, 7 days per week. This facility is supported by on-site diagnostic radiology and laboratory services.

3.3.2 BEHAVIORAL HEALTH CARE IN EMERGENCY DEPARTMENTS

The number of patients with behavioral health (BH) conditions treated in EDs has been increasing for more than a decade.⁵⁰ One in eight (12.5%) visits made to U.S. hospital emergency departments in 2007 involved a diagnosis related to behavioral health.⁵¹

Compared to national estimates, data for Connecticut has higher ED utilization for patients with BH related issues, raising concerns in the emergency medical community about overcrowding. In FY 2010, 18% of all ED visits had a diagnosis (in any of the 15 captured diagnoses) related to BH.⁵²

The Behavioral Health and Acute Care/Ambulatory Surgery Subcommittees determined that the creation of focus groups consisting of a broad representation of hospital and ED staff would be beneficial to help identify concerns about ED patients' ability to access behavioral health services. (See Appendix F for a list of members). Focus groups met in three different venues and discussed all ED patient populations (i.e., all payer types), and issues pertaining to both children and adults.⁵³

⁵⁰Larkin, G.L., Claassen, C.A., Edmond, J.A., Pelletier, A.J., & Camargo, C.A. (2005). Trends in U.S. Emergency Department Visits for Mental Health Conditions, 1992 to 2001. *Psychiatric Services*. doi: 10.1176/appi.ps.56.6.671

⁵¹Owens, P., Mutter R., & Stocks, C. (2007). *Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007. Agency for Healthcare Research and Quality (AHRQ)*. 1.

⁵²Source: Connecticut Hospital Association Chime ED Data, Fiscal Year 2010.

⁵³As active members of OHCA's Subcommittees on Behavioral Health and Acute Care/Ambulatory Services, both DMHAS and CHA are supporting these focus groups, with DMHAS offering the resources of a UCHC research assistant to lead the discussions, and CHA, working with our member hospitals, providing venues and recruiting participants.

The ED Focus Groups provided a written summary of their concerns. Each group was asked to discuss the following areas: patient management (patient characteristics, medical conditions, insurance coverage, etc.), behavioral health resources/system capacity (availability of resources, discharge planning and placement and community resources), and other challenges (constraints/barriers, transportation and other access issues, etc.).

Several common themes emerged from the group discussion:

- Behavioral health patients presenting at EDs, although other treatment settings would be more appropriate
- Limited access to behavioral health services (especially inpatient adult or residential youth services)
- Lack of coordination of care between EDs and community based services

The groups identified and listed examples of ED use that may be inappropriate:

- Police dropping off patients who are intoxicated
- Schools sending students with conduct problems
- Nursing homes transferring disruptive/combatative or patients with dementia
- Parents bringing children who are under the influence of alcohol/drugs or exhibiting disruptive behaviors
- Family care givers who need respite bringing in family members for evaluation

All focus groups reported a significant increase in behavioral health visits over the past several years. Participants anecdotally identified the characteristics of patients presenting more frequently at the ED:

- Behavioral health patients of moderate severity
- Combative patients
- Children and Adolescents
- Elders of family members who can no longer cope with their care
- Chronic alcoholic or PCP using patients

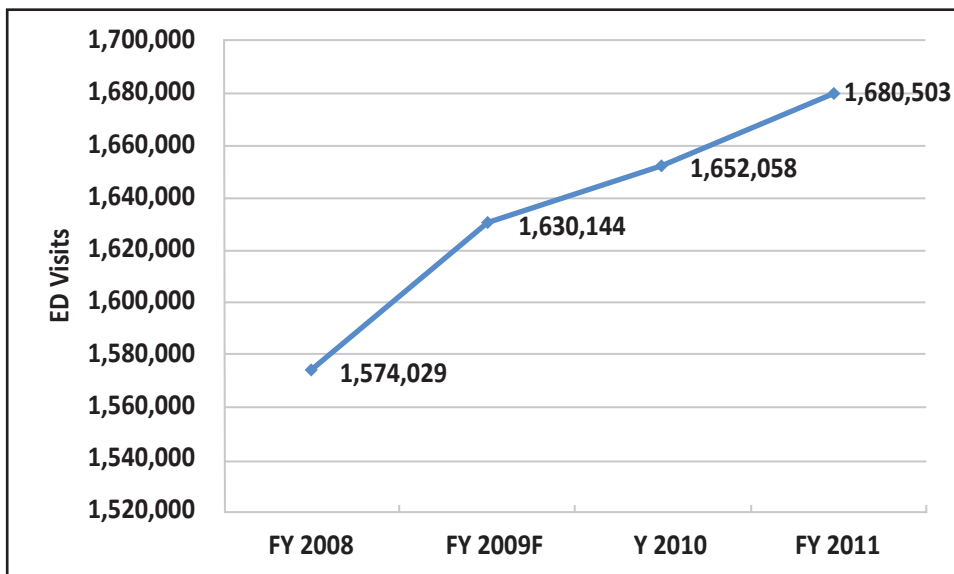
ED staff participants believed that many behavioral health patients presenting do not need emergency room treatment and could be more effectively and less expensively managed in outpatient settings. Focus group members were concerned that inappropriate referrals will continue as long as EDs are the only facilities available around-the-clock. In addition, limitations on the length of stay for patients in general hospital inpatient psychiatric beds, by private insurance companies, has added to the problem of patients relapsing and returning to the ED. Participants noted that the decline in State-operated beds for adults and community residential beds for children places an extreme burden on EDs. For “new” patients with behavioral health needs, it can be difficult to schedule appointments in the community for initial assessments to obtain outpatient treatment or medication management. Obtaining preauthorization for behavioral health services can be very time consuming. The group believes that communication between EDs and community programs needs to be improved to help behavioral health patients receive more appropriate care in settings outside the ED (see Appendices G and H for the Focus Group Summary and Solutions documents in their entirety).

3.3.3 ED UTILIZATION

ED utilization has increased steadily over the past few years as a result of multiple factors. Being uninsured or underinsured, appointment scheduling difficulties, and a poor economy where many residents have lost their jobs and health care coverage have all been mentioned as reasons for the spike in ED utilization. Sufficient availability, capacity and placement of primary care and behavioral health resources (both facility and private practitioner) may also result in the continuing increase in the utilization of hospital ED services.

ED volumes have risen in each of the past four fiscal years. From FY 2008 to FY 2011, ED volume increased from 1.5 million to 1.6 million visits (7%) (see Figure 3.3 and Appendix I).

Figure 3.3: Connecticut ED Visits



Source: CT Connecticut Hospital Association Chime, Inc. Emergency Department Data and OHCA Sharon Hospital Emergency Department Data

3.3.4 ED PLANNING

The American College of Emergency Physicians (ACEP) Policy Statement (October 2007) on emergency department planning <http://www.acep.org/content.aspx?id=29208> is a useful resource for emergency department services. OHCA encourages adherence to the ACEP Policy Statement.

It states that:

- Access to emergency medical and nursing care should be unrestricted and available to all residents.
- Emergency departments must have adequate resources to support the evaluation, management and treatment of all patients presenting at an ED.
- EDs should maintain appropriate levels of qualified staff, 24 hours a day, due to the unscheduled and episodic nature of health emergencies. ED personnel must establish effective working relationships with emergency services providers (EMS), ancillary hospital personnel, physicians, and other health care and social service resources to ensure the continuity of ED patient care. Effective policies and plans should be in place to ensure that administration, staffing, design of facility, equipment, medication and all other ancillary services are sufficiently addressed and cohesively work together to provide quality health care for patients experiencing serious health emergencies.

3.3.5 TRAUMA

A trauma center is a hospital equipped to provide comprehensive emergency medical services to patients who require complex and multi-disciplinary treatment following traumatic injuries. According to the public health code, the terms Trauma and Trauma Center are specifically defined as follows:

- “Trauma” means a wound or injury to the body caused by accident, violence, shock or pressure, excluding poisoning, drug overdose, smoke inhalation, and drowning (19a-177-1(6))
- “Trauma facility” means a hospital that has met the requirements as prescribed in section 19a-177-4 of the Regulations of Connecticut State Agencies and has received such designation from the Office of Emergency Medical Services (OEMS) in accordance with section 19a-177-3 of the Regulations of Connecticut State Agencies (19a-177-1(8)).

The American College of Surgeons provides a voluntary verification that designates the specific capabilities and identifies trauma centers by “Level” designation. Hospitals seeking designation as a Level I, Level II, Level III or Level IV trauma facility must apply to and be approved by the OEMS.

Connecticut currently has hospitals designated as Level I, Level II or Level III trauma centers. Connecticut trauma centers, their current trauma level designations and definitions of each level are given in Table 3.9.

Table 3.9: Connecticut Trauma Centers

Connecticut Designated Trauma Centers	City	Level
Connecticut Children's Medical Center	Hartford	Level I (Pediatric)
Hartford Hospital	Hartford	Level I (Adult)
Yale New Haven Hospital	New Haven	Level I (Adult and Pediatric)
Bridgeport Hospital	Bridgeport	Level II (Adult)
Danbury Hospital	Danbury	Level II (Adult)
Hospital of St. Raphael	New Haven	Level II (Adult)
Norwalk Hospital	Norwalk	Level II (Adult)
Saint Francis Medical Center	Hartford	Level II (Adult)
Saint Mary's Hospital	Waterbury	Level II (Adult)
St. Vincent's Medical Center	Bridgeport	Level II (Adult)
Stamford Hospital	Stamford	Level II (Adult)
Waterbury Hospital	Waterbury	Level II (Adult)
William W. Backus Hospital	Norwich	Level III (Adult)

LEVEL I: A regional resource and a tertiary care facility central to the trauma care system. In addition to acute care responsibilities, Level I trauma centers provide leadership in education, research, and system planning.

LEVEL II: Also expected to provide initial definitive trauma care, regardless of the severity of injury. However, depending on a variety of factors (geographic location, patient volume, personnel and resources) patients with more complex injuries may be transferred to Level I trauma centers if needed.

LEVEL III: Serves communities that do not have immediate access to a Level I or II institution and can provide prompt assessment, resuscitation, emergency operations, and stabilization. They also arrange for possible transfer to a facility that can provide definitive trauma care.

LEVEL IV: Provides advanced trauma life support in remote areas before patients can be transferred to a higher level of care. A Level IV facility may be a clinic without a readily available physician and must establish a good working relationship with the nearest Level I, II or III trauma center in order to provide expeditious transfer of seriously injured patients.⁵⁴

⁵⁴American College of Surgeons Committee on Trauma. Retrieved at www.facs.org/trauma/hospitallevels.pdf

3.3.6 EMERGENCY MEDICAL SERVICES

Emergency medical services (EMS) are an integrated system of personnel, equipment, communication and services that provide pre-hospital, in-hospital and inter-hospital medical treatment to individuals who have suffered illness or injury, to prevent loss of life, the aggravation of the illness or injury, or to alleviate suffering. This can include both basic and advanced emergency medical treatment.⁵⁵

3.3.7 OFFICE OF EMERGENCY MEDICAL SERVICES (OEMS)

The DPH Office of Emergency Medical Services (OEMS) administers and enforces emergency medical related services statutes, regulations, programs, and policies. OEMS regulates ground ambulances and is also responsible for the education, training and certification of Emergency Medical Service (EMS) workers.

Public Act 00-151, passed in 2000, mandating the development of a data collection system to track patients from initial entry into the emergency medical service system through arrival at the emergency room. As of June 2012, 90% of services complied with the mandate, moving from paper Patient Care Run (PCR) forms to computer-based software, or electronic PCRs. This has enabled services, sponsor hospitals and OEMS to begin to collect EMS data, creating the potential to analyze the data and create best practices.

In late 2008/early 2009 the American Heart Association formed a ST segment elevation myocardial infarction (STEMI) stakeholders group comprising three sub-committees (Pre-hospital, Timely transfers and Education) intended to develop and promulgate best practice related to ST segment elevation myocardial infarction (STEMI). The group included physicians (EMS/ED, cardiology, and interventional cardiology), nurses, pre-hospital providers and health care administrators/regulators. This group drafted recommendations to improve care in relation to pre-hospital triage of STEMI patients, timely transfers of patients between facilities and issues of education for pre-hospital providers. In Connecticut, a “STEMI Protocol” was also drafted to offer statewide guidance for best practice regarding patients experiencing chest pain and subsequently diagnosed by pre-hospital EKG with a STEMI.

The “STEMI Protocol” was reviewed by the CT EMS Medical Advisory Committee (CEMSMAC) beginning in 2010. After significant work by the CEMSMAC, a revised version of the document entitled “CT EMS STEMI Guideline” was approved by the Commissioner of Public Health in January 2012.⁵⁶ OHCA encourages adherence to the CT EMS STEMI Guideline.

The foremost goal is for authorized EMS personnel to obtain a 12-lead electrocardiogram in the field for all patients suspected of myocardial infarction, thereby increasing the likelihood for percutaneous coronary intervention (PCI) within 90 minutes of first medical contact.

3.3.8 LIFE STAR

Life Star is a critical care helicopter service owned and operated by Hartford Hospital. Life Star responds to and provides transport for critical care patients who require tertiary care. Approximately 39% of transports are trauma related, 25% cardiac related, 14% pediatric, and 24% acute medical, including neonatal and high risk obstetrics. The Life Star program began operation in 1985 and currently operates two helicopters 24 hours a day, 7 days per week and is available to all emergency/critical care patients within a 150-mile radius of Life Star’s two bases (the rooftop helipad at Hartford Hospital, and The William Backus Hospital in Norwich). Each helicopter can transport two patients and is generally able to be airborne within seven minutes and reach speeds of 155 miles per hour. According to OEMS, Hartford Hospital’s Life Star program received approximately 629 service requests during 2010.

⁵⁵The Vermont Statutes Online, Title 24: Municipal and County Government, Chapter 71: AMBULANCE SERVICES 24 V.S.A. § 2651, Definitions

⁵⁶Connecticut EMS STEMI Guideline, CEMSMAC 2011; http://www.ct.gov/dph/lib/dph/ems/pdf/stemi_patients.pdf

3.3.9 MOBILE FIELD HOSPITAL

According to CGS, a mobile field hospital is a modular, transportable facility used intermittently, deployed at the discretion of the Governor for the provision of medical services at a mass gathering, for the purpose of training, or in the event of a public health emergency. Mobile field hospitals can be used for triage, isolation or to provide surge capacity for a hospital during a mass casualty event or when an infrastructure failure occurs (Sec. 19a-487).

The Otilie W. Lundgren Memorial Field Hospital is a multi-functional facility providing bed surge capacity, isolation capacity and an emergency/disaster medicine training facility for the healthcare delivery workforce, both civilian and military. It is deployable as a flexible configuration of 25 bed units that can be operated jointly or independently of one another to provide triage and treatment anywhere in the state in the event of a mass casualty, or to support an acute care hospital after catastrophic structural or mechanical failure. During long term deployments, resources from the state's 30 acute care hospitals and also the VA Hospital will staff the Field Hospital.

The Field Hospital can be removed from storage and assembled in hours anywhere in CT, and be ready to triage and treat hundreds of patients during any public health emergency. The Field Hospital comes with medical equipment, and is staffed by the dedicated volunteers of the Disaster Medical Assistance Team, or DMAT, to triage and treat patients who may become sick or injured as a result of a man-made or natural disaster.

3.4 CARDIAC SERVICES

3.4.1 RELATIONSHIP TO CERTIFICATE OF NEED

Connecticut General Statutes Section 19a-638(a)(8) specifies that a Certificate of Need is required for the establishment of cardiac services, including inpatient and outpatient cardiac catheterization, interventional cardiology and cardiovascular surgery. Connecticut hospitals seeking authorization to establish a cardiac program are required to demonstrate that they meet clear public need as well as other criteria set forth in Connecticut General Statutes Section 19a-639.

According to OHCA's Policies and Procedures, "interventional cardiology" is defined as non-surgical procedures performed in the cardiac catheterization laboratory for the treatment of coronary artery and peripheral vascular disease. Procedures include, but are not limited to, angioplasty, valvuloplasty, cardiac ablation, coronary thrombectomy, and congenital heart defect correction. Only those procedures authorized pursuant to CON may be performed by a health care facility or provider. Multiple cardiac services may be authorized under one CON decision. A facility that is authorized to provide open heart surgery is also authorized to provide the full range of cardiac procedures mentioned above.

3.4.2 CARDIAC CATHETERIZATION

Cardiac catheterization is defined as a medical procedure requiring the passage of a catheter into one or more cardiac chambers of the left and right heart, with or without coronary arteriograms, for the purpose of diagnosing congenital or acquired cardiovascular disease, or for determining measurement of blood pressure flow.

Connecticut hospitals seeking authorization to initiate an Elective PCI program without on-site cardiac surgery capabilities will be required to meet the conditions required in the ACCF/AHA/SCAI Practice Guideline and to demonstrate clear public need for the program. The guideline states that it is only appropriate to consider initiation of a PCI program without on-site cardiac surgical backup if this program will clearly fill a void in the healthcare needs of the community. Further, the guideline notes that competition with another PCI program in the same geographic area, particularly an established program with surgical backup, may not be in the best interests of the community.

3.4.3 PERCUTANEOUS CORONARY INTERVENTION (PCI)

Primary (emergent) Percutaneous Coronary Intervention (PCI) or Coronary Angioplasty (PCA) is an interventional procedure whereby a catheter, usually inserted into an artery in the groin, is threaded through the circulatory system to a previously diagnosed blockage in the heart. An expandable balloon is passed to this spot and inflated several times, thereby flattening the blockage-causing plaque, potentially widening the artery, and thus improving blood flow.

Elective (scheduled) Percutaneous Coronary Intervention (PCI) or Coronary Angioplasty (PCA) is an interventional procedure performed in a catheterization lab whereby a catheter, usually inserted into an artery in the groin, is threaded through the circulatory system to a previously diagnosed blockage in the heart. An expandable balloon is passed to this spot and inflated several times, thereby flattening the blockage-causing plaque, potentially widening the artery, and thus improving blood flow.

PCI and Elective PCI are often combined with the permanent placement of a small wire mesh tube called a stent to help prop the artery open and decrease the chance of it narrowing again. Some stents are coated with medication to help keep the artery open (drug-eluting stents), while others are not (bare-metal stents).

3.4.3.1 PCI without Surgical Backup

Authorization for Connecticut hospitals to perform elective catheter-based interventions for coronary artery disease has been limited in the past to hospitals with the ability to perform cardiac surgery on-site. However, increasing operator experience, improvements in surgical technique and major advances in technology and pharmacology have contributed to a progressive trend to allow PCI without on-site surgical backup. New evidence gives support to the positive effects that these medical advances have contributed to the significant reduction in emergency surgery following PCI.⁵⁷

In 2011, the American College of Cardiology Foundation/American Health Association/Society for Cardiovascular Angiography and Interventions (ACCF/AHA/SCAI) Practice Guideline for Percutaneous Coronary Intervention without on-site surgical backup was modified from a class III (not recommended, no benefit) to a class IIb (benefit is either equal to or greater than the risk) recommendation. In addition, the Cardiovascular Patient Outcomes Research Team (CPORT) Non-Primary PCI (CPORT-E) trial findings concluded in May 2012 that patients have no greater risk of

death or complications when they have elective PCI at a hospital without cardiac surgery backup.

Connecticut hospitals seeking authorization to initiate an Elective PCI program without on-site cardiac surgery capabilities will be required to meet the conditions required in the guideline and to demonstrate clear public need for the program. The guideline states that it is only appropriate to consider initiation of a PCI program without on-site cardiac surgical backup if this program will clearly fill a void in the healthcare needs of the community. Further, the guideline notes that competition with another PCI program in the same geographic area, particularly an established program

⁵⁷Shahian, D.M., Mayer, G.S., Yeh, R.W., Fifer, M.A. & Torchiana, D.F. (2012). Percutaneous Coronary Interventions without On-Site Cardiac Surgical Backup. *The New England Journal of Medicine*.

with surgical backup, may not be in the best interests of the community. The revised guideline also emphasizes that such programs adhere to rigorous clinical programmatic requirements and angiographic criteria for proper patient selection.

3.4.4 OPEN HEART SURGERY

Open heart surgery refers to a therapeutic operative procedure performed on the heart and/or its coronary arteries in order to correct anomalous conditions (for example, coronary artery bypass surgery, heart valve replacement), often using a heart-lung by-pass machine to perform the functions of circulation during surgery.

3.4.5 CURRENT SERVICE LOCATIONS

Table 3.10: Adult Cardiac Services in Connecticut⁵⁸

Hospital	Cardiac Catheterization	Primary PCI	Elective PCI	Open Heart
William. W. Backus	X			
Bridgeport Hospital	X	X	X	X
Danbury Hospital	X	X	X	X
John Dempsey Hospital	X	X	X	X
Greenwich Hospital	X	X		
Hartford Hospital	X	X	X	X
Lawrence & Memorial Hospital	X	X		
Middlesex Hospital	X			
Hospital of Central CT	X	X		
Norwalk Hospital	X	X		
Rockville General	X ^a			
St. Francis Hospital	X	X	X	X
HCGW (Saint Mary/Waterbury)	X	X	X	X
Hospital of Saint Raphael	X	X	X	X
St. Vincent’s Medical Center	X	X	X	X
Stamford Hospital	X	X	X	X
Yale-New Haven Hospital	X	X	X	X

Source: CT DPH-OHCA Acute Care Hospital Service Line Survey, 2012

^aAlthough authorized to provide cardiac catheterization, the hospital has not been providing the service.

⁵⁸In addition to the adult cardiac programs, Connecticut Children’s Hospital has a full-service cardiac program for children.

3.4.6 STANDARDS/GUIDELINES

The Office of Health Care Access has historically utilized professional societies and organizations held to be the experts for establishing standards and guidelines for cardiac care, and will continue to make appropriate use of their recommendations in the review and determination of CON applications. Examples of expert sources to be used in determining standards and guidelines include: the American College of Cardiology, the American Heart Association and the Advisory Council for Cardiothoracic Surgery.

PERCUTANEOUS CORONARY INTERVENTION (PCI)

Primary PCI

1. Based on ACC and AHA, Primary PCI for STEMI should be performed by experienced operators who perform more than 75 elective PCIs per year and, ideally, at least 11 PCI procedures for STEMI per year. Ideally, these procedures should be performed in institutions that perform more than 400 elective PCIs per year and more than 36 primary PCI procedures for STEMI per year.
2. A report by the American College of Cardiology/American Heart Association Task Force on practice guidelines, referring to Class II b, suggests that Primary PCI for patients with STEMI might be considered in hospitals without on-site cardiac surgery provided that appropriate planning for program development has been accomplished and includes: experienced physician operators (more than 75 total PCIs and, ideally, at least 11 primary PCIs per year for STEMI); an experienced catheterization team on a 24 hours per day; 7 day per week call schedule; a well-equipped catheterization lab with digital imaging equipment; a full array of interventional equipment; intra-aortic balloon pump capability; and a proven plan for rapid transport to a cardiac surgery operating room in a nearby hospital with appropriate hemodynamic support capability for transfer. Primary PCI should be limited to patients with STEMI or MI with new or presumably new LBBB on ECG and should be performed in a timely fashion (goal of balloon inflation within 90 minutes of presentation) by persons skilled in the procedure (at least 75 PCIs per year) and at hospitals that perform a minimum of 36 Primary PCI procedures per year. (Level of Evidence: B - Limited populations evaluated. Data derived from a single randomized trial or nonrandomized studies).

Elective PCI

1. Elective/urgent PCI should be performed by operators with an acceptable annual volume (>75 procedures) at high volume centers (> 400 procedures) with on-site cardiac surgery (Level of Evidence: C)
2. Elective/urgent PCI should be performed by operators and institutions whose current risk-adjusted outcome statistics are comparable to those reported in contemporary national data registries, (Level of Evidence: C)
3. It is reasonable that low volume operators (< 75 PCI procedures per year) perform elective/urgent PCI at high volume centers (> 400 PCI procedures per year) with on-site cardiac surgery. Ideally, operators with an annual procedure volume of fewer than 75 procedures per year should only work at institutions with an activity level of more than 600 procedures per year. Operators who perform fewer than 75 procedures per year should develop a defined mentoring relationship with a highly experienced operator who has an annual procedural volume of at least 150 procedures per year. (Level of Evidence C)
4. It is not recommended that elective/urgent PCI be performed by low volume operators (< 75 PCI procedures per year) at low volume centers (200 to 400 procedures per year) with or without on-site cardiac surgery. An institution with a volume of fewer than 200 procedures per year, unless in a region that is underserved because of geography, should carefully consider whether it should continue to offer this service. (Level of Evidence: C)
5. The 2005 PCI Guideline does not establish an explicit minimum hospital volume threshold for elective PCI; there are multiple references in the context of operator and institutional competency to “centers” performing 200 – 400 elective PCI procedures per year.

6. The 2011 PCI Guideline states that operator and hospital volume recommendations have been maintained from the ACC/AHA/SCAI 2005 Guideline Update for Percutaneous Coronary Intervention.

a. PCI in Hospitals without On-Site Surgical Back-up is in the Class IIb category.

Class II b: Elective PCI might be considered in hospitals without on-site cardiac surgery, provided that appropriate planning for program development has been accomplished and rigorous clinical and angiographic criteria are used for proper patient selection (Level of Evidence: B)

Any hospital considering elective PCI without on-site-cardiac surgery must meet the criteria set forth in the 2011 ACCF/AHA/SCAI PCI Guideline, Section 4.8., PCI in Hospitals Without On-Site Surgical Backup: Recommendations (see link below):

<http://circ.ahajournals.org/content/124/23/e574.full.pdf+html>

Any hospital not meeting the 2011 ACCF/ANA/SCAI PCI Guideline criteria will be considered to be in Class III.

Class III–Harm: Primary and elective PCI should not be performed in hospitals without on-site cardiac surgery capabilities without a proven plan for rapid transport to a surgery operating room in a nearby hospital or without appropriate hemodynamic support capability for transfer. (Level of Evidence: C)



Quality and Performance Considerations for PCI Programs

Based on the 2011 American College of Cardiology Foundation/American Heart Association/Society for Cardiovascular Angiography and Interventions Guidelines for Percutaneous Coronary Intervention:

1. Every PCI program should operate a quality improvement program that routinely:
 - a) reviews quality and outcomes of the entire program;
 - b) reviews results of individual operators;
 - c) includes risk adjustment;
 - d) provides peer review of difficult or complicated cases; and
 - e) performs random case reviews (Level of Evidence: C)
2. Every PCI program should participate in a regional or national PCI registry for the purpose of benchmarking its outcomes against national norms. (Level of Evidence: C)

PCI quality and performance considerations are defined by attributes related to structure, processes, and risk adjusted outcomes. Structural elements include, for example: staffing, equipment, supplies, operator and institutional volumes, and the availability of electronic medical records. Processes include strategies for the appropriate patient, protocols for pre- and post-procedural care, appropriate procedural execution and management of complications, and participation in databases and registries for benchmarking program and individual operator performance. The end result of these structures and processes of care are risk-adjusted outcomes, and when available, are more reliable measures of quality than the institutional and individual operator volumes.⁵⁹

⁵⁹ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention. (2011). American College of Cardiology Practice Guidelines.

CARDIAC SURGERY/OPEN HEART SURGERY⁶⁰

1. Guidelines for Standards in Cardiac Surgery developed by the Advisory Council for Cardiothoracic Surgery and approved by the American College of Surgeons' Board of Regents in October 1996 – Bulletin of the American College of Surgeons, Vol. 82, No. 2, February 1997:
 - a) An annual volume of at least 100 to 125 open heart procedures per hospital is necessary from a quality standpoint and there is a greater variation in adjusted mortality rates for teams doing lower volumes as compared with those doing a high volume
 - b) At least 200 procedures per year are necessary in order for a program to function efficiently
 - c) A team approach with a minimum of 2 qualified cardiac surgeons is recommended to provide adequate and continuous perioperative care as well as assistance in the OR
2. The following conditions must be met to initiate a new OHS program:
 - a) The annual caseload of other programs w/in the proposed PSA shall not drop below 350 procedures
 - b) Epidemiological evidence of conditions for which OHS is appropriate w/in the PSA or demonstrates a significant unmet need in the PSA for these procedures
 - c) Existing program(s) in the service area are performing at least 350 open heart surgeries annually
 - d) Evidence demonstrating the performance of a minimum of 200 open heart surgeries annually within the first three years of the start of the new Open Heart Surgery program

OTHER FACTORS FOR CONSIDERATION

Supplemental to the current guidelines and principles, as listed in Section 19a-639, CGS, OHCA may consider proposed service areas that include patients from those states that border Connecticut, i.e., Massachusetts, New York and Rhode Island, when reviewing a Certificate of Need request.

3.4.7 UTILIZATION OF CARDIAC CARE

Based on hospital discharge data, inpatient cardiac care is declining both in patient volume and overall patient days (Table 3.11 and Fig 3.4). From FY 2008 to FY 2011, Cardiac Care-Medical discharges dropped 6%, while the corresponding patient days declined by 3%. During the same time period, Cardiac Care-Surgical declined even more significantly, with both discharges (11%) and patient days (8%) falling.

Table 3.11: Cardiac Inpatient Discharges and Patient Days, Connecticut, FY 2008-2011

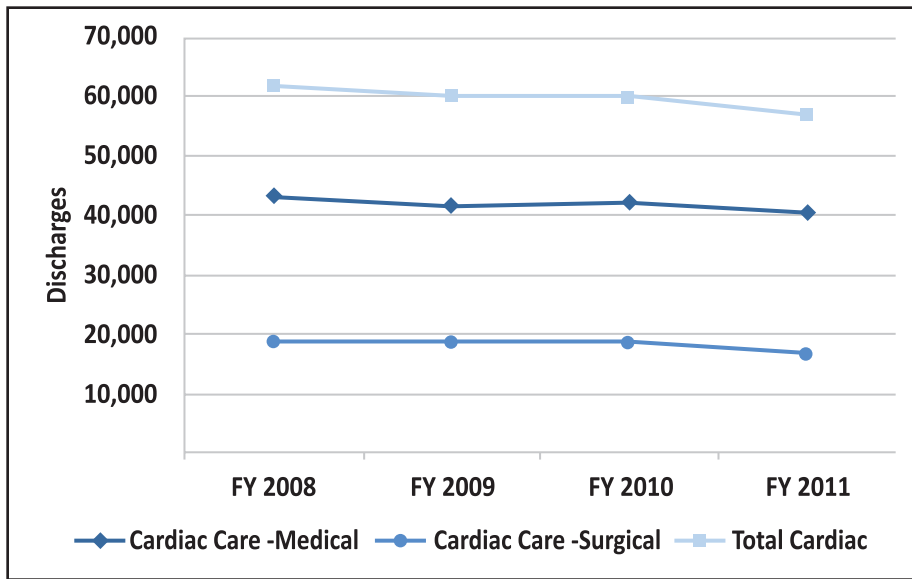
Service	Discharges				Change 08-11	Change 10-11
	FY 2008	FY 2009	FY 2010	FY 2011		
Cardiac Care -Medical	43,072	41,747	41,795	40,542	-6%	-3%
Cardiac Care -Surgical	18,681	18,299	18,104	16,710	-11%	-8%
Total Cardiac	61,753	60,046	59,899	57,252	-7%	-4%

Service	Patient Days				Change 08-11	Change 10-11
	FY 2008	FY 2009	FY 2010	FY 2011		
Cardiac Care -Medical	159,087	156,890	155,239	153,817	-3%	-1%
Cardiac Care -Surgical	95,344	93,054	90,455	87,361	-8%	-3%
Total Cardiac	254,431	249,944	245,694	241,178	-5%	-2%

Source: CT DPH Office of Health Care Access Acute Care Hospital Discharge Database

⁶⁰Guidelines for Standards in Cardiac Surgery. (1997). *Bulletin of the American College of Surgeons*, Vol. 82, No. 2.

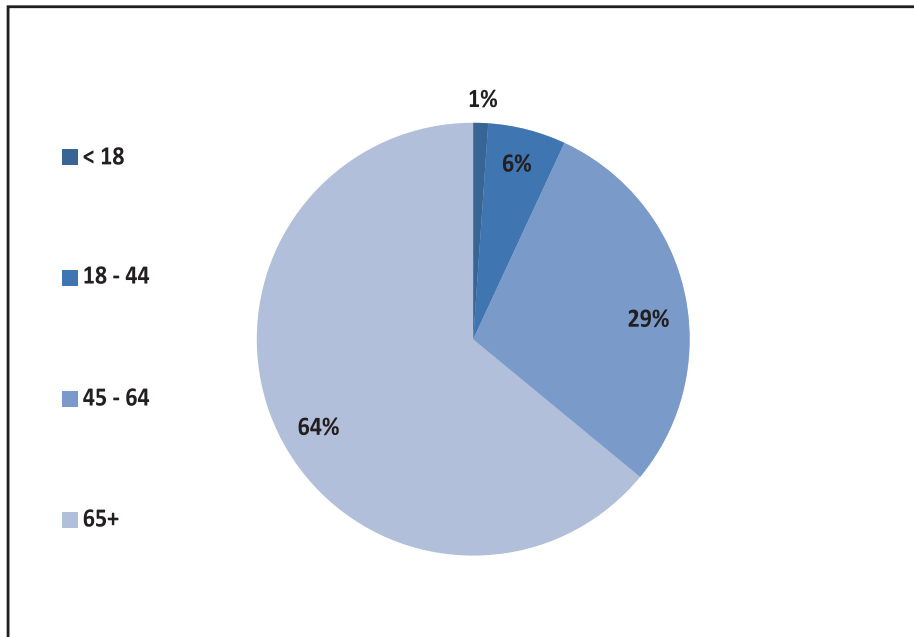
Figure 3.4: Connecticut Inpatient Cardiac Care



Source: CT DPH Office of Health Care Access Acute Care Hospital Discharge Database

Cardiac discharges are greatest among the elderly; 64% of discharges in FY 2011 were for patients age 65 years of age and older (Figure 3.5).

Figure 3.5: Cardiac Discharges by Age (FY 2011)



Source: CT DPH Office of Health Care Access Acute Care Hospital Discharge Database

3.4.8 UNMET NEED, GAPS IN SERVICES AND CAPACITY ISSUES

Identified areas of unmet need for cardiac care in the state are shown in Table 3.12. Patient demand (the number of residents from a given region that received treatment for cardiac medical services or surgery in a given year) is compared to the overall volume of cardiac patients served by hospitals in the same region. If hospital volumes are lower than patient demand, additional capacity may be needed and additional study of patient migration may be warranted.

Table 3.12: Bed Need for Inpatient Cardiac Services at Acute Care Hospitals, Connecticut, FY 07-10

DEMHS Region	Hospitals	Service		Discharges ^a			Patient Days				
				FY 2007	FY 2008	FY 2009	FY 2010	FY 2007	FY 2008	FY 2009	FY 2010
1	Bridgeport, Norwalk, Greenwich, Stamford, St Vincent's	Medical	Demand	7,589	7,249	7,242	7,060	29,191	28,470	27,882	27,702
			Served	8,642	8,345	8,412	8,230	32,392	32,060	31,436	31,124
			Surplus (-) or Deficit (+)	-1,053	-1,096	-1,170	-1,170	-3,201	-3,590	-3,554	-3,422
		Surgical	Demand	3,418	3,340	3,031	2,926	17,810	16,340	15,777	14,429
			Served	3,850	3,728	3,263	3,205	19,693	17,724	16,198	15,181
			Surplus (-) or Deficit (+)	-432	-388	-232	-279	-1,883	-1,384	-421	-752
2	Yale, Griffin, Milford, St Raphael, MidState	Medical	Demand	10,202	10,250	9,967	10,664	36,304	37,646	36,740	38,338
			Served	10,000	9,936	9,745	10,539	35,660	37,066	36,198	38,379
			Surplus (-) or Deficit (+)	202	314	222	125	644	580	542	-41
		Surgical	Demand	4,243	4,119	4,088	4,176	21,406	21,045	20,583	20,451
			Served	5,117	5,118	5,323	5,441	25,969	26,043	26,558	25,675
			Surplus (-) or Deficit (+)	-874	-999	-1,235	-1,265	-4,563	-4,998	-5,975	-5,224
3	Dempsey, Saint Francis, Bristol, HOCCT, Manchester, Hartford, CTCMC, Middlesex, Rockville, Johnson	Medical	Demand	12,700	12,162	11,646	10,991	45,621	47,067	46,730	44,209
			Served	14,235	13,846	13,164	12,561	51,503	53,644	53,461	50,397
			Surplus (-) or Deficit (+)	-1,535	-1,684	-1,518	-1,570	-5,882	-6,577	-6,731	-6,188
		Surgical	Demand	5,902	5,599	5,600	5,357	33,547	29,771	30,034	28,483
			Served	7,704	7,280	7,172	6,951	43,656	39,799	39,143	38,204
			Surplus (-) or Deficit (+)	-1,802	-1,681	-1,572	-1,594	-10,109	-10,028	-9,109	-9,721
4	Backus, L&M, Day Kimball, Windham	Medical	Demand	5,252	5,773	5,422	5,451	17,269	19,042	18,659	17,806
			Served	4,772	5,187	4,904	4,926	14,865	16,203	15,676	15,085
			Surplus (-) or Deficit (+)	480	586	518	525	2,404	2,839	2,983	2,721
		Surgical	Demand	1,948	2,051	1,980	2,120	10,652	10,340	9,556	10,658
			Served	382	426	396	414	2,227	1,982	1,923	2,052
			Surplus (-) or Deficit (+)	1,566	1,625	1,584	1,706	8,425	8,358	7,633	8,606
5	Danbury, New Milford, Hungerford, Sharon, St Mary's, Waterbury	Medical	Demand	6,454	6,026	5,884	5,864	22,071	21,794	21,988	21,740
			Served	6,183	5,758	5,522	5,539	20,718	20,114	20,119	20,254
			Surplus (-) or Deficit (+)	271	268	362	325	1,353	1,680	1,869	1,486
		Surgical	Demand	3,001	2,864	2,901	2,811	14,999	14,367	13,705	12,906
			Served	2,164	2,129	2,145	2,093	10,302	9,796	9,232	9,343
			Surplus (-) or Deficit (+)	837	735	756	718	4,697	4,571	4,473	3,563
Out of State, or Unknown Address	Distributed among several hospitals	Medical	Demand	1,635	1,612	1,586	1,765	4,682	5,068	4,891	5,444
			Served								
			Surplus (-) or Deficit (+)								
		Surgical	Demand	705	708	699	714	3,433	3,481	3,399	3,528
			Served								
			Surplus (-) or Deficit (+)								

Source: CT DPH Office of Health Care Access Acute Care Hospital Discharge Database

^aHospitalizations are expressed as numbers of discharges, not as unduplicated patients; a single patient with multiple hospitalizations can thus be counted more than once.



3.5 CANCER TREATMENT

Oncology is the branch of medicine concerned with the study and treatment of cancer, including screening, diagnosis, therapy, follow-up and palliative care. It includes various sub-specialties such as radiation oncology (medical use of high-energy radiation to kill malignant cells), surgical oncology, and pediatric oncology. Chemotherapy, most generally the treatment of disease by chemicals, can be used for a range of diseases, but most frequently refers to antineoplastic drugs to treat cancer.

In Connecticut, there is no unique licensure category for cancer treatment. The American College of Surgeons, Commission on Cancer (CoC) administers an accreditation program that encourages hospitals, treatment centers, and other facilities to improve the quality of patient care by focusing on prevention, early diagnosis, pretreatment evaluation, staging, optimal treatment, rehabilitation, surveillance for recurrent disease, support services, and end-of-life care. Nationally, 80% of all newly diagnosed cancer patients are treated in CoC-accredited cancer programs.⁶¹ According to the Connecticut Cancer Partnership, 67% of acute care hospitals in Connecticut are CoC-accredited.⁶²

Connecticut's cancer treatment services are well distributed throughout the state. Acute care hospitals, cancer centers, free-standing oncology centers, and private practices, along with appropriate support services are accessible to the majority of Connecticut residents.⁶³

⁶¹American College of Surgeons Cancer Programs. Retrieved from <http://www.facs.org/cancer/coc/cocar.html>

⁶²Connecticut Cancer Partnership. *Connecticut Cancer Plan 2009-2013*. 63.

⁶³Connecticut Cancer Partnership.

3.5.1 CoC-ACCREDITED CANCER PROGRAMS

Connecticut's CoC-accredited cancer programs and their CoC-designated accreditation category are shown in Table 3.13. The CoC-accreditation categories describe the services available at the facility and may have customized requirements for selected standards based on facility type or the number of new patients receiving care each year.⁶⁴

Table 3.13: Accredited Cancer Programs

Commission on Cancer (CoC) Accreditation Category	Town	Hospital (s)
NCI-designated Comprehensive Cancer Center Program (NCIP) ^a	New Haven	Yale-New Haven Hospital
Teaching Hospital Cancer Program (THCP) ^b	Bridgeport	Bridgeport Hospital
	Farmington	University of Connecticut Health Center
	Hartford	Hartford Hospital
	Hartford	Saint Francis Hospital & Medical Center
	New Britain	The Hospital of Central Connecticut
	New Haven	Hospital of Saint Raphael
Community Hospital Comprehensive Cancer Program (COMP) ^c	Bridgeport	St. Vincent's Medical Center
	Danbury	Danbury Hospital
	Greenwich	Greenwich Hospital
	Meriden	MidState Medical Center
	Middletown	Middlesex Hospital
	New London	Lawrence and Memorial Hospital
	Manchester	Manchester Memorial Hospital
	Norwalk	Norwalk Hospital
	Norwich	William W. Backus Hospital
	Stamford	Stamford Hospital
	Waterbury	St. Mary's Hospital Waterbury Hospital Health Center
Community Hospital Cancer Program (CHCP) ^d	Bristol	Bristol Hospital
	Derby	Griffin Hospital
	New Milford	New Milford Hospital
	Sharon	Sharon Hospital
	Torrington	The Charlotte Hungerford Hospital
Veterans Affairs Cancer Program (VACP) ^e	West Haven	VA Connecticut Healthcare System

^aSecures a National Cancer Institute (NCI) Cancer Center Support Grant and is designated a Comprehensive Cancer Center by the NCI. A full range of diagnostic and treatment services and staff physicians with major specialty board certification. Participates in clinical research. May train resident physicians. No minimum caseload required.

^bAssociated with a medical school and participates in training residents in at least four areas (medicine, surgery and two others). Offers full range of diagnostic and treatment services. Medical staff are board certified in the major medical specialties. Required to participate in clinical research. No minimum caseload required.

^cThe facility adds 650 or more new cancer cases each year and provides a full range of diagnostic and treatment services. The medical staff are board certified. Clinical research is required. Training resident physicians is optional.

^dThe facility adds between 100 and 649 new cancer cases each year and provides a full range of diagnostic and treatment services; but, referral for a portion of treatment is common. Medical staff are board certified. May participate in clinical research. Training of resident physicians is optional.

^eProvides care to military veterans and offers the full range of diagnostic and treatment services. Medical staff are board certified. Participation in clinical research is required, the training of resident physicians is optional. No minimum caseload.

⁶⁴Commission on Cancer (CoC) categories of accreditation. Retrieved from <http://www.facs.org/cancer/coc/categories.html>

3.5.2 CANCER SERVICES UTILIZATION

Inpatient cancer care is declining both in patient volume and overall patient days (Table 3.14). From FY 2008 to FY 2011, Cancer Care-Medical discharges dropped 4%, while patient days declined by 3%. During the same time period, Cancer Care-Surgical discharges declined (4%) and patient days fell 8%.

Table 3.14: Inpatient Cancer Utilization

Service Line	Discharges				Change 08-11	Change 10-11	Patient Days				Change 08-11	Change 10-11
	FY 2008	FY 2009	FY 2010	FY 2011			FY 2008	FY 2009	FY 2010	FY 2011		
Cancer Care -Medical	7,933	7,761	7,997	7,627	-4%	-5%	52,106	50,875	51,824	50,681	-3%	-2%
Cancer Care -Surgical	3,191	3,307	3,226	3,064	-4%	-5%	16,870	16,734	15,295	15,590	-8%	2%
Total	11,124	11,068	11,223	10,691	-4%	-5%	68,976	67,609	67,119	66,271	-4%	-1%

Source: CT DPH Office of Health Care Access Acute Care Hospital Discharge Database

Cancer patients receive most treatment on an outpatient basis. Chemotherapy and radiation, for example, are delivered primarily in outpatient settings. Some patients receive chemotherapy at their doctor’s office or may, in certain cases, be given an oral prescription that can be taken at home. From FY 2008 to FY 2011 chemotherapy visits increased by 17% (Table 3.15). This increase may be the result of new drugs, or combinations of drugs and/or delivery techniques provided to patients.

Positron Emission Tomography (PET) and Computed Tomography (CT) imaging are essential diagnostic tools physicians use to detect the presence and severity of cancer. PET/CT imaging helps physicians identify cancer, evaluate the extent of disease, select the most appropriate treatments, determine if the therapy is working and detect any recurrent tumors. From FY 2008 to FY 2011, PET volumes have fallen by 9% and PET/CT scans also fell by 4% (Table 3.15).

A linear accelerator (LINAC) is the machine used to treat cancer patients, using external beam radiation treatments. Radiation therapy uses high-energy radiation to kill cancer cells by damaging their DNA. Linear accelerator procedures increased by 4% from FY 2008 to FY 2011 (Table 3.15).

Table 3.15: Outpatient Cancer Services Utilization

Service	Discharges				Change 08-11	Change 10-11
	FY 2008	FY 2009	FY 2010	FY 2011		
PET Scans - Outpatient (Excluding ED)	4,895	3,272	4,508	4,105	-16%	-9%
PET/CT Scans - Outpatient (Excluding ED)	10,619	11,062	10,599	10,185	-4%	-4%
Linear Accelerator - Outpatient Procedures	192,462	200,821	199,576	199,923	4%	0.2%
Chemotherapy - Outpatient Visits	96,291	102,003	103,554	112,775	17%	9%

Source: CT DPH Office of Health Care Access, Hospital Reporting System (HRS) Report 450

SECTION 2 CHAPTER 4
OUTPATIENT SURGERY

4.0 OUTPATIENT SURGERY

4.1 RELATIONSHIP TO CERTIFICATE OF NEED

Connecticut General Statutes Section 19a-638(a)(1) specifies a Certificate of Need is required for the establishment of a new health care facility and subsection (a)(5) specifically lists the establishment of an outpatient surgical facility, as defined in section 19a-493b, or as established by a short-term acute care general hospital. Facilities seeking authorization to establish a new outpatient surgical center are required to demonstrate that they meet clear public need as well as other criteria set forth in Connecticut General Statutes Section 19a-639.

4.2 OVERVIEW

Forty years ago, virtually all surgery was performed in a hospital. Since the early 1980s, however, there have been many changes in how surgical care is provided, due largely to advances in medical technology and changes in payment arrangements. The medical advances include new anesthesia that allow a patient to awaken more quickly after surgery, and better analgesics for pain control. In addition, minimally invasive and noninvasive procedures such as laser surgery, laparoscopy and endoscopy have been developed.⁶⁵ These advances allow many procedures formerly done in inpatient settings to be performed in outpatient surgical facilities.

Concerns about rising health care costs also have contributed to the growth of ambulatory surgery. The federal government expanded Medicare coverage to include services provided in outpatient surgical facilities (OSFs). The prospective payment system based on diagnosis-related groups (DRGs) that was adopted for hospital inpatient care created financial incentives for hospitals to shift less complex surgeries to an outpatient setting. Under impending health care reform, how lucrative payments to OSFs are, hospital-owned and privately, remains to be determined.⁶⁶

Ambulatory surgical care is defined in the Connecticut Public Health Code as “surgical care not requiring overnight stay but requiring a medical environment exceeding that normally found in a physician’s office.”⁶⁷ This care may be delivered in a licensed outpatient surgical facility or at an acute care hospital’s designated outpatient surgical center. Along with the elimination of an inpatient hospital admission, surgery in an outpatient setting makes better use of resources, especially the surgeon’s time. Currently, approximately 70% of the surgeries in Connecticut are performed as ambulatory procedures.⁶⁸

4.3 AMBULATORY SURGICAL PROCEDURES

The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) reviews surgical procedures to determine those that are appropriate for the outpatient setting. The CMS also determines which procedures are eligible for reimbursement of services under Medicare or Medicaid. A major consideration for the inclusion or exclusion of a procedure is patient safety in an OSF environment.⁶⁹

CMS follows an established set of eligibility standards. The general standards for covered surgical procedures are those surgical and other medical procedures that:

- Are commonly performed on an inpatient basis in hospitals, but may be safely performed in an OSF;
- Are not of a type that are commonly performed, or that may be safely performed, in physicians’ offices;
- Are limited to those requiring a dedicated operating room and generally requiring a post-operative recovery room (not overnight);⁷⁰ and

⁶⁵Cullen, K.A, Hall, M.J. & Golosinky, A. (2009). Ambulatory surgery in the United States, 2006. National health statistics reports, 11. Revised. National Center for Health Statistics. Retrieved from <http://www.cdc.gov/nchs/>

⁶⁶Cullen, et al.

⁶⁷State of Connecticut, Public Health Code, 19-13-D56 (a) (2).

⁶⁸OHCA Hospital Reporting System. 2012. 12 month filing, Report 450 - Hospital Inpatient & Outpatient Other Services Utilization & FTE Employees, as of April 11, 2012.

⁶⁹Federal Register. Friday, March 28, 2003. Rules and regulations 68(60), 15271.

⁷⁰Public Health, Ambulatory surgical services. 42 C.F.R § 416. (2012).

- Are not cosmetic surgery and related services, except as required for the prompt repair of accidental injury or to improve the functioning of a malformed body member.⁷¹

Eligible surgical procedures are limited to the following specific standards:

- Those procedures that do not generally exceed a total of 90 minutes operating time and a total of four hours recovery time;
- Anesthesia must be local or regional or general anesthesia of 90 minutes or less;
- Those procedures that do not generally result in extensive blood loss or required major or prolonged invasion of body cavities or directly involved major blood vessels; or
- Those procedures that are not generally emergency or life-threatening in nature.⁷²

4.4 OUTPATIENT SURGICAL FACILITIES (OSFs)

The acronym OSF is the term used in Connecticut law and regulation to refer to a particular type of licensed facility. The term ambulatory surgery center (ASC) is a specific term used in federal law and regulation that refers to a specific type of facility that must comply with CMS rules and accreditation standards. Connecticut has many ASCs that are licensed as OSFs, but not all OSFs are ASCs.

4.4.1 LICENSURE AND CERTIFICATION

4.4.1.1 DPH Licensure

OSF is a distinct DPH licensure category. New OSFs require Certificate of Need authorization prior to applying for a license to operate. All facilities, regardless of the type and procedures performed and/or reimbursed⁷³, are subject to regular State and federal inspections.

4.4.1.2 CMS Certification

To receive reimbursement through Medicare, the CMS requires OSFs to have Medicare certification. The majority of CMS' conditions for Medicare certification are concerned with patient safety. The CMS Ambulatory Surgery Center Quality Reporting Program requires each OSF to submit information to track whether patients are transferred or admitted directly to a hospital, including a hospital emergency department, upon discharge from the facility. This information can indicate a potentially preventable complication, serious medical error, or other unplanned negative outcome. A high rate of transfers or inpatient admission may be an indication of suboptimal care or provision of care to patients that should not have been treated in an ambulatory surgical setting.⁷⁴

4.4.2 OSF TYPES AND OWNERSHIP

OSF ownership structures include hospital only; physicians only; hospital and physician joint venture; and corporate-hospital. OSFs based at acute care hospitals operate under the hospital's license and management and provide the same types of services as other outpatient surgical facilities. These facilities may be part of the main hospital, in a separate building on the hospital campus or in a building off the hospital campus. Those facilities located off the hospital campus are listed on the general hospital licenses as satellites.

Physician-owned OSFs provide physicians with more direct control over their surgical practices. They may schedule procedures at their convenience, assemble their surgical teams, ensure the equipment and supplies being used are best suited to their technique and design the OSF to suit their specialties. Physicians also benefit from the professional autonomy over their work environment and the quality of their care. These facilities are often referred to as "free-standing" as they are not hospital owned or hospital operated.

⁷¹Public Health, Exclusions from Medicare and limitations on Medicare payment. 42 C.F.R § 411. (2012).

⁷²Public Health, Ambulatory surgical services. 42 C.F.R § 416. (2012).

⁷³For example, cosmetic surgery is licensed and regulated by the State of Connecticut, although CMS does not reimburse for many cosmetic procedures.

⁷⁴Medicare Payment Advisory Committee. (2012). Report to the Congress: Medicare payment policy. Ambulatory surgical center services. 5(131-132).

Joint venture facilities owned by both hospitals and physicians became popular to help hospitals increase market share and stay profitable, and physicians to grow their surgical practices. In addition to the financial benefits, joint ventures enabled hospitals and physicians to provide patients with services in an efficient and convenient facility.⁷⁵ Health care reform may dictate which ownership structures remain and how profitable they will be.

4.4.3 FACILITIES AND OPERATING ROOMS

As of October 1, 2011, Connecticut had:

- 30 general or children's general hospital-based⁷⁶ multi-specialty OSFs;
- 16 multi-specialty hospital satellite OSFs;
- 2 single-specialty hospital satellite OSFs;
- 17 free-standing multi-specialty OSFs; and
- 44 free-standing single-specialty OSFs.

The locations and categories of the licensed OSFs are indicated in the maps in Appendices J, K and L. The categories are hospital-based, single-specialty and multi-specialty (Appendix J); hospital satellite, single-specialty and multi-specialty (Appendix K); and free-standing, single-specialty and multi-specialty (Appendix L). Each Connecticut acute care general hospital performs outpatient surgical procedures either within the main hospital or at a separate building on the hospital's main campus. Fifteen of the 30 hospitals have satellite outpatient surgical office locations, including the children's general hospital, Connecticut Children's Medical Center. Middlesex Hospital, in addition to the OSF on its main campus, has a second facility at its outpatient center 2 miles away. Hartford Hospital has two satellite OSFs, a multi-specialty OSF in West Hartford and a single-specialty OSF in Newington.

The 44 free-standing single-specialty OSFs in Connecticut have a total of 70 operating rooms. Almost half are dedicated to endoscopic procedures, and approximately 36% to cosmetic surgery and eye surgery. Twenty-two OSFs have a single operating room and are located in a physician's office. These facilities are not generally used daily as the surgeries are scheduled to meet the needs of patients and the physicians themselves. The most common practitioners with office-based operating rooms are plastic surgeons, ophthalmologists, orthopedic surgeons, pain management physicians and gynecologists. Reimbursement from a third-party payer may be provided depending on the patient's insurer, except in the case of cosmetic surgery. As most cosmetic procedures are elective, patients are generally self-pay, and pay for their procedures in advance.

The 17 multi-specialty free-standing OSFs have a total of 37 operating rooms, with a range of one to five operating rooms per facility. These facilities have many physicians that utilize block operating room times suitable to their surgical specialty. These facilities mostly operate on a regular five-day a week schedule with varying hours for the convenience of the physicians, staff and patients. It is common to combine two or more specialties with surgeries for each performed on the same day.

There are 15 hospital satellite OSFs with a total of 67 operating rooms, with a range of one to five operating rooms per facility. One of the facilities is a two-operating-rooms endoscopy center and one is a four-operating-rooms eye surgery center; the remaining facilities are multi-specialty with the number of operating rooms ranging from one to 12. It is difficult to determine the number of operating rooms dedicated to outpatient surgery when a hospital does not have a designated OSF within its main facility or on its main campus.

⁷⁵Pizzo, J. & Redd, L. (2006). Hospital-Physician Joint Ventures: Maximizing the Potential. Health Care Financial Management Association.

⁷⁶Connecticut acute care hospitals have an estimated 413 operating rooms available for surgery/surgical procedures.

4.5 SURGERIES PERFORMED IN THE OUTPATIENT SETTING

Multi-specialty OSFs may be free-standing, hospital joint-venture, or wholly-owned hospital facilities. A vast array of surgical procedures is performed at these facilities. Common procedures performed in multi-specialty OSFs include:

- Colonoscopy and biopsy;
- Upper gastrointestinal endoscopy and biopsy;
- Gastrointestinal procedures, such as cholecystectomy, common duct exploration, tonsillectomy and adenoidectomy;
- Urinary procedures, such as ureteral catheterization and removal of ureteral stones;
- Musculoskeletal procedures, such as arthroscopic procedures on the knee, carpal tunnel release, reconstruction of cruciate ligaments in the knee;
- Cataract surgery and other eye procedures;
- Ear, nose or throat procedures, such as ear tube surgery;
- Inguinal and femoral hernia repair; and
- Gynecological procedures, such as breast biopsy and diagnostic dilatation and curettage.⁷⁷

Endoscopy procedures are one of the common types of procedures performed in a single-specialty OSF. Endoscopic procedures are mainly non-operative procedures performed through a scope to observe the interior of organs in the body, such as the bronchi, esophagus, and colon.

4.6 STANDARDS/GUIDELINES

DEFINITIONS

1. Section 19a-493b, (CGS) defines an OSF as “any entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, engaged in providing surgical services or diagnostic procedures for human health conditions that include the use of moderate or deep sedation, moderate or deep analgesia or general anesthesia, as such levels of anesthesia are defined from time to time by the American Society of Anesthesiologists, or by such other professional or accrediting entity recognized by the Department of Public Health. An outpatient surgical facility shall not include a medical office owned and operated exclusively by a person or persons licensed pursuant to section 20-13, provided such medical office: (1) Has no operating room or designated surgical area; (2) bills no facility fees to third party payers; (3) administers no deep sedation or general anesthesia; (4) performs only minor surgical procedures incidental to the work performed in said medical office of the physician or physicians that own and operate such medical office; and (5) uses only light or moderate sedation or analgesia in connection with such incidental minor surgical procedures.”
2. Nothing in this subsection shall be construed to affect any obligation to comply with the provisions of Section 19a-691, CGS, concerning anesthesia accreditation or Section 19-13-D56 of the Public Health Code concerning licensing of outpatient surgical facilities operated by corporations.
3. “Primary Service area” for an OSF is the area where approximately 75% of the facility’s patients reside. Service area may be towns, zip codes, or other U.S. Census geographical type.
4. “Maximum Capacity” is the number of surgical cases that may be performed in a year based on Monday through Friday, eight hours per day, and 250 days per year. It is the responsibility of the Applicant to provide sufficient documentation to establish the length of time the average case requires and the time required for cleanup.
5. “Optimum utilization” is the percent of the maximum capacity that a facility can achieve under a regular work environment, considering the variation in procedures performed, the number of physicians utilizing the facility, and other factors.

⁷⁷Agency for Healthcare Research and Quality. (2010). Hospital-Based Ambulatory Surgery, 2007. *Healthcare Cost and Utilization Project (HCUP) Statistical Brief #86*. Retrieved from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb86.jsp>

The following guidelines and/or standards for the establishment of an OSF will be considered by OHCA when considering a Certificate of Need request:

1. When an Applicant proposes to establish a new multi-specialty OSF, the case volume of single-specialty OSFs dedicated solely and exclusively for endoscopy may be excluded from the existing; volumes when establishing need for the multi-specialty OSF as required by Sec. 19a-639 (3), CGS.
2. Unless otherwise established by the Applicant and supported with documentation:
 - The capacity of the proposed facility will be based on eight (8) hours per day, five (5) days per week fifty (50) weeks per year for a total of 2,000 hours per year;
 - The optimal utilization for an operating room in an OSF is 80%;
 - The average time for an outpatient case will be sixty (60) minutes; and
 - Thirty (30) minutes will be allocated to cleanup between cases;
3. Unstaffed operating rooms are considered as available and shall be included in any calculations for capacity and utilization;
4. Delivery rooms for Caesarean sections and operating rooms specifically reserved for cardiac cases shall be excluded from calculations for capacity and utilization;
5. Proposed new OSFs must have written policies concerning access to care by persons who are underinsured or uninsured;
6. The Applicant must demonstrate the financial feasibility of the OSF within the first three (3) years of operations or within a reasonable time based on factors reported and supported by the Applicant;
7. The proposed new OSF will have in place at start of operations a transfer agreement with an acute care general hospital;
8. The Applicant must have in place at the start of operations a quality Assessment and Performance Improvement Program and be certified by Medicare or a national accrediting body for which CMS grants status to accredit ambulatory surgery centers;
9. The applicant must have in place at the start of operations a contract with a patient safety organization as defined at CGS § 19a-127o.

OTHER FACTORS FOR CONSIDERATION

Supplemental to the current guidelines and principles, as listed in Section 19a-639, CGS, OHCA may consider the following factors when reviewing a Certificate of Need request:

1. Changes in technology and changes in medical treatment specialties;
2. Proposed service areas that include patients from those states that border Connecticut, i.e., Massachusetts, New York and Rhode Island;
3. Physician referral patterns;
4. Underserved populations;
5. Unique populations, specific clinical needs or performance of procedures more lengthy in nature;
6. Limited specialty programs where access to surgical services is limited; and
7. Atypical barriers to care based on cost, quality, financial access or geographic access.



4.7 CURRENT ISSUES PERTAINING TO OSFs

OSFs, as other healthcare facilities and providers, are operating under the strain of current economic conditions, including physician shortages and regulatory mandates. They will also be affected by the changes resulting from health care reform. Commercial insurers often base their procedure reimbursements on the rates paid under Medicare and Medicaid. Historically, Medicare and Medicaid have paid providers at lower rates than other third-party payers. In addition, mandated electronic reporting will likely increase operating expenses for OSFs.

With the aging of the population in Connecticut, most OSFs will require Medicare certification to obtain reimbursement for the services they provide to older patients. To receive Medicare certification, the OSFs will be required to meet Medicare's conditions of coverage, which specify standards for administration of anesthesia, quality evaluation, operating and recovery rooms, medical staff, nursing services and other areas.⁷⁸ Under the CMS' new quality reporting programs, those that fail to report the required information will face a reduction in their Medicare payments. As of October 1, 2012, OSFs are required to report data on patient burns, patient falls, wrong side of patient, procedure, implants, hospital admissions and transfers, and prophylactic IV antibiotic timing. In 2013 they will be required to report two additional measures: safe surgery checklist use in 2012 and 2012 volume of certain procedures. While these two measures will not be reported until 2013, OSFs must ensure they are using a safe surgery checklist and have a system in place by January 1, 2012 to capture surgical volume data.

⁷⁸Federal Register. Wednesday, November 30, 2011. Rules and Regulations. 78(230), 74126-74127.

IMAGING
AND NEW
TECHNOLOGY

SECTION 2 CHAPTER 5 IMAGING AND NEW TECHNOLOGY

5.0 IMAGING AND NEW TECHNOLOGY

5.1 RELATIONSHIP TO CERTIFICATE OF NEED

Connecticut General Statutes Section 19a-638(a)(9) specifies a Certificate of Need is required for the acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners, by any person, physician, provider, short-term acute care general hospital, or children's hospital. Entities seeking authorization to acquire such imaging equipment are required to demonstrate that they meet clear public need as well as other criteria set forth in Connecticut General Statutes Section 19a-639.

5.2 GENERAL BACKGROUND

In 2009, OHCA formed an industry workgroup to review provider experience with the operation of the 2005 law governing CT scanners, with the goal of providing recommendations for possible use in the development of criteria and guidelines with which to evaluate CT scanners. Building upon those recommendations, OHCA formed a second workgroup in 2010 comprised of representatives from various segments of the Connecticut health care industry. It included independent and hospital radiologists, members of the Radiological Society of Connecticut, Connecticut Hospital Association, Connecticut Dental Association, Connecticut State Medical Society, Connecticut health care industry attorneys and OHCA staff. This workgroup helped OHCA develop proposed imaging standards and guidelines, which OHCA intends to promulgate as regulations. The imaging equipment definitions, standards and guidelines in this chapter have been developed through collaboration with the imaging workgroup.

This chapter focuses on magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography-computed tomography (PET-CT). The standards and guidelines for PET scanners have been combined with PET-CT; the two have become imaging technologies intertwined to the point that providers are replacing PET scanners with PET-CT scanners, and vendors no longer support, sell, or lease PET scanners.

5.3 CURRENT IMAGING LANDSCAPE

Pursuant to CGS 19a-634(c), in January 2012, OHCA surveyed all imaging providers in Connecticut to establish an inventory of all MRI, CT, PET and PET-CT scanners statewide. Based on survey responses, Connecticut currently has 114 MRI scanners, 123 CT scanners, 6 PET scanners and 21 PET-CT scanners.

As stipulated in CGS 19a-690, all imaging equipment operating in Connecticut must be accredited through the American College of Radiology. The locations of these MRI, CT and PET and PET/CT scanners are shown in Appendices M-Q.

The majority of imaging scanners were acquired through the Certificate of Need application process; however, some scanners were acquired without CON approval, as providers could acquire imaging equipment costing less than \$400K without CON approval, Public Act 05-93 removed this threshold, in an effort to deter the acquisition of substandard equipment. Providers still were allowed to acquire the equipment without CON approval if they could demonstrate that it was acquired prior to July 1, 2005 and was in operation before July 1, 2006, pursuant to Public Acts 05-93 and 06-28. Many of these providers sought a CON determination stating that they were in compliance with the law, without having to demonstrate the need for the equipment.

Under current law, any previously authorized imaging scanner (acquired through a CON Determination, a CON Decision or an Agreed Settlement with OHCA) can be replaced with a similar scanner (e.g., a 1.5T MRI scanner with a 3.0 MRI scanner, or a 4-slice CT scanner with a 16-slice CT scanner) and the owner or the authorized holder of the CON can relocate the imaging equipment anywhere statewide. Other than a notification to OHCA of the relocation and disposition of the replaced imaging scanner, no additional action is required.

Market trends over the past several years have affected the environment in which hospital and free-standing imaging centers operate. In the past, there was a steady and ongoing migration of imaging services out of the hospital setting, mostly to physician-owned free-standing imaging centers. Today however, reimbursement issues, access to capital,

vendor relationships and physician employment are initiating a wave of acquisitions of imaging equipment at free-standing imaging centers by hospitals.⁷⁹ CON approval is required for these acquisitions and purchasers must demonstrate clear public need for the equipment.

5.4 STANDARDS/GUIDELINES

DEFINITIONS

1. “Magnetic resonance imaging” or “MRI” means the use of magnetic fields and radio waves to produce cross sectional images similar to those displayed by computed tomography (CT);
2. “Magnetic resonance imaging scanner” means the magnetic resonance system consisting of an integrated set of machines and related equipment necessary to produce the images and/or spectroscopic quantitative data from scans, or any equipment that is classified by the United States Food and Drug Administration as a magnetic resonance diagnostic device;
3. “Computed tomography” or “CT” means the use of radiographic and computer techniques to produce cross-sectional images of the head or body;
4. “Computed tomography scanner” means x-ray CT scanning systems, including axial, spiral, helical or electron beam CT systems (except as set forth in 19a-638(b)(19)), capable of performing CT scans of the head, other body parts, or full body patient procedures, or any equipment that is classified by the United States Food and Drug Administration as a computed tomography device;
5. “Positron emission tomography” or “PET” is a non-invasive diagnostic technology which enables the body’s physiological and biological processes to be observed through the use of positron emitting radiopharmaceuticals which are injected into the body and whose interaction with body tissues and organs is able to be pictured through a computerized positron transaxial reconstruction tomography scanner;
6. “Positron emission tomography scanner” means an FDA-approved full or partial ring scanner or coincidence system that has a crystal at least 5/8-inch thick, techniques to minimize or correct for scatter and/or randoms, and digital detectors and iterative reconstruction, or any equipment that is classified by the United States Food and Drug Administration as an emission computed tomography device;
7. “Positron emission tomography-computed tomography scanner” or “PET-CT scanner” is a medical imaging device which combines in a single gantry system both a positron emission tomography (PET) and a computed tomography (CT), so that images acquired from both devices can be taken sequentially, in the same session from the patient and combined into a single superposed image; and
8. “Primary service area” means that geographic area (by town), for the service location in the application, consisting of the lowest number of contiguous zip codes from which the applicant draws at least 75% of its patients for this service at such location.



STANDARDS AND GUIDELINES SPECIFIC TO MRI

1. Information Supporting Need Analysis
 - a. Identify the Primary Service Area;
 - b. Identify existing services (i) of the applicant, and (ii) of other providers in the Primary Service Area;

⁷⁹Jeter, E., & Sorensen, T. (2010). The Reconsolidation of Imaging Centers. ImagingBiz.

Retrieved from <http://www.imagingbiz.com/articles/view/the-reconsolidation-of-imaging-centers>

- c. Provide capacity of existing services identified in subsection (1)(b), if available;
- d. Explain the likely impact on existing services identified in subsection (1)(b);
- e. Provide actual and proposed hours of operation for services;
- f. Provide 3 year projection of utilization, with reasonable assumptions on MRI scan volume and capacity; and
- g. Demonstrate need as described in 2 and 3 below.

2. Need Analysis – Statewide Benchmark

Assumptions

- a. “Utilization Rate per Capita” means the number of scans/1,000 population as determined by data collected and published by the Office of Health Care Access division of the Department of Public Health through its data collection and survey processes. If such data is not available from the Office, the applicant is responsible for including reliable statistics, with citations, to establish the utilization rate;
- b. “Utilization Rate” means procedure per year for the PSA calculated by multiplying the Utilization Rate per Capita by the population in the PSA using the most recently available census data;
- c. “Current Estimated Capacity” means 4,000 scans/year multiplied by the number of scanners in the PSA at the time of the application; and
- d. “Percent Utilization of Current Capacity” means the “Utilization Rate/Current Estimated Capacity.”

For current estimated capacity to remain in effect, it must be updated and such update published by the Office of Health Care Access not less than every two years based on the Statewide Facilities and Services Plan. If the Office does not publish an update, the applicant may present reliable capacity estimates for consideration by OHCA to establish the capacity.

3. Need Methodology

The Applicant shall demonstrate that the proposed scanner meets either of the following criteria:

- a. The applicant is expected to demonstrate that the Percent Utilization of Current Capacity in the Primary Service Area exceeds 85%.
- b. If the applicant has an MRI scanner in the Primary Service Area, the applicant is expected to demonstrate that its Percent Utilization of Current Capacity exceeds 85%.

If the applicant is unable to demonstrate a clear public need for the proposed scanner based upon the assumptions and need methodology in subsection (3)(a) and the requirements of subsection (3)(b) have been met, the Applicant may rely upon any other relevant factors, including those described in subsection 7, to demonstrate need among the population it intends to serve.

4. Quality and Accessibility

The Applicant shall demonstrate that the proposal meets the following criteria:

- a. Hospital applicants shall be accredited by the Joint Commission on Accreditation of Healthcare Organizations or certified by Medicare directly or through a deeming agency;
- b. Non-hospital facilities shall obtain accreditation from the American College of Radiology within eighteen months of the date on which imaging activities are first conducted;
- c. A full-time board certified radiologist, who is a member in good standing with the American College of Radiology, shall be responsible for managing the operation of the MRI scanner and for the written interpretation of the MRI scan;
- d. Personnel shall be trained, consistent with guidance of the American College of Radiology, in the use of the MRI scanner and the safety procedures to follow in the event of an emergency;
- e. When imaging is performed a physician must be available either on-site or with immediate access to remote viewing of images as they are acquired. The physician in this case must be qualified to interpret images, make adjustments to imaging parameters or protocols, make decisions regarding magnetic field strength risks, and consult with the technologists on technical factors related to the study acquisition. This physician must be board certified to perform and interpret the examinations so produced;

- f. When contrast is administered, a physician capable of addressing any contrast reactions or adverse events must be on site and immediately physically available to assist in the imaging suite. This physician must be in proximity such that he/she can respond immediately if called. This is not intended to require the physical presence of a physician in the room or suite at all times;
- g. The facility or provider must have a policy that explains what steps will be taken to respond in the event of a medical emergency for patients undergoing MRI scans, including the plan for responding to allergic reactions related to contrast media or other drugs or biologicals used in connection with the scan; and
- h. The facility or provider shall not deny MRI scanner services to any individual based upon the ability to pay or source of payment, including uninsured, underinsured and Medicaid patients.

5. Financial criteria

The Applicant shall demonstrate that it has sufficient capital to finance the project and provide projections concerning the revenue and expenses for the first three years of the proposal.

6. Other Factors for Consideration

The office may also take the following criteria into consideration during its review of an application:

- a. The capabilities of the proposed CT scanner as compared to existing scanners;
- b. The ability of the applicant to serve an underserved population and not jeopardize the financial viability of the project;
- c. The impact on existing services, including avoiding delays in timely diagnosis or treatment;
- d. The use of the scanner for clinical research;
- e. The history of the applicant in running accredited, financially successful facilities;
- f. The applicant’s ability to make radiation dose exposure decisions; and
- g. For hospital applicants only, unique patient populations or specific clinical needs for specialty scanners or specific clinical applications, including scanners with multiple use applications; complexity of scanning procedures, including the impact on available scanner access due to lengthy procedures; necessity for back-up and redundant equipment to meet the needs of emergency departments.

STANDARDS AND GUIDELINES SPECIFIC TO CT SCANS

1. Information Supporting Need Analysis

- a. Identify the Primary Service Area;
- b. Identify existing services (i) of the applicant, and (ii) of other providers in the Primary Service Area;
- c. Provide capacity of existing services identified in subsection (1)(a), if available;
- d. Explain the likely impact on existing services identified in subsection (1)(b);
- e. Provide actual and proposed hours of operation for services;
- f. Provide 3 year projection of utilization, with reasonable assumptions on CT scan volume and capacity; and
- g. Demonstrate need as described in 2 and 3 below.

2. Need Analysis – Statewide Benchmark

Assumptions:

- a. “Utilization Rate per Capita” means the number of scans/1,000 population as determined by data collected and published by the Office of Health Care Access, a division of the Department of Public Health through its data collection and survey processes. If such data is not available from the Office, the applicant is responsible for including reliable statistics, with citations, to establish the utilization rate;
- b. “Utilization Rate” means the procedure per year for the PSA calculated by multiplying the “Utilization Rate per Capita” by the population in the PSA using the most recently available census data.
- c. “Current Estimated Capacity” is 12,000 scans per year multiplied by the number of hospital based scanners in

the PSA at the time of the application for the acquisition of a hospital based scanner and 3,700 scans per year multiplied by the number of outpatient scanners in the PSA at the time of the application for the acquisition of an outpatient scanner; and

d. “Percent Utilization of Current Capacity” means “Utilization Rate/Current Estimated Capacity”.

For current estimated capacity to remain in effect, it must be updated and such update published by the Office of Health Care Access not less than every two years based on the Statewide Facilities and Services Plan. If the Office does not publish an update, the applicant may present reliable capacity estimates for consideration by OHCA to establish the capacity.

3. Need Methodology

The Applicant shall demonstrate that the proposed scanner meets either of the following criteria:

- a. The applicant is generally expected to demonstrate that the Percent Utilization of Current Capacity in the Primary Service Area exceeds 85%.
- b. If the applicant has a CT scanner in the Primary Service Area, the applicant is expected demonstrate that its Percent Utilization of Current Capacity exceeds 85%.

If the applicant is unable to demonstrate a clear public need for the proposed scanner based upon the assumptions and need methodology in subsection 3(a) and subsection 3(b) have been met, the Applicant may rely upon any other relevant factors, including those described in subsection (7), to demonstrate need among the population it intends to serve.

4. Quality and Accessibility

The Applicant shall demonstrate that the proposal meets the following criteria:

- a. Hospital applicants shall be accredited by The Joint Commission or certified by Medicare directly or through a deeming agency;
- b. Non-hospital facilities shall obtain accreditation from either the American College of Radiology or the Intersocietal Commission on the Accreditation of Computed Tomography Laboratories within eighteen months of that date on which the imaging activities are first conducted;
- c. The CT unit shall be operated safely by trained physicians and/or radiologic technologists who are licensed in Connecticut and who meet the minimum criteria set forth by the appropriate accrediting organization including but not limited to the American College of Radiology, the American Registry of Radiologic Technologists, and the American Registry of Clinical Radiography;
- d. All applicants must employ or contract with a radiation physicist to review the quality and safety of the operation of the CT scanner;
- e. When imaging is performed a physician must be available either on-site or with immediate access to remote viewing of images as they are acquired. The physician must be qualified to interpret images, make adjustments to imaging parameters or protocols, make decisions regarding radiation dose, and consult with the technologists on technical factors related to the study acquisition. This physician must be board certified to perform and interpret the examinations so produced;
- f. When contrast is administered, a physician capable of addressing any contrast reactions or adverse events must be on site and immediately physically available to assist in the imaging suite. This physician must be in proximity such that he/she can respond immediately if called. This is not intended to require the physical presence of a physician in the room or suite at all times;
- g. The facility or provider must have a policy that explains what steps will be taken to respond in the event of a medical emergency for patients undergoing CT scans, including the plan for responding to allergic reactions related to contrast media or other drugs or biologicals used in connection with the scan; and
- h. The facility or provider shall not deny CT scanner services to any individual based upon the ability to pay or source of payment, including uninsured, underinsured and Medicaid patients.

5. Financial criteria

The Applicant shall demonstrate that it has sufficient capital to finance the project and provide projections concerning the revenue and expenses for the first three years of the proposal.

6. Other Factors for Consideration

The office may also take the following criteria into consideration during its review of an application:

- a. The capabilities of the proposed CT scanner as compared to existing scanners;
- b. The ability of the applicant to serve an underserved population and not jeopardize the financial viability of the project;
- c. The impact on existing services, including avoiding delays in timely diagnosis or treatment;
- d. The use of the scanner for clinical research;
- e. The history of the applicant in running accredited, financially successful facilities;
- f. The applicant's ability to make radiation dose exposure decisions; and
- g. For hospital applicants only, unique patient populations or specific clinical needs for specialty scanners or specific clinical applications, including scanners with multiple use applications; complexity of scanning procedures, including the impact on available scanner access due to lengthy procedures; necessity for back-up and redundant equipment to meet the needs of emergency departments.

STANDARDS AND GUIDELINES SPECIFIC TO PET and PET/CT SCANS

1. Information Supporting Need Analysis

- a. Identify the Primary Service Area;
- b. Identify existing services (i) of the applicant, and (ii) of other providers in the Primary Service Area;
- c. Provide capacity of existing services identified in subsection 1(b), if available;
- d. Explain the likely impact on existing services identified in subsection 1(b);
- e. Provide actual and proposed hours of operation for services;
- f. Provide 3 year projection of utilization, with reasonable assumptions on PET or PET-CT scan volume and capacity; and
- g. Demonstrate need as described in 2 and 3 below.

2. Need Analysis – Statewide Benchmark

Assumptions:

- a. "Utilization Rate per Capita" means the number of scans/1000 population as determined by data collected and published by the Office of Healthcare Access Division of the Department of Public Health through its data collection and survey processes. If such data are not available from the Office, the applicant is responsible for including reliable statistics, with citations, to establish the utilization rate;
- b. "Utilization Rate" means procedure per year for the PSA calculated by multiplying the Utilization Rate Per Capita by the population in the PSA using the most recently available census data;
- c. "Current estimated capacity" means 700 scans per year multiplied by the number of scanners in the service area; and
- d. "Percent Utilization of Current Capacity" means "Utilization rate/Current Estimated Capacity"

For current estimated capacity to remain in effect, it must be updated and such update published by the Office of Health Care Access not less than every two years based on the Statewide Facilities and Services Plan. If the Office does not publish an update, the applicant may present reliable capacity estimates for consideration by OHCA to establish the capacity.

3. Need Methodology

The Applicant shall demonstrate that the proposed scanner meets either of the following criteria:

- a. The applicant is expected to demonstrate that the Percent Utilization of Current Capacity in the Primary Service Area exceeds 85%.
- b. If the applicant has a PET or PET/CT scanner in the Primary Service Area, the applicant is expected to demonstrate that its Percent Utilization of Current Capacity exceeds 85%.

If the applicant is unable to demonstrate a clear public need for the proposed scanner based upon the assumptions and need methodology in subsection 3(a) and subsection 3(b) have been met, the Applicant may rely upon any other relevant factors, including those described in subsection 7, to demonstrate need among the population it intends to serve.

4. Quality and Accessibility

The Applicant shall demonstrate that the proposal meets the following criteria:

- a. Hospital applicants shall be accredited by the Joint Commission or certified by Medicare directly or through a deeming agency;
- b. Non-hospital facilities shall obtain accreditation from either the American College of Radiology or the Intersocietal Commission on the Accreditation of Nuclear Laboratories within eighteen months of the date on which imaging activities are first conducted;
- c. A physician who is board-certified, shall be available during service hours;
- d. Qualified engineering and physics personnel with training in the operation and maintenance of PET equipment shall be available to the facility during service hours;
- e. Qualified radiation safety personnel with training and experience in the handling of short-lived position emitting nuclides shall be available during services hours;
- f. The facility must have a policy that explains what steps will be taken to respond in the event of a medical emergency for patients undergoing PET or PET-CT scans, including the plan for responding to allergic reactions related to contrast media or other drugs or biologicals used in connection with the scan; and
- g. The facility or provider shall not deny PET or PET-CT scanner services to any individual based upon the ability to pay or source of payment, including uninsured, underinsured and Medicaid patients.

5. Financial Criteria

The Applicant shall demonstrate that it has sufficient capital to finance the project and provide projections concerning the revenue and expenses for the first three years of the proposal.

6. Other Factors for Consideration

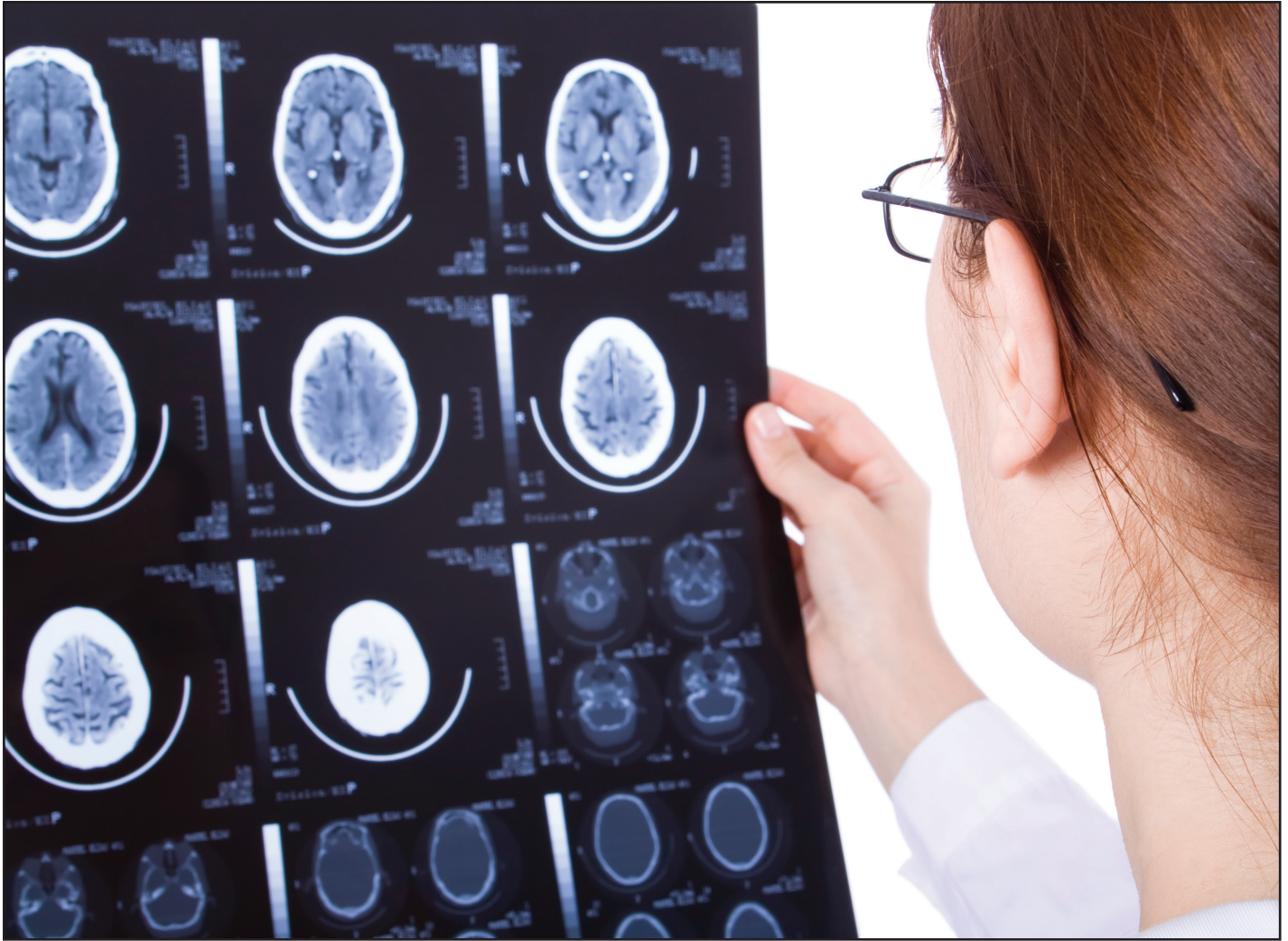
The office may also take the following criteria into consideration during its review of an application:

- a. The capabilities of the proposed PET or PET-CT scanner as compared to existing PET or PET-CT scanners;
- b. The ability of the applicant to serve an underserved population and not jeopardize the financial viability of the project;
- c. The impact on existing services, including avoiding delays in timely diagnosis or treatment;
- d. The use of the PET or PET-CT scanner for clinical research;
- e. The history of the applicant in running accredited, financially successful facilities;
- f. The applicant's ability to make radiation dose exposure decisions; and

For hospital applicants only, unique patient populations or specific clinical needs for specialty scanners or specific clinical applications, including scanners with multiple use applications; complexity of scanning procedures, including the impact on available scanner access due to lengthy procedures; necessity for back-up and redundant equipment to meet the needs of emergency departments.

7. Replacement of PET scanners

- a. A facility or provider may replace a PET scanner with a PET-CT scanner, without obtaining a CON, provided that the CT scanner will not be used independently of the PET component of the PET-CT scanner.
- b. A facility or provider may replace a mobile PET scanner or PET/CT scanner, without obtaining a CON, with a fixed PET or PET/CT scanner.



5.5 NEW TECHNOLOGY

5.5.1 RELATIONSHIP TO CERTIFICATE OF NEED

Connecticut General Statutes Section 19a-638(a)(12) specifies a Certificate of Need is required for the acquisition of equipment utilizing new technology. The acquisition of new technology requires clear public need as well as other criteria set forth in Connecticut General Statutes Section 19a-639 are met.

5.5.2 DETERMINATION OF NEW TECHNOLOGY

Any person, provider or vendor looking to introduce or acquire technology or service in Connecticut should first file a CON Determination Request Form with OHCA for an official determination if the proposed technology is considered to be new technology.

5.5.3 STANDARDS/GUIDELINES

DEFINITIONS

“New Technology” means equipment or services not previously provided in the state of Connecticut for the treatment of patients.⁸⁰

REVIEW CRITERIA

A CON application (application) for new technology shall be consistent with the Plan if the following criteria are met:

1. The applicant shall document that the proposed new technology is efficacious;
2. The applicant shall document that the equipment is certified for its proposed use by the United States Food and Drug Administration (FDA);
3. If applicable, preference shall be given to proposals that involve multi-institutional arrangements by contract, agreement, ownership, or other means between two (2) or more agencies to coordinate services, share support services, or provide services on a geographically integrated basis. A party to a multi-institutional arrangement shall not establish its own service or participate in another arrangement for the service until the original service is operating at sufficient capacity for adequate efficiency and quality of care. If the projected use of the new service includes expected referrals from others, the referring parties should be included in the multi-institutional arrangement, if possible;
4. If applicable, preference shall be given to proposals that place the new technology in a medical school or other teaching or research facility. New technology designed for pediatric use or proposed for use by pediatric patients shall be approved only in pediatric teaching facilities which have the availability of physician specialty support and specialized ancillary support services;
5. Before acquiring new technological equipment, applicants shall have complementary diagnostic and treatment services available to support the new program;
6. In cases where specific professional standards have not yet been formulated, applicants shall demonstrate that personnel who will staff the new technology are qualified and adequately trained. The applicant shall specify how personnel will be trained in the use of the specific equipment and safety procedures to follow in the event of an emergency. The institution providing the new services shall document its plan for providing continuing education for referring physicians and institutions in the use of the new technology; and
7. Applicants acquiring new technological equipment shall report utilization and demographic data necessary to evaluate the technology and to facilitate State planning.

⁸⁰The definition does not specify types of technology, but historically, OHCA reviewed new and developing technologies such as MRI and lithotripsy in the 1980s, extracorporeal shock wave therapy in the 1990s, and Robotic Assisted Surgeries, such as the Da Vinci Robotic Surgery system, in the early 2000s. As these new technologies were introduced in Connecticut, they were first acquired by research and teaching institutions, then by other institutions and private practitioners.

SECTION 2 CHAPTER 6 OTHER HEALTH CARE SERVICES AND FACILITIES

6.0 OTHER HEALTH CARE SERVICES AND FACILITIES

6.1 RELATIONSHIP TO CERTIFICATE OF NEED

Connecticut General Statutes Section 19a-638(a)(1) specifies a Certificate of Need is required for the establishment of a long term acute care facility. Facilities seeking authorization to establish a new long term care facility are required to demonstrate that they meet clear public need as well as other criteria set forth in Connecticut General Statutes Section 19a-639. With respect to nursing homes, a Certificate of Need is required from the Department of Social Services.

6.2 LONG TERM AND REHABILITATIVE CARE SERVICES

Long term and rehabilitative care includes a wide range of services and programs provided to individuals over an extended period of time. These services and programs are designed to meet medical, personal, and social needs in a variety of settings or locations to enable individuals to live as independently as possible. The phrase “long term care” refers to care and services over an extended period of time in settings such as: institutional; managed residential; other sites within the community; or in the home. The need for these services might be due to a terminal condition, disability, chronic illness, injury or infirmity of old age.⁸¹

The need for long term and rehabilitative care services may last for a few weeks or months to years, depending on the underlying reason or reasons for needing care. The need for temporary long term and rehabilitative care for weeks or months may be necessary for: rehabilitation from a hospital stay; recovery from illness; recovery from injury; recovery from surgery; or a terminal medical condition. The need for ongoing long term and rehabilitative care for months or years may be necessary for: chronic medical or psychiatric conditions; chronic severe pain; permanent disabilities; dementia; ongoing need for help with activities of daily living; or need for supervision.⁸²

6.2.1 FUTURE GROWTH OF THE OLDER POPULATION

The American population, age 65 and older, will continue to grow significantly in the future, especially between now and 2030 as the “baby boom” generation reaches age 65. This population has increased from 35 million in 2000 to 40 million in 2010 (a 14.3% increase) and is projected to increase to 55 million in 2020 (a 37.5% increase for that decade). By 2030, there will be about 72.1 million older Americans, almost twice their number in 2008. People 65+ represented 12.9% of the population in 2009, but are expected to account for 19.3% of the population by 2030. The 85+ population has increased from 5.6 million in 2009 to 5.8 million in 2010 and is projected to increase to 6.6 million in 2020 (a 13.8% increase) for that decade.⁸³

6.2.2 SKILLED CARE AND CUSTODIAL CARE

Skilled care and custodial care are terms used by the medical community, health insurance plans, Medicare, Medicaid and the Veterans Administration to differentiate care provided by medical specialists from care provided by aides, volunteers, family or friends. The use of these terms and their application is important in determining whether insurance will pay for services. Generally, skilled services are paid for by a health care plan, whereas custodial services, not in conjunction with skilled care, are not covered. However, custodial services are almost always a part of a skilled service plan of care and as such they are covered.⁸⁴

6.2.3 MEDICAL REHABILITATIVE CARE

The primary aim of medical rehabilitation is to restore an individual’s ability to accomplish activities of daily living and

⁸¹State of Connecticut, Aging and Disability Resource Centers, Long Term Services and Supports (2012). *What are long-term services and supports?* Retrieved from <http://www.ct.gov/longtermcare>.

⁸²Day, T. (2012). Guide to Long Term Care Planning: About Long Term Care. *National Care Planning Council*. Retrieved from http://www.longtermcarelink.net/eldercare/long_term_care.htm.

⁸³United States Department of Health and Human Services, Administration on Aging. *A Profile of Older Americans: 2010*. Retrieved from http://aoa.gov/AoARoot/Aging_Statistics/Profile/2010/4.aspx

⁸⁴Day.

live as independently as possible. Rehabilitation reduces the limitations that an individual may experience with certain activities. Kinds of rehabilitation programs are: acute rehabilitation; subacute rehabilitation; day rehabilitation; home care; outpatient rehabilitation; and nursing home rehabilitation. A patient may need and receive care in more than one rehabilitative setting, depending on medical condition and rehabilitation needs. One program may serve as a “bridge” to another.⁸⁵

Acute rehabilitation programs provide both medical care and a full range of rehabilitation services. These services include physical therapy (PT), occupational therapy (OT), rehabilitation nursing, speech language/pathology services (S/LPS), vocational rehabilitation (VR), therapeutic recreation (TR) and other services. An acute interdisciplinary rehabilitation program is designed to meet each patient’s needs. Doctors are in direct contact with the patient (usually daily, but no less than three times a week) to monitor medical condition and progress. The patient also receives 24-hour nursing care. Acute rehabilitation program is appropriate for individuals with complex medical needs. Such programs can be found in free-standing rehabilitation hospitals and in acute care hospitals with dedicated specialized rehabilitation units.⁸⁶

Subacute rehabilitation programs often provide therapy needed before or after a person completes acute rehabilitation but before they go home. A fairly wide range of rehabilitation services, including PT, OT, S/LPS, and TR, is provided. Subacute rehabilitation is less intensive and generally lasts longer than acute rehabilitation. A subacute rehabilitation program includes 24-hour nursing care, and a treatment plan supervised by a rehabilitation doctor. The rehabilitation doctor also provides additional health care, as needed. A patient will see the rehabilitation doctor less often than would occur in an acute rehabilitation program however. Subacute rehabilitation is best for a patient having a high level of disability, who does not require the amount or intensity of therapy given in an acute rehabilitation program. Subacute rehabilitation also requires that the patient be in stable medical condition but needs continued medical care to avoid possible complications. Subacute rehabilitation is offered in many different settings, including: free-standing, subacute rehabilitation facilities; general, acute care hospitals; skilled nursing units that are a part of general, acute care hospitals; and skilled nursing units located in nursing homes.⁸⁷

Day rehabilitation, or day treatment, programs are similar to subacute rehabilitation programs except that patients do not stay overnight in a hospital. These programs offer many rehabilitation services supervised by rehabilitation doctors. Nursing care and general medical care are also offered as needed. If the patient is medically stable and doesn’t need intensive nursing care or constant monitoring by a doctor, a day rehabilitation program is appropriate care for the patient. Day rehabilitation programs can be independent free-standing programs or part of rehabilitation hospitals.⁸⁸

Outpatient rehabilitation is provided to patients who can travel from home to a treatment facility. It can include a full range of therapy services that make up a coordinated program of care, or only one or two services (such as physical or occupational therapy). Additional nursing care is not provided. Outpatient rehabilitation therapy services are often given to continue treatment after more intensive acute or subacute rehabilitation. Outpatient rehabilitation therapy services are provided in doctors’ offices, hospital-based outpatient units, hospital-owned outpatient centers, and free-standing centers that are not a part of hospitals.⁸⁹

Home health care services allow individuals to receive rehabilitation treatment and nursing care at home. Services and care are provided as often as prescribed and once insurance allows. Typically a home health rehabilitation patient receives 1 to 2 hours of therapy per day, 1 to 3 days per week.⁹⁰

Nursing homes must offer rehabilitation services, either directly or by contract. The kinds of rehabilitation services offered and the intensity of the rehabilitation treatment may vary from one nursing home to another. Treatment ranges from a single rehabilitation therapy service, such as physical therapy, to a coordinated program of care that includes several different services.⁹¹

⁸⁵National Rehabilitation Hospital Research Division and the Health & Disability Research Institute at Boston University, [Guidebook] (n.d.) (n.p.), *Choosing a High Quality Medical Rehabilitation Program: An NRH Field Guide for People with Disabilities*, 17-21.

⁸⁶NRH Field Guide.

⁸⁷NRH Field Guide.

⁸⁸NRH Field Guide.

⁸⁹NRH Field Guide.

⁹⁰NRH Field Guide.

⁹¹NRH Field Guide.

6.2.4 LONG TERM ACUTE CARE

Long term acute care (LTAC) hospitals provide extended medical and rehabilitative care to individuals with clinically complex problems that need hospital-level care for extended periods. In 1983 the United States Congress created LTAC hospitals to facilitate prompt discharge of medically complex patients from acute hospitalizations in an effort to decrease Medicare spending. LTAC hospitals serve in the continuum of care for patients who require longer than usual acute care hospital stays, on average twenty-five (25) days or more.⁹²

LTAC hospitals are generally for patients who can be treated, recover, and when well enough return home or move to the next level of their recovery. Alternatives to these hospitals include acute hospital step-down units for the most severely ill patients and skilled nursing facilities or inpatient rehabilitation facilities for the less severely ill.⁹³

LTAC hospitals are certified by Medicare as “long term care hospitals” and are licensed by the State of Connecticut as chronic disease hospitals. According to the Centers for Medicare and Medicaid Services, as of March 2011, there are 438 LTAC hospitals across the country. Three free-standing facilities in Connecticut provide LTAC hospital services: Gaylord Hospital in Wallingford, the Hospital for Special Care in New Britain and the Connecticut Department of Veterans Affairs’ Sgt. John L. Levitow Veterans Health Center in Rocky Hill. Additionally, the Hospital for Special Care operates a Hartford LTAC satellite on the Saint Francis Hospital and Medical Center North Campus (or Mount Sinai Campus). Three other licensed chronic disease hospitals in Connecticut operate without the Medicare certification. They are: Hebrew Home and Hospital in West Hartford, Masonicare Health Center in Wallingford, and Mount Sinai Rehabilitation Hospital in Hartford.

Public Act 12-118 imposed a moratorium, from June 15, 2012 through June 30, 2017, on adding LTAC hospital beds to certain licensed chronic disease hospitals. The act prohibits the Department of Public Health’s, Office of Health Care Access from accepting or approving any CON requests during the moratorium that would add new LTAC hospital beds to the system.

LTAC hospitals provide intensive, specialized interdisciplinary care to medically complex patients who require more recovery time than is typically provided in a short-term acute care hospital and more services than a skilled nursing facility may be equipped to provide. These patients typically suffer from multiple concurrent illnesses, including pulmonary disease, cardiac disease, respiratory failure, complicated wound care, neuromuscular disease, gastrointestinal diseases, post-operative complications and end stage renal disease.⁹⁴

LTAC hospitals provide a wide variety of interdisciplinary patient care services, including daily physician visits, nursing, respiratory therapy, physical and occupational therapy, speech-language pathology services, nutritional therapy, case management and social services, laboratory, radiology and pharmacy services, telemetry, dialysis, pain management, family interventions and end-of-life care. They may also provide cancer care, care for psychological disorders or care for Alzheimer’s disease. Depending on the individual hospital, many offer a full complement of clinics, laboratory and pharmacy services, scanning and imaging, and other outpatient services.⁹⁵

6.2.5 NURSING HOME CARE

Nursing homes or convalescent facilities are places of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents include the elderly and younger adults with physical or mental disabilities that keep them from living independently. Residents may also receive physical, occupational, or other rehabilitative therapies following an accident or illness.

Nursing homes are certified by Medicare as either skilled nursing facilities (SNFs) or nursing facilities (NFs). The corresponding nursing facility licensure categories utilized by the Connecticut Department of Public Health are chronic and convalescent nursing homes (CCNH) for facilities providing skilled and rehabilitative care and rest homes with

⁹²Acute Long Term Hospital Association. *Why we are unique. What are LTAC Hospitals?*

Retrieved from <http://www.altha.org/why-we-are-unique/what-are-ltac-hospitals.html>

⁹³Fiore, K. (2010, June 9). Long Term Acute Care Facilities Grow in Number. University of Pennsylvania, *Medpage Today*.

⁹⁴Greis, J. (2008, November 16). General Questions and Answers. *GreisGuide to LTACs*. Retrieved from <http://greisguide.com/faq>

⁹⁵Greis.

nursing supervision (RHNS) for facilities providing custodial care. Connecticut nursing homes can elect to be licensed in one or both of these categories. Some facilities provide sub-acute care, which is medically more sophisticated than traditional nursing home care. These facilities can usually provide this care at a lower cost than hospitals.⁹⁶ CMS does not recognize sub-acute care as being different from SNF care.

As of June 2012, there were 234 licensed nursing home facilities in Connecticut with a total of 27,976 licensed beds. Nursing home information by facility type and bed number from the DPH Licensure Database is presented in the Table 6.2.

Table 6.2: Connecticut Nursing Homes by Facility Type and Bed Count

Facility Description:	Facility Number	CCNH Beds	RHNS Beds	Bed Count
Free-standing CCNH	217	26,106	-	26,106
Free-standing RHNS	2	-	163	163
Combined CCNH / RHNS	15	1,446	261	1,707
Total Facility / Bed Count	234	27,552	424	27,976

Source: DPH Licensure Database

Nursing homes act as a cost-effective way to enable patients with injuries, acute illnesses or postoperative care needs to recover in an environment outside a hospital. Nursing homes also serve in caring for residents who have chronic illnesses and long term care needs. Some people never return home and live their final days in the nursing home; federal and State regulations recognize the nursing home as “home” for such residents. The nursing home is equipped to handle medical problems, disability and in some cases behavior problems that cannot be handled safely or effectively in the community. Because there are now so many other options for care prior to a nursing home, the trend is that residents on average are much sicker and older than in the past, at the time of nursing home admission.⁹⁷

Connecticut nursing homes provide a wide variety of patient care services. The following is a program/services listing as contained in the latest version of the Nursing Home Facilities Databook for 2011-2012: adult day care;⁹⁸ respite care; I.V. therapy; outpatient therapy; rehabilitation therapy; hospice services; wound management; respiratory therapy; short-term rehabilitation; Alzheimer care; dementia care; pain management; cardiac, orthopedic and stroke; pulmonary rehabilitation and vascular management; pastoral care; peritoneal dialysis or continuous ambulatory peritoneal dialysis (CAPD); traumatic brain injury (TBI); HIV/AIDS; and recreation.⁹⁹

6.2.5.1 Chronic and Convalescent Nursing Home

The Connecticut Public Health Code defines a chronic and convalescent nursing home as a long term institution having facilities and all necessary personnel to provide skilled nursing care, under medical supervision and direction, to carry out simple, non-surgical treatment and dietary procedures for chronic disease or convalescent stages of acute diseases or injury. CCNHs are designed for individuals who need continuous skilled nursing services and/or 24-hour nursing supervision. These individuals have been diagnosed with uncontrolled, unstable and/or chronic conditions. Individuals may also have chronic conditions that require substantial assistance based on activities of daily living or cognitive status deficits, inadequate informal support, or insufficient financial resources to pay for home and community-based services. Residents typically need ongoing nursing care, but do not require hospitalization.¹⁰⁰

6.2.5.2 Rest Home with Nursing Supervision

The Connecticut Public Health Code defines a rest home with nursing supervision as an institution having facilities and all necessary personnel to provide, in addition to personal care required in a residential care home, nursing supervision

⁹⁶Connecticut Department of Social Services, Aging Services Division. *Housing Options Available in Connecticut for Seniors*.

Retrieved from <http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313066>

⁹⁷Connecticut Care Planning Council. Connecticut Nursing Homes-About Nursing Homes. Retrieved from <http://careconnecticut.org>.

⁹⁸Few Connecticut nursing homes provide this service. If a nursing home provides adult day care it is a separate service regulated by the Department of Social Services and provided via contract.

⁹⁹Nursing Home Facilities Licensed by the State of Connecticut, 2011-2012.

¹⁰⁰Connecticut Department of Social Services, Aging Services Division.

under medical direction twenty-four hours per day. RHNSs are for individuals with chronic conditions who are unable to live independently but do not need constant skilled care. These individuals typically have controlled and/or stable chronic conditions that require minimal skilled-nursing services, nursing supervision or assistance with personal care on a daily basis. Residents are normally not confined to a bed and usually have a greater degree of mobility than those individuals who reside in chronic and convalescent nursing homes. Nursing supervision under medical direction is provided twenty-four hours a day. A full range of medical, social, recreational and support services are provided.¹⁰¹

A Kaiser 2009 nursing home study produced the following comparative results between the Connecticut nursing home experience and that of the rest of the country.¹⁰²

Table 6.3: Excerpts from Kaiser Nursing Home Facts Comparing Connecticut vs. the United States, 2009

Description	Connecticut	U.S.
Number of Nursing Home Facilities	241	15,658
Ownership Composition		
For Profit	78%	67%
Non-Profit	20%	26%
Government	1%	6%
Number of Nursing Home Beds	28,955	1,663,959
Number of Nursing Home Residents	26,139	1,393,127
Overall Occupancy Rate	90.3%	83.7%
Payer Mix		
Medicaid	68%	64%
Medicare	15%	14%
Private/Other	18%	22%

Source: Kaiser Family Foundation, *State Health Facts*

6.2.5.3 Trends in Connecticut's Nursing Home Facility and Bed Supply

In 1991, State government attempted to reduce the number of residents in Connecticut's nursing facilities by placing a moratorium on the establishment of additional nursing home beds. From 1995 to 2012, the total number of licensed beds decreased from 32,054 to 27,976, a 12.7% reduction. The development of alternative programs and services that have enabled older and disabled individuals to either remain in their residences or delayed placement in a nursing home has stabilized the state's nursing home bed supply, especially in the light of the state's aging population. The mix of CCNH and RHNS beds changed substantially. In 1991, RHNS beds accounted for 21% of total licensed beds, compared to 1.5% in 2012.¹⁰³ The State intends to continue efforts to "rebalance" the long term care system so as to provide more home- and community-based services and fewer nursing home beds. Recently enacted legislation, signed by the Governor on June 15, 2012, under Public Act 12-118 extended from June 30, 2012 until June 30, 2016, the Department of Social Services' moratorium on CONs for new nursing home beds. The law exempts certain nursing home beds from the moratorium, including those beds used by AIDS or traumatic brain injury patients, and beds associated with a continuing care facility.

6.2.6 RESIDENTIAL CARE HOME

Residential care homes (homes for the aged, rest homes or personal care homes) in Connecticut are licensed by the Department of Public Health. Residential care home occupants may have some health, social and/or personal care needs, but do not require the extensive medical care. No nursing services are provided by a residential care home. Most residents require some assistance with activities of daily living, supervision of medications and/or protective oversight. Although residents possess some degree of independence, they are not able to live on their own.¹⁰⁴

The Connecticut Public Health Code defines a residential care home as an institution having facilities and all necessary personnel to furnish food, shelter and laundry for persons unrelated to the proprietor and in addition, providing services

¹⁰¹Connecticut Department of Social Services, Aging Services Division.

¹⁰²Kaiser Family Foundation, *State Health Facts*. Connecticut – Certified Nursing Facility Data. (2009).

Retrieved from <http://www.statehealthfacts.org>

¹⁰³Connecticut Department of Public Health. (1999). *Looking Toward 2000: An Assessment of Health Status and Health Services*.

Retrieved from http://www.ct.gov/dph/lib/dph/state_health_planning/dphplans/looking_toward_2000_fullplan.pdf

¹⁰⁴Connecticut Department of Social Services, Aging Services Division.

of a personal nature, which do not require the training or skills of a licensed nurse. Some homes employ a licensed nurse on staff. Staff members can supervise medications that residents self-administer and if trained and certified, may administer oral, topical and inhalant medications to residents. They may also help residents schedule their medical appointments. As of June 2012, there were 100 licensed residential care homes in Connecticut providing a total of 2,735 beds.

6.2.7 HOSPICE INPATIENT CARE

Hospice care focuses on the palliation of terminally ill patients' symptoms. Hospice patients are generally medically certified to have less than 6 months to live. The associated symptoms can be physical, emotional, spiritual or social. More than 90% of the hospice services provided in the U.S. is provided in home. However, when home care is not an option, hospice inpatient care is available at a free-standing inpatient hospice facility, a general hospital or skilled nursing facility.¹⁰⁵

As of July 31, 2012, the Connecticut Public Health Code defines hospice care as being provided by one of three entities: a "short-term hospital"; a "special hospice"; or a "hospice inpatient facility" each having facilities, medical staff and necessary personnel to provide medical, palliative, psychological, spiritual, and supportive care and treatment for the terminally ill and their families including outpatient care and services, home based care and services and bereavement services. Hospice care may also be provided by a licensed home health care agency that complies with additional provisions.

Generally, treatment is not diagnostic or curative, although the patient may choose some treatment options intended to prolong life, such as CPR. Most hospice services are covered by Medicare or other providers, and many hospices can provide access to charitable resources for patients lacking such coverage. Connecticut was one of the last states to include a hospice benefit in its Medicaid State Plan. Hospice care allows for compassion and dignity in the process of dying. The objectives of hospice care are the following: manage the patient's pain and symptoms; assist the patient with the emotional and psychosocial and spiritual aspects of dying; provide needed medications, medical supplies, and equipment; coach the family on how to care for the patient; deliver special services like speech language/pathology services and physical therapy when needed; make short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time; and provide bereavement care and counseling to surviving family and friends.¹⁰⁶

Although most hospice patients are in treatment for less than 30 days, care may extend beyond 6 months. Medical and social services are provided to patients and their families by an interdisciplinary team of professional providers and volunteers; family caregivers; the patient's personal physician; hospice physician (or medical director); nurses; pharmacists, dietitians; social workers; clergy or other counselors; speech language/pathology, physical, and occupational therapists; health aides; complementary therapists; trained volunteers; and consultants.¹⁰⁷

In 2008, hospice treatment was utilized by 10,591 people in the Connecticut. They were treated within the 31 Medicare-certified hospice programs in the state, generating 505,731 hospice days with an average length of stay per patient of 48 days.¹⁰⁸

Currently, there are two inpatient hospice facilities in Connecticut, licensed as "hospital facilities" by the Connecticut Department of Public Health. The Connecticut Hospice, a 52-bed facility in Branford, provides inpatient hospice care for adults and children. VITAS Healthcare Corporation Atlantic Inpatient Unit operates a 12-bed adult hospice unit within Saint Mary's Hospital in Waterbury. As of July 31, 2012, a new category of licensure, "hospice inpatient facility" was enacted by the Connecticut General Assembly. These facilities are planned to be smaller in size (i.e. in the 10 to 16 beds range) and provide for a more home-like environment.

6.2.8 ASSISTED LIVING SERVICE AGENCIES

Assisted living "managed residential communities" is defined by the Connecticut Public Health Code as a combination of housing, supportive services and personalized assistance designed to respond to the individual needs of the resident. Licensed Assisted Living Service Agencies (ALSAs) provide health care management and monitoring, nursing services

¹⁰⁵Hospice Association of America. (2010). *All About Hospice: A Consumer Guide*.

¹⁰⁶Connecticut Care Planning Council. *About Hospice Care*. Retrieved from <http://careconnecticut.org>

¹⁰⁷Connecticut Care Planning Council.

¹⁰⁸Hospice Association of America. (2010, November). *Hospice Facts and Statistics: Number of Medicare-certified Hospices by State, 2008*. Retrieved from <http://www.nahc.org/haa/consumerinfo.html>

and medication supervision to their assisted living residents. They also provide assistance with activities of daily living such as bathing, dressing and eating. Assisted living residences may be part of a retirement community, nursing home, senior housing complex, or may be a stand-alone entity. They serve in the continuum of care for residents who require a level of service that exists between the type of care offered by home care services and nursing home facilities. Nursing and personal care services for residents of assisted living communities are licensed by DPH. There are 82 licensed assisted living service agencies in Connecticut.¹⁰⁹

6.2.9 CONTINUING CARE RETIREMENT COMMUNITY

Continuing-care retirement communities (CCRCs or life-care communities) through contractual agreements, provide senior residents living accommodations and a wide variety of services such as long term health and nursing services. Various levels of care, such as independent living, assistance with daily activities and nursing home care are usually provided. Residents may move from one level of care to another as their needs change. There are 18 continuing care retirement communities in Connecticut. CCRCs are not licensed in Connecticut, but they must adhere to certain statutory requirements (17b-520 through 17b-535, inclusive, of the Connecticut General Statutes, Management of Continuing Care Facilities). Various components of their health care packages such as assisted living services and skilled nursing services are, however, licensed by the State.¹¹⁰

6.2.10 CONGREGATE LIVING

Congregate housing offers semi-independent living in a residential environment with some support services. Connecticut has 24 State-funded elderly congregate housing facilities for low- and moderate-income, frail seniors age 62 and older. Congregate communities are not licensed and do not provide rehabilitation or nursing services, nor do they dispense or monitor the self-administration of medications. Home health care agencies may provide services to these residents as they would in any “home” setting.¹¹¹

6.2.11 ADULT DAY CARE

Connecticut’s adult day centers are community-based, nonresidential facilities for frail seniors and disabled adults who cannot be home alone. These services, which help these individuals remain independent in their own homes as long as possible include supervision, social and recreational activities, therapeutic activities, medical and personal care, nursing services, meals, and respite. The adult day care centers are one way for elderly or disabled people to avoid or delay entering a long term care facility and this provides relief for family caregivers.¹¹²

Adult day centers are not licensed, but they must be certified by the Connecticut Association of Adult Day Centers (CAADC) to receive State funding. Centers can operate without certification, but they do not receive State funding. Currently, 50 centers are operating, 48 of which are certified. One center in Massachusetts and one in Rhode Island serve Connecticut clients; the Connecticut Department of Social Services certifies centers based on their being licensed by their home states.¹¹³

Adult day centers generally operate on either “social” or “medical” models. The social model serves people who need supervision and activities to reduce social isolation, but it does not provide extensive personal care and medical monitoring. The medical model provides nursing, personal care, and other medical services. According to CAADC, 41 of the state’s certified centers are medical models and seven are social models.¹¹⁴

¹⁰⁹Connecticut Assisted Living Association. [Guidebook] *Consumer Guide: Questions and Answers about Assisted Living in Connecticut*.

¹¹⁰Connecticut Department of Social Services, Aging Services Division.

¹¹¹Connecticut Long Term Care. *Persons with Disabilities – Home and Congregate Living*.

¹¹²Dube, N. (2009, January 23). Connecticut Office of Legislative Research, OLR Research Report-2009-R-0035. *Connecticut Adult Day Care Centers*. 2. Retrieved from <http://www.cga.ct.gov/2009/rpt/2009-R-0035.htm>

¹¹³Dube, 1.

¹¹⁴Dube, 1.

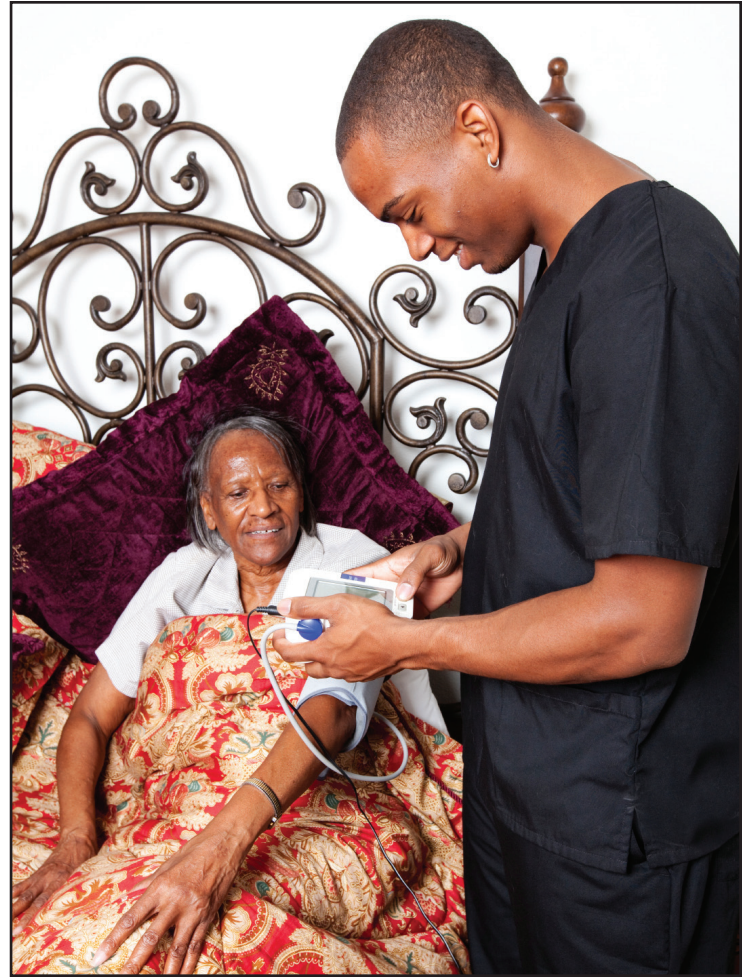
6.2.12 HOME CARE

6.2.12.1 Home Health Care Agency and Hospice Care Agency

Home health care agencies are public or private organizations, or a subdivision thereof, engaged in providing professional nursing services and rehabilitative services (i.e. physical therapy, speech language/pathology therapy, occupational therapy or medical social services) that are available 24 hours per day, in the patient's home or a substantially equivalent environment, pursuant to Section 19a-490 of the Connecticut General Statutes. Home health agencies deliver a variety of skilled services. The plan of care usually includes custodial services to help the care-recipient remain in the home.

Home health care agencies provide medical care to help people rehabilitate in their homes from acute medical conditions such as accidents, illnesses or surgery. Services provided include registered nurses, speech language/pathology and physical therapists, social services and aides to help with bathing, dressing and ambulation. Home health agencies also may provide hospice care. Hospice care agencies offer palliative care for people who are not expected to live longer than 6 months.

As of June 2012, there were 105 home health care agencies, 29 of which provide hospice services as hospice care agencies, licensed in Connecticut.



6.2.12.2 Homemaker-Home Health Aide Agency

Homemaker-home health aide agencies are public or private organizations, except home health care agencies, which provide in the patient's home or a substantially equivalent environment supportive services which may include, but are not limited to, assistance with personal hygiene, dressing, feeding and incidental household tasks essential to achieving adequate household and family management.

As of June 2012, there were seven homemaker-home health aide agencies licensed in Connecticut.

SECTION 3 CHAPTER 7
PERSONS AT RISK AND VULNERABLE POPULATIONS

7.0 PERSONS AT RISK AND VULNERABLE POPULATIONS

The Plan's mandate includes an assessment of the availability of certain health care services and an evaluation of unmet needs of persons at-risk and vulnerable populations.

The DPH has identified 25 health priorities for increasing the life expectancy and quality of life of Connecticut residents. See Appendix R for details.

Since January 2012, DPH has been developing a State Health Assessment that will: evaluate the health care delivery system; identify priority populations and areas; determine the need for services and programs; and inform policymakers and the public about the health of Connecticut residents. Subsequently, DPH will develop a State Health Improvement Plan in response to the findings of the assessment, to guide policy and program changes that will lead to improved access to care, improved outcomes and health equity for the state's residents. The Department will release the health assessment and improvement plan in 2013. DPH is working with representatives of other State agencies, local health departments, community organizations, educational institutions, complementary services providers, business and industry, and health care providers to develop the assessment and improvement plan.

7.1 IDENTIFYING PERSONS AT RISK AND VULNERABLE POPULATIONS

In the last few years, national efforts have been focused on reducing health inequalities or disparities for certain populations.¹¹⁵ Such inequalities gauge the health of the community and guide efforts to identify and implement solutions to improve health status in general. Although racial and ethnic minorities tend to have poorer health outcomes, they are not the only populations that experience inequities. The federal government has provided leadership in identifying health disparities and the priority populations that are at risk or vulnerable.

DPH has developed a working definition of health disparities and priority populations for Connecticut based on federal guidelines and evidence-based research for its monitoring and surveillance activities. *“Health disparities refer to the differences in disease risk, incidence, prevalence, morbidity, mortality and other adverse conditions, such as unequal access to quality care, that exist among specific population groups in Connecticut. Population groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness and geographic area of residence. Specifically, health disparities refer to those avoidable differences in health that result from cumulative social disadvantages.”*¹¹⁶

Priority, at risk or vulnerable populations in Connecticut have at least one of the following characteristics: they are elderly; residents of towns with the lowest income, highest poverty and extremely high population density (or urban core cities) that is, Bridgeport, New Britain, New London, West Haven, Hartford, New Haven and Waterbury¹¹⁷; residents with household income at or below 200% of the federal poverty level; racial/ethnic minorities such as blacks, Hispanics and other non-whites; residents of rural areas with average income, below average poverty and the lowest population density in Connecticut; uninsured population under age 65; people with chronic medical conditions; the disabled; the homeless; non-English speakers; lesbian, gay, bisexual, and transgender population; and immigrants.¹¹⁸

Estimates of Connecticut residents vulnerable or at-risk are shown in Table 7.1.

¹¹⁵Centers for Disease Control and Prevention. (2011, January). CDC Health Disparities and Inequalities Report, United States 2011. U.S. Department of Health and Human Services. *Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. Supplement Vol. 60.*

¹¹⁶Stratton, A., Hynes, M., Nepal, A. (2007). *Defining Health Disparities*. The Connecticut Health Disparities Project. Connecticut Department of Public Health.

¹¹⁷University of Connecticut College of Liberal Arts & Sciences, Connecticut State Data Center. *The Five Connecticut*.

¹¹⁸U.S Department of Health and Human Services, Agency for Healthcare Research and Quality priority populations, specified by Congress in the Healthcare Research and Quality Act of 1999 (Public Law 106-129).

Table 7.1 Connecticut’s At Risk or Vulnerable Populations

Priority Group	Description	Number ^k	% of Population
Seniors ^a	Residents 65 years of age and older	506,559	14%
Low income ^b	Residents with household income at or below 200% of the federal poverty level	752,631	21%
Racial/ethnic	Blacks, Hispanics and other non-whites	1,027,835	29%
Rural areas ^d	Residents of rural areas such as Sterling, with average income, below average poverty and the lowest population density in Connecticut	489,316	14%
Urban towns ^e	Residents of core urban areas such as Hartford, with lowest income, highest poverty and highest population density in Connecticut	665,539	19%
Uninsured ^f	Population under age 65 that is uninsured	377,900	13%
Chronically ill ^g	People with chronic medical conditions. The seven most common conditions are: (1) Cancer (2) Diabetes (3) Heart Disease (4) Hypertension (5) Stroke (6) Mental Disorders (7) Pulmonary Conditions	136,000 147,000 224,000 434,000 30,000 408,000 611,000	4.0% 4.4% 6.6% 12.9% 0.9% 12.1% 18.1%
Homeless ^h	People who used residential programs for the homeless	4,316	0.1%
Non-English speaking ⁱ	People who speak English less than “very well”	293,656	9%
Disabled ^j	People living with a disability	367,557	10%

^aU.S. Census Bureau Census 2010.

^bU.S. Census Bureau, 2008-2010 American Community Surveys.

^cU.S. Census Bureau Census 2010.

^dUniversity of Connecticut, Connecticut State Data Center Five Connecticut town grouping of Census Bureau Census 2010 Estimates. Sixty-three towns fall into this category.

^eUniversity of Connecticut, Connecticut State Data Center Five Connecticut town grouping of Census Bureau Census 2010 Estimates. Seven towns fall into this category.

^fThe Henry J. Kaiser Foundation State Health Facts, Connecticut: Health Insurance Coverage of Nonelderly 0-64, States (2009-2010), U.S. (2010).

^gAs defined by U.S. Centers for Disease Control and Prevention. 2003 estimates from DeVol, Ross and Armen, Bedroussian. October, 2007. An Unhealthy America: The Economic Burden of Chronic Disease. Milken Institute.

^hU.S. Department of Housing and Urban Development, Office of Community Planning and Development. The 2010 Annual Homeless Assessment Report to Congress. Appendix C-2 Changes in Point in Time Estimates of the Homeless Population by State, 2007-2010. Page 131.

ⁱU.S. Census Bureau, 2010 American Community Survey 1-Year Estimates.

^jU.S. Census Bureau, 2010 American Community Survey 1-Year Estimates.

^kNumbers do not add up and represent different years; some residents have been counted in more than one group.

7.2 DEFINITION OF UNMET HEALTH CARE NEED

Unmet health care need can result from a lack of availability of services or lack of affordability of available services. For the purposes of this plan, two definitions of unmet health care need are used. First, unmet need is defined as *inadequate availability of health care services deemed necessary to deal with a particular health problem*.^{119, 120} When this definition is utilized, the barriers to accessing care may be one or more of the following:

- Physical unavailability of service or professional shortage;
- Mismatched services for the needs of the people -- that is, the health care system is unresponsive;
- Inferior available services as compared to the norm;
- Lack of knowledge regarding what services are available locally or how to access them;
- Lack of enabling services such as translation services to non-English speaking immigrants or transportation to facilitate access, especially in rural areas;
- Insufficient coordination between different providers of different levels and types of services;
- Complex health insurance payer rules such as eligibility for Medicare and/or Medicaid and for accessing services; and
- Inadequate collaboration among governmental agencies and/or community providers.

Second, unmet need is defined as *when individuals of a distinct socio-demographic group, such as the uninsured or people with low income, forgo or delay accessing needed available health care services because the associated costs are unaffordable*. The Institute of Medicine's (IOM) has identified lack of insurance as a significant driver of health disparities.¹²¹

Both definitions presume an adverse impact on health status from lack of or delayed care, or disparities in access. Whichever definition is used, unmet need has to be quantified to determine the appropriate intervention(s) or policy change. The expected result is a more integrated healthcare delivery system in which resources are allocated efficiently based on agreed priorities to improve health status and eliminate inequalities.

7.3 METHODS FOR EVALUATING UNMET NEED AND GAPS IN SERVICES

Three methods are used to evaluate unmet need for primary care services in Chapter 9: 1) Federal designation approach; 2) Population-based relative availability approach; and 3) Proxy approach.

7.3.1 FEDERAL DESIGNATION APPROACH

The first approach uses Medically Underserved Areas or Populations (MUA/P) or Health Professional Shortage Areas (HPSA) designations in comparison with uninsured rates to determine potential future demand for primary care-related services. The DPH Primary Care Office works with the Office of Shortage Designation of the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, to identify medically underserved areas in Connecticut that may qualify for these federal designations as underserved areas for primary care, dental or mental health care.

Each of the three HPSA designations - primary care, dental and mental health - is subcategorized to enable demonstration of provider shortage(s) by:

- Geographic area for the area's total population;
- Population group in which over 30% have incomes at or below 200% of federal poverty levels and are migrant/seasonal farmworkers and families, Medicaid eligible, Native Americans/Native Alaskan, homeless, or isolated from access because of language and cultural/physical barriers; or
- Facility such as community health centers, rural health clinics, federal correctional facilities, and state hospitals utilizing factors such as the facility's outpatient population, wait times, patients' residences, and in-house faculty.

¹¹⁹DeCesaro, A., Hemmetter, J. (2009, February). Unmet Health Care Needs and Medical Out-of-Pocket Expenses for SSI Children. *Journal of Vocational Rehabilitation* 30 (2009) 177-199.

¹²⁰Marshall, E.G., Wong, S. T., Haggerty, J.L., & Levesque, J. (2010, February). Perceptions of unmet healthcare needs: what do Punjabi and Chinese-speaking immigrants think? A qualitative study. *BioMed Central BMC Health Services Research* 2010, Vol 10:46. Retrieved from <http://www.biomedcentral.com/1472-6963/10/46>

¹²¹Institute of Medicine. (2002). *Unequal Treatment Confronting Racial and Ethnic Disparities in Health Care*. Edited by B. D. Smedley, A. Y. Stith, and A. Nelson. Board on Health Sciences Policy. Washington, DC: The National Academies Press.

7.3.2 POPULATION-BASED RELATIVE AVAILABILITY APPROACH

The second approach compares the geographic availability and accessibility of inpatient services between regions.¹²² Use rates are also calculated for certain at-risk populations and compared to rates for the general population. Comparisons with availability per 1,000 of general populations for specific subpopulations, are included where relevant and available.

7.3.3 PROXY APPROACH

The third approach utilizes proxies in identifying gaps in outpatient services for at-risk populations. Proxies include mortality rates, ED utilization for non-urgent care as a gauge of wait times for primary care visits (e.g., obstetrics / gynecology, well child, and adult medicine) and preventable hospitalizations derived from acute care discharge data.¹²³

7.4 PROGRAMS/PLANS TO MITIGATE UNMET NEED AND GAPS IN SERVICES

This section identifies any plans or programs in development, already developed and/or being implemented by DPH or other State agencies to mitigate unmet need in at risk-persons and vulnerable populations. (Appendix S includes additional information on DPH programs.)

7.4.1 FEDERAL MEDICALLY UNDERSERVED AREAS AND HEALTH PROFESSIONAL SHORTAGE AREAS¹²⁴

The federal HPSA designations, reviewed periodically, are a first step for the state and local communities to obtaining resources to improve access to health care services to vulnerable or at-risk populations and areas. Since 1982, when the Federal Bureau of Primary Health Care granted the state four MUA designations to cover areas served by Charter Oak Health Center and Community Health Services of Hartford, Cornell Scott-Hill and Fair Haven Community Health Centers of New Haven, to date, 29 more towns have applied for and been designated MUAs. Benefits include National Health Service Corps (NHSC) placements of qualified medical staff, improved facilities and laboratory services, enhanced Medicare reimbursements, Community Health Center Grants and other federal or State programs.

HPSAs are also designated, mostly in poorer communities. Currently, the state has 104 designations covering 94 towns in the eight counties. DPH works with NHSC, which provides employment or financial incentives, to place both U.S. and non-U.S. citizen health professionals in the underserved and professional shortage areas. Non-citizen physicians who meet all the State licensing and U.S. Citizenship and Immigration Services (UCSIS) requirements may apply and be considered to practice in a shortage area through 1) the National Interest Waiver (NIW) program¹²⁵, 2) the Conrad 30 J-1 or 3) HHS J-1 visa programs.

Additional information on how these designations have been utilized to improve access to health care services in the state is provided in Chapter 9.

7.4.2 THE SAFETY NET SYSTEM

“Safety net providers” are those who either by mandate offer health care services regardless of patients’ ability to pay, or by mission have a patient mix that consists mostly of the uninsured, Medicaid beneficiaries, inner city and rural poor and other vulnerable populations.¹²⁶ Public hospitals and clinics are widely accepted as safety net providers, the description

¹²²Mellow, J., Hoge, S.K., Lee, J.D., Natarajan, M., Yu, Sung-suk, V., Greifinger, R.B., Belkin, G. (2008, May). *Mapping the Innovation in Correctional Health Care Service Delivery in New York City*. Robert Wood Johnson Foundation for New York City Department of Correction. Retrieved from <http://www.jjay.cuny.edu/NYCMappingHeathCare.pdf>

¹²³DeCesaro, A., & Hemmetter, J. (2009, February). Unmet Health Care Needs and Medical Out-of-Pocket Expenses for SSI Children. *Journal of Vocational Rehabilitation* 30 (2009), 177-199.

¹²⁴Connecticut Department of Public Health. (2011, October). *Health Care for Connecticut’s Underserved Population, Identifying and Assisting the Medically Underserved in Connecticut*. Retrieved from http://www.ct.gov/dph/lib/dph/hisr/pdf/medically_underserved_issuebrief2011.pdf

¹²⁵Interested physicians and employers may visit www.uscis.gov or federal requirements and contact the DPH Planning Branch at (860) 509-7658 for a form to obtain a letter from DPH attesting to licensure, to shortage practice location, and that granting this visa is “in the public interest.”

¹²⁶Institute of Medicine. (2000). *American’s Health Care Safety Net: Intact but Endangered*. M. E. Lewin, & S. Altman (Eds.). Health Policy Programs and Fellowships. Washington, DC: National Academy Press.

is more inclusive, though many private health care providers opt out of serving Medicaid recipients, disadvantaged or uninsured patients.¹²⁷ Even with the planned coverage expansion in the PPACA, it is expected that some people may remain uninsured and continue to rely on the safety net system for their health care needs. Additionally, the expansion is expected to increase the number of Medicaid beneficiaries, creating additional strain on existing capacity from people seeking care once they have coverage. It is therefore important that the safety net system is effective and remains financially viable.

7.4.2.1 Safety Net Hospitals

By federal law, all emergent, non-elective patients at Connecticut's general hospitals must receive treatment, regardless of ability to pay. Sometimes hospitals are not reimbursed or compensated for the care they provide. This uncompensated care is either charity care, when the hospital knows in advance that the care provided will not be reimbursed, or bad debt incurred after the service has been provided, with no forewarning of non-payment. Bad debt and charity care were two-thirds and one-third, respectively, of \$647.3 million in uncompensated care charges in hospital fiscal year (FY) 2010.¹²⁸ The State and federal government jointly fund the Disproportionate Share Hospital (DSH) programs. These programs are designed to assist hospitals financially with their uncompensated and undercompensated¹²⁹ care costs. The DSH programs provide supplemental reimbursement to offset these shortfalls to help hospitals continue in their role as a safety net to patients with limited access to health care. The Connecticut Department of Social Services (DSS) administers uncompensated care related programs including the Connecticut Medicaid DSH programs, in accordance with an approved State plan.

7.4.2.2 Safety Net Community-Based Providers

7.4.2.2.1 Community Health Centers (CHCs)

Services CHCs provide include general primary medical care, preventive dental care, screenings and behavioral health treatments and counseling. Additional details on community health centers are provided in Chapter 9.

7.4.2.2.2 School-Based Health Centers

School-based health centers (SBHCs) are licensed outpatient facilities that offer comprehensive services to address medical, mental and oral health needs of students in grades pre-K through 12 during the academic year. Additional details on school based health centers are provided in Chapter 9.

7.4.2.2.3 Local Health Departments

Local health departments (LHDs) are State-funded government entities that provide population-based essential public health services in their local areas. These public health activities include disease prevention and control, infectious disease control and environmental health in the community.

There are 50 full-time LHDs in 29 individual towns and 21 districts of two to 18 towns, serving 144 Connecticut towns and 95% of the state's residents; additionally, 25 LHDs are part-time and serve the remaining 25 towns and 5% of the population.

LHDs, other health care providers and refugee settlement agencies, assist DPH in its Refugee and Immigrant Health Program. Upon entry into Connecticut, each refugee¹³⁰ receives an initial health assessment, medical care for conditions that are potentially significant for public health, treatment for chronic conditions, and referrals for other health care services such as mental health and family planning.

¹²⁷Jones, A.S., & Sajid, P.S. (2010, June). A Primer on Health Care Safety Nets. *Robert Wood Johnson Foundation*.

¹²⁸Connecticut Department of Public Health. (2011, September). *Annual Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals for Fiscal Year 2010*. Retrieved from <http://www.ct.gov/dph/lib/dph/ohca/publications/2011/fsreport2010.pdf>

¹²⁹Undercompensated care generally refers to government programs, like Medicaid, which tend to provide lower rates of reimbursement.

¹³⁰U.S. Department of Health and Human Services, Office of Refugee Resettlement (ORR) defines a refugee as "Any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion..."

Twelve LHDs operate licensed outpatient clinics authorized to provide ambulatory medical or dental care for local residents with chronic or acute medical conditions; these outpatient clinics also provide preventive and health maintenance care services. Additional details on LHD or municipality clinics are provided in Chapter 9.

7.4.3 PHYSICIAN NETWORKS AND SPECIAL SERVICE PROVIDERS

Many private health care practitioners opt out of providing care to the uninsured or participating in government funded programs, especially Medicaid. Only a few physicians, nurses and other specialty care providers donate time or discounted services in their own settings or at a free clinic to disadvantaged patients, the underinsured, the uninsured and /or Medicaid beneficiaries who lack access to care.

In 2010, uncompensated or charity care for private office-based physician visits in the U.S. was estimated at \$5.1 billion. The aggregate associated costs, number of health care providers that fall in this category, and state residents that benefit from such services in Connecticut is not known. In 2010, eight free clinics provided approximately \$7.3 million of free medical, behavioral and dental services.¹³¹ These clinics provide at least one basic health care service that may be primary care, reproductive health, pharmaceutical, specific health condition or medication arrangement related. Generally free clinics are funded through private charitable donations from civic groups, churches, foundations and business organizations.¹³² Chapter 9 provides more information on free clinics.

7.4.4 NEWBORN SCREENING PROGRAM¹³³

Newborn screening identifies infants at increased risk for diseases that timely medical treatment can avert complications and prevent irreversible problems and death. Connecticut State law mandates screening newborns within the first 4 days of life for selected genetic and metabolic disorders. Specimens are tested at the DPH State Laboratory; all abnormal results are reported to the DPH Tracking Unit, which reports the results to the primary care providers; and assures referrals are made to the State-funded Regional Treatment Centers for confirmatory testing and treatment.

Regional Treatment Centers provide comprehensive testing, counseling, education, treatment, and follow-up services. The Tracking Unit coordinates and provides educational programs, guidelines, protocols, materials, technical assistance for birthing facilities staff, primary care providers, and health professionals; and provides telephone technical assistance for families and the general public.

7.4.5 CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

The Children and Youth with Special Health Care Needs (CYSHCN) program is for residents under age 22 who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and require health and related services beyond those required for other children.¹³⁴

Approximately 139,453 CYSHCN reside in Connecticut. DPH conducts statewide assessments of the needs of families with such children and providers who serve them, to identify the unmet needs and to assess capacity and performance.

In Connecticut, 16% of children and youth have special needs compared to 13.9% nationally. Four out of five were predominantly racial/ethnic minorities or multi-racial; approximately 6.2% were uninsured sometime in the year, and more than one-third of the insured had inadequate health insurance coverage.¹³⁵ With respect to access to care, about 12% of the children experienced an unmet need for a specific health care service; 25% had difficulty in receiving a needed health service referral; almost 4% did not have a personal doctor or nurse, with 4% relying on the emergency room as a usual source of care. More than one in five CYSHCN families paid over \$1,000 out-of-pocket in medical expenses annually for the child; as a result a family member had to cut back or stop working to care for the child causing financial difficulties.

¹³¹Potteiger, J.L. & Munson, H. (2011, April). CT Free Clinics. *2011 Policymaker Briefing Book*. CT Health Policy Project.

Retrieved from http://www.cthealthpolicy.org/cthealthbook/papers/ct_free_clinics.pdf

¹³²Darnell, J.S., (2010, June). Free Clinics in the United States: A Nationwide Survey. *Archives of Internal Medicine*. Vol. 170 No. 11.

Retrieved from <http://www.wafreeclinics.org/admin/mod-cms/viewattachment.php?id=498>

¹³³Connecticut Department of Public Health Newborn Screen Program.

Retrieved from http://www.ct.gov/dph/cwp/view.asp?a=3122&q=387742&dphNav_GID=1601

¹³⁴Connecticut Department of Public Health. Retrieved from <http://www.ct.gov/dph/cwp/view.asp?a=3138&Q=387702&PM=1>

¹³⁵U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.(2007). *The National Survey of Children with Special Health Care Needs Chartbook 2005–2006*. Rockville, Maryland.

The Connecticut Medical Home Initiative for children and youth with special health care needs builds on policies and programs to provide a system of care that ensures coordinated access to family-centered quality care, adequately trained providers and insurance coverage.¹³⁶ The initiative attempts to improve community-based services for these children and their families by facilitating connections among families, agencies and medical homes that are accessible, compassionate, comprehensive, continuous, coordinated, culturally competent and family-centered; and to promote and sustain the medical home model.

7.4.6 HIV/AIDS SERVICES IN CONNECTICUT

DPH administers a program working with various HIV/AIDS service- and community-based organizations to provide free core medical and supportive services to people living with HIV or AIDS (PLWHA) and their families. Services include: medical case management, primary medical care, oral health, mental health, substance abuse-outpatient, medical nutrition therapy, HIV-related medications sponsored temporarily by the DSS Connecticut AIDS Drug Assistance program, health insurance premium and cost sharing assistance, home health care, home-and-community based services, hospice care, medical transportation, housing-related services, food bank/meals, psychosocial support, linguistic services and related emergency financial assistance.

As of December 2010, more than 10,500 people in Connecticut were living with HIV/AIDS with more than 400 newly diagnosed in the same year. HIV/AIDS occurs disproportionately among racial/ethnic minorities, with non-Hispanic blacks and Hispanics accounting for two-thirds of the cases but only one-quarter of the population. PLWHA are twice as likely to be male as female, and seven in ten are between 40 and 59 years of age. Bridgeport, New Haven and Hartford, which are the state's three largest cities with the most Hispanic and non-Hispanic black residents, account for about one-half of the PLWHAs in Connecticut.¹³⁷

The gaps in core medical services to PLWHA are dental care, continuous health insurance coverage, outpatient substance abuse services, mental health services and financial assistance with purchasing AIDS-related medication. Other needs include assistance with support services such as food, housing and medical transportation. Some of the barriers faced by this subpopulation are the fear of their status being revealed, inability to pay for services, housing, and case management.¹³⁸

7.4.7 CONNECTICUT CHRONIC DISEASE PREVENTION PLAN

DPH and its partners are developing a chronic disease prevention plan for cardiovascular disease, cancer, diabetes and asthma. The Plan is expected to be released in December 2012.

It focuses on four modifiable risk factors-- poor nutrition, inadequate physical activity, tobacco use and excessive alcohol use, that are common to these chronic diseases-- and three intermediate risk factors-- high blood pressure, high blood cholesterol, and obesity.

The goal of the plan is to reduce significantly the social and economic impact of chronic disease by targeting the modifiable risk factors the four diseases share. The plan prioritizes prevention and wellness, promotes cost-effective preventive care practices, advances health equity, and specifies goals, outcomes and measures to enable evaluation.

7.4.8 VULNERABLE POPULATION EMERGENCY RESPONSE PROGRAM

DPH's Vulnerable Population Emergency Response Planning program provides an integrated database of the type and scope of care, monitoring, and human services necessary to enable populations with functional disabilities to remain in their homes and communities.

The program goal is to build community resilience, by creating an accessible inventory of services that support non-institutionalized residents of each community with functional needs. Efforts to minimize adverse outcomes related

¹³⁶Connecticut Department of Public Health. *Connecticut Medical Home Initiative for Children & Youth with Special Health Care Needs*. Retrieved from http://www.ct.gov/dph/lib/dph/family_health/children_and_youth/pdf/cmhi_contractor_contact_sheet_072209.pdf

¹³⁷Connecticut Department of Health HIV Surveillance Program. *HIV Infection Cases Diagnosed in 2010 by Sex, Race, and Age*. Retrieved from http://www.ct.gov/dph/lib/dph/aids_and_chronic/surveillance/statewide/ct_hiv_aids_currentyear_table.pdf

¹³⁸Connecticut HIV Planning Consortium. (2009, October). *Connecticut Comprehensive HIV Care and Prevention Plan: 2009-2012*.

to a disruption of support networks, inaccessible supplies and durable medical equipment, and interruptions of services due to a disaster or public health emergency begin with an assessment of the communities' health and safety needs, and the community-based service providers that provide support and health care.

7.4.9 RURAL COMMUNITY HEALTH PLANNING¹³⁹

Public transportation is one of the top barriers to care in rural areas. Moreover, community health centers and rural hospitals experience difficulty in recruiting and retaining professional staff.¹⁴⁰ The 61 rural communities in Connecticut are well serviced by a network of community based primary care providers, mental health and substance abuse providers, and hospitals. Primary care providers are based closer to hospitals and therefore are not easily accessible to rural residents, most of whom have no private transportation. Residents have to travel out of their local areas to major medical centers to obtain specialty services. Although specialty care providers have opened satellite locations in suburban towns close to some rural towns, most providers are either not accepting new patients or Medicaid patients, making specialty medical care inaccessible to low-income residents of rural towns. Health care providers in rural towns have identified transportation, substance abuse, domestic violence, and translation services as the top five health care related services needed.

As part of rural community health planning activities involving DPH, several towns bordering rural areas have been designated HPSAs to assist with health care professional related capacity issues. The Connecticut State Office of Rural Health (CT-ORH) has recommended interfacing with DPH to ensure that public health planning activities take into account the needs of rural areas. CT-ORH assists rural communities to locate funding sources and partners with philanthropic funders to help develop and implement plans that promote healthy communities. For example in 2011, CT-ORH assisted Northwestern Connecticut Community College in establishing a new associate nursing degree program; through the Community Health Centers Association grant, the office participated in the Student Experiences And Rotations Health (SEARCH) program to offer students clinical experience and placement in the area; and also offered competitive grants for preventive health care, behavioral health and emergency medical services training. To improve transportation-related barriers in rural communities over time, the Connecticut Department of Transportation (DOT) has implemented two initiatives, the Locally-Coordinated Public Transit Human Services Transportation Plan, which identifies transportation types, destinations, funding sources and gaps in services in these communities; and United We Ride, which is a federal initiative to coordinate transportation services in the state.

7.5 DEPARTMENT OF SOCIAL SERVICES PROGRAMS

The Department of Social Services (DSS) provides and administers a broad range of health care-related services to the elderly, persons with disabilities, families, and individuals through programs authorized by State and federal legislation. Some of the programs and the populations they serve are described below.

7.5.1 CONNECTICUT MEDICAID PROGRAM¹⁴¹

DSS funds and provides a free or low-cost health insurance coverage program for low-income elderly, blind, or disabled persons, and families with children. The Medicaid program is administered by DSS in adherence to Title XIX of the Social Security Act, the federal Medicaid law, to qualify for 50% reimbursement from the federal government. The program provides different plans and benefits to low-income subpopulations. Payments for health care services provided under each plan are made directly to providers.

The Healthcare for Uninsured Kids and Youth (HUSKY) plan provides coverage for children and teenagers less than 20 years of age, based on family income, and pays for services such as doctor visits, prescriptions, and vision and dental care. Children under 19, their parents or relative caregivers and pregnant women with family income up to 185% of federal poverty level (FPL) receive coverage under HUSKY A; uninsured children in families with incomes between 185% and 300% and their families may qualify for coverage under HUSKY B on a sliding scale.

The plan for the aged, the blind or disabled individuals between ages 18 and 65, HUSKY C or Title 19, is based on

¹³⁹Connecticut Office of Rural Health. (2011, November). *Annual Report*. Retrieved from http://ruralhealthct.org/assets/Annual_Report_2011.pdf

¹⁴⁰State of Connecticut Office of Rural Planning. (2006, June). *Rural Community Health in Connecticut: Challenges and Opportunities*. Prepared by Holt, Wexler & Farnam, LLP.

¹⁴¹Connecticut Department of Social Services. (2012). *HUSKY and Medicaid*. Retrieved from <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=490478>

income and asset limits.¹⁴² Benefits under the plan include approved medical goods and services; outpatient, hospital and nursing home care; prescriptions; and private health insurance premium assistance, if cost effective.

In 2010, Connecticut was the first state to expand the Medicaid program to cover recipients of State Administered General Assistance (SAGA) under PPACA. This program, HUSKY D or Medicaid for low-income adults, provides health insurance coverage for single adults or married adults between ages 19 and 64, who are not pregnant and do not receive federal Supplemental Security Income or Medicare, with incomes below 56% of federal poverty levels.¹⁴³ Beneficiaries receive full Medicaid benefits, long term care, home health care and non-emergency transportation.

7.5.2 CONNECTICUT PRE-EXISTING CONDITION INSURANCE PLAN¹⁴⁴

DSS contracts with the Health Reinsurance Association to operate Connecticut's Pre-Existing Condition Insurance Plan (CT PCIP). Formerly the temporary high-risk pool program, CT PCIP currently provides federal subsidies available through the PPACA. CT PCIP is open to Connecticut residents who have qualified, diagnosed medical conditions and have been uninsured for 6 months. The plan premium is a flat rate pre-approved by the federal government and provides comprehensive medical benefits coordinated through the UnitedHealthcare provider network.

7.5.3 CHARTER OAK HEALTH PLAN¹⁴⁵

The Charter Oak Health Plan is a State-funded health insurance program administered by DSS since 2008 and offered to uninsured adults of all incomes, from ages 19 through 64 who do not qualify for the pre-existing condition insurance plan or HUSKY Health. Charter Oak offers a full range of coverage, including preventive care, emergency room and hospital visits, primary care and specialist physicians, pharmacy, behavioral health services, prescription medications and a total lifetime benefit of \$1 million. By statute, Charter Oak enrollees cannot have been covered by health insurance during the preceding six months. However, applicants can request an exception to this waiting period for factors such as job loss, financial hardship or loss of HUSKY Plan eligibility due to age or income. Premiums are subsidized based on income levels and family size.

7.6 HEALTH INSURANCE EXCHANGE

The PPACA enabled creation of health insurance exchanges (HIE) by states for individuals and small employers with fewer than 100 employees to purchase health insurance coverage in an organized and competitive market. HIEs will provide consumers a choice of health plans at competitive rates developed with a set of rules for offering and pricing in this market; accessible easy to understand information on and how to enroll in plans; make the plans portable so that an individual will continue to have coverage even when he/she changes jobs; and reform the insurance market with respect to ensuring non-denial of coverage for pre-existing conditions and minimizing arbitrary premium increases.¹⁴⁶

Since September 2010, Connecticut has received nearly \$115 million in federal funding for activities related to establishing a State HIE to increase access to affordable health coverage and reduce Connecticut's almost 378,000 underinsured and uninsured. Funded activities include background research, consulting with stakeholders, making legislative and regulatory changes, establishing the administrative structure, staff and a customer support program for the exchange, and developing an IT system and a system for ensuring program oversight and integrity by December 2014.

Through the Governor's Office of Health Reform and Innovation, as part of PPACA implementation, the State is also receiving technical support from the National Academy of State Health Policy to educate health reform leaders on health equity issues, strategies to address disparities, and to measure effectiveness; to create a system to maximize participation of rural and, low-income and minority populations in Medicaid and HIE; and to improve Medicaid clients' transition to a person-centered system of service delivery.¹⁴⁷

¹⁴²Connecticut Department of Social Services, Adult Services, Bureau of Assistance Programs. (2012, January). *The Medicaid Program in Connecticut; Basic Eligibility for the Elderly, Blind and Disabled*. Retrieved from <http://www.ct.gov/dss/lib/dss/pdfs/basicmaabd.pdf>

¹⁴³Connecticut Department of Social Services. (2010, June). *In Brief: Connecticut's New Medicaid for Low-Income Adults*. Retrieved from http://www.ct.gov/dss/lib/dss/pdfs/brochures/medicaid_lia_in_brief.pdf

¹⁴⁴Connecticut Department of Social Services. *Connecticut Pre-Existing Condition Insurance Plan*. Retrieved from <http://www.ct.gov/dss/cwp/view.asp?a=2345&q=463668>

¹⁴⁵State of Connecticut Charter Oak Health Plan. Retrieved from <http://www.charteroakhealthplan.com/coh/cwp/view.asp?a=3542&q=418264>

¹⁴⁶Henry J. Kaiser Family Foundation. (2009, May). *Explaining Health Care Reform: What Are Health Insurance Exchanges?* Focus on Health Reform. Retrieved from <http://www.kff.org/healthreform/upload/7908.pdf>

¹⁴⁷Office of Health Reform & Innovation. *NASH Project - Health Equity in Health Reform*. Retrieved from <http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2749&q=333704>

SECTION 3 CHAPTER 8
BEHAVIORAL HEALTH CARE

8.0 BEHAVIORAL HEALTH CARE

8.1 RELATIONSHIP TO CERTIFICATE OF NEED

Connecticut General Statutes Sections 19a-638 (a)(1)(2) and (4) specify that the establishment or transfer of ownership of a for-profit behavioral health care facility or the termination of hospital-operated behavioral health services requires a Certificate of Need. The foregoing requires that certain criteria set forth in Connecticut General Statutes Section 19a-639 be met. As provided by subsection (b) of the statute, Certificate of Need approval is not required for non-profit facilities that contract with a State agency or programs licensed or funded by the Department of Children and Families (except psychiatric residential treatment facilities). In addition, behavioral health services provided by a licensed private practitioner do not require Certificate of Need approval.

8.2 SERVICE OVERVIEW

Treatment for mental health and substance use disorders very often overlap and intersect. Adult and child/adolescent services also are interrelated, as services to a teen can transition to adult services as that person “ages out” of the child/adolescent programs. In addition, entire families of various ages can be fundamentally involved in the treatment of an individual with a mental health or substance use disorder. The services of private providers and the services of State-operated entities are related by referrals between private and State programs and by State funding sources.

8.3 POINTS OF ACCESS OR ENTRY INTO THE SYSTEM

Behavioral health care has numerous and varied entry points. The following listing of diverse entry or access points illustrates the complexity of the behavioral health system:

- General or Children’s General Hospital emergency departments;
- Private practitioner’s referrals (physicians, therapists, social workers);
- School systems (e.g., School Based Health Centers);
- Community Health Centers or other primary care clinics;
- The Department of Mental Health and Addiction Services;
- The Department of Children and Families;
- The Department of Correction;
- The Courts and the Judicial Branch’s Court Support Services Division;
- The Department of Developmental Services (for autism co-morbidity);
- Transfers from other entities/facilities in other states;
- Referral by home health providers;
- Nursing homes providers;
- Referral of individuals receiving substance use treatment to mental health providers;
- Referral of individuals receiving mental health treatment to substance use treatment providers;
- Referral of a teen into adult services when aging out of child/adolescent level services;
- Referral from 12-step and other recovery and self-help groups; and
- Self-referral or walk-in.

These access points into the behavioral health system are an asset to someone seeking care, but can also pose challenges. The coordination of points of entry is a key element of an efficient and effective service environment in the state. Communication between the various levels of facilities and providers within the behavioral health industry is vital to the appropriate placement and subsequent treatment of individuals seeking behavioral health services.

8.4 SYSTEMS THAT ENABLE OR ASSIST WITH RECOVERY AND RESILIENCE

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has determined that Recovery-Oriented Systems of Care are a priority. Recovery Support is one of SAMHSA's eight strategic initiatives. Recovery Support involves partnering with people in recovery from mental and substance use disorders to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.¹⁴⁸ This initiative has taken shape in Connecticut in recent years. In 2002, the Connecticut Department of Mental Health and Addiction Services (DMHAS) adopted a policy to formally designate the concept of 'recovery' as the overarching goal of the service system operated and funded by the Department. Recovery is the guiding principle and operational framework for the system of care provided by the partnership of State and private agencies and consumer-run services that form the DMHAS healthcare system. Recovery is defined as a process of restoring or developing a positive and meaningful sense of identity apart from one's condition and then rebuilding one's life despite, or within the limitations imposed by that condition. Recovery is a person-centered approach and thus may vary from person to person and within the mental health and addiction communities.¹⁴⁹

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has determined that Recovery-Oriented Systems of Care are a priority.

DMHAS' Recovery Initiative focuses on helping to build consensus among stakeholders and momentum for change, while focusing efforts on several key ideas:

- Empowering people in recovery;
- Focusing on individualized and person-centered care and support;
- Building on already existing cornerstones of work;
- Using standards, practice guidelines and performance monitoring;
- Emphasizing outcomes; and
- Incorporating the best available practices.

The following could be part of a person's recovery: maximizing the person's opportunities for establishing or reestablishing a safe, dignified, and meaningful life in the community; continuing education in support of career development; managing one's illness such that the person can live independently and have meaningful employment and healthy social relationships; reducing the painful effects of trauma through a process of healing; attaining or restoring a desired state such as achieving sustained sobriety; building on personal strengths to offset the adverse effects of a disability; connecting and re-connecting with family and friends; and pursuit of spiritual activities to the extent of interest.

SAMHSA also supports the Systems of Care for Children's Mental Health Initiative that articulates and supports the features of an effective service system for children and youth. The Comprehensive Community Mental Health Services for Children and Their Families Program, administered through SAMHSA, funds Systems of Care, a community-based service delivery model that promotes positive mental health outcomes for children and youth from birth through 21 years of age and their families. The focus on providing family-driven, culturally and linguistically competent, and evidence-based services and supports in Systems of Care is ideally suited to addressing the mental health needs of young children and their families. Connecticut's Department of Children and Families endorsed the System of Care through its Kidcare Initiative and continues to support the approach through its Strengthening Families Practice Model. These initiatives seek to build or enhance resilience in children and youth with the help of families, providers and the community.

¹⁴⁸U.S. Substance Abuse and Mental Health Services Administration description of Recovery Support. Retrieved from <http://www.samhsa.gov/recovery/>

¹⁴⁹Connecticut Department of Mental Health and Addiction Services. (2002, September). *Recovery Resource Guide*. Retrieved from <http://www.ct.gov/dmhas/lib/dmhas/recovery/resourceguide.pdf>

An individual's recovery plan or care plan depends on needs and circumstances. For adults, a plan might include transportation, vocational services, life skills training, housing, employment, social or recreational opportunities, faith organizations and community support. These are not health care services, but are related and, in many instances, may be necessary for full and lasting recovery within a community. These recovery support systems may be facilitated through or referred by a person's mental health or substance use treatment provider or the mental health or substance use treatment provider may have some recovery supports built directly into their program of care. The efforts of providers to focus on both the direct treatment services and needed support systems to serve the person in recovery is aimed at keeping persons in recovery in the community and creating opportunities for them to participate and thrive as a member of the community. The goal of these initiatives is to create a supportive system where persons don't relapse back into the treatment system or decompensate¹⁵⁰ due to lack of recovery supports.

8.5 DESCRIPTION OF THE BEHAVIORAL HEALTH ENVIRONMENT

8.5.1 ADULT MENTAL HEALTH TREATMENT

8.5.1.1 Hospital-Operated Facilities: Short-Term General Hospitals

Many of Connecticut's short-term private or public general hospitals provide various types and intensity of inpatient services for the treatment of adult mental health conditions. For fiscal year 2011, 24 of the 30 hospitals (29 short-term general hospitals and one children's general hospital) had psychiatric discharges or patient days¹⁵¹ (see Appendix T). Most hospitals thus can provide at least short-term inpatient services for individuals with a mental health diagnoses.

Several of the larger hospitals operate mental health services as a department or division within the hospital but maintain a distinct identity (such as The Institute of Living, a department of Hartford Hospital and Yale-New Haven Psychiatric Hospital, a department of Yale-New Haven Hospital, and the Behavioral Health Services at Saint Francis Hospital and Medical Center). In addition, many hospitals operate dedicated behavioral health units within the emergency department.

There is currently not a single, verifiable source of information on the types or levels of behavioral health outpatient services provided by Connecticut's short-term general hospitals, but information from various sources indicates that the vast majority of the state's short-term general hospitals provide some level of behavioral health outpatient services, either as a hospital service or through an affiliated or contractual arrangement. These other sources include Value Options¹⁵², the Connecticut Clearinghouse¹⁵³ (<https://www.ctclearinghouse.org/Default.asp>), OHCA's service line survey of hospitals (Inventory Table 3), the SAMHSA facility locator (<http://store.samhsa.gov/mhlocator>), the United Way of Connecticut's 2-1-1 search engine (www.211ct.org/referweb/landing.aspx), and Network of Care (<http://connecticut.networkofcare.org/mh/home/index.cfm>).

8.5.1.2 Hospital-Operated Facilities: Hospitals for Mentally Ill Persons

Three Connecticut facilities are licensed as Hospitals for Mentally Ill Persons (HMIP). They are Masonicare Health Center with 30 licensed HMIP beds in Wallingford, Natchaug Hospital, Inc. with 60 licensed HMIP beds in Mansfield Center, and Silver Hill Hospital, Inc. with 129 licensed HMIP beds in New Canaan. All three are private, non-profit entities.

As defined in Connecticut's Public Health Code¹⁵⁴, an HMIP is "a psychiatric facility which primarily offers medically directed inpatient services for the diagnosis, treatment, care, protection and rehabilitation, as indicated, of individuals admitted with psychiatric disorders." The license allows the provider to offer inpatient, residential and outpatient services, mental health and substance abuse services to all ages and provide off campus services as satellite facilities. The Masonicare Health system holds various facility licenses, including Chronic Disease and Chronic and Convalescent Nursing Home, whereas Natchaug and Silver Hill hold only the Hospital for Mentally Ill Persons licenses and focus on

¹⁵⁰Decompensate is a mental illness term meaning the inability to deal with environmental, emotional or psychological stressors.

¹⁵¹DPH Office of Health Care Access Hospital Reporting System for FY 2011. Report 400.

¹⁵²Value Options is the current vendor operating as Administrative Services Organization for the Connecticut Behavioral Health Partnership and is primarily responsible for consumer and provider relations and utilization.

¹⁵³Connecticut Clearinghouse is a program of Wheeler Clinic and is a statewide resource center for information regarding behavioral health services and locations.

¹⁵⁴Connecticut Public Health Code. Section 17-227-14a (G).

the services within this license category. The Masonicare Hospital for Mentally Ill Persons license is for the provision of its Geriatric Psychiatric and Mental Health unit, for persons over the age of fifty-five who are experiencing acute psychiatric and medical problems.¹⁵⁵

8.5.1.3 State-Operated Inpatient Facilities¹⁵⁶ and Local Mental Health Authorities

DMHAS is Connecticut’s State Mental Health Authority for adults 18 years of age and older and has statutory responsibility to promote and administer comprehensive behavioral health preventive and treatment services. DMHAS operates, funds, and coordinates inpatient and community-based services for adults having substance use or psychiatric disorders, or co-occurring psychiatric and substance use disorders who are indigent or medically indigent. It operates four facilities in the state for the provision of inpatient mental health services for adults. Three of the four DMHAS-operated facilities also provide various levels of outpatient mental health services.

Table 8.1: DMHAS-Operated Facilities in Connecticut

Connecticut Valley Hospital	Connecticut Valley Hospital in Middletown is a DMHAS-operated inpatient facility, which includes the Whiting Forensic Division, providing specialized inpatient services in 232 beds to individuals involved with the criminal justice system; the General Psychiatry Division with 220 beds and Addiction Services Division (located in Middletown and at the Blue Hills Hospital in Hartford) with 152 beds.
Connecticut Mental Health Center	Connecticut Mental Health Center (CMHC) in New Haven is a DMHAS-operated inpatient facility which treats individuals suffering from severe and persistent psychosis, depression, anxiety, addictions (including alcoholism, cocaine, and gambling) and those with co-existing mental health and substance use disorders. CMHC is a collaborative endeavor between DMHAS and the Yale University Department of Psychiatry and Yale-New Haven Hospital. CMHC also operates outreach programs for individuals who are homeless, who are at serious risk for mental illness, or involved with the criminal justice system. CMHC also provides specialized culturally responsive, clinical service for people whose primary language is Spanish. CMHC has a 26-bed Acute Inpatient Unit and a 10 bed "step down" unit.
Greater Bridgeport Community Mental Health Center	Greater Bridgeport Community Mental Health Center (GBCMHC) in Bridgeport serves patients with prolonged psychiatric and co-occurring illnesses. GBCMCH has a 42-bed Psychiatric Intensive Care Unit that provides treatment for severely and acutely ill psychiatric patients who require a safe, supportive, highly structured hospital level of care in addition to a 20-bed co-occurring treatment unit.
Capitol Region Mental Health Center	Capitol Region Mental Health Center in Hartford is a 16-bed facility with a focus on persons who are uninsured or who cannot obtain services from other providers. The program provides a broad range of services including medication management, individual and group therapy, occupational therapy, and recreational interventions.

DMHAS’ mental health service system for persons with a serious mental illness is delivered, at the regional and local level, through a network of State-operated and State-funded community services and supports. Included in this network are 13 Local Mental Health Authorities (LMHAs), six are DMHAS-operated and seven are DMHAS-funded (see Appendix U), along with over 90 affiliated private non-profit community-based organizations. A listing of LMHAs, the geographic areas they cover and the community-based providers that receive DMHAS funding is given on the DMHAS web site (www.ct.gov/dmhas).

¹⁵⁵Acute Geriatric Psychiatric Unit description from Masonicare website.

Retrieved from <http://www.masonicare.org/healthcare/on-site-health/hospital/acute-psychiatric-unit>

¹⁵⁶Although John Dempsey Hospital of the University of Connecticut Health Center is a State-operated facility, it is included in all discussion or references in this chapter, as a short term general hospital.

LMHAs are the sub-State administrative and direct care component for the delivery and coordination of mental health services across the state. They are responsible for service coordination, care and case management, linkages with other agencies for service needs such as housing and entitlements, program development and management, utilization review and quality management and community relations. LMHA's develop, maintain and manage a comprehensive system of mental health treatment, support services and rehabilitative services for the 23 DMHAS-designated "Catchment Areas" spread across five geographic "Regions", thus creating local systems of services.

DMHAS has implemented statewide, the evidence-based practice, Integrated Dual Disorder Treatment (IDDT), for people who have co-occurring mental health and substance use disorders in mental health treatment settings. Integrated dual disorders treatment differs from traditional approaches in several ways. The most important is integration of mental health and substance abuse treatments. One practitioner or one team in one agency provides both mental health and substance abuse treatments so that the consumer does not get lost, excluded, or confused going back and forth between two different programs. A number of State-operated and non-profit providers are actively engaged in this initiative.



8.5.1.4 Community-Based Residential Adult Services

DMHAS defines residential services as services that provide engagement interventions, an array of skill building activities, and numerous opportunities to participate in integrated community organizations and activities to facilitate recovery and develop a personal recovery support system. Residential services include group homes and supervised apartments. Group Homes are congregate community residences that are staffed 24 hours a day/7 days a week that provide a set of residential and rehabilitative services. Group Homes are intended primarily as a step-down service from in-patient hospitalization. Supervised Housing provides recovery-oriented services 24 hours a day/7 days a week.

Adult residential mental health services in a private, free-standing setting can be offered under one of the following State licensure categories:

8.5.1.4.1 Mental Health Residential Living Centers

Currently 21 providers hold a Mental Health Residential Living Center license (Inventory Table 15), which pursuant to the Connecticut Public Health Code, is a supervised, structured and supportive group living arrangement that includes psychosocial rehabilitation services and may also include assistance in obtaining necessary community services to persons in need of mental health services. Four of the 21 licensed sites are located in New Haven. The towns of Bridgeport, Middletown, New Britain, Norwalk, and Waterbury are each the location for two licensed facility sites.

8.5.1.4.2 Private Free-standing Community Residences

Currently five providers hold a Private Free-standing Community Residence license (Inventory Table 16), which pursuant to the Connecticut Public Health Code, is a residence for up to eight mentally ill adults as defined in section 19a-507a(3) of the Connecticut General Statutes.

8.5.1.5 Community-Based Outpatient Adult Services

DMHAS defines outpatient services as services which are professionally directed and include evaluations and diagnostic assessments, bio-psycho social histories including identification of strengths and recovery supports, a synthesis of the assessments and history that results in the identification of treatment goals, treatment activities and interventions, and recovery services. Such services include individual, group, and family therapy, and medication management.

Pursuant to State facility licensing laws, adult outpatient mental health services in a private, free-standing setting can be offered under one of two licensure categories, Psychiatric Outpatient Clinic for Adults or Mental Health Day Treatment.

8.5.1.5.1 Psychiatric Outpatient Clinic for Adults

Under this licensure category, a facility may provide evaluation, diagnosis, and ambulatory treatment to individuals who have mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the diagnostic and statistical manual of the American Psychiatric Association. Currently 205 providers hold a Psychiatric Outpatient Clinic for Adults license (see Inventory Table 17 for listing). Almost half of them are located in seven large Connecticut cities (26 service locations in Hartford, 20 in New Haven, 20 in Bridgeport, 11 in Waterbury, 10 in New Britain, 8 in Stamford, and 7 in Norwalk). Within the provision of outpatient treatment is a subcomponent called Intensive Outpatient, which is often a part of a patient's overall continuum of care.

Some of the providers holding a Psychiatric Outpatient Clinic for Adults license are Community Health Centers. Many of Connecticut's Community Health Centers provide primary care, dental care and behavioral health services. Most general hospitals provide some level of outpatient mental health services, but they are not separately licensed as such.

8.5.1.5.2 Mental Health Day Treatment

Under this licensure category, a facility may provide evaluation, diagnosis and ambulatory treatment services for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association and whose unit of service to each client is a minimum of 4 hours and a maximum of 12 hours. Currently twelve providers hold a Mental Health Day Treatment license for 18 Mental Health Day Treatment service locations throughout the state (see Inventory Table 18 for listing). All but one of the providers also hold one or more Psychiatric Outpatient Clinic for Adults licenses.

Most general hospitals may provide some level of outpatient mental health services, including day treatment services, but they are not separately licensed as such.

8.5.1.6 Other Providers of Mental Health Services

8.5.1.6.1 Intermediate Care Facility for Individuals with Mental Retardation (ICF/MRs)¹⁵⁷

An Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR) is a facility that participates in the optional Medicaid program under Section 1905(d) of the Social Security Act. The facilities provide a protected residential setting that includes ongoing evaluation, planning, 24-hour supervision, coordination and integration of health, rehabilitative services and active treatment for individuals with mental retardation or related conditions. The purpose is to enable each individual to function at his/her greatest ability level. A total of 925 certified beds are within the facilities certified for participation in the ICF/MR program (Inventory Table 19).

8.5.2 SUBSTANCE USE OR SUBSTANCE ABUSE TREATMENT

8.5.2.1 Discussion of Substance Use Treatment and Demand

Overall, it is estimated that less than 17% of adults in need of substance use treatment seek such services in Connecticut annually. Table 8.2 below shows an estimation of the statewide and regional population needing treatment and the estimation of the statewide and regional population seeking treatment for alcohol and illicit drug dependence and abuse.¹⁵⁸

¹⁵⁷Other than this discussion on ICF/MRs, this plan does not touch upon the service lines for persons with developmental disabilities.

¹⁵⁸The Connecticut Department of Mental Health and Addiction Services requested and received Connecticut-specific data (rates of alcohol and illicit drug dependence and abuse) from SAMHSA's Center for Behavioral Health Statistics and Quality. From that data, researchers at the University of Connecticut Health Center (UCHC) calculated both state and regional estimates of population needing treatment and population seeking treatment using the 2010 United States Census.

Table 8.2 Substance Abuse Treatment Need and Demand Statewide and by Region^a

Region/State	Adult (18 and older) Population	Estimated Population Needing Treatment	Estimated Population That Seek Treatment
Southwest	511,312	63,914	9,003
South Central	654,624	60,880	10,904
Eastern	341,930	31,458	5,694
North Central	776,214	79,950	13,201
Northwest	473,002	47,773	8,021
State TOTAL^b	2,757,082	281,222	46,741

Source: SAMHSA Center for Behavioral Health Statistics and Quality and the University of Connecticut Health Center

^aAll estimates are based upon rates for Connecticut's 12 and older population from a seven-year average (2002 - 2008) National Survey on Drug Use and Health (NSDUH) treatment need estimates. Adult population figures are from the 2010 U.S. Census.

^bConnecticut totals don't equal the sum of the regions due to variations in regional vs. state estimates based upon the average of the 2002 - 2008 NSDUH estimates.

It is further estimated that about 10,500 adults are injecting drug users (cocaine, heroin), representing 3.7% of Connecticut's total population in need of treatment.¹⁵⁹

According to The National Survey on Drug Use and Health (NSDUH), Connecticut's rate of unmet need for alcohol and/or illicit drug abuse or dependence has remained between 9% and 10% over the last 7 years. This includes persons ages 12 and older (adolescents and adults). Connecticut's 2008-2009 rate of unmet need for alcohol and/or illicit drug abuse or dependence was 9.8%. This represented a slight increase, though not statistically significant, from the 2002/2003 estimate of 8.8%. Unmet treatment need increased slightly for both young adults and those age 26 and older but decreased for the 12-17 year-old population from 8.95% to 7.82%. Connecticut's rate of unmet treatment need for illicit drugs for the 12 and older population was 2.55 and highest for young adults (ages 18 to 25) at 7.86%. The overall 2008-2009 treatment gap was a drop from Connecticut's 2002-2003 estimated rate of 2.81%, which held true in all age groups, but changes were not statistically significant.¹⁶⁰

8.5.2.2 Substance Use Treatment Facilities or Services for Adults, Children and Adolescents

For purposes of this chapter, the familiar term "substance abuse treatment" is not used as the industry itself has started to move away from this terminology. Instead, the words substance use disorder or substance use treatment will generally be used to reflect current industry trends.

Substance use treatment facilities in the state include those for adults, adolescents, and children as the laws and procedures in the state generally combine the adult and child services for licensure purposes. The staffing skills needed for substance use treatment and prevention for children and adolescents, however, are particularly distinct from those of adults. In addition, there are some residential programs, clinics, and in-home programs funded by the Department of Children and Families that primarily serve youth with substance use disorders.

8.5.2.2.1 Hospital-Operated Facilities: Short-Term General Hospitals

Many short-term private or public general hospitals also provide inpatient and outpatient services for the treatment of substance use or substance addiction. All 30 of the short-term general or children's general hospitals had substance use treatment discharges from FY 2008 to FY 2010, according to inpatient discharge data reported to OHCA's inpatient discharge database.

¹⁵⁹University of Connecticut Health Center researchers used a combined methodology that included current heroin and cocaine injecting drug users as reported to DMHAS' client information system and application of a SAMHSA study that provided a national estimate of 0.18% of the general population age 12 and older.

¹⁶⁰The National Survey on Drug Use and Health. *State Estimates of Substance Use and Mental Disorders from 2008-2009 National Surveys on Drug Use and Health*. Retrieved from <http://www.oas.samhsa.gov/2k9/state/Cover.pdf>

8.5.2.2.2 Hospital-Operated Facilities: Hospitals for Mentally Ill Persons

Of the three Hospitals for Mentally Ill Persons mentioned earlier in the Chapter, Natchaug Hospital and Silver Hill Hospital provide various levels of substance use treatment and recovery services on both an inpatient and outpatient basis. Natchaug Hospital provides these services to all ages, and Silver Hill Hospital provides these services to adolescents and to adults.

8.5.2.2.3 State-Operated Inpatient Facilities and Local Mental Health Authorities

DMHAS-operated facilities, including Connecticut Valley Hospital and Connecticut Mental Health Center, provide substance use treatment on an inpatient or outpatient basis. CVH operates programs at its Middletown (Merritt Hall) and Hartford (Blue Hills Hospital) locations for both inpatient detoxification and rehabilitation services, with a total of 152 beds. CMHC, serving the greater New Haven area, provides only outpatient substance use treatment services through its Substance Abuse Treatment Unit.

Greater Bridgeport Mental Health Center has a 20 bed inpatient unit for persons with co-occurring mental health and substance use disorders.

8.5.2.2.4 Community-Based Residential Adult Services and Community-Based Outpatient Services

Residential services, such as residential detoxification programs and residential rehabilitation programs, are available for persons being treated for or recovering from substance use disorders. Residential detoxification is medical management of the withdrawal from alcohol and drugs along with case management linkages to treatment. Residential rehabilitation is treatment services in a structured, therapeutic environment for individuals who need assistance in developing and establishing a drug-free lifestyle in recovery. Such services include various levels of residential care, from intensive to long term.¹⁶¹

Community-based residential adult services and community-based outpatient services are licensed by DPH under the licensure category Facility for the Care or Treatment of Substance Abusive or Dependent Persons (“FCTSADP”). This license is required for outpatient substance use treatment services in a private, free-standing setting, and covers a broad range of services. According to the Connecticut Public Health Code,¹⁶² this type of facility may provide ambulatory chemical detoxification treatment or care and rehabilitation, chemical maintenance treatment, day or evening treatment, intensive treatment, intermediate and long term treatment, medical triage, outpatient treatment or residential detoxification and evaluation to substance abusive or dependent persons.

Currently 199 providers hold an FCTSADP license in Connecticut (see Inventory Table 20 for listing). Over 50% of the licensed FCTSADP locations or service sites are in eight large Connecticut cities (24 service locations in Hartford, 18 in New Haven, 17 in Bridgeport, 14 in Waterbury, 10 in New Britain, 8 in New London and 7 in both Middletown and Stamford). Many of these providers also hold mental health service licenses. Providers holding both licenses can provide services to the patients experiencing co-occurring disorders.

8.5.2.2.5 Other Information Related to Substance Use Treatment Categorization and Criteria

Another method of categorization of inpatient, residential and outpatient services which is more reflective of the service industry is by Type of Care listed in the most recent N-SSATS Profile for Connecticut. N-SSATS is the National Survey of Substance Abuse Treatment Services. For 2010, 195 substance abuse facilities were categorized as shown in Table 8.3.

¹⁶¹Residential detoxification and residential rehabilitation description provided by DMHAS staff.

¹⁶²Connecticut Public Health Code. Section 19-13-D1(b)(3)(L).

Table 8.3: Substance Abuse Levels of Care and Number of Facilities per Level^a

Category	Type of Care within that Category	Number of Facilities that provide this level of care ^b
Outpatient	Regular	120
	Intensive	76
	Day treatment/partial	30
	Detoxification	30
	Methadone/buprenorphine	31
Non-Hospital Residential	Short-Term	17
	Long Term	39
	Detoxification	3
Hospital Inpatient	Treatment	12
	Detoxification	16

Source: N-SSATS 2010 Profile for Connecticut

^aNot all treatment providers are represented as most general hospitals are either not included in the N-SSATS survey or have not responded to the survey.

^bFacilities may provide more than one type of care.

The American Society of Addiction Medicine (ASAM) Patient Placement Criteria is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addictions.¹⁶³ The criteria have become the most widely used and comprehensive set of guidelines for placement, continued stay and discharge of patients with addictive disorders.

8.5.3 MENTAL HEALTH TREATMENT FACILITIES OR SERVICES FOR CHILDREN AND ADOLESCENTS

8.5.3.1 Hospital-Operated Facilities: Short-Term General Hospitals

Many short-term private or public general hospitals provide inpatient mental health services for children and adolescents, under 18 years of age. Some provide these services within dedicated inpatient behavioral health programs.

8.5.3.2 Hospital-Operated Facilities: Hospitals for Mentally Ill Persons

Of the three Hospitals for Mentally Ill Persons, Natchaug Hospital and Silver Hill Hospital provide various levels of mental health treatment services to children and adolescents.

8.5.3.3 The Department of Children and Families

The Connecticut Department of Children and Families (DCF) was established to provide a spectrum of behavioral health services, child protection and family services, juvenile justice services, substance abuse-related services, education services and prevention services. DCF serves approximately 36,000 children and 16,000 families across its programs each year. DCF has five mandated areas: Child Welfare, Children's Behavioral Health, Adolescent Substance Use, Juvenile Services, and Prevention. DCF-operated facilities for children and adolescents are shown in Table 8.4.

¹⁶³American Society of Addiction Medicine. Patient Placement Criteria description. Retrieved from www.asam.org/publications/patient-placement-criteria

Table 8.4: DCF-Operated Facilities in Connecticut

Alfred J. Solnit Psychiatric Center, North Campus - East Windsor	The Alfred J. Solnit Psychiatric Center (formerly Connecticut Children’s Place – East Windsor) is a facility that provides brief treatment, residential care and educational instruction for abused and neglected children between the ages of 10 and 18 from all across the state.
Alfred J. Solnit Psychiatric Center, South Campus - Middletown	The Alfred J. Solnit Psychiatric Center in Middletown (formerly Riverview Hospital) is the only State-administered psychiatric hospital for Connecticut’s children who are under the age of eighteen. The Hospital provides comprehensive care to children and adolescents with severe mental illness and related behavioral and emotional problems who cannot be safely assessed or treated in a less restrictive setting.
Connecticut Juvenile Training School - Middletown	Connecticut Juvenile Training School (“CJTS”) is the state’s only secure treatment facility for boys ages 12-17 who are committed delinquents.
Wilderness School - East Hartland	The Wilderness School is a prevention, intervention, and transition program for adolescents from Connecticut. It offers high impact wilderness programs intended to foster positive youth development.

Through Connecticut Community KidCare, DCF also funds an array of clinical and other services in the community, including outpatient clinics for children, therapeutic group homes, extended day treatment programs, emergency mobile psychiatric services, respite care, family advocacy, and intensive case management.

DCF is mandated to license, monitor and evaluate certain services provided by private and community providers. The following are DCF licensure categories:

8.5.3.3.1 Outpatient Psychiatric Clinics For Children

Sixty-three facilities (Inventory Table 21) hold this license, which is for a community-based facility providing mental health services to children and adolescents under 18 years of age and their families. These services are designed to: (A) promote mental health and improve functioning in children, youth and families; and (B) effectively decrease the prevalence and incidence of mental illness, emotional disturbance and social dysfunction.

8.5.3.3.2 Extended Day Treatment Facilities

Twenty facilities (Inventory Table 21) hold this license, which is for a supplementary care community-based program providing a comprehensive multidisciplinary approach to treatment and rehabilitation of emotionally disturbed, mentally ill, behaviorally disordered or multiply handicapped children and youth during the hours immediately before and after school while they reside with their parents or surrogate family.¹⁶⁴

8.5.3.3.3 Child Caring Facilities

One hundred thirty-two facilities (Inventory Table 21, which was current through October 2011) hold this license, which is for a congregate residential setting for the out-of-home placement of children or youth under 18 years of age. Within the general term, child caring facilities are the following sub-categorizations (Table 8.5).

¹⁶⁴Except any such program provided by a regional educational service center established in accordance with Section 10-66a of the Connecticut General Statutes.

Table 8.5: Categories of Child Caring Facilities

Group Homes	A group home is a facility that meets long term community-based placement needs during which the facility attempts to transition the child toward reunification with family, independent living or long term foster care. Clinical and medical services are generally provided on an outpatient basis and educational services are provided by attendance in public or private school programs arranged by the child's school district.
Therapeutic Group Homes	Therapeutic group homes are designed to serve children with significant behavioral health, or developmental issues. The program design calls for clinical services to be provided in the home by licensed mental health professionals.
PASS Group Homes	Preparing Adolescents for Self Sufficiency (or PASS) group homes are designed to assist youth in the development of independent living skills such as budgeting, employment, transportation, food preparation, and education. All clinical and medical services are provided by community providers.
SWET Group Homes	Supported Work Education and Training (or SWET) group homes allow youth to live in a supervised apartment setting with other youth who are exploring an independent living environment. All clinical and medical services are provided by community providers.
Residential Treatment Centers	A residential treatment center is a facility that meets long term placement needs and provides clinical treatment of psychiatric, behavioral, substance use and emotional disorders. Clinical treatment is provided on site in a therapeutic setting. Limited medical services are provided by the facility by nursing and child care staff. All other medical care is provided by hospitals or community based medical professionals.
Residential Education Facilities	Residential education facility provides for the long term housing needs of students who are participating in a residential special education school. Limited medical services are provided by the facility by nursing and child care staff.
Temporary Shelters	A temporary shelter meets short-term emergency placement needs during which the facility attempts to stabilize, assess and prepare the child for a more permanent placement. Clinical and medical services are provided on an outpatient basis. This includes two Crisis Stabilization Programs licensed in the state. These programs provide intensive, 24-hour short-term placement and intervention for youth ages 11-17 who are at immediate risk due to a deteriorating psychiatric condition or unsafe, volatile family situation.
Safe Homes	Safe Homes provide short-term congregate care for children ages birth to 11 experiencing a first removal from their home due to abuse, neglect or other significant risk factors. Safe Homes provide a range of clinical interventions and case management services necessary to meet the needs of children and youth that require placement and care in a Safe Home setting.

8.5.3.4 Other Child/Adolescent Behavioral Health Service Categories

8.5.3.4.1 Psychiatric Residential Treatment Facilities

The Connecticut Behavioral Health Partnership's Level of Care Guidelines for Child Psychiatric services defines a Psychiatric Residential Treatment Facility (PRTF) as a community-based inpatient facility that provides psychiatric and other therapeutic and clinically informed services to individuals under age 21, whose immediate treatment needs require a structured 24-hour inpatient residential setting that provides all required services (including schooling) on site while simultaneously preparing the child/adolescent and family for ongoing treatment in the community. PRTF is not a DPH or DCF licensure category but a designation for any non-hospital facility with a provider agreement with a State Medicaid Agency (the Connecticut Department of Social Services) to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21.¹⁶⁵

8.5.3.4.2 Intensive In-Home Services

Although not a DCF licensure category, this service type demonstrates a shift in focus from residential and facility-based care toward community-based services. DCF and DSS (Medicaid) fund an array of intensive family-based behavioral health and substance abuse services in the home and community where families are living. This service type in Connecticut includes several evidence-based treatment models (e.g., Multi-Systemic Therapy, Functional Family Therapy, Multi-Dimensional Family Therapy). These models and services require certification from DCF and DSS to qualify for Medicaid reimbursement.



8.6 OTHER INITIATIVES OR INFORMATION SOURCES IN THE BEHAVIORAL HEALTH ENVIRONMENT

Several State, federal and private programs collect information and report on Connecticut's mental health and/or substance use treatment environment. Examples are described in Table 8.6.

¹⁶⁵Centers for Medicare and Medicaid Services. Psychiatric Residential Treatment Facilities (PRTF) definition.

Retrieved from <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/WhatisaPRTF.pdf>

Table 8.6: Other Initiatives or Information Sources in the Mental Health or Substance Use Treatment Environment

Catchment Area Councils and Regional Mental Health Boards	DMHAS defines a Catchment Area as a defined geographic area, based on population that receives mental health services as a unit. Each town in Connecticut is represented by a Catchment Area Council (CAC) which is made up of consumers/individuals in recovery and mental health professionals and is the grassroots level of citizen involvement in planning for needed services. The role of the CAC is to study and evaluate existing mental health services in the catchment area and to make recommendations about the types of services needed to the five Regional Mental Health Boards. These regional councils and boards were established to ensure that Connecticut's citizens will be actively involved in determining and monitoring the kind of mental health services that will be provided to DMHAS.
Children's Mental Health Planning Council	The Children's Behavioral Health Advisory Committee to the State Advisory Council on Children and Families was established to promote and enhance the provision of behavioral health services for all children in Connecticut. The CBHAC serves as the State's Children's Mental Health Planning Council as required by law.
Connecticut Alcohol and Drug Policy Council	The Connecticut Alcohol and Drug Policy Council (ADPC) is a legislatively mandated body. State government representatives (all three branches), consumer and advocacy groups, private service providers, individuals in recovery from addictions, and other stakeholders in a coordinated statewide response to alcohol, tobacco and other drug use and abuse in the state compose this Council. It is chaired by DMHAS and DCF and is charged with developing recommendations to address substance-use related priorities from all State agencies on behalf of Connecticut's citizens. ¹⁶⁶
Connecticut Behavioral Health Partnership	Since January 1, 2006, the Connecticut Behavioral Health Partnership (CT BHP), consisting of the Department of Social Services and the Department of Children and Families, has managed Medicaid mental health and substance abuse services and selected DCF-funded behavioral health services. DMHAS was added in 2011 to form a three-way partnership. The goals of the CT BHP are to provide access to a more complete, coordinated and effective system of community-based behavioral health services and supports; support recovery and access to community services, ensuring the delivery of high quality services to prevent unnecessary care in the most restrictive settings; enhance communication and collaboration within the behavioral health delivery system and with the medical community, thereby improving coordination of care; improve provider network access and quality; and recruit and retain traditional and non-traditional providers. The BHP, including the Administrative Services Organization (ASO), reports directly to the BHP Oversight Council, a legislatively mandated body that includes numerous stakeholders of the public behavioral health system. Value Options, Inc. is the current vendor operating as the BHP's ASO that is primarily responsible for consumer and provider relations and utilization management. Within its utilization management function, the ASO uses the ASAM Patient Placement Criteria (discussed elsewhere in this chapter) for decision-making and approval of specific services for individuals seeking treatment for substance-related disorders. ^{167, 168}

¹⁶⁶Connecticut Department of Mental Health and Addiction Services' description of the Connecticut Alcohol and Drug Policy Council. Retrieved from www.ct.gov/dmhas/cwp/view.asp?a=2908&q=334676

¹⁶⁷State of Connecticut, Community Mental Health Services Block Grant, Federal Fiscal Year 2012-2013. Retrieved from <http://www.ct.gov/dmhas/lib/dmhas/opas/cmhs-bg.pdf>

¹⁶⁸Connecticut Behavioral Health Partnership website. Retrieved from <http://www.ctbhp.com/about.htm>

<p>Connecticut Clearinghouse</p>	<p>The Connecticut Clearinghouse, a program of Wheeler Clinic, is a statewide resource center for information about alcohol, tobacco, other drugs and related issues affecting mental health and wellness. The clearinghouse includes a comprehensive listing of Connecticut-based program offerings, by city/town, agency, age of client, form of payment, services provided or environment (e.g., inpatient hospital, school, shelter). This program is funded by DMHAS.</p>
<p>Connecticut's Suicide Prevention Plan</p>	<p>Connecticut's Suicide Prevention Plan was created in 2005 and is reviewed annually for recommendations. It was created by the Interagency Suicide Prevention Network in partnership with the CT Youth Suicide Advisory Board.</p>
<p>DMHAS' Primary Care and Behavioral Health Integration Initiatives</p>	<p>DMHAS, through its State-operated LMHAs and funded private providers, has several cooperative projects in the works integrating Primary Care and Behavioral Health. Below is a list of such initiatives:</p> <ul style="list-style-type: none"> • Two private non-profit local mental health agencies (<u>BH Care</u> {formerly Birmingham Group and Harbor Health} and <u>Bridges</u>) have been awarded funding by SAMHSA to integrate primary and behavioral health services. This model includes co-location of primary care services within each of the three (3) local mental health agency sites (<u>Ansonia, Branford, and Milford</u>), in partnership with a federally qualified health center, Cornell Scott-Hill Health Center. • One private non-profit local mental health agency (<u>Community Mental Health Affiliates</u>) has been awarded funding by SAMHSA to integrate primary and behavioral health services. • Two State-operated local mental health agencies (<u>Southwestern CT Mental Health System's Dubois Center in Stamford</u> and <u>Western CT Mental Health Network in Waterbury</u>) have Memorandum of Understandings (MOUs) with federally qualified health centers to co-locate primary care services within these local mental health center sites. • A third State-operated local mental health agency (<u>CT Mental Health Center in New Haven</u>) has most recently entered into an MOU with a federally qualified health center, Cornell Scott-Hill Health Center, to co-locate primary care services at the mental health center site. Implementation of on-site services is anticipated shortly. • Other private non-profit and State-operated local mental health agencies are in different stages of discussions with primary health care providers. Several are in the process of responding or have recently responded to the latest round of Primary/Behavioral Healthcare Integration Grants released by the SAMHS. DMHAS anticipates implementation of additional integration projects in the near future.

National Survey On Drug Use and Health (NSDUH)	<p>The National Survey on Drug Use and Health (NSDUH)¹⁶⁹ is sponsored by SAMHSA and provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. See the report on the 2010 National Survey on Drug Use and Health at http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm.</p> <p>The NSDUH has just recently issued its State Estimates of Adult Mental Illness.¹⁷⁰ In it, NSDUH estimates that 4.35% of Connecticut residents aged 18 and older have experienced serious mental illness in the past year and that 19.64% experienced any mental illness in the past year. These estimates are slightly lower than the national estimates of 4.62% for serious mental illness and 19.77% for any mental illness.</p>
National Survey of Substance Abuse Treatment Services (N-SSATS)	<p>N-SSATS is a national annual survey of facilities providing substance abuse treatment conducted by the SAMHSA. N-SSATS is designed to collect data on location, characteristics, services offered and the number of clients in treatment at alcohol and drug abuse treatment facilities (both public and private) in the United States and its territories. The last state profile released for 2010 for Connecticut can be found at http://www.dasis.samhsa.gov/webt/state_data/CT10.pdf.</p>
Network of Care for Behavioral Health	<p>Connecticut's Network of Care for Behavioral Health is a comprehensive, Internet-based community resource for people with mental illness, and their caregivers and service providers. The web link to the search engine is http://connecticut.networkofcare.org/mh/home/index.cfm.</p>
Regional Action Councils	<p>Regional Substance Abuse Action Councils are autonomous public-private partnerships, which include community leaders. The purpose of these councils is to establish and implement an action plan to develop and coordinate needed services in the field of substance abuse. The core functions of these councils include identifying gaps in services along the continuum of care and developing annual action plans to fill gaps (such plan submitted to DMHAS).</p>

¹⁶⁹National Survey on Drug Use and Health description. Retrieved from <https://nsduhweb.rti.org/RespWeb/homepage2.cfm>

¹⁷⁰U.S. Substance Abuse and Mental Health Services Administration. (2012, May 31). National Survey on Drug Use and Health. *The NSDUH Report. State Estimates of Adult Mental Illness*. Retrieved from www.samhsa.gov/data/2k11/WEB_SR_078/SR110StateSMIAMI2012.htm

SAMHSA Facility Locators	SAMHSA maintains on-line search engines for locating both substance abuse and mental health facilities by state. The links were as mentioned in earlier sections of the chapter.
SAMHSA Reports	The Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services occasionally releases state-specific reports from its Office of Applied Studies. Two reports appear on SAMHSA's website currently that are specific to Connecticut's population. They are a report on Prevalence of Illicit Substance and Alcohol Use (see http://www.samhsa.gov/statesinbrief/2009/CONNECTICUT_508.pdf) and a report on Adolescent Behavioral Health In Brief (see http://www.samhsa.gov/statesinbrief/2009/teens/OASTeenReportCT.pdf).
SBIRT	DMHAS has established the Connecticut Screening, Brief Intervention and Referral to Treatment (CT SBIRT) program through a five-year grant from SAMHSA. The purpose of the program is to "dramatically increase identification and treatment of adults, ages 18 and older, who are at-risk for substance misuse or diagnosed with a substance use disorder through the implementation of SBIRT services in partnering federally qualified health center sites in Connecticut.
United Way of Connecticut 2-1-1	United Way 2-1-1 is a one-stop connection to the local services, from utility assistance, food, housing, child care, after school programs, elder care, crisis intervention and much more. ¹⁷¹ 2-1-1 assists individuals in finding information by dialing 2-1-1 or using the search online function. United Way 2-1-1's continually updated, comprehensive database of 4,600 agencies providing over 48,000 programs and services is available to search online . Search by location, service category, service term, or agency to find the resources needed.
Various Behavioral Health Advocacy Groups	In Connecticut, there are a number of advocacy groups supporting the needs and rights of the residents of the state as they relate to mental health and/or substance use treatment or issues. These groups include Connecticut Community for Addiction Recovery (C-CAR) at http://www.ccar.us/default.htm , the National Alliance on Mental Illness - Connecticut chapter (NAMI-CT) at www.namict.org , Advocacy Unlimited, Inc. at http://www.advocacyunlimited.org , and CT Legal Rights Project, Inc. at http://clrp.org . This is not an exhaustive or all inclusive listing of advocacy groups available to persons with behavioral health treatment or recovery needs.

¹⁷¹United Way of Connecticut's website. Retrieved from <http://www.211ct.org/AboutUs/Default.asp>

Many of the primary care providers, including community health centers and school based health centers, provide some level of behavioral health as a service component. Likewise, many behavioral health providers include a primary care component of its service line to address the basic needs of its patients.

8.7 RELATIONSHIP BETWEEN BEHAVIORAL HEALTH AND PRIMARY CARE

In the process of developing this Plan and meeting with Connecticut experts in primary care and behavioral health, the relationship between primary care and behavioral health services and providers has been brought into clearer focus. This relationship is a significant effort and growing trend that has been and will likely continue to be emphasized in the health care industry. This is not just an effort or trend being seen on a state level but is a national emphasis. As can be seen in both the primary care and behavioral health chapters, including the recommendations of the subcommittees, these two areas are in many ways already interrelated. Many of the primary care providers, including community health centers and school based health centers, provide some level of behavioral health as a service component. Likewise, many behavioral health providers include a primary care component of its service line to address the basic needs of its patients. HRSA (the US Health Resources and Services Administration), indicates¹⁷² that “Nearly 70% of HRSA-supported health centers provide mental health counseling and treatment; almost 40% provide substance abuse counseling and treatment and close to 20% offer 24-hour crisis intervention services.”

SAMHSA, the Substance Abuse and Mental Health Services Administration, indicates¹⁷³ that it has “taken a primary role in the promotion and adoption of primary and behavioral health care integration nationwide through a number of different initiatives, including Section 2703 of the Affordable Care Act, which allows states to establish health homes through their Medicaid program, the

establishment and awarding of primary and behavioral health care integration grants nationwide, and the establishment of the SAMHSA - HRSA Center for Integrated Health Solutions”. The Center for Integrated Health Solutions “promotes the development of integrated primary and behavioral health services, whether seen in specialty behavioral health or primary provider settings.” Further, the Agency for Healthcare Quality and Research (AHRQ) has established a National Academy for Integrating Mental Health and Primary Care. In 2008, AHRQ released a report entitled *Integration of Mental Health/Substance Abuse and Primary Care*; in 2009, the National Council for Community Behavioral Health released a report entitled “Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home”; and in 2010, the Millbank Memorial Fund commissioned a report entitled “Evolving Models of Behavioral Health Integration in Primary Care”. These are but a few references demonstrating this growing emphasis on efforts to study or promote integration efforts. This shows that the integration of these areas of health care service provision has been and will likely continue to be studied and emphasized going forward for Connecticut and the nation. Although OHCA established separate subcommittees for these two areas and has prepared separate chapters for this first iteration of the plan, it does try to show that there are current and growing interrelationships between these fields of health care services.

¹⁷²U.S. Department of Health and Human Services. Health Resources and Services Administration website. Retrieved from www.hrsa.gov/publichealth/clinical/BehavioralHealth/index.html

¹⁷³U.S. Substance Abuse and Mental Health Services Administration. *Health Homes and Primary and Behavioral Health Care Integration*. Retrieved from www.samhsa.gov/healthreform/healthhomes/

SECTION 3 CHAPTER 9 PRIMARY CARE

9.0 PRIMARY CARE

9.1 RELATIONSHIP TO CERTIFICATE OF NEED

Most primary care services provided in facility settings are licensed as Outpatient Clinics. Connecticut General Statutes Section 19a-639(10) provides the definition of a health care facility for Certificate of Need purposes. Outpatient Clinics are not contained within that definition. Consequently, Outpatient Clinics do not require Certificate of Need approval. In addition, primary care services provided by a licensed private practitioner do not require Certificate of Need approval. However, as provided by subsection (a) of Section 19a-638, the termination of hospital operated primary care services generally require Certificate of Need authorization.

9.2 SERVICE INTRODUCTION

This section of the plan contains information on what primary care facilities and services, especially safety net services, are readily available and accessible in local communities statewide; identifies gaps in services and unmet need; provides an inventory of on-going public and private initiatives to address gaps in services and unmet need; and recommends areas that may benefit from a policy change or further investigations for future versions of the Plan.

For the purposes of this Plan, *primary care is that care provided by licensed independent practitioners specifically trained for and skilled in comprehensive first contact and continuing to address personal health care needs including but not limited to: prevention, care of chronic illness and routine care and not limited by problem origin (biological, behavioral, or social), organ system or diagnosis.*¹⁷⁴

Identifying primary care providers and describing the nature of their services are integral to defining primary care.¹⁷⁵ Designing a comprehensive system of primary care in which the role of other health care professionals is clearly defined facilitates efficient allocation of resources and increases access to quality and effective care.

Most health care practitioners in any setting provide some primary care related service. But a primary care practitioner is distinctly one with whom a patient makes first contact and serves as a personal clinician who continues to diagnose, treat and educate the patient to meet most of his/her health care needs and maintain wellness in an outpatient setting within the community. The care is not episodic in nature and involves the widest scope of health care. In Connecticut, the legislatively mandated Statewide Primary Care Access Authority (SPCAA), in its 2010 report to the General Assembly, defined primary care practitioners to include physicians with specialties in family practice, internal medicine, pediatrics, obstetrics and gynecology, homeopathic medicine and naturopathy, advance practice registered nurses, licensed nurse midwives, and physician assistants.¹⁷⁶

The range of health care conditions a primary care practitioner may diagnose, treat and educate patients on and the associated services provided to patients includes:

- Comprehensive preventive care such as infant/child, adolescent and adult preventative care, immunization services, screenings for cancers, health promotion counseling including injury prevention, tobacco/drug counseling, heart disease prevention;
- Treatment of common acute illnesses such as those that are urologic or gynecologic in nature or infectious;
- Providing ongoing treatment of common chronic diseases that may be cardiovascular, rheumatoid arthritis, acne, gastrointestinal or genitourinary;
- Providing on-going treatment for common behavioral problems such as depression, anxiety disorder, substance abuse and other problems such as stress and grief reaction; and
- Other services such as community/public health services, consultant care coordination, comprehensive health assessment and patient education.¹⁷⁷

¹⁷⁴Developed by the Statewide Health Care Facilities and Services Plan Advisory Board's Primary Care Subcommittee utilizing American Academy of Family Physicians' guidelines. Retrieved from <http://www.aafp.org/online/en/home/policy/policies/p/primarycare.html>

¹⁷⁵American Academy of Family Physicians. Primary Care. Retrieved from <http://www.aafp.org/online/en/home/policy/policies/p/primarycare.html>

¹⁷⁶Statewide Primary Care Access Authority. (2010, February). *Interim Report to the General Assembly*.

¹⁷⁷Rivo, M.L., Saultz, J.W., Wartman, S.A., & DeWitt, T.G. (1994, May 18). Defining the Generalist Physician Training. *Journal of American Medical Association*, Vol. 271, No 19.

9.3 OVERVIEW OF PRIMARY CARE DELIVERY IN CONNECTICUT

People with health insurance coverage are most likely to access primary care services on a regular basis. For the underinsured and uninsured, with the enactment of the PPACA, it is predicted that with the planned coverage expansion through Medicaid and premium assistance, there will be an increase in primary care services accessed. This, together with an increasingly aging population in poor health, implies rising demand for health care services in Connecticut.¹⁷⁸

At least 89% of Connecticut's 3.5 million residents had health insurance coverage in the last 5 years.¹⁷⁹ Generally, health insurance coverage was either privately funded, i.e., employer-sponsored (67%), or individually or directly purchased (10%), or government-funded, i.e., Medicare, Medicaid or Military (26%).¹⁸⁰ Most health care plans available through these sources require beneficiaries to have a personal primary care practitioner to diagnose, treat, educate and coordinate the services they access under the plans. The majority of the insured, particularly the privately insured and those with Medicare coverage, obtain their care in primary care practitioner offices or practices. In contrast the uninsured and Medicaid beneficiaries generally obtain their primary care services at a safety net provider facility such as a community health center, outpatient clinic or hospital emergency department.¹⁸¹

For purposes of this Plan, a primary care practice is one that employs at least one primary care practitioner who is responsible for all the primary care needs of all the practice's patients. In Connecticut, a primary care practice, office, clinic or group may be operated under a clinician's license, the license of a general or children's general hospital or a broad outpatient clinic license category.¹⁸² DPH is the licensing authority and does not have a separate license category for primary care practices or clinics.

9.4 PRIMARY CARE SERVICES PROVIDED IN FACILITY SETTINGS

Below are descriptions of the primary care practice settings and the populations they serve in Connecticut. Where available, office locations, hours of operation, populations served and services provided are listed for each setting in the companion document, the Inventory of Health Care Facilities, Services and Equipment.

The five main categories of primary care facilities covered in this section based on DPH health care provider license types or patient populations are:

1. Primary care practitioner offices/practices;
2. Primary care providers licensed as outpatient clinics;
3. Hospital operated primary care centers/clinics;
4. Limited primary care services providers; and
5. Federal government primary care clinics.

9.4.1 PRIMARY CARE PRACTITIONER OFFICES/PRACTICES

Over two-thirds of the US population receives their primary care services from a primary care practitioner (PCP) who operates in a solo office/practice, in a single-specialty or multispecialty group practice.¹⁸³ Most of these offices/practices are operated under the individual license of a clinical practitioner as permitted by law. A few practitioners operate urgent care/walk-in, retail or free clinics, each of which is discussed later in this section.

¹⁷⁸According to U.S. Census Bureau's population projections, the number of Connecticut residents 65 and over is expected to grow from 13.8% of the total population in 2000 to 21.5% in 2030. In 2010, residents in the same age group were three times more likely than the general population to be in poor to fair health.

¹⁷⁹U.S. Census Current Population Survey (CPS) estimates.

¹⁸⁰Percentages do not add up to 89% because individuals may have multiple sources of health insurance coverage.

¹⁸¹Kaiser Commission on Medicaid and the Uninsured. (2009, October). *Medicaid Beneficiaries and Access to Care*. The Henry J. Kaiser Family Foundation. Retrieved from <http://www.kff.org/medicaid/upload/8000.pdf>

¹⁸²Connecticut Administrative Regulations and Public Health Code. Sections 19-13-D1 to D45.

¹⁸³Agency for Healthcare Research and Quality. *Table 1: Usual Source of Health Care and Selected Population Characteristics, United States, 2009*. Medical Expenditure Panel Survey Household Component Data. Generated interactively. Retrieved from http://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=1&subcomponent=0&tableSeries=6&year=1&SearchMethod=1&Action=Searchasp?a=2353&q=490478

At the time of publication of this Plan, there was insufficient information on non-hospital related primary care practitioner practices available to DPH. Two potential sources for obtaining the information are through a statewide survey or an all-payer claims database (APCD). The DPH Connecticut Primary Care Office (PCO)¹⁸⁴ is in the process of administering a survey of primary care practitioners. Also, the Governor has created a multi-payer claims data workgroup which is in the process of developing an APCD for Connecticut. The legislature also lent support to this concept recently by passing Public Act 12-166, which requires the Office of Health Reform and Innovation (OHRI) to plan, implement and administer the APCD.

Each of the health insurance plans authorized by the Connecticut Department of Insurance (DOI) to be sold in the state has a dedicated phone line and/or a web-enabled database to assist beneficiaries in locating primary care practitioners and other health care practitioners.

Population served: Mostly people with health insurance coverage or the self-pay. Some practices offer discounted or free services to the underinsured, uninsured and/or Medicaid beneficiaries. Potential patients have to contact individual practices to determine if they are accepting new patients, a particular health insurance plan or payment type.

To access: To purchase a health plan and/or find a primary care practitioner in its network, visit the DOI's webpage <http://www.ct.gov/cid/cwp/view.asp?a=1272&Q=480608> for a current list of health plans and contact information.

9.4.2 PRIMARY CARE PROVIDERS LICENSED AS OUTPATIENT CLINICS

The DPH's license category Outpatient Clinics Operated by Corporations or Municipalities covers a wide range of health care facilities. This license covers outpatient clinics, other than those operated by a hospital, which provide ambulatory medical or dental care for diagnosis, treatment and care of persons with chronic or acute conditions which do not require overnight care, or for preventive and maintenance of health services for well persons.¹⁸⁵ This section identifies the facilities that are primary care providers as defined in this Plan.

9.4.2.1 Community Health Centers/Federally Qualified Health Centers (CHCs/FQHCs)

Community health centers (CHCs) are licensed outpatient clinics. Under the State's administrative regulations and Public Health Code (PHC), federal statutes and regulations, CHCs are defined as public or private non-profit health care facilities located in areas which have demonstrated medical need based on geography, demographics and economic factors. Typically, CHCs are safety net providers and serve as access points especially for the poor, medically underserved populations and areas, and those at risk for poor health status. CHCs provide care to all patients regardless of health insurance status, on a sliding fee schedule based on federal poverty level, family income and size. To ensure that a CHC is responsive to the needs of the community, it is mandated to be governed by a community board of directors, the majority of whom are required to be active registered clients of the center and representative of the race and ethnicity of the population(s) served.

CHCs provide comprehensive, culturally appropriate primary care, behavioral health and/or dental health care services in medically underserved areas, and enabling¹⁸⁶ services in some locations. Core services that CHCs provide directly to patients or through contractual or cooperative agreements include:

- preventive and primary care;
- diagnostic services (lab and x-ray);
- family planning;
- prenatal and perinatal care;
- well child care and immunizations;
- screening for elevated blood levels, communicable diseases, and cholesterol;
- eye, ear and dental screening for children;
- preventive dental services;
- emergency medical and dental services;
- hospitalization; and
- pharmacy services.

¹⁸⁴A description of PCO and its responsibilities are provided in a later section of this chapter.

¹⁸⁵Connecticut Administrative Regulations and Public Health Code Sections 19-13-D45 to D53.

¹⁸⁶For example, translation, transportation, case management, staff training, and education and health promotion services.

A CHC that receives grants under Section 330 of the Federal Public Health Service Act and is certified to receive cost-based reimbursements for treating Medicare and Medicaid patients is referred to as a federally qualified health center (FQHC). A FQHC look-alike meets all the requirements as grant-funded FQHC but does not receive Section 330 federal grant funding.¹⁸⁷

There are 14 FQHC corporations in Connecticut.¹⁸⁸ Except for Community Health Center, Inc., the remaining FQHCs are also members of the state's Primary Care Association (PCA), the Community Health Center Association of Connecticut (CHCACT). In addition to core CHC services the federal government requires FQHCs to offer:

- Behavioral health care;
- Cancer and other disease screening;
- Referrals to specialty care and hospital services;
- Medicaid eligibility services;
- Services that enable patients to access services e.g. transportation, translation, case management, home visitation and health education;
- After hours coverage including early morning, evening and weekend hours;
- Written contractual agreements and referral agreements with providers of required services the center does not provide;
- Physical location near a major road or public transportation for easy access;
- Appropriate mix of services for target population;
- Establishment and regular update of health care goals and objectives to address priority needs of the target population; and
- A medical director and appropriately licensed clinicians.

Population served: CHCs accept all patients, with particular focus on poor, underserved, persons at risk for poor health, Medicaid beneficiaries, migrant farmers, the homeless, or the uninsured. CHCs served as the family doctor and medical home for over 8% of the state's population in 2010.

In 2010, federally supported health center corporations with their 175 delivery sites served almost 300,000 patients. The patients were low-income residents, that is the poor below 100% (67%) and 200% (94%) of federal poverty levels; the uninsured (23%); Medicaid beneficiaries (58%); Hispanic/Latinos (46%); African Americans (26%); rural residents (23%); over 1,300 seasonal farmworkers; and 15,000 homeless patients.¹⁸⁹

To Access: See Inventory Table 22 for the locations of Connecticut's CHC delivery sites.

9.4.2.2 School-Based Health Centers (SBHCs)

School based health centers (SBHCs) are free-standing medical centers, licensed by the Connecticut DPH as outpatient clinics or as hospital satellite clinics, located within or on the grounds of schools. Often, a school may partner with a community health center, hospital or local health department to operate the clinic.¹⁹⁰ SBHCs are safety net providers operated under the guidance of a medical director and staffed by a multidisciplinary team with expertise in caring for children and/or adolescents. The most common disciplines staffing SBHCs include nurse practitioners, physician assistants, physicians, social workers, dentists, dental hygienists, dental assistants, outreach workers, nutritionists and health educators.¹⁹¹

SBHCs offer comprehensive services to address medical, mental and oral health needs of students in grades pre-K through 12. All students are eligible but require written parental permission to access services. Services are available during school hours throughout the academic year, from September through June, excluding weekends, holidays and school vacations. Some sites provide services year-round.

¹⁸⁷Designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) and the Centers for Medicare and Medicaid (CMS).

¹⁸⁸United Community and Family Services in Norwich does not receive Section 330 grant funds.

¹⁸⁹National Association of Community Health Centers. (2010). *Connecticut Health Center Fact Sheet*. Retrieved from <http://www.nachc.com/client/documents/CT10.pdf>

¹⁹⁰U.S. Department of Health and Human Services, Health Resources and Administration Services. (2012). *School Based Health Centers*. Retrieved from <http://www.hrsa.gov/ourstories/schoolhealthcenters/>

¹⁹¹Connecticut School Based Health Centers. 2006-2007 Annual Report. (2009, April). *Healthy Students Make Better Learners*.

All SBHCs provide, at the minimum, primary and preventative care services in accordance with federal and American Academy of Pediatrics standards. They include:

- Physical exams/health assessments/screenings for health problems;
- Diagnosis and treatment of acute illness and injury;
- Diagnosis and management of chronic illness;
- Immunizations;
- Health promotion and risk reduction;
- Nutrition and weight management;
- Reproductive health care;
- Laboratory tests;
- Prescription and/or dispensing of medication for treatment; and
- Referral and follow-up for specialty care that is beyond the scope of services they provide.

SBHCs also provide mental health services, social services, and health education in accordance to the following prescribed standards;

1. Mental Health/Social Services¹⁹²: Services must be provided in accordance with nationally recognized and accepted standards such as the Child Welfare League of America or the National Association of Social Workers, Inc. Other nationally recognized and accepted standards may be utilized as a framework for professional practice with prior DPH approval.

Mental health/social services provided include:

- Assessment, diagnosis and treatment of psychological, social and emotional problems;
 - Crisis intervention;
 - Individual, family and group counseling or referral for same if indicated;
 - Substance abuse and HIV/AIDS prevention;
 - Risk reduction and early intervention services;
 - Outreach to students at risk;
 - Support and/or psycho-educational groups focusing on topics of importance to the target population;
 - Advocacy and referral for such services as day care, housing, employment, job training, etc.;
 - Consultation to school staff and parents regarding issues of child and adolescent growth and development; and
 - Referral and follow-up for care that is beyond the scope of services provided in the SBHC.
2. Health Education Services: Services must be supportive of existing health education activities of state and local education agencies including:
 - Consultation to school staff regarding issues of child and adolescent growth and development;
 - School staff and parent training regarding issues of importance in target population;
 - Individual and group health education; and
 - Classroom presentations.

¹⁹²Mental health treatment services provided in the school based health center setting is licensed by the Department of Children and Families for services to children seventeen years of age and younger and by the Department of Public Health for adults eighteen years of age and older. Substance abuse treatment services provided in the school based health center setting is licensed by the Department of Public Health. Refer to Chapter 8 for a discussion on behavioral health care.

3. Oral Health Services: Some SBHCs provide oral health on-site or in partnership with community dental programs. If provided, services conform with nationally recognized and accepted standards such as those recommended by the American Academy of Pediatric Dentistry.¹⁹³ Other nationally recognized and accepted standards may be utilized as a framework for professional practice, with prior DPH approval. Services may include:

- Screenings;
- Prophylaxis;
- Fissure sealants; behavioral
- Diagnostic X-rays;
- Treatment for carries;
- Simple extractions; and
- Referral and follow-up for care that is beyond the scope of services provided in the SBHC.

There are a total of 121 SBHCs located in 22 towns statewide, serving over 44,000 students annually.^{194, 195} Many of these sites receive programmatic funding from DPH.

Population served: Students in grades pre-K to 12 authorized by a parent or guardian to access services at the SBHC. SBHCs accept all student patients with particular focus on the poor, the underserved, those at-risk for poor health, Medicaid, children of migrant farmers, the homeless and the uninsured.

To Access: See Inventory Table 23 for the location of Connecticut’s SBHCs.

9.4.2.3 Free Clinics

Free or charitable clinics are tax-exempt facilities licensed by DPH as outpatient clinics and are “volunteer-based, safety net health organizations that provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals,”¹⁹⁶ predominantly uninsured. While CHCs/FQHCs and hospitals are well known as safety net providers, the contributions of free clinics tend to be overlooked. Free clinics are expected to respond to unmet need not accommodated by safety net providers, even since passage of the PPACA.

Free clinics are mostly independent entities, operating in owned or leased facilities, mostly funded through private charitable donations from civic groups, churches, foundations and business organizations with some affiliated with hospitals. Clinic staff consists of paid employees and volunteers who tend to be physicians, nurses, nurse practitioners, physician assistants, social workers and psychologists.¹⁹⁷

Free clinics in the state offer scheduled and walk-in appointments to a broad range of quality services that include adult and pediatric medical care, chronic disease management, reproductive health services, screenings and health education, dental care, dispensing medication directly to patients or through local pharmacies, referrals to specialty care, laboratory services and some on/off site testing or procedures.¹⁹⁸

Connecticut has eight free clinics with 12 provision sites. In 2010, the clinics treated nearly 6,000 patients in over 15,000 visits while operating between 12 and 38 hours per week. Over 600 volunteers, including over 130 primary care providers, staffed the clinics.

Population served: The uninsured or underinsured, people with low-income, racial/ethnic minorities, non-citizens, people with low English proficiency and the homeless.

To Access: New patients are screened based on insurance status, income, and residency before qualifying to receive care. The locations are shown in Inventory Table 24.

¹⁹³Retrieved from <http://www.aapd.org/>

¹⁹⁴CT Department of Public Health Office of Health Care Access Health Care. *Facilities, Equipment and Services Plan Inventory*.

¹⁹⁵Connecticut Association of School Based Health Centers. Retrieved from <http://www.ctschoolhealth.org/>

¹⁹⁶The National Association of Free and Charitable Clinics. (2012). *What is a Free or Charitable Clinic?*

Retrieved from <http://www.nafcclinics.org/about-us/what-is-free-charitable-clinic>

¹⁹⁷The National Association of Free and Charitable Clinics.

¹⁹⁸Potteiger, Jaymie L. and Munson, Hannah (interns). (2011, April). *CT Free Clinics*. 2011 Policymaker Briefing Book. CT Health Policy Project. Retrieved from http://www.cthealthpolicy.org/cthealthbook/papers/ct_free_clinics.pdf

9.4.2.4 Limited or Special Populations Clinics

Also under the DPH outpatient clinic license are 16 health care practices or facilities operated by corporations or municipalities for a limited or special population. The facilities manage a specific condition or set of conditions, including, chronic diseases such as asthma, diabetes or human immunodeficiency virus (HIV). These facilities provide primary care services to specialized populations such as the chronically ill, pregnant women, lesbian, gay, bi-sexual and transgender residents and HIV/AIDS patients. Members of these populations have such special needs or cannot easily access primary care services in other settings either because of their condition or the unavailability/inaccessibility of alternatives. The limited or special populations clinics are included in the Plan to ensure available primary care services are not underrepresented.

Population served: An insured or uninsured special or limited population. Potential patients have to contact the facilities directly to determine if the facility is accepting new patients and the accepted sources of payment.

To Access: See Inventory Table 24 for the location of limited or special populations' clinics.

9.4.3 HOSPITAL-OPERATED PRIMARY CARE CENTERS/CLINICS

Hospitals across the state provide a significant amount of primary care services through outpatient clinics, physician-based practices and foundations and rapid or urgent care services (a level below emergency care). Their medical staffs are organized into areas of care, including various primary care disciplines. Some hospitals have specialty services and clinics to address specific primary care needs based on condition or disease processes.

Additionally, hospitals play a vital role in ensuring that all patients have access and education about primary (and, where appropriate, specialty) care services. Hospitals provide all patients who come to the emergency department with assessment and appropriate treatment and needed follow-up care or referral for services. Hospitals are a vital resource for information and assistance in locating ongoing services, including primary care services.

Some primary care practices are hospital owned and operated or are affiliated and may be located on or off hospital campuses. Hospital-affiliated practices have complex relationships with the host hospitals, such as “aligned” but operated under a separate federal tax identification number.¹⁹⁹ Some groups, which have admitting privileges to the hospital but no other direct affiliation, are not covered in this plan.

Services provided at hospital operated primary care clinics may include:

- Comprehensive preventive care (prenatal care, immunizations, cancer screening, infant/child/adolescent/adult/elderly preventive care, physical exams and health assessments);
- Diagnosis and treatment of common acute illnesses;
- Diagnosis and ongoing treatment of chronic illnesses;
- Diagnosis and ongoing treatment of common behavioral health problems;
- Counseling;
- Health promotion;
- Patient education;
- Care coordination; and
- Referrals to other health care professionals.

Of the 22 hospitals that responded to the survey,²⁰⁰ 12 hospitals provide these primary care services under their hospital license and tax identification number, at 26 on- or off-campus locations. Ten hospitals provide primary care services through an affiliate, such as an aligned physician practice group rather than as departments within the hospital, or do not provide any primary care services.

Populations served: Vary from location to location, including all ages, newborns, infants, children, adolescents, adults, elderly, pregnant women, uninsured.

To Access: Location and hours of operations for hospital-based primary care offices are provided in Inventory Table 25.

¹⁹⁹Includes practices such as Western CT Medical Group, Bristol Hospital Multispecialty Group, UConn Medical Group, L&M Physician Association, MidState Medical Group, Norwalk Hospital Physicians and Surgeons and Franklin Medical Group.

²⁰⁰With the assistance of the Advisory Body's Primary Care Subcommittee, OHCA administered a survey to all 30 hospitals to identify those that provide primary care services under their hospital licenses and tax identification number.

9.4.4 LIMITED PRIMARY CARE SERVICES PROVIDERS

Health care facilities that provide episodic care and a limited range of primary care services to patients are also under the DPH outpatient clinic license. This category consists of urgent care centers, school infirmaries, clinics operated by municipalities, dental, well-child and family planning clinics. Retail or store-based clinics are limited primary care services providers, but they are not licensed facilities.

9.4.4.1 Urgent Care/Walk-in Clinics²⁰¹

Urgent care/walk-in clinics provide medical diagnosis and treatment for minor illnesses and conditions that do not require immediate attention such as injuries. They may provide vaccinations, physical examinations and ancillary services which may include x-ray and laboratory services. Usually, such clinics offer extended hours beyond the core working hours of 9 a.m. to 5 p.m., unlike primary practitioner offices or practices; do not require an appointment as needed to see a PCP; and provide services with shorter wait periods than usually experienced in a hospital emergency department (ED) for similar conditions. However, urgent care/walk-in clinics are not accessible 24 hours a day and seven (7) days a week and not subject to the Federal Emergency Medical Treatment and Active Labor Act (EMTALA). Urgent care or walk-in clinics provide a limited scope of services, which are episodic in nature compared to full service primary care providers such as PCPs and CHCs. They may be operated under the license of a primary care practitioner, an outpatient clinic, a hospital, or as a hospital satellite. Under State regulations and the Public Health Code, urgent care centers licensed as outpatient clinics must be operated by a medical director and a staff of qualified health care professionals.

Population served: Insured and self-pay patients of all ages with minor illnesses or conditions that do not require immediate attention.

To Access: See Inventory Table 26 for the location of Connecticut licensed urgent care/walk-in clinics. The web link <http://www.healthcare311.com/> also provides contact information for a list of urgent care, walk-in clinics and retail clinics in various Connecticut communities.

9.4.4.2 Retail or Store-Based Health Clinics

No retail, store-based, minute or convenience care clinics are licensed as outpatient clinics in Connecticut. They are operated under the individual licenses of clinical practitioners, usually a nurse practitioner or physician assistant, who may or may not have an established relationship with a physician in the community. Retail clinics are usually based in a pharmacy or a supermarket and provide episodic care for the most common diagnoses that do not require immediate treatment (headaches, coughs, fever, nasal congestion and fever) and preventive care such as health screening, vaccinations and physical examinations.

Population served: Insured and self-pay patients of all ages, with minor illnesses or conditions that do not require immediate attention.

To Access: The web link <http://www.healthcare311.com/> provides contact information for a list of retail or store based health clinics in Connecticut communities.

9.4.4.3 Licensed Outpatient Clinics Operated by Municipalities

Outpatient clinics operated by municipalities are authorized to provide ambulatory medical or dental care for diagnosis, treatment and care of persons with chronic or acute conditions which do not require overnight care, or medical or dental care to well persons including preventive services and maintenance of health. Currently, the 14 licensed facilities provide limited primary care services to residents of their communities. A list of clinics operated by municipalities and locations are provided in Inventory Table 26.

9.4.4.4 Infirmery Operated by an Educational Institution

Outpatient facilities licensed by DPH as school infirmaries and operated by educational institutions are not the same as school based health centers. Though their scope of services may lend itself to primary care, e.g. asthma, diabetes care

²⁰¹Urgent Care Association of America. (2012). *About Urgent Care*. Retrieved from <http://www.ucaoa.org/index.php>

and observation stays on college campuses and private schools, the care is not comprehensive or continuous and is provided to a limited population. The infirmity license allows a practitioner of the healing arts to provide care, treatment and overnight accommodation to students, faculty and employees for medical conditions that do not require the staff skill level and equipment of a hospital. A list of 19 licensed school infirmaries and their locations is provided in Inventory Table 26.

9.4.4.5 Well Child Clinics

Currently, 15 well child clinics are operated in Connecticut primarily by visiting nurse associations and municipalities. These facilities are licensed by DPH as outpatient clinics. A list of the clinics is provided in Inventory Table 26.

9.4.4.6 Family Planning Clinics

There are 21 family planning clinics licensed by DPH as outpatient clinics. Family planning clinics provide reproductive health care services for males and females, including clinical exams, contraception information and prescriptions, emergency contraception, pregnancy testing and counseling, STD and HIV testing and counseling, and other reproductive health services. Some sites provide pregnancy termination services. A list of the clinics is provided in Inventory Table 26.



9.4.5 FEDERAL GOVERNMENT PRIMARY CARE CLINICS

The federal government operates a small number of facilities that provide health care service to a limited and specific population. Patients include veterans of the United States armed forces, their dependents and survivors, active service men and their dependents residing on military bases; and the federal prison population. The U.S. Veteran Affairs Veterans Health Administration (USVHA) runs the VA Connecticut Healthcare System which has a hospital campus and six community based outpatient clinics that provide a variety of services. The federal government also operates a Naval Branch Health Clinic in Groton and a medical clinic at the Coast Guard Academy in New London. Federally operated facilities are noted here to indicate they are part of the overall health care environment serving residents of the state; however, no additional information is provided on them in this plan.

9.5 EVALUATION OF UNMET NEED AND GAPS IN SERVICES

Identifying the settings or access points for primary care services is important for policymaking on health status assessments and improvements. To evaluate unmet need and identify gaps in services, it is equally important to know the capacity available relative to the population, how appropriate, timely and accessible the services are, and the outcome of care.

In 2010, Connecticut ranked 12th in the nation with 89.9 primary care physicians active in patient care per 100,000 of the state's population, compared to 79.4 for the nation.²⁰² In 2012, the number of primary care practitioners with an unexpired Connecticut license was 13,050 or 364.4 per 100,000 of the population (Table 9.1).

²⁰²Center for Workforce Studies. (2011, November). *2011 State Physician Workforce Data Book*. Association of American Medical Colleges.

Table 9.1: Number of Primary Care Practitioners with an Unexpired Connecticut License, August 2012

Primary Care Practitioner	Number
Physicians (M.D. and D.O.) ^a	7,302
1. Internal Medicine	4,310
2. Family Practice	696
3. Pediatrics	1,260
4. Obstetrics and Gynecology	748
5. Homeopathic Medicine	9
6. Naturopathic Physicians	279
Licensed Nurse Midwives (LNM)	217
Advanced Practice Registered Nurse (APRN)	3,664
Physician Assistants (PA)	1,867
Total	13,050

Source: DPH online practitioner license database at <https://www.elicense.ct.gov/>

^aAbout 1% (or 76) physicians are licensed in more than one primary care specialty

The SPCAA also noted in its report that the problem is not how many primary care practitioners there are but how they are distributed throughout the state relative to the population and its health care needs.

Together, these data support the SPCAA 2010 observation that the overall supply of primary care practitioners in Connecticut is adequate. However, most of the uninsured and under-insured underutilize health care services, because they delay accessing unaffordable but needed services. It is generally accepted that the PPACA health insurance coverage expansion will likely lead to new and increased demand for primary care services as discussed earlier.

The SPCAA also noted in its report that the problem is not how many primary care practitioners there are but how they are distributed throughout the state relative to the population and its health care needs. Other considerations are how many practitioners in direct patient care are accepting new patients and/or Medicaid-covered patients, the wait times for appointments, and availability and access to vulnerable populations residing in urban and rural towns in particular.

The DPH online licensing database, *eLicense*, provides an inventory of licensed primary care practitioners; however, the practitioners do not uniformly provide information on their place of work and whether or not they are actively providing direct patient care in the state. Also, *eLicense* does not provide the specialties of the PAs and APRNs. This makes it difficult to determine the distribution of active clinical practitioners providing direct patient care, to identify the gaps in services and unmet need by geographic areas. Counting unexpired licenses leads to an overestimation of the supply or capacity, since the number includes out-of-state residents and those not practicing or not in direct patient care.

Through the HPSA/MUA designation program, the PCO has identified areas, populations and health care facilities in all eight Connecticut counties experiencing shortages in primary care, dental and mental health professionals and indicating residents' reduced access to primary care services. As of April 2012, there were 106 HPSA designations in all or part of 99 mostly poorer communities with, a majority located in the three most populous counties, Fairfield, Hartford and New Haven (Table 9.2).

Table 9.2: Number of Medically Underserved Areas or Population (MUA/P) Shortage Designations and Health Professional Shortage Areas (HPSA) by Connecticut County, April 2012

County	# of MUA/P Designations	# of HPSA Designations		
		Dental	Primary Care	Mental Health
Fairfield	6	8	9	7
Hartford	7	10	9	4
Litchfield	1	2	2	2
Middlesex	1	3	1	1
New Haven	8	7	8	6
New London	3	4	3	3
Tolland	1	2	2	1
Windham	2	3	3	2
Tribal Nation	^a	1	2	1
Connecticut	29	40	39	27

Source: CT DPH Primary Care Office

^aTribal nations have their own special designations

The ability of a specific area to meet demand with existing capacity can be measured by considering the ratio of its rate of uninsured to number of primary care physicians per 100,000 of an area population.²⁰³ A lower ratio than the state implies a county has a better ability to meet demand increases vis-à-vis the supply of practitioners. Conversely, a higher ratio implies reduced ability to absorb increases in demand for primary care services.

Table 9.3: Ratio of Primary Care Physicians per 100,000 of Population to Uninsured Rate by County, 2010-2011

County	Population Density People/Mile ^a	% Racial/Ethnic Minority	% Medicaid Beneficiaries	% Uninsured	Primary Care Physician (PCP)/100,000	Ratio of Uninsured Rate to PCP/100,000
Fairfield	1,430.2	30.2	11.9	13.4	129.93	0.1166
Hartford	1,192.2	30.2	17.6	11.8	130.04	0.1019
Litchfield	204.7	7.6	11.0	10.7	77.34	0.1503
Middlesex	444.5	12.0	9.9	10.8	93.74	0.1303
New Haven	1,396.0	29.3	18.1	11.5	143.84	0.0888
New London	401.5	18.4	13.9	10.1	75.01	0.1391
Tolland	361.3	11.0	7.8	11.4	69.09	0.1795
Windham	228.3	12.5	18.7	11.1	57.85	0.1856
Connecticut	738.1	22.4	17.0	11.9	105.5	0.1126

Source: HRSA Area Resource File 2010-2011 data and U.S. Census 2010^a

The three most populous counties, Fairfield, Hartford and New Haven, which have the highest rate of uninsured, also have the highest number of PCPs per 100,000 population and therefore the lowest ratios (Table 9.3). In contrast, the less populous Windham, Tolland and Litchfield Counties with the largest share of rural communities in the state, have relatively lower number of PCPs per 100,000 population and may experience additional access constraints to already strained primary care systems. This is further compounded, especially in Windham County, by a high rate of Medicaid beneficiaries. However, the physician to population estimates do not include all primary care providers (in particular, LNs, APRNs and PAs) the number of which have grown 19%, 54% and 85%, respectively, since 2007, and are likely to have a significant impact.

²⁰³University of Connecticut Center for Public Health and Health Policy. (2008, December). *Assessment of Primary Care Capacity in Connecticut*. Retrieved from http://publichealth.uconn.edu/images/reports/PrimaryCare_Report_02_17_09.pdf

Potentially avoidable ED visits and hospitalizations rates provide additional insight into the quality of the outpatient care system and are used in assessing availability of timely and effective primary care and disease management. In 2008, one in ten hospitalizations for 255,000 patient days and \$1.2 billion in charges could potentially have been avoided with timely outpatient care.²⁰⁴ Additionally, in 2010, as in prior years, nearly one-half of ED visits could have been avoided through timely treatment or management in a primary care setting such as a doctor's office, FQHC or urgent care center.²⁰⁵ Even when residents have a usual source of primary care, when there are barriers to timely access, the EDs become the alternative source of care.

Hartford and New Haven Counties have higher rates of potentially avoidable ED visits and preventable hospitalizations than the state as a whole despite their relatively higher PCP per 100,000 population rates, Tables 9.3 and 9.4. As further proof of a constrained system, Windham County also had the second highest rate of avoidable ED use in the state; New London County had the highest. These areas have relatively high rates of racial/ethnic minority and elderly populations, are relatively low-income and are either rural or urban.

Table 9.4: Rates of Potentially Avoidable Emergency Department Visits and Preventable Hospitalizations by County

County	2010 Avoidable ED Visits ^a		2008 Preventable Hospitalizations ^b	
	#	Rate/1,000	#	Rate/10,000
Fairfield	136,845	149.3	10,680	120.8
Hartford	177,616	198.7	12,636	146.1
Litchfield	25,214	132.8	1,931	102.6
Middlesex	26,374	159.2	1,728	106.9
New Haven	161,066	186.7	13,984	167.8
New London	61,906	225.9	3,535	136.3
Tolland	19,128	125.3	1,321	89.9
Windham	23,827	201.2	1,530	132.5
Connecticut	631,977	176.8	47,345	137.1

Source: ^aConnecticut Hospital Association Chime, Inc. Emergency Department Data

^bCT DPH Office of Health Care Access Acute Care Inpatient Discharge Database System

9.6 PRIMARY CARE FACILITIES AND AVOIDABLE ED VISITS

Despite a concentration of primary care centers for the poor and medically underserved and the existence of hospital-operated primary care services, urban core and periphery cities (notably Stamford, Bridgeport, Waterbury, New Britain, Hartford, Meriden, New London and Groton) have the highest incidences of avoidable ED visits per 1,000 (Figure 9.1). These rates far exceed the state average rate of 416.3 visits per 1,000 residents. Certain areas of the state, largely concentrated in Litchfield and New London Counties and mostly rural, also have higher incidences of avoidable ED use rates per 1,000 residents than the state in general. There are few or no primary care centers alternatives in these areas. These two counties also have a reduced ability to meet demand for primary care services with the existing supply of primary care physicians (Table 9.3). A high proportion of residents without a usual source of care increases the likelihood of ED visits for non-emergent conditions. According to a New London County health assessment, New London and Norwich residents have the highest percentages of residents without a usual source of care.²⁰⁶

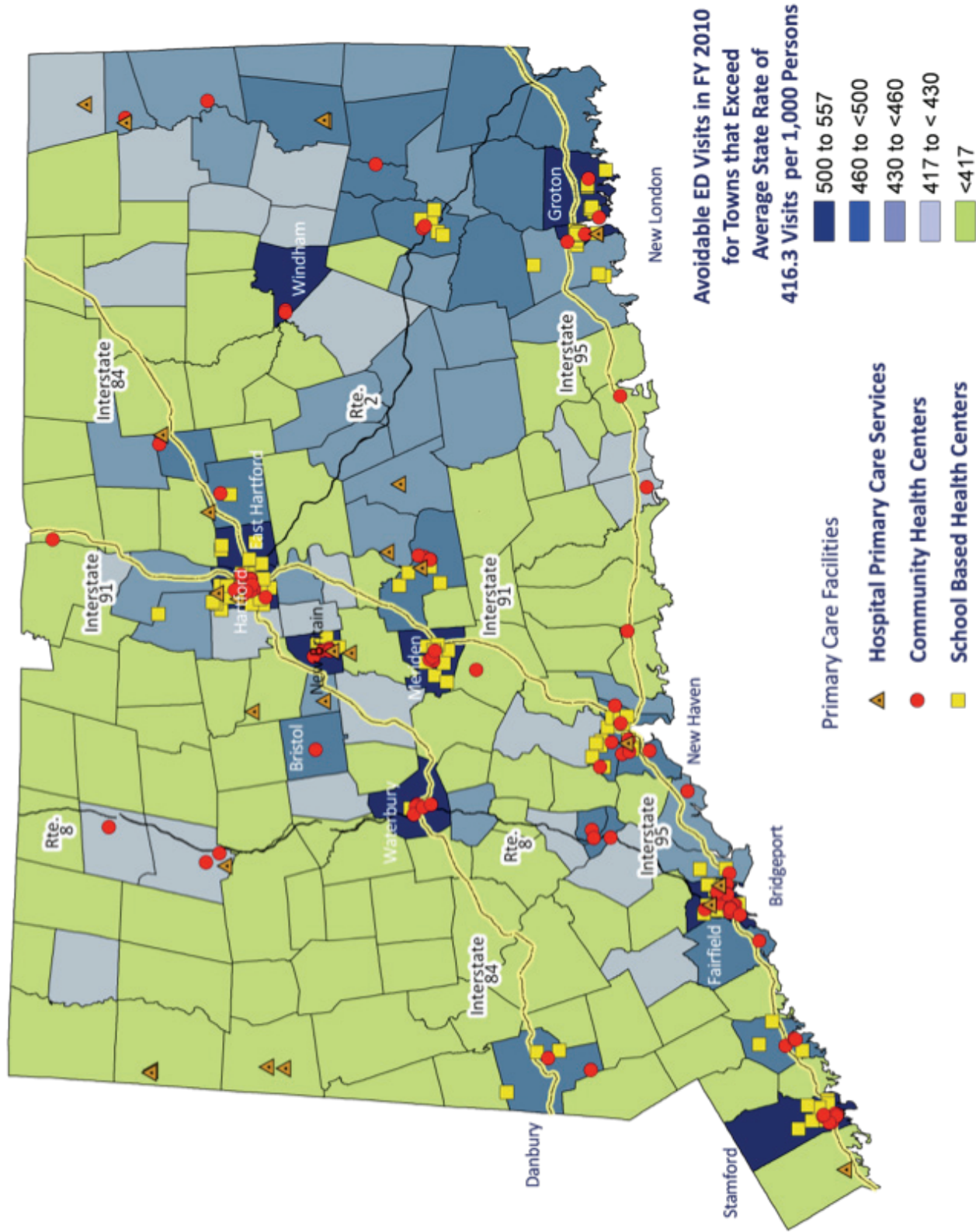
The reasons for the relatively higher avoidable ED utilizations rates may vary from area to area. Additional investigation is required to identify the exact reasons and the impact of coverage expansion from PPACA to determine the appropriate methods and policies to implement in each area to reduce these rates.

²⁰⁴CT DPH Office of Health Care Access. (2010, December). *Preventable Hospitalization in Connecticut: A Current Assessment of Access to Community Health Services 2004-2008*.

²⁰⁵CT DPH Office of Health Care Access. (2010, December). *Issue Brief. Profile of Emergency Department Visits not Requiring Inpatient Admission to a Connecticut Hospital Fiscal Year 2006-2009*.

²⁰⁶University of New England, Center for Health Policy, Planning and Research. (2006). *A Community Health Assessment of New London County, Connecticut*. Retrieved from http://www.ledgelighthd.org/programs/pdfs/NLC_final_Brochure_20070423.pdf

Figure 9.1: Primary Care Centers and Avoidable ED Use Per 1,000 Residents



Prepared June 2012 DHP OHCA
 Source: CHIME ED Database, FY 2010 and DPH Licensure

9.7 ONGOING PUBLIC AND PRIVATE PRIMARY CARE INITIATIVES

In the last several years, both public and private entities explored and researched primary care issues and concerns in the state and suggested or implemented initiatives to address identified problems. Highlights of some of the initiatives and programs designed to address primary care service needs to fill the gaps in the system are given below.

9.7.1 DEPARTMENT OF PUBLIC HEALTH - CONNECTICUT PRIMARY CARE OFFICE

DPH Primary Care Office (PCO) was created to improve the health of Connecticut's residents living in underserved areas, through assessment, planning, and assistance; and to increase access to primary care providers for medical, dental, and mental health services. The PCO identifies trends and develops strategies to address primary-care-related deficiencies through in-depth research and analyses of the healthcare delivery system and the populations served.²⁰⁷

The PCO works with communities to identify geographic areas, population groups and health care facilities experiencing critical shortages of primary care, dental and mental health providers, in accordance with the Federal Health Resources and Services Administration (HRSA) Shortage Designation Branch (SDB) guidelines for Health Professional Shortage Area (HPSA) designations. The PCO provides information about the designation process; technical assistance to individuals and health care organizations/facilities preparing designation applications; identifies areas with underserved populations who have limited access to health professionals; and develops and submits applications to the federal government.

It is the PCO's goal to ensure that Connecticut recruits and retains highly qualified primary care professionals throughout the state. Working with HRSA, the PCO serves as the point of contact for many federal and state workforce assistance programs, designed to help attract new and experienced health professionals of various disciplines to join Connecticut's healthcare provider community. The PCO collaborates with the state's Primary Care Association, the Community Health Center Association of CT (CHCACT), and the coordinator of the Student/Resident Experiences and Rotations in Community Health (SEARCH) program which places students and residents at the FQHCs in the state.

9.7.2 DEPARTMENT OF PUBLIC HEALTH - OFFICE OF ORAL HEALTH

There is an integral relationship between oral health and general health, including associations between chronic oral infections and diabetes, osteoporosis, heart and lung conditions, and certain adverse pregnancy outcomes. Oral diseases are progressive and cumulative, and can affect economic productivity. Oral health disparities exist across population groups at all ages, including dental caries (tooth decay), periodontal or gingival diseases, oral and pharyngeal cancer, and conditions resulting from the side effects of over-the-counter drugs.

The DPH Office of Oral Health (OOH) was established to coordinate and direct State and national dental public health programs activities in the state to: serve as a chief advisor on oral health issues; plan, implement and evaluate oral health programs within the state; and promote population-based approaches to improving the oral health of Connecticut's residents. The OOH's three main objectives are assessment, policy development and assurance. These are accomplished by implementing an oral health surveillance system for disease detection, and policy formulation and evaluation; providing leadership and collaborating with community partners to identify and implement solutions to address oral health needs; informing and empowering the public to access quality oral health services; and promoting laws and regulations that protect Connecticut residents' overall health and well-being.

Initiatives and programs OOH has implemented or partnered with a coalition of stakeholders to implement include:

1. Develop and publish the first *Oral Health Improvement Plan of Connecticut*,²⁰⁸
2. Collaborate with the PCO to survey dentists to identify dental HPSAs in Connecticut;
3. The *Home by One Program*,²⁰⁹

²⁰⁷ Additional information on PCO is available at <http://www.ct.gov/dph/cwp/view.asp?a=3138&q=388118>

²⁰⁸ Connecticut Coalition for an Oral Health Plan (CCOHP). *Oral Health Improvement Plan for Connecticut: 2007-2012*. Retrieved from http://www.ct.gov/dph/lib/dph/oral_health/pdf/ct_oral_health_improvement_plan_dec_2009.pdf

²⁰⁹ Connecticut Department of Public Health. *Home by One: First Dental Visit by Age One*.

Retrieved from http://www.ct.gov/dph/cwp/view.asp?a=3125&q=425732&dphNav_GID=1964&dphNavPage=%7C

4. Establish the *Task Force on Oral Health for Older Adults* to develop actionable strategies to improve oral health of older adults;²¹⁰ and
5. Conduct the Every Smile Counts oral health surveillance system to assess the oral health status of Connecticut pre-school and elementary school children, and vulnerable older adults.

9.7.3 CONNECTICUT ORAL HEALTH INITIATIVE²¹¹

The Connecticut Oral Health Initiative (COHI) is a statewide oral health advocacy organization which addresses the needs of all Connecticut residents focusing on the underserved. COHI seeks “broad system change that will address the inequities in the state’s oral health care policy, access to care, and the service delivery model.”

9.7.4 THE STATEWIDE PRIMARY CARE ACCESS AUTHORITY

The Connecticut General Assembly established the Statewide Primary Care Access Authority (SPCAA) for a 4-year term beginning August 2007 to develop: an inventory of the state’s existing primary care infrastructure; a system that could serve the primary care needs of the state; and an implementation and evaluation plan for the new system.²¹²

SPCAA’s 2010 Interim Report included interim recommendations to improve and sustain a vital primary care clinical workforce and primary care system in the state to fulfill all residents’ primary care needs “regardless of insurance status, geographic location, health status, or demographic characteristics.”²¹³

1. Support development of patient centered medical homes:
 - Financial support for non-FQHC practices seeking PCMH (Primary Care Medical Home) recognition.
 - Financial support modeled after the “regional extension center” model to coach and train practices in transformation to the PCMH model.
2. Enhance efforts to secure timely, on-going primary care workforce data:
 - Mandatory on-line electronic licensure renewal for all MDs, NPs, PAs, dentists.
 - Implement full survey at re-licensure, using data set developed by SPCAA and approved by DPH.
 - Direct DPH to devote appropriate resources to analyze submitted data and report to legislature annually.
 - Mandate annual report by Dean of UCONN School of Medicine on number and percent of graduating students choosing primary care residency.
3. Invest in sustained strategies to improve recruitment and retention of primary care providers to practices in Connecticut:
 - Designate a primary care healthcare workforce office at the State level charged with continually monitoring workforce adequacy, and primary care access across Connecticut.
 - Maximize efforts to recruit NHSC scholars and Loan Repayment providers to CT.
 - Implement key recommendations of the Institute of Medicine’s Future of Nursing report that impact primary care.
 - Leverage federal funding opportunities to develop new and expanded access points for primary care in schools, public housing nurse managed health centers, and FQHCs.

²¹⁰Connecticut Department of Public Health. *Connecticut’s Action Plan on Oral Health for Older Adults 2010-2013: A Supplement to the “Just the F.A.C.T.S.”* Report. Prepared by Holt, Wexler & Farnam, LLP.

Retrieved from http://www.ct.gov/dph/lib/dph/oral_health/pdf/10_action_plan.pdf

²¹¹Connecticut Oral Health Initiative. Retrieved from www.ctoralhealth.org

²¹²Connecticut Public Act 07-185.

²¹³The Statewide Primary Care Access Authority. (2010, February). *Interim Report to the General Assembly*.

Retrieved from http://www.cga.ct.gov/ph/PrimaryCare/Docs/2010/Interim_Report.pdf

4. Address existing barriers to efficient primary care practice:
 - Remove prohibitions against non-licensed personnel administering medication in the primary care setting and allow medical assistants, under the willing supervision of licensed health care providers, to administer routine immunizations and vaccines.
 - Establish Medicaid pilot to provide transition care to enrollees admitted to hospital and monitor impact on re-hospitalization for Medicaid enrollees relative to other populations.
5. Expand primary care capacity through investment in additional delivery sites, particularly in underserved areas:
 - Support continued development of school based health centers and community health centers.
 - Support public and private colleges and community organizations in securing grant funding for education and training at both pre-licensure and post-licensure level.
6. Promote greater integration of primary care and mental/behavioral health:
 - Align reimbursement with primary care.
 - Modify billing systems.
7. Establish an “all payer claims” database (APCD) for Connecticut and enroll the State in the All Claims Database Council system:
 - Specifically, track indicators for Obesity, Ambulatory sensitive admission to hospital, ER utilization, patient experience/satisfaction.
 - Mandate annual report card to legislature on measures of health status of Connecticut’s population.

9.7.5 COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT

The Community Health Center Association of Connecticut is a non-profit service organization that supports the clinical and administrative operations of its member community health centers across Connecticut. It offers advocacy, program administration and technical assistance services to its member health centers. Its mission is to enable federally qualified health centers to provide access to the highest quality health care and social services to Connecticut’s underserved populations through a joint initiative with the State to increase levels of service, extend hours of operations, enhance facilities, acquire state-of-the-art equipment and recruit qualified physicians and medical personnel.²¹⁴

9.7.6 SCREENING, BRIEF INTERVENTION, REFERRAL AND TREATMENT (SBIRT)

The Connecticut Screening, Brief Intervention and Referral to Treatment Program is a private-public partnership between the Connecticut Department of Mental Health and Addiction Services, University of Connecticut Health Center, the Community Health Center Association of Connecticut and 9 federally qualified health centers. Ten Health Educators work at each of the participating health centers.

The purpose of the program is to increase identification and treatment of adults, ages 18 and older, who are at-risk for substance misuse or diagnosed with a substance use disorder through the implementation of services at health centers statewide. It also furthers the linkages between primary care and behavioral health care at health centers and partnering substance abuse treatment agencies.

9.7.7 THE CONNECTICUT CENTER FOR PRIMARY CARE²¹⁵

In 2002, ProHealth Physicians founded the non-profit Connecticut Center for Primary Care to preserve and strengthen the delivery of primary medical care services and the health of communities. Its mission is primary care research, translation of research into practice, quality improvement and patient safety, transforming the Connecticut primary care system, catalyzing the care coordination of its various elements, and sustaining change. It is also involved in the CareConcepts initiative to improve the process of chronic illness care in primary care practices and clinical outcomes.

²¹⁴Community Health Center Association of Connecticut.

Retrieved from <http://www.nachc.com/client/project%20outcomes%20report%20CT.pdf>

²¹⁵Connecticut Center for Primary Care. Retrieved from <http://centerforprimarycare.org/Default.aspx>

9.7.8 CONNECTICUT ASSOCIATION OF SCHOOL BASED HEALTH CENTERS²¹⁶

The Connecticut Association of School Based Health Centers is an advocacy and networking organization committed to increasing access to quality health care for all children and adolescents in Connecticut schools. It advocates on behalf of school based health centers across the state as a vital part of the safety net for children. The Association studies and reports on obesity, asthma, immunization programs and mental health. Its Oral Health Improvement Project provides outreach and education to increase the number of SBHCs that have an oral health component. They also partner with other clinics or participate in initiatives to provide dental services through provider education, to teach child and adolescent clients on the importance of oral health and oral health habits.²¹⁷



²¹⁶Connecticut Association of School Based Health Centers. Retrieved from <http://www.ctschoolhealth.org/>

²¹⁷Connecticut Association of School Based Health Centers, Inc. (2010, October). *Oral Health Improvement Project*. Retrieved from <http://www.ctschoolhealth.org/UploadedFiles/CASBHC-OralHealthReportOctober2010Final.pdf>

SECTION 4 CHAPTER 10 NEXT STEPS/RECOMMENDATIONS

10.0 NEXT STEPS/RECOMMENDATIONS

As planning is a dynamic process, and planning for the rapidly changing health care environment covered by the CON program is especially so, planning practices and the standards used by OHCA should reflect and incorporate current best practices, whenever possible. OHCA will be continuously attentive to technological advances, research findings, demographic changes, shifting economic incentives, and significant changes in the organization and delivery of health care and planning and quality standards.

Next steps and recommendations had several sources; they were either suggested directly by subcommittee and advisory body members, evolved from subcommittee and advisory body discussions, or were suggested by reviewers of the Plan.

10.1 ACUTE CARE/AMBULATORY SURGERY

The next steps/recommendations on acute care/ambulatory surgery are intended to build upon the first Plan's efforts.

- Explore whether and how data on observation days should be collected and submitted to OHCA and determine how the inclusion of bed days would affect the bed need methodology.
- Examine service type by region to determine if gaps in service exist on a regional basis.
- Investigate the development of planning regions that best facilitate the ability to assess the availability of and future demand for care, taking into consideration existing hospital service areas.
- Explore the formation of a statewide task force comprising key industry stakeholders to further examine action steps and solutions needed to address the concerns identified by the ED Focus Groups about inappropriate use of the ED.
- Evaluate ED capacity issues on an on-going basis.
- Examine availability of on-call specialty physicians to EDs.
- Further study Behavioral Health/ED Focus Group findings with the Connecticut Hospital Association (CHA)/ Department of Mental Health and Addiction Services (DMHAS) to determine if access to behavioral health services is a significant problem at Connecticut's EDs and if there are any opportunities to help improve access.
- Examine the effect on hospital EDs of increasing reimbursement for outpatient behavioral health programs.
- Examine the benefits of increasing the number of intermediate care center (ICC) beds.
- Examine cardiac program quality measures, including risk-adjusted outcomes, institutional and operator performance.
- Continue to review and update Connecticut's cardiac guidelines to reflect current information and recommendations provided by professional societies and organizations with expert knowledge of cardiac care.
- Encourage the adherence to national cancer clinical practice guidelines and investigate the inclusion of standards and guidelines in future Plans.
- Consider adopting the following surgical facility classes as defined by the American College of Surgeons:
 - Class A: Provides for minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. These procedures are also appropriately performed in Class B and C facilities.
 - Class B: Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. These procedures are also appropriately performed in Class C facilities.
 - Class C: Provides for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.
- Consider amending the definition of "operating room" as follows: "Operating Room" means a room with a fully controlled sterile environment that meets either (i) the standard for a Class B or Class C operating room as set forth

in the 2006 edition of the American Institute of Architects (AIA) Guidelines for the Design and Construction of Health Care Facilities or (ii) the standards for an operating room as forth in the R.C.S.A. § 19-13-D56, to the extent consistent with section 19a-493b.

- Include treatment rooms in future Plan discussions related to ambulatory surgery capacity.
- With respect to ambulatory surgery standards and guidelines, discuss and consider including backlogs in the service area; ability of physicians to schedule block times; patient throughput at other facilities; and the quality of care at other facilities as additional factors for consideration in the next Plan.

10.2 BEHAVIORAL HEALTH

The next steps/recommendations on behavioral health are intended to build upon the efforts of and discussions held by the behavioral health subcommittee.

- Explore ways that Connecticut’s behavioral health service system can measure or determine capacity as it relates to need and access to care.
- Inventory and discuss behavioral health care services provided by private practitioners and include how the provision of services in private practice contributes to the overall provision of behavioral health care in the state.
- Further advance the discussion of additional types of providers (e.g., private practitioners, Veterans Administration) and the availability of clinical level services in the state and seek and provide more information on recovery supports available to residents in the state.
- Inventory distinct service levels.
- Enhance OHCA’s Hospital Reporting System (HRS) reporting mechanisms to capture accurate, usable data from short term general and children’s general hospitals on hospital-based or hospital-affiliated behavioral health care services (such as a revamped Report 450²¹⁸ or a new schedule).
- Provide more focus on the provision and interrelation or co-location of mental health, primary care and/or oral health services within the various settings and provide further discussion as to the concept of “no wrong door” to accessing these services at any location.
- Further consider how health care reform and a possible blended behavioral health license might change the landscape for both behavioral health finance and delivery of care in the future.



²¹⁸Hospital Report 450 (Hospital Inpatient and Outpatient Other Services Utilization and FTE Employees) is the form into which hospitals electronically report utilization data to OHCA, annually.

10.3 PRIMARY CARE

The Primary Care Subcommittee's next steps/recommendations are intended to assure and enhance the quality of care provided by primary care providers in all settings by eliminating health disparities and barriers to access, and tracking and evaluation of health outcomes and patient satisfaction.

- Utilize the results of the DPH Primary Care Office survey of primary care providers to report on and highlight access issues related to primary care facilities and services to better identify practitioners' places of practice, affiliations or relationships with institutions (such as hospitals, FQHCs, multi-specialty practices) and to illustrate any primary care workforce needs, size, and distribution issues which the Primary Care Office identifies.
- Consider adjusting future Behavioral Risk Factor Surveillance System questionnaires so large enough samples are drawn in each county so that results for the questions related to health care access may be used for county level assessment and solutions.
- Consider mandating responses on all license renewal applications to certain survey questions on whether practitioners are actively practicing in the state; the primary location of practice; if the respondent is currently actively treating patients; and if he/she had ever been convicted of a felony.
- Improve OHCA's Hospital Reporting System's reporting mechanisms to capture accurate, usable data from hospitals on hospital-based primary care services (such as a revamped Report 450 or a new schedule) and to collect primary care data on all providers of primary care services.
- Consider more comprehensively primary care provided by hospital-affiliated entities, which are expanding rapidly throughout the state.
- Provide additional Plan focus on the provision of mental health and oral health services in primary care settings, and assess the interrelation of these services with primary care.

SECTION 4 CHAPTER 11 DATA SOURCES AND LIMITATIONS

11.0 DATA SOURCES AND LIMITATIONS

11.1 DATA SOURCES

In developing this plan, OHCA relied on the following primary sources of data:

- The OHCA Acute Care Hospital Inpatient Discharge Database (HIDD) which contains demographics, clinical and charge data for each inpatient discharged from the acute care hospitals in the state each year. Unless otherwise stated, HIDD data are reported semi-annually by hospital fiscal year (FY), that is, October 1 of a year through September 30 of the subsequent year.
- The OHCA Hospital Reporting System (HRS) database Twelve Month Actual Filings reports, which contain financial and inpatient/outpatient utilization data from the acute care hospitals, electronically submitted to OHCA by March 31 of each year. Data are reported in hospital FY.
- OHCA 2011 surveys administered to hospitals, outpatient surgical (OSFs), imaging providers and hospital-operated primary care facilities. Related data were reported for calendar year 2010 for surgery and imaging.
- DPH health care practitioners and facilities licensing online eLicense database and paper license submissions.
- DPH Primary Care Office data on U.S Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) designations of a geographical area, a population group or health care facility in the state experiencing medical, dental and behavioral health professional shortages as a health professional shortage area (HPSA) or medically underserved area or population (MUA/P).
- Department of Children and Families behavioral health licensure dataset, October 2011.
- Connecticut Hospital Association, ChimeData emergency department (ED) database.
- U.S. Census Bureau population estimates.

11.2 DATA LIMITATIONS

- The HIDD does not include Connecticut residents that out-migrated or were discharged from hospitals in other states, including the border states of New York, Massachusetts and Rhode Island.
- Inpatient and outpatient services utilization data from the HRS are only available at hospital aggregate level.
- A panel of experts determined that the Acute Care Bed Need Methodology tool, in Chapter 3, may be enhanced with out-of-state hospital inpatient stays and Connecticut hospitals' observation stays. However, both types of data are currently unavailable to OHCA.
- Participation in the three OHCA administered surveys was not mandatory, therefore not all facilities responded to the surveys or filled out the questionnaires completely. Also, there was some inconsistency with respect to respondents' interpretation and approach to responses.
- There is no comprehensive data repository in the state on health care practitioners actively providing direct patient care, especially private practitioners and their place of work, hours of availability, indications that they are accepting new patients and utilization, for determining availability, utilization and access in outpatient settings as required by CGS 19a-634 (Appendix A).
- In lieu of an unavailable comprehensive database on primary care practitioners providing direct patient care and their place of work, OHCA relied on a) the U.S Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators tool for identifying potentially "preventable" hospitalizations; and b) a New York University Center for Health and Public Health Research algorithm for identifying ED visits and conditions presented that were potentially avoidable and/or treatable in a primary care setting for indications of gaps in the primary care system.
- While OHCA obtained behavioral health service data from CT Clearinghouse and Value Options to ascertain service level detail, OHCA was unable to fully verify and accurately compare the data to provide service line detail for providers.

- Beginning on October 1, 2012, OSFs will be subjected to the Ambulatory Surgery Center (ASC) Quality Reporting Program, a new federal regulatory requirement implemented by the Centers for Medicare and Medicaid (CMS). Under this program, OSFs must ensure they are using a safe surgery checklist and have a system in place to capture surgical volume data as of January 1, 2012.²¹⁹ CGS Section 19a-654 requires outpatient surgical facilities and facilities that provide outpatient surgical services as part of the outpatient surgery department of a short-term acute care general or children's hospital, to submit patient-identifiable encounter data to OHCA by July 1, 2015.
- OHCA acknowledges that all analytical forecasting models have limitations; however, statistical models help to provide an objective comparison that can be applied across similar entities. Models are generally used in coordination with other current/relevant supplemental information to help provide accurate assessments. Additional factors and other known unique circumstances with merit may be considered in addition to results derived from a particular forecasting model to determine unmet need or gaps in service for Connecticut's health care system.

²¹⁹Federal Register. Wednesday, November 30, 2011. Rules and Regulations. 76 (230), 74126 &74127.

GLOSSARY

Accountable Care Organizations (ACOs) – networks of physicians, hospitals and other health professionals, that coordinate patient care and share in the savings generated for the government by keeping Medicaid patients healthy.

Acute rehabilitation – programs that provide both medical care and a full range of rehabilitation services. These services include physical therapy (PT), occupational therapy (OT), rehabilitation nursing, speech/language pathology services (S/LPS), vocational rehabilitation (VR), therapeutic recreation (TR) as well as other services.

Adult day centers – community-based, nonresidential facilities for frail seniors and disabled adults who cannot be home alone.

Ambulatory surgical care – is defined in the Connecticut Public Health Code as surgical care not requiring overnight stay but requiring a medical environment exceeding that normally found in a physician's office.

Ambulatory Surgery Center Quality Reporting Program – a Center for Medicare and Medicaid Services (CMS) program that will track whether patients are transferred or admitted directly to a hospital, including a hospital emergency department, upon discharge from an outpatient surgical facility.

Assisted living managed residential communities – is defined in the Connecticut Public Health Code as a combination of housing, supportive services and personalized assistance designed to respond to the individual needs of the resident.

Assisted Living Service Agencies (ALSA's) – provide health care management and monitoring, nursing services and medication supervision to their assisted living residents.

Bad Debt - Uncompensated care incurred after the service has been provided, with no forewarning of non-payment.

Bundled payment pilot program – a pilot program that pays for the overall management of a patient's health rather than discrete health care services, with a single reimbursement covering an entire episode of care rather than separate payments to hospitals and doctors involved in different aspects of a patient's care.

Cardiac catheterization – a medical procedure requiring the passage of a catheter into one or more cardiac chambers of the left and right heart, with or without coronary arteriograms, for the purpose of diagnosing congenital or acquired cardiovascular disease, or for determining measurement of blood pressure flow.

Catchment Area – a defined geographic area, based on population that receives mental health services as a unit.

Catchment Area Council – a council formed to study and evaluate existing mental health services in the catchment area and to make recommendations about the types of services needed to the five Regional Mental Health Boards.

Certificate of Need – a regulatory government program requiring certain types of health care providers to obtain state approval prior to making substantial capital investments in new equipment or facilities, changing bed complement (in hospitals) and adding or sometimes discontinuing, a health care service.

Charity Care – Uncompensated care when the hospital knows in advance that the care provided will not be reimbursed.

Charter Oak Health Plan – a State-funded health insurance program administered by the Department of Social Services since 2008 and offered to uninsured adults of all incomes, from ages 19 through 64 who do not qualify for the pre-existing condition insurance plan or HUSKY Health.

Chemotherapy – treatment of disease by chemicals which can be used for a range of diseases but most frequently refers to antineoplastic drugs to treat cancer.

Child Caring Facilities – a congregate residential setting for the out-of-home placement of children or youth under eighteen years of age.

Children and Youth with Special Health Care Needs Program (CYSCHN) – a program for residents under age 22 who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and require health and related services beyond that required for children in general.

Children's General Hospital – According to Connecticut Public Health Code (PHC) that regulates hospitals, a Children's General Hospital is a short-term hospital having facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a wide range of acute conditions among children, including injuries (19-13-D4).

Chronic and convalescent nursing home – defined by the State's Public Health Code as a long term institution having facilities and all necessary personnel to provide skilled nursing care under medical supervision and direction to carry out simple, non-surgical treatment and dietary procedures for chronic disease or convalescent stages or acute diseases or injury.

Commission on Cancer (CoC) – administers an accreditation program that encourages hospitals, treatment centers, and other facilities to improve the quality of patient care by focusing on prevention, early diagnosis, pretreatment evaluation, staging, optimal treatment, rehabilitation, surveillance for recurrent disease, support services, and end-of-life care.

Community Health Centers (CHCs) – are licensed outpatient clinics. Under the State's administrative regulations and Public Health Code (PHC), federal statutes and regulations, CHCs are defined as public or private non-profit health care facilities located in areas which have demonstrated medical need based on geography, demographics and economic factors.

Computed Tomography (CT) – the use of radiographic and computer techniques to produce cross-sectional images of the head or body.

Computed Tomography Scanner (CT Scanner) – means x-ray CT scanning systems, including axial, spiral, helical or electron beam CT systems (except as set forth in 19a-638(b)(19)), capable of performing CT scans of the head, other body parts, or full body patient procedures, or any equipment that is classified by the United States Food and Drug Administration as a computed tomography device.

Congregate housing – State-funded elderly housing facilities for low- and moderate-income, frail seniors age 62 and older that are able to live independently but require some assistance.

Connecticut Alcohol and Drug Policy Council (ADPC) – a legislatively mandated body comprised of State government representatives (all three branches), consumer and advocacy groups, private service providers, individuals in recovery from addictions, and other stakeholders in a coordinated statewide response to alcohol, tobacco and other drug use and abuse in the State.

Connecticut Association of School Based Health Centers (CASBHC) – an advocacy and networking organization committed to increasing access to quality health care for all children and adolescents in Connecticut schools.

Connecticut Behavioral Health Partnership (CT BHP) – the Administrative Services Organization administered by Value Options as the vendor under contract with the Department of Children and Families (DCF) and the Department of Social Services (DSS), that manages Medicaid mental health and substance abuse services and selected DCF-funded behavioral health services.

Connecticut Center for Primary Care (CCPC) – founded by ProHealth Physicians, its goal is to preserve and strengthen the delivery of primary medical care services and the health of our communities. Its mission is primary care research, translation of research into practice, quality improvement and patient safety, transforming the Connecticut primary care system, catalyzing the care coordination of its various elements, and sustaining change.

Connecticut Clearinghouse, a program of Wheeler Clinic, that is a statewide resource center for information about alcohol, tobacco, other drugs and related issues affecting mental health and wellness.

Connecticut Oral Health Initiative (COHI) – a statewide advocacy organization which addresses the needs of all Connecticut residents focusing on the underserved. COHI seeks broad system change that will address the inequities in the state’s oral health care policy, access to care, and the service delivery model.

Connecticut Screening, Brief Intervention and Referral to Treatment Program – is a private-public partnership between the Connecticut Department of Mental Health and Addiction Services, University of Connecticut Health Center, the Community Health Center Association of Connecticut and nine federally qualified health centers. The purpose of the program is to increase identification and treatment of adults, ages 18 and older, who are at-risk for substance misuse or diagnosed with a substance use disorder through the implementation of services at health centers statewide.

Connecticut State Health Information Technology Plan – published by Department of Public Health in 2009 to set the agenda for health care information exchange and technology.

Continuing-care retirement communities (CCRCs) – through contractual agreements, they provide senior residents living accommodations and a wide variety of services, including long term health and nursing services. They also are sometimes referred to as life-care communities.

Crisis Stabilization Program – programs that provide intensive, 24-hour short-term placement and intervention for youth ages 11-17 who are at immediate risk due to a deteriorating psychiatric condition or unsafe, volatile family situation.

Current Estimated Capacity – the number of scans/year multiplied by the number of scanners in the primary service area at the time of the application.

Day rehabilitation or day treatment – programs that are similar to acute rehabilitation programs except that patients do not stay overnight in a hospital. These programs offer many rehabilitation services supervised by rehabilitation doctors.

Department of Children and Families (DCF) – established to provide a spectrum of behavioral health services, child protection and family services, juvenile justice services, substance abuse related services, education services and prevention services.

Department of Mental Health and Addiction Services (DMHAS) – Connecticut’s State Mental Health Authority which has statutory responsibility to promote and administer comprehensive behavioral health preventive and treatment services.

Department of Social Services (DSS) – Administers and provides a broad range of health care related services to the elderly, persons with disabilities, families, and individuals through programs authorized by legislation at the State and federal level.

Disproportionate Share Programs – programs designed to assist hospitals financially with their uncompensated and undercompensated care costs.

Elective (Scheduled) Percutaneous Coronary Intervention (PCI) or Coronary Angioplasty (PCA) – an interventional procedure performed in a catheterization lab whereby a catheter, usually inserted into an artery in the groin, is threaded through the circulatory system to a previously diagnosed blockage in the heart. An expandable balloon is passed to this spot and inflated several times, thereby flattening the blockage-causing plaque, potentially widening the artery, and thus improving blood flow.

eLicense – DPH online licensing database, that provides an inventory of licensed primary care practitioners.

Emergency Department (ED) – provides initial treatment to patients with a broad range of illnesses and injuries; some of which may be life threatening.

Emergency Medical Services (EMS) – an integrated system of personnel, equipment, communication and services that provide pre-hospital, in-hospital and inter-hospital medical treatment to individuals who have suffered illness or injury in order to prevent loss of life, the aggravation of the illness or injury, or to alleviate suffering.

Extended Day Treatment – a supplementary care community-based program providing a comprehensive multidisciplinary approach to treatment and rehabilitation of emotionally disturbed, mentally ill, behaviorally disordered or multiply handicapped children and youth during the hours immediately before and after school while they reside with their parents or surrogate family.

Facility for the Care or Treatment of Substance Abusive or Dependent Persons (FCTSADP) – according to the Connecticut Public Health Code, this type of facility may provide either ambulatory chemical detoxification treatment, or care and rehabilitation, or chemical maintenance treatment, or day or evening treatment, or intensive treatment, or intermediate and long term treatment, or medical triage, or outpatient treatment or residential detoxification and evaluation to substance abusive or dependent persons.

Family Planning Clinic – clinics that provide family planning services only.

Federally Qualified Health Center (FQHC) – A community health center that receives grants under Section 330 of the Federal Public Health Service Act and is certified to receive cost-based reimbursements for treating Medicare and Medicaid patients.

Free or charitable clinics – tax-exempt facilities licensed by the Connecticut Department of Public Health (DPH) as outpatient clinics and are volunteer-based, safety net health organizations that provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals predominantly uninsured.

Free-standing (satellite) emergency department – an emergency department that is located away from the main campus of a hospital and provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment

General Hospital – According to the Connecticut Public Health Code (PHC) that regulates hospitals, a General Hospital is defined as a short-term hospital that has facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a wide range of acute conditions, including injuries (19-13-D3).

Group Home – a facility that meets long term community-based placement needs during which the facility attempts to transition the child toward reunification with family, independent living or long term foster care.

Health Disparities – health disparities refer to the differences in disease risk, incidence, prevalence, morbidity, mortality and other adverse conditions, such as unequal access to quality care, that exist among specific population groups in Connecticut.

Health Information Technology Exchange of Connecticut (HITE-CT) – established under Connecticut General Statute Section 19a-750 as a quasi public agency managed by an appointed Board of Directors to coordinate and oversee Health Information Exchange (HIE) activities for the State.

Health Information Technology and Exchange (HITE) – a program that makes it possible for health care providers to better manage patient care through secure use and sharing of health information.

Health Information Technology for Economic and Clinical Health Act of 2009 (the HITECH Act) – part of the American Recovery and Reinvestment Act that sets forth a plan for advancing the appropriate use of health information technology to improve quality of care and establish a foundation for health care reform.

Health Insurance Exchanges (HIE) – created by states for individuals and small employers with fewer than 100 employees to purchase health insurance coverage in an organized and competitive market.

Health Professional Shortage Areas (HPSAs) – designated by the Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers and are further classified as being a specific geographic area, a specific population group, or in some cases, a specific facility.

Healthy Connecticut – the state’s translation of the national Healthy People effort. Once completed, it will complement future facilities and services planning efforts by providing additional guidance and focus and will provide a mechanism for identifying community need, assessing the health care system’s capability of meeting those needs and allowing for the allocation of the necessary resources to address those needs.

Healthy People 2020 – a 10 year national strategic health initiative led by the US Department of Health and Human Services which establishes objectives for health promotion and disease prevention in Americans.

Home health care agencies – public or private organizations, or a subdivision thereof, engaged in providing professional nursing services and rehabilitative services (i.e. physical therapy, speech language/pathology therapy, occupational therapy or medical social services) that are available 24 hours per day, in the patient’s home or a substantially equivalent environment, pursuant to Section 19a-490 of the Connecticut General Statutes provide medical care to help people rehabilitate in their homes from acute medical conditions such as accidents, illnesses or surgery.

Hospice – the Connecticut Public Health Code defines hospice care as being provided by one of three entities: a “short-term hospital”; a “special hospice”; or a “hospice inpatient facility” each having facilities, medical staff and necessary personnel to provide medical, palliative, psychological, spiritual, and supportive care and treatment for the terminally ill and their families including outpatient care and services, home based care and services and bereavement services.

Hospital – according to Connecticut General Statutes (CGS), an establishment for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals (19a-490 (b).)

Hospital for Mentally Ill Persons (HIMP) – a psychiatric facility which primarily offers medically directed inpatient services for the diagnosis, treatment, care, protection and rehabilitation, as indicated, of individuals admitted with psychiatric disorders as defined in Connecticut’s Public Health Code (PHC).

Hospital Primary Care Center / Clinic – primary care services offered through outpatient clinics, physician-based practices and foundations and rapid or urgent care services (a level below emergency care) which are owned by hospitals.

HUSKY PLANS (Healthcare for Uninsured Kids and Adults) – plans that provide coverage for children and teenagers less than 20 years old, based on family income and pays for services such as doctor visits, prescription, vision and dental care.

Infirmiry License - allows a practitioner of the healing arts to provide care, treatment and overnight accommodation to students, faculty and employees for medical conditions that do not require the staff skill level and equipment of a hospital.

Infirmiry Operated by an Educational Institution – outpatient facilities licensed by the Connecticut Department of Public Health (DPH) as school infirmaries operated by educational institutions. The infirmiry license allows a practitioner of the healing arts to provide care, treatment and overnight accommodation to students, faculty and employees for medical conditions that do not require the staff skill level and equipment of a hospital.

Integrated Dual Disorder Treatment (IDDT) – term for people who have co-occurring mental health and substance use disorders in mental health treatment settings.

Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR) – a facility that participates in this optional Medicaid program under the Social Security Act. The facilities provide a protected residential setting that includes ongoing evaluation, planning, twenty-four (24) hour supervision, coordination and integration of health, rehabilitative services and active treatment for individuals with mental retardation or related conditions.

Interventional cardiology – non-surgical procedures performed in the cardiac catheterization laboratory for the treatment of coronary artery and peripheral vascular disease. Procedures include, but are not limited to, angioplasty, valvuloplasty, cardiac ablation, coronary thrombectomy, and congenital heart defect correction.

Joint venture facilities – facilities owned by both hospitals and physicians. Joint venture facilities became popular to help hospitals increase market share, stay profitable, and help physicians to grow their surgical practices.

Licensed Outpatient Clinics Operated by Municipalities – Outpatient clinics operated by municipalities and authorized to provide ambulatory medical or dental care for diagnosis, treatment and care of persons with chronic or acute conditions which do not require overnight care, or medical or dental care to well persons including preventive services and maintenance of health.

Life Star – a critical care helicopter service owned and operated by Hartford Hospital.

Limited or Special Population Clinics – health care practices or facilities operated by corporations or municipalities that manage a specific condition or set of conditions, for example, chronic diseases such as asthma, diabetes or human immunodeficiency virus (HIV).

Linear accelerator (LINAC) – a machine used to treat cancer patients, using external beam radiation treatments. Radiation therapy uses high-energy radiation to kill cancer cells by damaging their DNA.

Local health departments – State-funded government entities that provide population-based essential public health services in their local areas. These public health activities include disease prevention and control, infectious disease control and environmental health in the community.

Local Mental Health Authorities (LMHA) – operated and/or funded by the Department of Mental Health and Addiction Services which offer a wide range of therapeutic programs and crisis intervention services throughout the state.

Long term acute care (LTAC) – hospitals that furnish extended medical and rehabilitative care to individuals with clinically complex problems that need hospital-level care for relatively extended periods.

Magnetic Resonance Imaging (MRI) – means the use of magnetic fields and radio waves to produce cross sectional images similar to those displayed by computed tomography (CT).

Magnetic Resonance Imaging Scanner (MRI Scanner) – the magnetic resonance system consisting of an integrated set of machines and related equipment necessary to produce the images and/or spectroscopic quantitative data from scans, or any equipment that is classified by the United States Food and Drug Administration as a magnetic resonance diagnostic device.

Maximum Capacity – the number of surgical cases that may be performed in a year based on Monday through Friday, eight hours per day, and 250 days per year.

Medicaid program – a free or low-cost health insurance coverage program for low- income elderly, blind, or disabled persons, and families with children.

Medical homes – health care settings such as a primary care practice, that serve as the central coordinator for a patient’s health care needs.

Mental Health Day Treatment – a licensure category in which a facility may provide evaluation, diagnosis and ambulatory treatment services for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association and whose unit of service to each client is a minimum of 4 hours and a maximum of 12 hours.

Mental Health Residential Living Centers – provide a supervised, structured and supportive group living arrangement which includes psychosocial rehabilitation services and may also provide assistance in obtaining necessary community services to persons in need of mental health services.

Mobile field hospital – a modular, transportable facility used intermittently, deployed at the discretion of the Governor for the provision of medical services at a mass gathering, for the purpose of training, or in the event of a public health or other emergency for isolation care purposes or triage and treatment during a mass casualty event; or for providing surge capacity for a hospital during a casualty event or infrastructure failure.

Money Follows the Person (MFP) program – is a federal demonstration program designed to help states rebalance their long term care systems to better support people living in institutions who want instead to live in the community. The MFP program is intended to serve elderly people and others with mental illness and developmental disabilities.

National Council of State Boards of Nursing (NCSBN) – a not-for-profit organization working to create a national public use nursing workforce database.

National Survey of Substance Abuse Treatment Services (N-SSATS) – a national annual survey of facilities providing substance abuse treatment conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). N-SSATS is designed to collect data on location, characteristics, services offered and the number of clients in treatment at alcohol and drug abuse treatment facilities (both public and private) in the United States and its territories.

National Survey on Drug Use and Health (NSDUH) – sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States.

Network of Care for Behavioral Health – a comprehensive, Internet-based community resource, for people with mental illness, as well as their caregivers and service providers.

New Technology – equipment or services not previously provided in the State of Connecticut for the treatment of patients.

Newborn Screening Program – identifies infants at increased risk for diseases that timely medical treatment can avert complications and prevent irreversible problems and death. Connecticut State law mandates screening newborns within the first 4 days of life for selected genetic and metabolic disorders.

Nursing homes (or convalescent facilities) – places of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents include the elderly and younger adults with physical or mental disabilities that keep them from living independently.

Office of Emergency Medical Services (OEMS) – Connecticut Department of Public Health office that administers and enforces emergency medical services statutes, regulations, programs, and policies. OEMS regulates ground ambulances and is responsible for the education, training, and certification of Emergency Medical Service (EMS) workers.

Office of Oral Health (OOH) – Connecticut Department of Public Health office established to coordinate and direct State and national dental public health programs activities in the state; to: serve as a chief advisor on oral health issues; plans, implements and evaluate oral health programs within the state; and promote population-based approaches to improving the oral health of Connecticut's residents.

Oncology – the branch of medicine concerned with the study and treatment of cancer, including screening, diagnosis, therapy, follow-up and palliative care. It includes various sub specialties such as radiation oncology (medical use of high-energy radiation to kill malignant cells), surgical oncology, and pediatric oncology.

Open heart surgery – a therapeutic operative procedure performed on the heart and/or its coronary arteries in order to correct anomalous conditions (for example, coronary artery bypass surgery, heart valve replacement), often using a heart-lung by-pass machine to perform the functions of circulation during surgery.

Optimum utilization – the percent of the maximum capacity that a facility can achieve under a regular work environment, considering the variation in procedures performed, the number of physicians utilizing the facility, and other factors.

Outpatient Psychiatric Clinic for Children – a community-based facility which provides mental health services to children and adolescents under eighteen years of age and their families.

Outpatient rehabilitation – services provided if a patient lives at home and can travel to an outpatient facility. Outpatient rehabilitation therapy services are often given to continue treatment after more intensive acute or sub-acute rehabilitation.

Outpatient Services (Mental Health) – services which are professionally directed services that include: evaluations and diagnostic assessments; bio-psycho social histories including identification of strengths and recovery supports; a synthesis of the assessments and history that results in the identification of treatment goals; treatment activities and interventions; and recovery services.

Outpatient Surgical Facility (OSF) – according to Connecticut General Statute, any entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, engaged in providing surgical services or diagnostic procedures for human health conditions that include the use of moderate or deep sedation, moderate or deep analgesia or general anesthesia, as such levels of anesthesia are defined from time to time by the American Society of Anesthesiologists, or by such other professional or accrediting entity recognized by the Department of Public Health.

PASS Group Home – group homes designed to assist youth in the development of independent living skills such as budgeting, employment, transportation, food preparation, and education.

Percent Utilization of Current Capacity – the Utilization Rate/Current Estimated Capacity.

Positron Emission Tomography (PET) – a non-invasive diagnostic technology which enables the body's physiological and biological processes to be observed through the use of positron emitting radiopharmaceuticals which are injected into the body and whose interaction with body tissues and organs is able to be pictured through a computerized positron transaxial reconstruction tomography scanner.

Positron Emission Tomography - Computed Tomography Scanner (PET-CT scanner) – a medical imaging device which combines in a single gantry system both a positron emission tomography (PET) and a computed tomography (CT), so that images acquired from both devices can be taken sequentially, in the same session from the patient and combined into a single superposed image.

Positron Emission Tomography Scanner (PET Scanner) – an FDA-approved full or partial ring scanner or coincidence system that has a crystal at least 5/8-inch thick, techniques to minimize or correct for scatter and/or randoms, and digital detectors and iterative reconstruction, or any equipment that is classified by the United States Food and Drug Administration as an emission computed tomography device.

Prevention and Public Health Fund – a program intended to provide ongoing support to public health and prevention programs at the national, state and local level.

Primary care – care provided by licensed independent practitioners specifically trained for and skilled in comprehensive first contact and continuing to address personal health care needs including but not limited to: prevention, care of chronic illness and routine care and not limited by problem origin (biological, behavioral, or social), organ system or diagnosis.

Primary Care Office (PCO) of DPH – an office created by the Connecticut Department of Public Health Initiatives Branch, to improve the health of Connecticut’s residents living in underserved areas, through assessment, planning, and assistance; and to increase access to primary care providers for medical, dental, and mental health services. The PCO identifies trends and develops strategies to address primary care related deficiencies through in-depth research and analyses of the healthcare delivery system and the populations served.

Primary Care Practitioner (PCP) – is distinctly one with whom a patient makes first contact and serves as a personal clinician who continues to diagnose, treat and educate the patient to meet most of his/her health care needs and maintain wellness in an outpatient setting within the community.

Primary (emergent) Percutaneous Coronary Intervention (PCI) or Coronary Angioplasty (PCA) – an interventional procedure whereby a catheter, usually inserted into an artery in the groin, is threaded through the circulatory system to a previously diagnosed blockage in the heart. An expandable balloon is passed to this spot and inflated several times, thereby flattening the blockage-causing plaque, potentially widening the artery, and thus improving blood flow.

Primary Service Area – means that geographic area (by town), for the service location in the application, consisting of the lowest number of contiguous zip codes from which the applicant draws at least 75% of its patients for this service at such location.

Private Free-standing Community Residence – a residence for up to eight mentally ill adults as defined in section 19a-507a(3) Connecticut General Statutes.

Psychiatric Outpatient Clinic for Adults – a facility that may provide evaluation, diagnosis and ambulatory treatment, to individuals who have mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the diagnostic and statistical manual of the American Psychiatric Association.

Psychiatric Residential Treatment Facility (PRTF) – community based inpatient facility that provides psychiatric and other therapeutic and clinically informed services to individuals under age 21, whose immediate treatment needs require a structured 24-hour inpatient residential setting that provides all required services (including schooling) on site while simultaneously preparing the child/adolescent and family for ongoing treatment in the community.

Recovery-Oriented Systems of Care – described by the Substance Abuse and Mental Health Services Administration (SAMHSA) as partnering with people in recovery from mental and substance use disorders to guide the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.

Regional Substance Abuse Action Council – an autonomous public-private partnership comprised of community leaders. The purpose of these councils is to establish and implement an action plan to develop and coordinate needed services in the field of substance abuse.

Regional Treatment Centers – provide comprehensive testing, counseling, education, treatment, and follow-up services.

Residential care home – defined by the State’s Public Health Code as an institution having facilities and all necessary personnel to furnish food, shelter and laundry for persons unrelated to the proprietor and in addition, providing services of a personal nature, which do not require the training or skills of a licensed nurse.

Residential detoxification – medical management of the withdrawal from alcohol and drugs along with case management linkages to treatment.

Residential education facility – provides for the long term housing needs of students who are participating in a residential special education school.

Residential rehabilitation – treatment services in a structured, therapeutic environment for individuals who need assistance in developing and establishing a drug free life style in recovery.

Residential services – services that provide engagement interventions, an array of skill building activities, and numerous opportunities to participate in integrated community organizations and activities to facilitate recovery and develop a personal recovery support system.

Residential Treatment Center – a facility that meets long term placement needs and provides clinical treatment of psychiatric, behavioral and emotional disorders.

Rest home with nursing supervision – defined by the State's Public Health Code as an institution having facilities and all necessary personnel to provide, in addition to personal care required in a residential care home, nursing supervision under medical direction twenty-four hours per day.

Retail / Store Based clinics – based in a pharmacy or a supermarket they provide episodic care for the most common diagnoses that do not require immediate treatment (headaches, coughs, fever, nasal congestion and fever) and preventive care such as health screening, vaccinations and physical examinations.

Safe Homes – provide short-term congregate care for children ages birth to 11 who are experiencing a first removal from their home due to abuse, neglect or other significant risk factors.

Safety Net Provider - those providers that either by mandate, offer health care services regardless of patients' ability to pay or by mission, have a patient mix that consists mostly of the uninsured, Medicaid beneficiaries, inner city and rural poor and other vulnerable populations.

School Based Health Centers (SBHC) – free-standing medical centers, licensed by the Connecticut DPH as outpatient clinics or as hospital satellite clinics, located within or on the grounds of schools.

Statewide Primary Care Access Authority (SPCAA) – established by the Connecticut General Assembly for a four-year term beginning August 2007 to develop an inventory of the state's existing primary care infrastructure; a system that could serve the primary care needs of the state; and an implementation and evaluation plan for the new system.

Subacute rehabilitation – programs that provide therapy needed before or after a person completes acute rehabilitation but before they go home.

SWET Group Homes – group homes that allow youth to live in a supervised apartment setting with other youth who are exploring an independent living environment.

Systems of Care – a community-based service delivery model that promotes positive mental health outcomes for children and youth from birth through 21 years of age and their families.

Temporary shelter – meets short-term emergency placement needs during which the facility attempts to stabilize, assess and prepare the child for a more permanent placement. Clinical and medical services are provided on an outpatient basis.

Therapeutic Group Home – group homes designed to serve children with significant behavioral health, or developmental issues.

Trauma – a wound or injury to the body caused by accident, violence, shock or pressure, excluding poisoning, drug overdose, smoke inhalation, and drowning (19a-177-1(6))

Trauma center – a hospital equipped to provide comprehensive emergency medical services to patients who require complex and multi-disciplinary treatment following traumatic injuries.

Trauma facility – a hospital that has met the requirements as prescribed in section 19a-177-4 of the Regulations of Connecticut State Agencies and has received such designation from the Office of Emergency Medical Services (OEMS) in accordance with section 19a-177-3 of the Regulations of Connecticut State Agencies (19a-177-1(8)).

United Way of Connecticut 2-1-1 – a one-stop connection to the local services, from utility assistance, food, housing, child care, after school programs, elder care, and crisis intervention.

Unmet Need – inadequate availability of health care services deemed necessary to deal with a particular health problem. It can also be defined as when individuals of a distinct socio-demographic group, such as the uninsured or people with low income, forgo or delay accessing needed available health care services because the associated costs are unaffordable.

Urgent care/walk-in clinics – provide medical diagnosis and treatment for minor illnesses and conditions that do not require immediate attention, such as injuries. They may provide vaccinations, physical examinations and ancillary services which may include x-ray and laboratory services.

Utilization Rate – means procedures per year for the Primary Service Area calculated by multiplying the Utilization Rate per Capita by the population in the Primary Service Area using the most recently available census data.

Utilization Rate per Capita – the number of scans/1000 population as determined by data collected and published by the Office of Health Care Access division of the Department of Public Health through its data collection and survey processes. If such data is not available from the Office, the applicant is responsible for including reliable statistics, with citations, to establish the utilization rate.

Value Based Purchasing (VBP) – a system where incentive payments are given to hospitals that meet or exceed benchmarks set by the Centers for Medicare and Medicaid Services (CMS).

Vulnerable Population Emergency Response Planning program – a Department of Public Health program that provides an integrated database of the type and scope of care, monitoring and human services necessary to enable populations with functional consideration to remain in their homes and communities.

Well Child Clinic – facilities licensed by Connecticut Department of Public Health as outpatient clinics and are primarily operated by visiting nurse associations or municipalities.

ACRONYMS

ACCF – American College of Cardiology Foundation
ACEP – American College of Emergency Physicians
ACO – Accountable Care Organizations
ADC – Average Daily Census
ADPC – Alcohol and Drug Policy Council
AHA – American Health Association
AIA – American Institute of Architects
ALSA – Assisted Living Service Agency
APCD – All Payer Claims Database
APRN – Advanced Practice Nurse Practitioner
ARRA – American Recovery and Reinvestment Act
ASAM – American Society of Addiction Medicine
ASO – Administrative Services Organization
CAADC – Connecticut Association of Adult Day Centers
CAC – Catchment Area Council
CAPD – Continuous Ambulatory Peritoneal Dialysis
CCMC – Connecticut Children’s Medical Center
CCNH – Chronic and Convalescent Nursing Homes
CCRC – Continuing Care Retirement Community
CDC – Centers for Disease Control and Prevention
CEMSMAC – Connecticut EMS Medical Advisory Committee
CGS – Connecticut General Statutes
CHA – Connecticut Hospital Association
CHC – Community Health Center
CHCACT – Community Health Center Association of Connecticut
CHCP – Community Hospital Cancer Program
CJTS – Connecticut Juvenile Training School
CMHC – Connecticut Mental Health Center
CMS – Centers for Medicare and Medicaid Services
COC – Commission on Cancer
COHI – Connecticut Oral Health Initiative
COMP – Community Hospital Comprehensive Cancer Program
CON – Certificate of Need
CPORT – Cardiovascular Patient Outcomes Research Team
CPORT-E – Cardiovascular Patient Outcomes Research Team, Non-Primary PCI
CPS – Census Bureau Current Population Survey
CRMHC – Capital Region Mental Health Center
CT- Computed Tomography
CT BHP – Connecticut Behavioral Health Partnership
CT-ORH – Connecticut State Office of Rural Health
CT PCIP – Connecticut’s Pre Existing Condition Insurance Plan
CYSHCN – Children and Youth with Special Health Care Needs
CVD – Cardiovascular Disease
DCF – Connecticut Department of Children and Family Services
DEMHS – Connecticut Department of Emergency Management and Homeland Security
DESPP – Department of Emergency Services and Public Protection
DHHS – Connecticut Department of Health and Human Services
DMAT – Disaster Medical Assistance Team
DMHAS – Connecticut Department of Mental Health and Addiction Services
DOI – Connecticut Department of Insurance
DOT – Connecticut Department of Transportation
DPH – Connecticut Department of Public Health

DRG – Diagnostic Related Group
DSH – Disproportionate Share Hospital
DSS – Department of Social Services
ED – Emergency Department
EHR – Electronic Health Records
EMS – Emergency Medical Services
EMTALA – Emergency Medical Treatment and Active Labor Act
FCTSADP – Facility for the care or Treatment of Substance Abuse or Dependent Persons
FFY – Federal Fiscal Year
FPL – Federal Poverty Level
FQHC – Federally Qualified Health Center
GBCMHC – Greater Bridgeport Community Mental Health Center
HHS – Department of Health and Human Services
HIDD – Hospital Inpatient Discharge Database
HIE – Health Insurance Exchanges
HITE – Health Information Technology Exchange
HITECH – Health Information Technology for Economic and Clinical Health Act of 2009
HITE-CT – Health Information Technology Exchange of Connecticut
HIV – Human Immunodeficiency Virus
HMIP – Hospitals for Mentally Ill Persons
HPSA – Health Professional Shortage Areas
HRS – Hospital Reporting System
HRSA – Health Resources and Services Administration
HUSKY – Healthcare for Uninsured Kids and Youth
ICC – Intermediate Care Center
ICF – Intermediate Care Facility
ICF/MR – Intermediate Care Facility for Individuals with Mental Retardation
IDDT – Integrated Dual Disorder Treatment
IOM – Institute of Medicine
LHD – Local Health Departments
LINAC – Linear Accelerator
LMHA – Local Mental Health Authorities
LNMs – Licensed Nurse Midwives
LTAC – Long Term Acute Care
MD – Medical Doctor
MFP – Money Follows the Person Program
MRI – Magnetic Resonance Imaging
MUA/P – Medically Underserved Areas or Populations
NCI – National Cancer Institute
NCIP – National Cancer Institute designated Comprehensive Cancer Center Program
NCSBN – National Council of State Boards of Nursing
NHSC – National Health Service Corps
NIW – National Interest Waiver
NSDUH – National Survey on Drug Use and Health
N-SSATS – National Survey of Substance Abuse Treatment Services
OEMS – Office of Emergency Medical Services
OHCA – Office of Health Care Access
OHRI – Office of Health Reform and Innovation
ONC – Office of the National Coordinator
OOH – Office of Oral Health
OSF – Outpatient Surgical Facility
OT – Occupational Therapy
PA – Physician Assistants
PASS – Preparing Adolescents for Self Sufficiency
PCA – Percutaneous Coronary Angioplasty

PCI – Percutaneous Coronary Intervention
PCMH – Primary Care Medical Home
PCO – Connecticut Primary Care Office
PCP – Primary Care Practitioner
PCS – Primary Care Subcommittee
PET – Positron Emission Tomography
PET/CT – Positron Emission Tomography – Computed Tomography
PHC – Public Health Code
PLWHA – People Living with HIV/AIDS
PPACA – Patient Protection and Affordable Care Act
PRTF – Psychiatric Residential Treatment Facility
PT – Physical Therapy
RHNS – Rest Homes with Nursing Supervision
RN – Registered Nurse
SAGA – State Administered General Assistance
SAMHSA – Substance Abuse and Mental Health Services Administration
SBHC – School Based Health Clinics
SBIRT – Screening Brief Intervention and Referral to Treatment Program
SCAI – Society for Cardiovascular Angiography and Interventions
SDB – Shortage Designation Branch
SEARCH – Student Experiences and Rotations in Community Health
S/LPS – Speech Language Pathology Services
SNF – Skilled Nursing Facility
SPCAA – Statewide Primary Care Access Authority
STEMI – ST Segment Myocardial Infarction
SWET – Supported Work Education Training
TBI – Traumatic Brain Injury
THCP – Teaching Hospital Cancer Program
TR – Therapeutic Recreation
UCSIS – U.S. Citizenship and Immigration Services
USVHA – U.S. Veteran Affairs Veterans Health Administration
VACP – Veterans Affairs Cancer Program
VPB – Value Based Purchasing
VR – Vocational Rehabilitation

Sec. 19a-634. (Formerly Sec. 19a-150). Statewide health care facility utilization study. Statewide health care facilities and services plan. Inventory of health care facilities, equipment and services.

- (a) The Office of Health Care Access shall conduct, on an annual basis, a statewide health care facility utilization study. Such study shall include, but not be limited to, an assessment of: (1) Current availability and utilization of acute hospital care, hospital emergency care, specialty hospital care, outpatient surgical care, primary care and clinic care; (2) geographic areas and subpopulations that may be underserved or have reduced access to specific types of health care services; and (3) other factors that the office deems pertinent to health care facility utilization. Not later than June thirtieth of each year, the Commissioner of Public Health shall report, in accordance with section 11-4a, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services on the findings of the study. Such report may also include the office's recommendations for addressing identified gaps in the provision of health care services and recommendations concerning a lack of access to health care services.
- (b) The office, in consultation with such other state agencies as the Commissioner of Public Health deems appropriate, shall establish and maintain a statewide health care facilities and services plan. Such plan may include, but not be limited to: (1) An assessment of the availability of acute hospital care, hospital emergency care, specialty hospital care, outpatient surgical care, primary care and clinic care; (2) an evaluation of the unmet needs of persons at risk and vulnerable populations as determined by the commissioner; (3) a projection of future demand for health care services and the impact that technology may have on the demand, capacity or need for such services; and (4) recommendations for the expansion, reduction or modification of health care facilities or services. In the development of the plan, the office shall consider the recommendations of any advisory bodies which may be established by the commissioner. The commissioner may also incorporate the recommendations of authoritative organizations whose mission is to promote policies based on best practices or evidence-based research. The commissioner, in consultation with hospital representatives, shall develop a process that encourages hospitals to incorporate the statewide health care facilities and services plan into hospital long-range planning and shall facilitate communication between appropriate state agencies concerning innovations or changes that may affect future health planning. The office shall update the statewide health care facilities and services plan on or before July 1, 2012, and every five years thereafter.
- (c) For purposes of conducting the statewide health care facility utilization study and preparing the statewide health care facilities and services plan, the office shall establish and maintain an inventory of all health care facilities, the equipment identified in subdivisions (8) and (9) of subsection (a) of section 19a-638, and services in the state, including health care facilities that are exempt from certificate of need requirements under subsection (b) of section 19a-638. The office shall develop an inventory questionnaire to obtain the following information: (1) The name and location of the facility; (2) the type of facility; (3) the hours of operation; (4) the type of services provided at that location; and (5) the total number of clients, treatments, patient visits, procedures performed or scans performed in a calendar year. The inventory shall be completed biennially by health care facilities and providers and such health care facilities and providers shall not be required to provide patient specific or financial data.

Sec. 19a-634.(Formerly Sec. 19a-150).Statewide health care facility utilization study. Statewide health care facilities and services plan. Inventory of health care facilities, equipment and services.

- (a) The Office of Health Care Access shall conduct, on a biannual basis, a statewide health care facility utilization study. Such study may include an assessment of: (1) Current availability and utilization of acute hospital care, hospital emergency care, specialty hospital care, outpatient surgical care, primary care and clinic care; (2) geographic areas and subpopulations that may be underserved or have reduced access to specific types of health care services; and (3) other factors that the office deems pertinent to health care facility utilization. Not later than June thirtieth of the year in which the biannual study is conducted, the Commissioner of Public Health shall report, in accordance with section 11-4a, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services on the findings of the study. Such report may also include the office's recommendations for addressing identified gaps in the provision of health care services and recommendations concerning a lack of access to health care services.
- (b) The office, in consultation with such other state agencies as the Commissioner of Public Health deems appropriate, shall establish and maintain a statewide health care facilities and services plan. Such plan may include, but not be limited to: (1) An assessment of the availability of acute hospital care, hospital emergency care, specialty hospital care, outpatient surgical care, primary care and clinic care; (2) an evaluation of the unmet needs of persons at risk and vulnerable populations as determined by the commissioner; (3) a projection of future demand for health care services and the impact that technology may have on the demand, capacity or need for such services; and (4) recommendations for the expansion, reduction or modification of health care facilities or services. In the development of the plan, the office shall consider the recommendations of any advisory bodies which may be established by the commissioner. The commissioner may also incorporate the recommendations of authoritative organizations whose mission is to promote policies based on best practices or evidence-based research. The commissioner, in consultation with hospital representatives, shall develop a process that encourages hospitals to incorporate the statewide health care facilities and services plan into hospital long-range planning and shall facilitate communication between appropriate state agencies concerning innovations or changes that may affect future health planning. The office shall update the statewide health care facilities and services plan not less than once every two years.
- (c) For purposes of conducting the statewide health care facility utilization study and preparing the statewide health care facilities and services plan, the office shall establish and maintain an inventory of all health care facilities, the equipment identified in subdivisions (8) and (9) of subsection (a) of section 19a-638, and services in the state, including health care facilities that are exempt from certificate of need requirements under subsection (b) of section 19a-638. The office shall develop an inventory questionnaire to obtain the following information: (1) The name and location of the facility; (2) the type of facility; (3) the hours of operation; (4) the type of services provided at that location; and (5) the total number of clients, treatments, patient visits, procedures performed or scans performed in a calendar year. The inventory shall be completed biennially by health care facilities and providers and such health care facilities and providers shall not be required to provide patient specific or financial data.

Appendix B
Advisory Body

Evelyn Barnum, J.D.
Chief Executive Officer
Community Health Ctr. Association of CT

Al Bidorini
Director, Office of Program Analysis and Support
CT Dept. of Mental Health and Addiction Services

Paula Chenail
Vice President of Operations
Constitution Surgery Centers, LLC (CSC)
CT Outpatient Ambulatory Surgical Centers

Ken Ferrucci, MPA
Vice President, Public Policy and Government Affairs
CT State Medical Society

Yvette Highsmith Francis
Director, Hartford County Sites
Community Health Care, Inc.

Wendy Furniss
Branch Chief
Health Systems
CT Department of Public Health

Karen Goyette
Vice President, Strategic Planning & Marketing
Hartford Hospital

Meg Hooper
Former Chief, Planning Branch
CT Department of Public Health

Kennedy Hudner
Partner
Murtha Cullina LLP

James Iacobellis
Senior Vice President
Government and Regulatory Affairs
Connecticut Hospital Association

Linda Kowalski
Executive Director
Radiology Society of Connecticut

Stuart Markowitz, MD, FACR
Radiological Society of Connecticut

Kimberly Martone, Chair
Director of Operations
Office of Health Care Access
CT Department of Public Health

Lauren Siembab
Director, Community Services Division
CT Dept. of Mental Health and Addiction Services

Stan Soby
Vice President
Community Providers Association
Oak Hill

Lisa Winkler
Executive Director
Connecticut Ambulatory Association of Surgical Centers

Appendix C
Subcommittees
Acute Care/Ambulatory Surgery Subcommittee

Jean Ahn
System Director, Strategic Planning & Business Development
Yale-New Haven Hospital

Karen Goyette, Facilitator
Vice President, Strategic Planning & Business
Development,
Hartford Hospital

Betty Bozzuto, RN, MBA, CASC
Vice President of Surgical Services
St. Mary's Hospital

Sally Herlihy
Vice President, Planning
Western Connecticut Health Network

Lisa Brady
Vice President and Chief Operating Officer
Norwalk Hospital

Dennis McConville
Senior Vice President, Planning, Marketing
and Communications
Eastern Connecticut Health Network

Patrick Charmel
President and Chief Executive Officer
Griffin Hospital

Carl Schiessl
Director, Regulatory Advocacy
Connecticut Hospital Association

Beth Chaty
Director of Planning, Strategy & Market Development
Stamford Health System

Judith Ward
Vice President, Marketing
Western CT Health Network
Danbury Hospital

Louise Dechesser, R.N., CNOR, MS
Administrator
Hartford Hospital

Lisa A. Winkler
Executive Director
CT Ambulatory Assoc. of Surgical Centers

Imaging Workgroup

Stephen Cowherd, Esq.
Jeffers Cowherd

Andrew J. Lawson, MD, FACR
Diagnostic Radiology Associates, LLC
President and Councilor of the Radiology
Society of Connecticut

Jim Iacobellis
Senior Vice President
Government and Regulatory Affairs
Connecticut Hospital Association

Mr. James Williams
Assistant Executive Director & Director of
Government Relations
Connecticut State Dental Association

Melanie Dillon
Office of Health Care Access
Staff Attorney

Karen Buckley-Bates
Department of Public Health
Director of Government Relations

Stuart Markowitz, MD, FACR
Chairman Department of Radiology
Hartford Hospital

Alan Kaye, M.D.
Radiological Society of Connecticut

Behavioral Health Subcommittee

Sandra C. Bauer
Licensing Examination Assistant
Facility Licensing & Investigations Section
CT Department of Public Health

Alfred Bidorini, Facilitator
Director
Office of Program Analysis and Support
CT Department of Mental Health and Addiction Services

Liz Collins
Former Director of Payer Relations,
Managed Behavioral Healthcare
Yale-New Haven Hospital

Norma Kirwan, Psy.D.
Director, Dorothy Bennett Behavioral Health Center
Optimus Health Care

Maybelle Mercado-Martinez, Ph.D.
Senior Vice President of Program Development
Vice President of Behavioral Health Services
Charter Oak Health Center

James O’Dea, Ph.D.
Assistant Vice President
Program Operations
The William W. Backus Hospital

Dr. Robert Plant
Former Director, Community Programs and Services
CT Department of Children and Families

Lauren Siembab
Director, Community Services Division
CT Department of Mental Health and Addiction Services

Jim Siemianowski
Director of Evaluation, Quality Management and
Improvement Division (EQMI)
CT Department of Mental Health and Addiction Services

Jeffrey Walter
President and Chief Executive Officer
Rushford Center

Primary Care Subcommittee

Evelyn A. Barnum, J.D.
Chief Executive Officer
Community Health Center Association of Connecticut

Rosa M. Biaggi, MPH, MPA
Chief, Family Health Section
State Title V MCH Director
CT Department of Public Health

Janet M. Brancifort, MPH
Public Health Services Manager,
Family Health Section
CT Department of Public Health

Robert Carr, M.D.
President
CT Academy of Family Physicians

Terrie Estes
Director, Planning and Business Development
Saint Raphael Healthcare System

Yvette Highsmith Francis
Director,
Hartford County Sites

Jesse White-Frese’
Executive Director
CT Association of School Based Health
Centers, Inc.

Brian Mattiello
Director of Strategic Initiatives
The Charlotte Hungerford Hospital

Jacqueline Nwando Olayiwola, M.D. M.P.H, F.A.A.P
Medical Director
Community Health Centers, Inc.

Robert Smanik
President and Chief Executive Office
Day Kimball Hospital

Appendix D
Health Care Practitioners

Practitioner Type	CT Licensed Practitioners ^a	Mean Age ^b	Age 60 and Older ^b	Rate per 100,000 CT Population ^c
Acupuncturist	340	49.5	19%	9.5
Advanced Emergency Medical Technician	864	39.3	7%	24.2
Advanced Practice Registered Nurse	3,664	48.7	19%	102.5
Athletic Trainer	606	34.0	1%	17.0
Audiologist	268	48.2	19%	7.5
Certified Alcohol and Drug Counselor	286	53.9	29%	8.0
Chiropractor	997	47.6	12%	27.9
Dental Anesthesia/Conscious Sedation Permit	125	54.2	36%	3.5
Dental Conscious Sedation Permit	19	47.9	26%	0.5
Dental Hygienist	3,654	45.4	11%	102.2
Dentist	3,385	50.7	29%	94.7
Dietitian/Nutritionist	783	46.3	14%	21.9
Electrologist	165	53.5	27%	4.6
Emergency Medical Responder	6,575	38.1	5%	184.0
Emergency Medical Responder - CSP	1,367	43.6	3%	38.2
Emergency Medical Service-Instructor	540	46.2	12%	15.1
Emergency Medical Technician	11,914	37.7	5%	333.3
Hearing Instrument Specialist	122	56.1	33%	3.4
Homeopathic Physician	9	57.4	33%	0.3
Licensed Alcohol and Drug Counselor	773	54.3	33%	21.6
Licensed Clinical Social Worker	5,709	51.5	31%	159.7
Licensed Nurse Midwife	217	49.3	18%	6.1
Licensed Practical Nurse	13,249	47.8	24%	370.7
Marital and Family Therapist	1,112	52.1	31%	31.1
Massage Therapist	4,775	44.6	11%	133.6
Naturopathic Physician	279	45.2	11%	7.8
Nursing Home Administrator	781	53.5	32%	21.9
Occupational Therapist	2,065	41.1	4%	57.8
Occupational Therapist Assistant	683	43.7	7%	19.1
Optician	707	50.2	22%	19.8
Optician Apprentice	288	36.9	5%	8.1
Optometrist	654	49.8	20%	18.3
Paramedic	2,145	40.8	3%	60.0
Perfusionist	70	47.7	10%	2.0
Physical Therapist	4,609	43.8	10%	129.0
Physical Therapist Assistant	676	42.9	6%	18.9
Physician Assistant	1,867	40.5	7%	52.2
Physician/Surgeon	17,154	51.7	27%	480.0
Podiatrist	307	50.8	23%	8.6
Professional Counselor	1,881	51.6	33%	52.6

Practitioner Type	CT Licensed Practitioners ^a	Mean Age ^b	Age 60 and Older ^c	Rate per 100,000 CT Population ^d
Psychologist	1,879	53.4	35%	52.6
Radiographer	4,123	45.4	13%	115.4
Registered Nurse	57,429	48.8	22%	1606.8
Respiratory Care Practitioner	1,714	47.0	12%	48.0
Speech and Language Pathologist	2,485	46.8	19%	69.5

^aIncludes all practitioners holding an active CT license.

^bErroneous age values and age values of less than 14 and greater than 90 have been omitted from the calculation.

^cBased on Census 2010 data.

Appendix E

Connecticut Towns by County and Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security (DEMHS) Regions

Town Name	County Name	DEMHS Region No.
Andover	Tolland County	3
Ansonia	New Haven County	2
Ashford	Windham County	4
Avon	Hartford County	3
Barkhamsted	Litchfield County	5
Beacon Falls	New Haven County	5
Berlin	Hartford County	3
Bethany	New Haven County	2
Bethel	Fairfield County	5
Bethlehem	Litchfield County	5
Bloomfield	Hartford County	3
Bolton	Tolland County	3
Bozrah	New London County	4
Branford	New Haven County	2
Bridgeport	Fairfield County	1
Bridgewater	Litchfield County	5
Bristol	Hartford County	3
Brookfield	Fairfield County	5
Brooklyn	Windham County	4
Burlington	Hartford County	3
Canaan	Litchfield County	5
Canterbury	Windham County	4
Canton	Hartford County	3
Chaplin	Windham County	4
Cheshire	New Haven County	2
Chester	Middlesex County	2
Clinton	Middlesex County	2
Colchester	New London County	4
Colebrook	Litchfield County	5
Columbia	Tolland County	4
Cornwall	Litchfield County	5
Coventry	Tolland County	4
Cromwell	Middlesex County	3
Danbury	Fairfield County	5
Darien	Fairfield County	1
Deep River	Middlesex County	2
Derby	New Haven County	2
Durham	Middlesex County	2
East Granby	Hartford County	3
East Haddam	Middlesex County	3
East Hampton	Middlesex County	3

Town Name	County Name	DEMHS Region No.
East Hartford	Hartford County	3
East Haven	New Haven County	2
East Lyme	New London County	4
East Windsor	Hartford County	3
Eastford	Windham County	4
Easton	Fairfield County	1
Ellington	Tolland County	3
Enfield	Hartford County	3
Essex	Middlesex County	2
Fairfield	Fairfield County	1
Farmington	Hartford County	3
Franklin	New London County	4
Glastonbury	Hartford County	3
Goshen	Litchfield County	5
Granby	Hartford County	3
Greenwich	Fairfield County	1
Griswold	New London County	4
Groton	New London County	4
Guilford	New Haven County	2
Haddam	Middlesex County	2
Hamden	New Haven County	2
Hampton	Windham County	4
Hartford	Hartford County	3
Hartland	Hartford County	5
Harwinton	Litchfield County	5
Hebron	Tolland County	3
Kent	Litchfield County	5
Killingly	Windham County	4
Killingworth	Middlesex County	2
Lebanon	New London County	4
Ledyard	New London County	4
Lisbon	New London County	4
Litchfield	Litchfield County	5
Lyme	New London County	4
Madison	New Haven County	2
Manchester	Hartford County	3
Mansfield	Tolland County	4
Marlborough	Hartford County	3
Meriden	New Haven County	2
Middlebury	New Haven County	5
Middlefield	Middlesex County	2

Town Name	County Name	DEMHS Region No.
Middletown	Middlesex County	3
Milford	New Haven County	2
Monroe	Fairfield County	1
Montville	New London County	4
Morris	Litchfield County	5
Naugatuck	New Haven County	5
New Britain	Hartford County	3
New Canaan	Fairfield County	1
New Fairfield	Fairfield County	5
New Hartford	Litchfield County	5
New Haven	New Haven County	2
New London	New London County	4
New Milford	Litchfield County	5
Newington	Hartford County	3
Newtown	Fairfield County	5
Norfolk	Litchfield County	5
North Branford	New Haven County	2
North Canaan	Litchfield County	5
North Haven	New Haven County	2
North Stonington	New London County	4
Norwalk	Fairfield County	1
Norwich	New London County	4
Old Lyme	New London County	4
Old Saybrook	Middlesex County	2
Orange	New Haven County	2
Oxford	New Haven County	5
Plainfield	Windham County	4
Plainville	Hartford County	3
Plymouth	Litchfield County	5
Pomfret	Windham County	4
Portland	Middlesex County	3
Preston	New London County	4
Prospect	New Haven County	5
Putnam	Windham County	4
Redding	Fairfield County	5
Ridgefield	Fairfield County	5
Rocky Hill	Hartford County	3
Roxbury	Litchfield County	5
Salem	New London County	4
Salisbury	Litchfield County	5
Scotland	Windham County	4
Seymour	New Haven County	2
Sharon	Litchfield County	5

Town Name	County Name	DEMHS Region No.
Shelton	Fairfield County	2
Sherman	Fairfield County	5
Simsbury	Hartford County	3
Somers	Tolland County	3
South Windsor	Hartford County	3
Southbury	New Haven County	5
Southington	Hartford County	3
Sprague	New London County	4
Stafford	Tolland County	3
Stamford	Fairfield County	1
Sterling	Windham County	4
Stonington	New London County	4
Stratford	Fairfield County	1
Suffield	Hartford County	3
Thomaston	Litchfield County	5
Thompson	Windham County	4
Tolland	Tolland County	3
Torrington	Litchfield County	5
Trumbull	Fairfield County	1
Union	Tolland County	4
Vernon	Tolland County	3
Voluntown	New London County	4
Wallingford	New Haven County	2
Warren	Litchfield County	5
Washington	Litchfield County	5
Waterbury	New Haven County	5
Waterford	New London County	4
Watertown	Litchfield County	5
West Hartford	Hartford County	3
West Haven	New Haven County	2
Westbrook	Middlesex County	2
Weston	Fairfield County	1
Westport	Fairfield County	1
Wethersfield	Hartford County	3
Willington	Tolland County	4
Wilton	Fairfield County	1
Winchester	Litchfield County	5
Windham	Windham County	4
Windsor	Hartford County	3
Windsor Locks	Hartford County	3
Wolcott	New Haven County	5
Woodbridge	New Haven County	2
Woodbury	Litchfield County	5
Woodstock	Windham County	4

Appendix F
Emergency Department Behavioral Health Focus Group Members

Patricia Dillon Rizzi, PsyD
Associate Director, Psychiatry
Bridgeport Hospital

Kathy Pontes
Professional Nurse II
Bridgeport Hospital

Robert G. Flade, RN, MS
Director of Emergency, Respiratory &
Pulmonary Services
The Hospital of Central Connecticut

Anne Howley
Nurse Manager, Emergency Department
John Dempsey Hospital

Judith Moran-Lounsbury
Nurse Manager, Psychiatry
John Dempsey Hospital

Katherine Powell, PhD
Director of Psychiatric Services
Griffin Hospital

David Pepper, MD
Psychiatrist
Hartford Hospital

Mark Scalzi
Clinical Nurse Leader
Hartford Hospital

Lori Johnson, APRN
Director, IOL Assessment and Quality Management
Hartford Hospital

Donna M. Feinstein, RN, BSN, MM
Director of Nursing
The Charlotte Hungerford Hospital

Brian Kesl
Clinical Manager, Emergency Department
The Charlotte Hungerford Hospital

Andrea Moran
Director, Crisis Intervention Services
Lawrence & Memorial Hospital

Chris Petrone
Director, Patient Care Services
Eastern Connecticut Health Network

Debbie Warzecha
Nurse Manager
Marlborough Medical Center, Middlesex Hospital

Terri DiPietro
Director, Outpatient Behavioral Health
Middlesex Hospital

Chris Scully
Director, Regulatory Compliance & Patient Safety
MidState Medical Center

Lynn Amarante
Senior VP, ED and Cardiac Services
MidState Medical Center

Donald Lombino, MD
Director, Emergency Medicine
MidState Medical Center

Ari Perkins, MD
Emergency Physician
Norwalk Hospital

Deena Williamson
Executive Director, Behavioral Health Services
Saint Francis Hospital and Medical Center

Surita Rao, MD
Chairman and Director, Behavioral Health Services
Saint Francis Hospital and Medical Center

David Harriman, MD
Associate Chair, Emergency Department
Hospital of Saint Raphael

Laura Nesta
Director, OP Behavioral Health Services
Waterbury Hospital

Doreen Elnitsky
Administrative Director, Behavioral Health
Waterbury Hospital

Gale Lockland, PhD
Psychologist
Windham Hospital

Rebecca Stanley
Clinical Services Manager
Yale-New Haven Hospital

Mark Sevilla
ED Interim Director, Adult Emergency Services
Yale-New Haven Hospital

Facilitators:

Alfred Bidorini
Director
Office of Program Analysis and Support
CT Department of Mental Health and Addiction Services

Colleen O'Connor
Research Assistant
CT Department of Mental Health and Addiction Services

Carl Schiessl
Director
Regulatory Advocacy

Appendix G
Emergency Department Focus Groups: Summary

Sec. 19a-634. (Formerly Sec. 19a-150).Statewide health care facility utilization study. Statewide health care facilities and services plan. Inventory of health care facilities, equipment and services.

As part of the OHCA Facility Plan process, the Subcommittees for Acute Care and Behavioral Health agreed to co-sponsor focus groups with hospital emergency department (ED) staff including ED, behavioral health and nurse directors. The aim of the focus groups was to gain better insight on how well persons presenting with behavioral health needs were receiving care either in the general hospital or through community programs. The Connecticut Hospital Association (CHA) provided the logistical support securing three meeting locations throughout the state and registering ED staff. A University of Connecticut Health Center research associate, on contract to the Department of Mental Health and Addiction Services, facilitated the groups.

Focus groups were held on May 23, 24 and 30, 2012 at CHA's headquarters in Wallingford, the Mount Sinai Campus of St. Francis Hospital and Medical Center in Hartford, and Bridgeport Hospital. A total of twenty-nine ED staff from seventeen hospitals representing large urban centers, medium-sized cities and smaller communities participated in the focus groups.

Each group was asked to discuss the following areas:

- Patient management: patient characteristics such as presenting behavioral health disorders, complicating factors such as co-morbid medical conditions; whether those admitted were first time or recurring patients; type of insurance coverage (i.e., public entitlement, no insurance, private); and any issues concerning payer requirements (preauthorization criteria, length of stay, etc.);
- Behavioral health resources/system capacity: the availability of appropriate services within the hospital and/or in the hospital's catchment area; discharge planning to assure placement in the appropriate level of care; referral networks between ED staff and community behavioral health providers and/or administrative services organizations; and care coordination; and
- Other challenges: noting any constraints/barriers in placing patients in behavioral health services outside the hospital such as transportation, appropriate housing, timely access to outpatient appointments and other recovery support services.

Several common themes emerged (not in ranked order) from the three focus groups, including:

1. Inappropriate use of the ED by behavioral health patients (e.g., patients from geriatric/nursing homes, group homes, school referrals, police drop-offs) competing with ED resources and affecting overall quality of care delivered in the ED.
2. Limited access to behavioral health services especially for those patients requiring inpatient (adults) or residential (youth) services as well as difficulty initiating services for new patients (e.g., securing an outpatient appointment for assessment/intake, medication, or other social/recovery services).
3. Lack of coordination of care between ED and community based services.

Inappropriate Use of ED by Behavioral Health Patients

There was a range of concerns raised by focus group participants as to the inappropriate use of EDs. These included:

- the police conducting “sweeps” and dropping off patients who are intoxicated - giving the patient a choice of jail or the ED;
- schools sending students who may be acting out or have conduct problems;
- nursing homes transferring patients who are disruptive/combative or who have dementia;
- concerned parents bringing their child who is intoxicated from alcohol and other drugs or exhibiting difficult behaviors; and
- family care givers who can no longer cope and need a respite.

In addition to seeing the severely chronically ill behavioral health patient, many ED participants stated that they are seeing new patients, referred to by participant as “the moderately” mentally ill. Several factors were suggested as to the rise in the number of this type of patient. Participants cited the poor economy and resulting adverse life events, such as unemployment or difficulty meeting financial obligations (possibly having lost insurance coverage), home foreclosures, caring for a sick family member, being socially isolated (aging population) and other environmental factors. Most of these patients do not present with an immediate medical concern, but can tie up ED beds for many hours or even days waiting for a behavioral health assessment and an appropriate discharge from the ED. For instance, most focus group participants noted the rise in patients from skilled nursing facilities (SNFs) who cannot be discharged back to the SNF until they receive a “psychiatric clearance” from the ED.

Participants reported that there has been an increase in combative patients placing ED staff at risk of physical harm. Consistently across the groups, it was reported that the number of serious assaults by patients have become commonplace, resulting in hospitals taking additional steps to enhance security, such as increased security presence in the ED, increased use of hand-held metal detectors, and, in some cases, employing specially trained dogs, to assure patient and staff safety. Participants spoke about patients hiding weapons or other implements on their body that could pose a danger to themselves or ED staff. There was also discussion of the increased incidence of staff turnover resulting from patient assaults, and the resulting costs to hospitals to train new personnel.

Children and adolescents comprise one population increasingly presenting at EDs. Concerned parents are looking more often to the ED when they are unsure where to find help for a child who is abusing alcohol and other drugs, or is so disruptive that parents cannot manage their behavior. One hospital located in a large urban community reported a 50% increase in the volume of pediatric patients presenting to the ED in the past year. Participants noted a lack of substance use treatment programs for children, and waiting lists of child/adolescent partial hospital programs and residential beds, as contributing factors.

Another group comprises family members who can no longer cope with the care of an elderly parent. The parent may be socially isolated, depressed or experiencing dementia but not a medical or psychiatric emergency.

These patients and others can be costly in the diversion of ED resources. The ability for hospital EDs to manage the behavioral health population varied, with larger hospitals providing dedicated space to accommodate those with behavioral health needs. Nevertheless, even the larger, inner city hospitals may be overwhelmed. Some hospitals try to separate this population from the general ED medical patient population. Participants noted the importance of separating children from adults being treated in behavioral health ED; however, many do not have the capacity. One participant noted that, with the rise in patients inappropriately accessing ED services, care has become more “custodial” rather than clinical, as resources are diverted away from serving patients who truly need emergency medical care.

All focus groups reported a significant rise in behavioral visits over the past several years, with one hospital reporting a 20% increase. As mentioned, some attribute this to the economic downturn with the corresponding loss of insurance coverage. Certainly the increase in patient populations such as those experiencing life stressors as mentioned above is another. The chronically ill behavioral health patients, who cycle through treatment and relapse (or decompensation), may also be accessing the ED more often, due to the fewer community resources (e.g., counseling, medication

management or housing). The ED participants felt that the severity of those presenting with a behavioral health problem is increasing (i.e., more acute and more often).

Adding to this problem is the ubiquitous message placed on medical practices or behavioral health clinics' after-hours automated phone responses, stating, "If this is an emergency to go to the nearest emergency room." ED staff note that the majority of these patients do not need emergency room treatment, and could be more effectively and less expensively managed in an outpatient setting. As long as EDs are the only available care facilities operating 24 hours / 7 days a week, many will look to them whether the visit is appropriate or not. Participants stated that EDs have become a "dumping ground" for patients with nowhere else to go, and "when there's nowhere else to go, the ED's door is always open."

Limitations on length of stay (five days) for general hospital inpatient psychiatric beds by private insurance companies was cited as being problematic, resulting in patients receiving inadequate care, frequently relapsing and then returning to the ED.

EDs must provide one-to-one staffing for patients presenting with serious psychiatric concerns (including suicidal thoughts), or who exhibit aggressive behaviors, in order to avoid harm to themselves or others. This means that EDs must have specialized personnel, such as crisis workers, on staff. In smaller hospitals, getting a psychiatric evaluation may take some time, as the psychiatrist may not be physically present in the hospital, and available only by telephone, or available in person during limited hours. All of these issues place a burden on hospitals to appropriately staff EDs, at additional cost, and result in increased length of stays for patients.

While all focus group participants strongly confirmed the recent increase in chronic alcoholic patients (many who detox in the ED), some hospitals noted a rise in patients presenting with PCP (Phencyclidine) or "angel dust" use, and noted that such patients are more likely to exhibit violent behaviors. Also more ED patients are presenting with nonmedical use of narcotic pain relievers, other prescription drugs (stimulants), and cough medicine (dextromethorphan), particularly in the eastern part of the state.

While most patients who are admitted to an ED have some form of insurance (private or public entitlement-Medicaid) or are indigent and qualify for State-operated behavioral health services, there remains a cohort who is not insured, ineligible for public insurance, or does not qualify for State-operated services. EDs find it very difficult to find a community referral for these patients, which is one of the primary barriers to discharging a patient needing behavioral health care.

Limited access/capacity for inpatient (adults) or residential (adolescents) services

Most hospitals represented in the focus groups noted the shortage of inpatient beds for both adults and children needing psychiatric or substance use treatment services. For children with serious emotional disturbance, the wait for placement in a residential bed can take days if not weeks or may never happen. The burden of having a section of the ED separated for children waiting for a residential placement is especially difficult for smaller hospitals. The lack of available inpatient beds for adults was discussed at all focus groups, particularly regarding access to intermediate care beds that were recently placed on line as part of the Connecticut Behavioral Health Partnership (Medicaid) initiative. Participants noted that overall the decline in State-operated beds for adults, and community residential beds for children, for the most seriously ill behavioral health patients, places an extreme burden on EDs. These patients utilize a disproportionate amount of resources that were formerly available to the less severely ill patients, creating a "logjam" in the ED, and longer lengths of stays for all patients.

The limited availability of adult respite beds, which could be used to stabilize patients outside of the ED setting, continues to add to the inability to discharge patients needing mental health services. Across hospitals represented in the focus groups, the average length of stay in an ED for those awaiting admission to a behavioral health service ranged from twelve to thirty-two hours, with longer waits for those needing an inpatient psychiatric bed. The lack of observation beds (less than twenty-four hours or extended stay for up to seventy-two hours) was mentioned, in the context of being able to "hold" the patient until an appropriate discharge could be completed, thus freeing up ED beds. For the most part, observation beds are in short supply due to reimbursement constraints by payers, and respite or observation beds are not available for homeless patients.

Difficulty initiating services for new patients

For those “new” patients with behavioral health needs, it is difficult to schedule an appointment in the community for an initial assessment in order to obtain outpatient treatment or medication management. While most focus group participants stated an average wait time of three to six weeks, one hospital indicated it could take as long as six months for an outpatient appointment. Participants reported that some outpatient clinics require three appointments before a patient can see a psychiatrist for medication management, with the process taking several months. This also results in frequent re-admissions to the ED, while someone is waiting to receive outpatient services. In the past, patients such as these would not even present at the ED, as they would be receiving outpatient treatment or case management services.

It can be difficult to connect ED patients who need referral to community alcohol and drug or mental health services outside of normal program operational hours. The EDs’ busiest hours are usually evenings (after 4:00 p.m.), when it is impossible to arrange a referral to a community behavioral health provider. This necessitates keeping the patient until the next day, when a referral may be arranged. Weekends are even more difficult, since it is impossible to arrange a referral until Monday.

Lack of coordination of care between ED and community based services

Even for those with private or public insurance, obtaining preauthorization for behavioral health services is very time consuming. At one focus group, hospital ED participants reported difficulties in obtaining timely referrals and preauthorizations for behavioral health services for Medicaid Low Income Adults from the CT-Behavioral Health Partnership administrative services organization.

Some ED participants noted that communication between the ED and community programs is often poor. Some areas reported problems with Sober Houses, which provide housing for persons in recovery, discharging them when a person relapses, rather than assisting them in arranging alternative services. All groups noted a “low tolerance” on the part of some treatment agencies for certain behaviors, such as missing appointments, or testing positive for substance use. Such circumstances should be acknowledged, anticipated and accommodated as human elements of the recovery process. Once discharged or released from a community based service program, these individuals then present at EDs, requiring psychiatric medications. It was also noted that there is a lack of community-based case management services, which would achieve some measure of coordination of care between the ED and community providers, although in some EDs, there exists a strong tie with State-operated services for adults. A few participants mentioned the need for a comprehensive resource directory and an up-to-date census report, indicating where alcohol and drug residential beds are available.

As mentioned above, the readmitting practices of some SNFs, group homes and other institutions, that frequently send patients to the ED, is also causing gridlock. Many of the referred patients aren’t appropriate for the ED, and once diagnosed, must be discharged as soon as possible back to the referring facility. Often the referring agency/facility states that the patient is no longer appropriate for their program.

Overall, all regions reported use of the ED as a clearinghouse, or entry point, for access to all services (group home, inpatient, outpatient, substance abuse, etc.), leading to a back-up in the ED and inability to adequately care for those truly needing emergency services. For example, access to many detoxification facilities is only available upon referral from an ED. For opiate treatment, patients spend five to six hours in an ED for this referral. Others wait days for placement and are eventually stabilized and discharged from the ED before obtaining placement.

In the end, these system issues add days of untreated behavioral health needs, huge costs to hospitals and insurers, and disruption in patients’ and family members’ lives. Some participants noted the ED length of stay for behavioral health patients is routinely five to seven days, and that the ED is essentially functioning as a short-term inpatient unit and detoxification facility for behavioral health clients who cannot access beds in appropriate facilities. All participants agreed that behavioral health patients are not getting an adequate quality of care in the emergency department and would be better served in other settings if resources were available. Participants noted, “The ED is not conducive to providing quality care” and that these patients do not have positive outcomes in the ED setting.

Appendix H Emergency Department Focus Groups: Solutions

No Connecticut hospital is alike in terms of available resources, patient volume, and community demographics, but the majority of issues described by focus group participants appeared to be common to both large urban hospitals and smaller community hospitals. While federal law requires all Emergency Departments (EDs) to provide or arrange treatment necessary to attempt to stabilize patients who are found to have an emergency medical condition, they also provide treatment for individuals whose health needs are not of an emergency nature, but for whom EDs may be the only accessible or timely entry point into the broader health care system. Whereas participants shared many similar frustrations about the behavioral health system, perhaps the overarching concern was the function of the ED in the continuum of care as a “custodial care” institution, where behavioral health patients are “boarded” in the ED. From a planning perspective, the focus groups acknowledged that capacity issues for EDs must be monitored to ensure that overcrowding and wait times for patients do not threaten to compromise patient care.

Common themes identified by focus group participants included (i) inappropriate use of EDs by behavioral health patients, (ii) limited access to behavioral health services/difficulty initiating services for new patients, and (iii) lack of coordination between EDs and community based services. These themes are addressed in further detail in an accompanying document, entitled “Emergency Department Focus Groups Summary.”

While these problems are not unique to Connecticut, participants agreed that a frank, open, and ongoing discussion of potential solutions, including consideration of specific measures implemented among prehospital providers, ED providers, and providers of follow-up care, and the role government can play to incentivize the implementation of such solutions, are essential and beneficial elements of the planning process.

Current Measures

Participants cited the success of certain programs that may potentially be expanded to other regions or populations. For example, the child psychiatric emergency mobile teams (EMPS) are reportedly working well in most areas. One participant stated that four out of five child/adolescent crisis clients are diverted from the ED through this system. It was recommended that this approach might be utilized successfully with the adult population as well. Another program participants believe is “very helpful” is the “ED diversion program” through DMHAS for behavioral health patients. In addition, the “wraparound” diversion alternative to hospitalization for child and adolescent patients was noted as a successful program in one region of the state.

Participants shared ideas about policies and practices that their hospitals’ EDs have initiated to try to cope with behavioral health system issues. For instance, one large urban hospital experienced an increase in patients presenting with non-emergent complaints, afterhours and on weekends, from the local mental health care providers. The hospital engaged these providers, educating them on the appropriate use of the ED, and persuading them to change the messaging on their voicemail systems regarding possible emergency client calls. These modest changes resulted in a reduction in patient volume. Another hospital adopted the practice of admitting nonviolent children and adolescents presenting with behavioral health concerns into its inpatient pediatric unit for observation, in order to avoid “boarding” them in the ED.

Most participants stated that the increasing number of ED visitors were resulting in new challenges to guarantee patient and worker safety. Many reported that their hospitals have taken decisive measures to address this challenge, increasing security staff, and investing in technology and equipment, such as hand-held metal detectors, to assure patient safety. Participants also cited the challenge of managing medications for those behavioral health patients presenting with medical co-morbidities, and those with multiple prescriptions. One hospital reported that it resorted to employing pharmacy technicians in the ED, to manage multiple prescriptions for patients who may remain in the ED for several days at a time.

One large urban hospital dealt with an increase in geriatric patients presenting with behavioral health concerns by staffing more medical case managers in the ED, both to manage these patients and coordinate with SNFs. This same hospital reported that its crisis clinicians were essentially functioning as case managers for a significant portion of their time, although they also stated that this solution is “unbillable and unreimbursable but helps with flow” in the ED. Across the board, participants stated that case management was lacking for behavioral health patients, in pre- and post-hospital settings.

Another participant reported that group homes for persons with developmental disabilities in the region served by their ED were developing and sharing with the ED their elaborate treatment plans for dealing with very violent patients. These detailed plans ensured that the group homes would take the patient back after an ED visit. Participants suggested that such a practice might be replicated with geriatric/nursing home patients and behavioral health group home patients.

Participants shared a number of measures currently used to address the growing need to care for behavioral health patients in the ED, including:

- segregating patients such as children and adolescents and geriatric patients, placing them in a separate, more appropriate environment ;
- hiring nurses with psychiatric training and the skills necessary to manage ED patients presenting with mental health problems;
- establishing dedicated units within the ED to handle patients requiring a detoxification from alcohol or opiates; and
- instituting protocols for recurring ED patients seeking narcotic pain relievers, to stop the inappropriate prescribing of potentially addictive medication.

Recommendations

Some participants recommended the formation of a statewide task force to collect and share best practices, and to ensure a degree of consistency in ED behavioral health services throughout the state. Other states have published “white papers” that may be used as guidance. Furthermore, it was suggested that the taskforce look at innovative practices in other states, for example:

- Development of State-funded, self-contained psychiatric emergency facilities (as was done in California and New York);
- Integrated care that is coordinated across systems as recommended in New York’s Medicaid Redesign Team-Behavioral Health Reform Work Group (October 2011 http://www.health.ny.gov/health_care/medicaid/redesign/docs/mrt_behavioral_health_reform_recommend.pdf)

Participants suggested repeatedly that there should be ongoing public evaluation of the effectiveness and availability of current behavioral health services. Areas recommended include:

- Availability and access to intermediate care beds recently placed on-line to accommodate reduction in State-operated inpatient beds;
- Overall effectiveness of behavioral health services in the state as relates to quality of care and long term outcomes;
- Geographic distribution of resources, treatment demand, and adequate capacity, especially for:
 - Respite Beds
 - Continuing care beds
 - Adult acute inpatient beds (State and general hospital)
 - Adolescent residential beds
 - Observation beds (23 hour either in ED or outside)
- Management of behavioral health resources locally and cross-system coordination.

Participants voiced several suggestions that could lead to true cost savings, both by hospitals and other providers, and at the same time improve patient access to appropriate behavioral health services. Those mentioned include:

- Bridge care: this could be in the form of observation or respite beds or a patient/peer navigator depending on the severity of the behavioral health condition, allowing the ED to discharge the patient with an interim treatment plan for further evaluation or referral to services. This model would provide for continuity of care and patient support during a vulnerable time when the patient most needs it.
- Urgent Walk-In Behavioral Health Centers: similar to urgent care clinics for medical conditions, this type of outpatient facility could accommodate the needs of those without a severe mental illness or substance use disorder. Given the movement to integrate primary and behavioral health care, these centers could be co-located with existing primary care centers.
- On-line Capacity Management System: automated information on behavioral health service capacity would greatly reduce time spent searching for a placement outside the ED. While in part, this exists, it is fragmented with no overarching systematic approach.

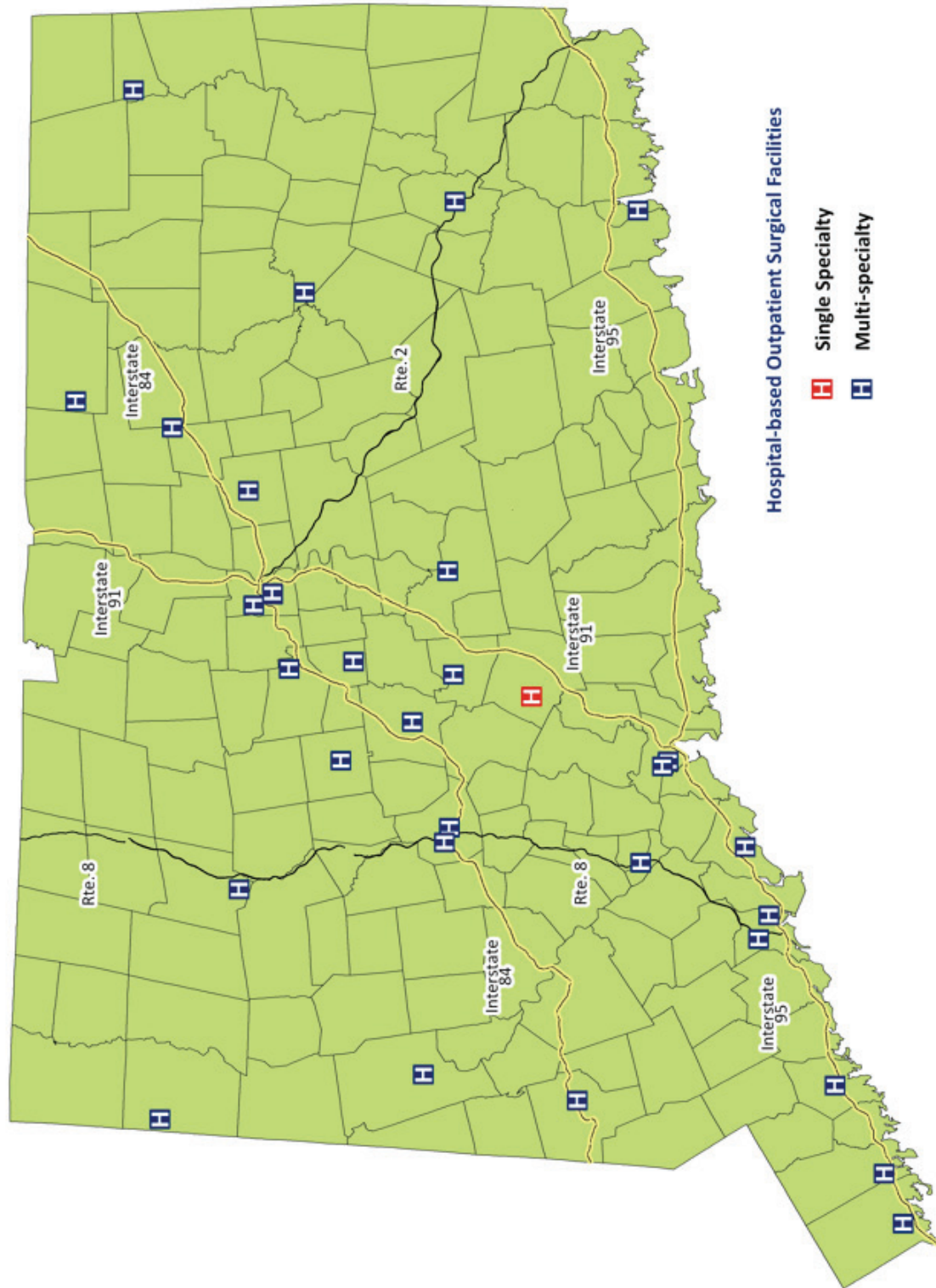
Appendix I
Emergency Department Visits by Acute Care Hospital FFYs 2008-2011

Hospital	FY 2008	FY 2009	FY 2010	FY 2011	% Chg '08-11	% Chg 10-11
Backus	57,035	61,756	63,765	61,510	8%	-4%
Bridgeport	72,054	82,456	82,084	83,652	16%	2%
Bristol	41,165	40,121	39,686	39,683	-4%	0%
Danbury	64,478	66,153	67,232	67,440	5%	0%
Day Kimball	28,458	28,832	28,824	27,738	-3%	-4%
Greenwich	38,838	41,934	41,697	41,728	7%	0%
Griffin	38,391	38,259	38,025	39,316	2%	3%
Hartford	80,573	87,829	91,953	92,620	15%	1%
Hungerford	38,765	39,592	39,022	40,014	3%	3%
Johnson	20,977	19,866	19,951	20,087	-4%	1%
L&M	80,369	79,855	81,255	80,636	0%	-1%
Manchester	44,868	45,558	46,091	47,020	5%	2%
MidState	47,482	48,403	50,882	55,829	18%	10%
Middlesex	87,534	87,781	90,052	90,739	4%	1%
Milford	38,895	39,854	36,958	36,890	-5%	0%
HCC	92,818	100,174	102,602	107,559	16%	5%
CCMC	45,940	50,779	53,762	51,250	12%	-5%
New Milford	18,667	18,147	17,399	17,750	-5%	2%
Norwalk	47,812	48,554	47,163	47,676	0%	1%
Rockville	25,011	25,835	26,010	26,087	4%	0%
Sharon ^a	14,270	14,124	13,306	13,899	-3%	4%
St. Francis	68,613	70,135	69,329	71,893	5%	4%
St. Mary's	68,306	68,905	67,212	68,435	0%	2%
St. Raphael	52,183	53,698	54,934	56,459	8%	3%
St. Vincent's	59,517	63,360	68,679	74,924	26%	9%
Stamford	61,997	62,502	65,223	66,862	8%	3%
John Dempsey	30,174	28,565	29,439	30,088	0%	2%
Waterbury	54,313	57,139	56,562	56,212	3%	-1%
Windham	27,802	29,665	31,623	32,887	18%	4%
Yale	126,724	130,313	131,338	133,620	5%	2%
Statewide	1,574,029	1,630,144	1,652,058	1,680,503	7%	2%

Source: Connecticut Hospital Association Chime, Inc. Emergency Department Data

^aOHCA Sharon Hospital Emergency Department Data

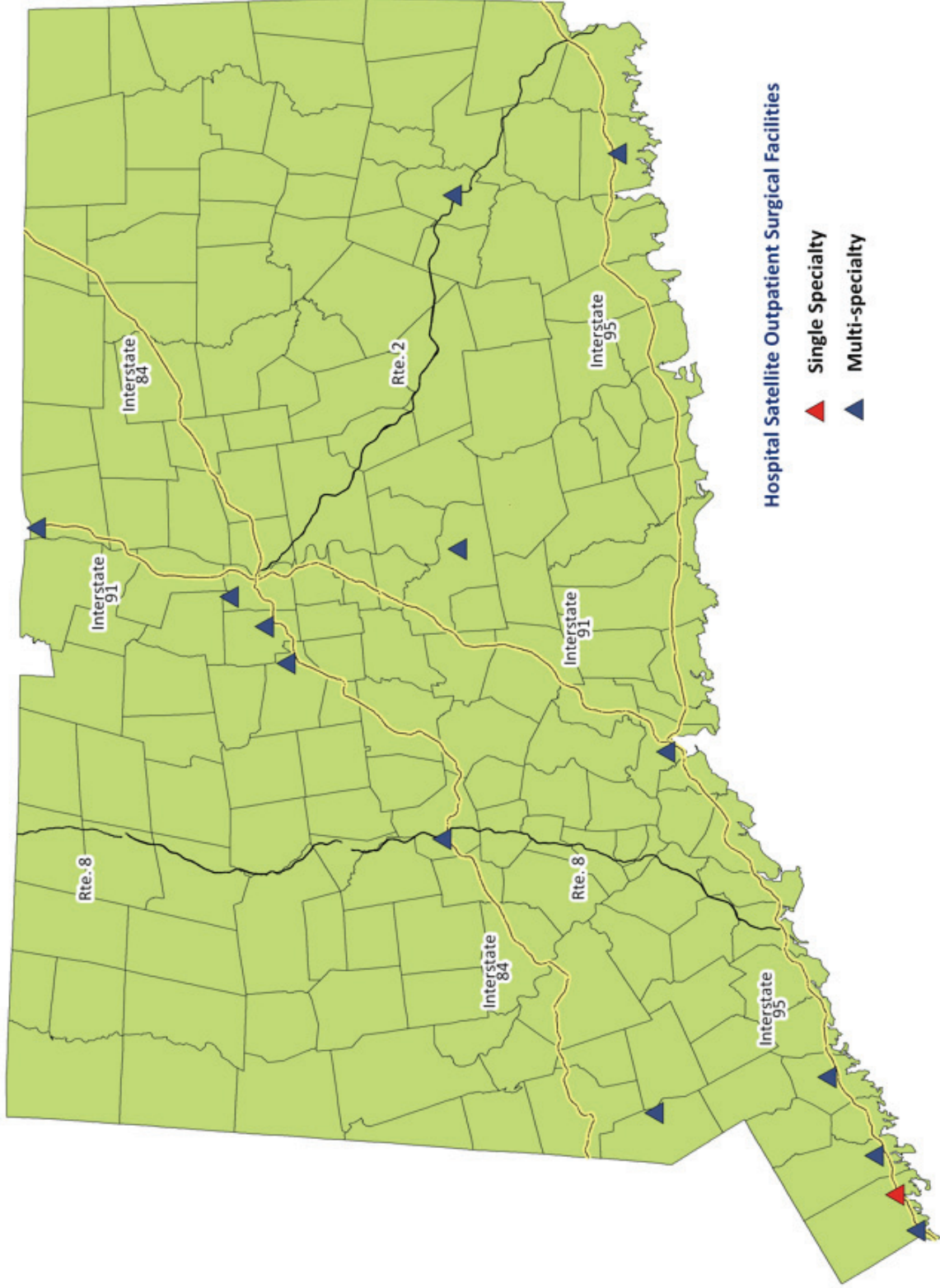
Appendix J
 Map of Hospital-based Outpatient Surgical Facilities



Prepared June 2012 DPH OHCA
 Source: DPH Licensure and Certificate of Need

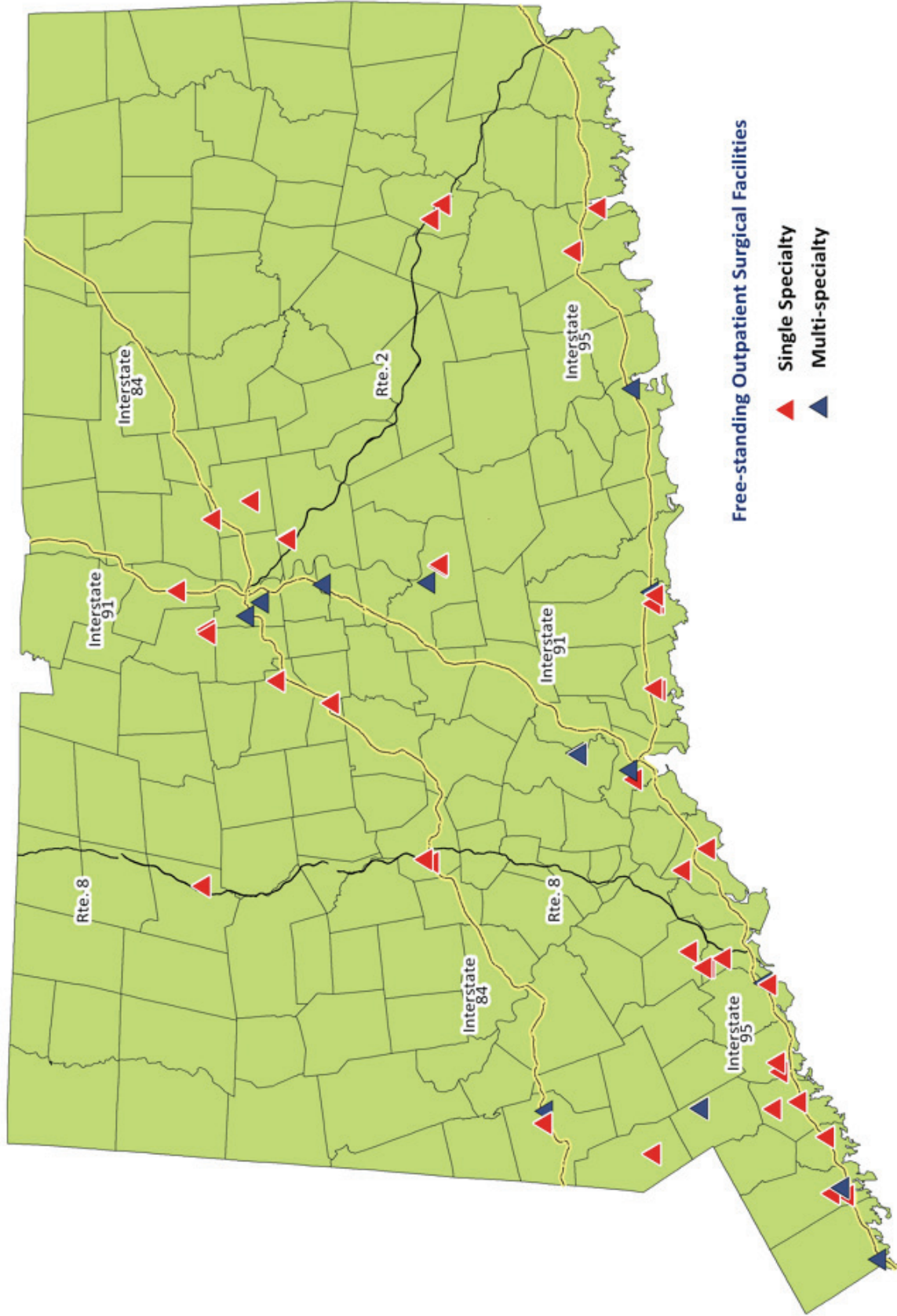
Appendix J: Map of Hospital-based Outpatient Surgical Facilities

Appendix K
Map of Hospital Satellite Outpatient Surgical Facilities



Prepared June 2012 DPH OHCA
Source: DPH Licensure and Certificate of Need

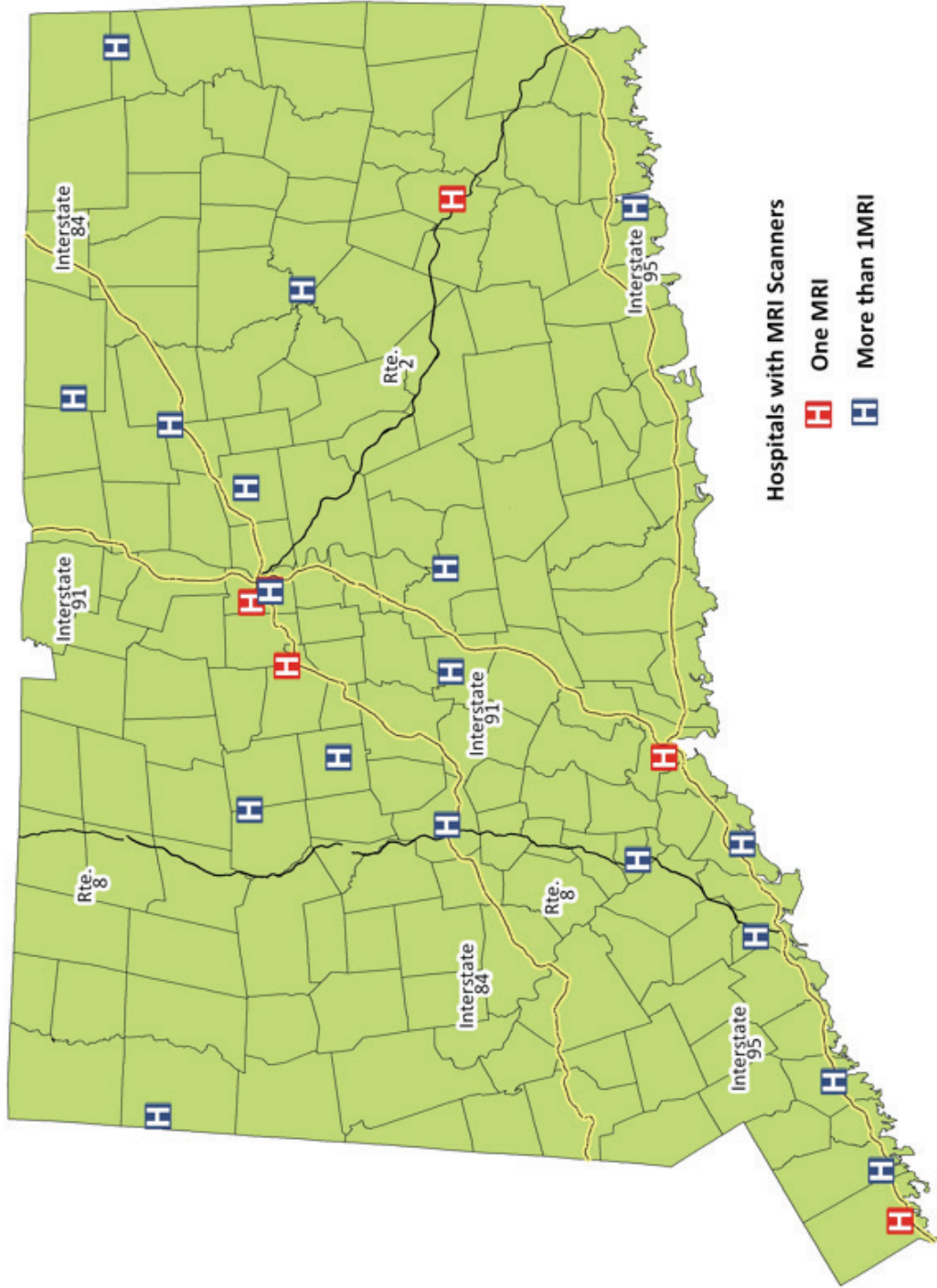
Appendix L
Map of Free-standing Outpatient Surgical Facilities



Prepared June 2012 DPH OHCA
Source: DPH Licensure and Certificate of Need

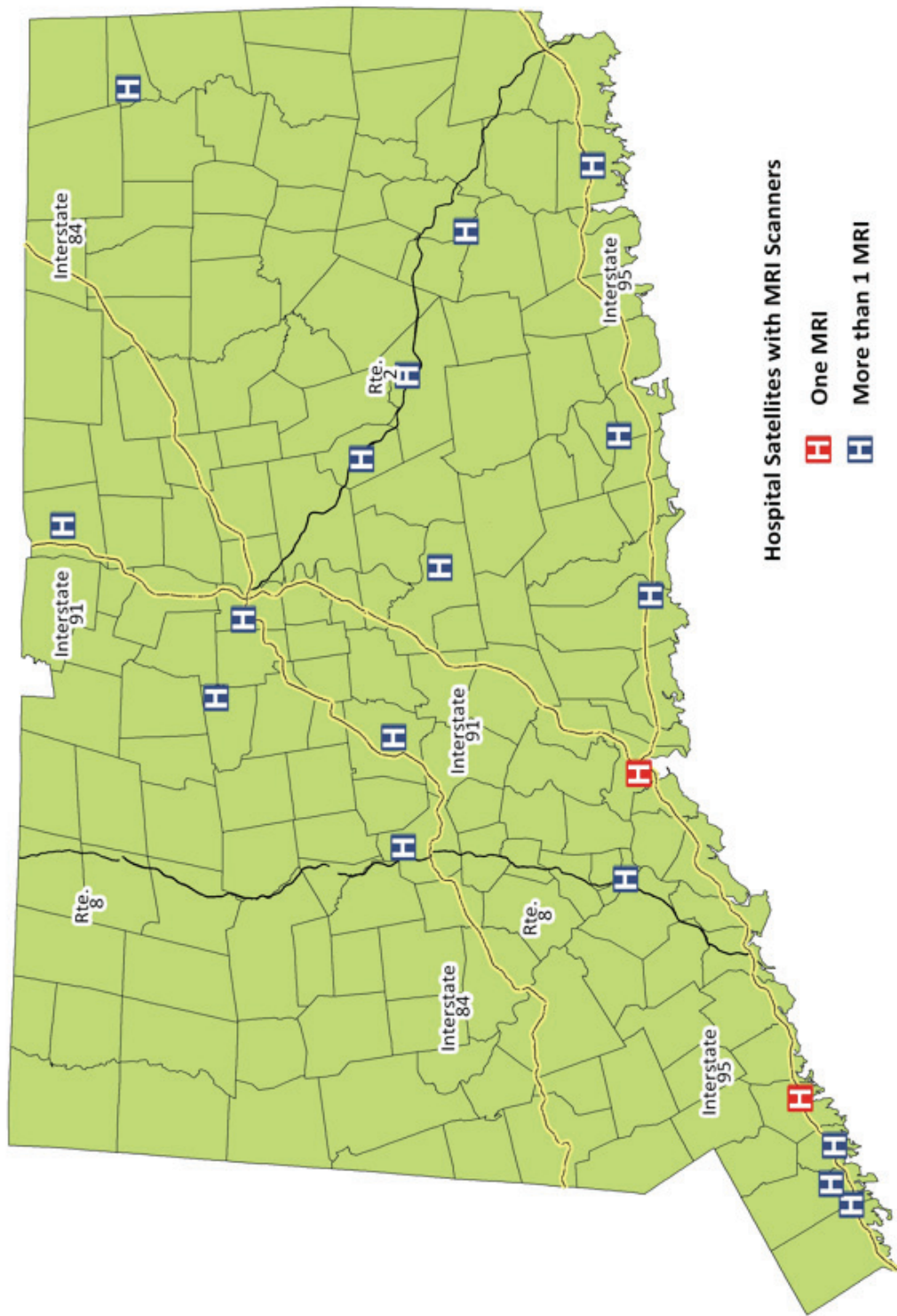
Appendix L: Map of Free-standing Outpatient Surgical Facilities

Appendix M
Map of Hospital-based Magnetic Resonance Imaging (MRI) Scan Providers



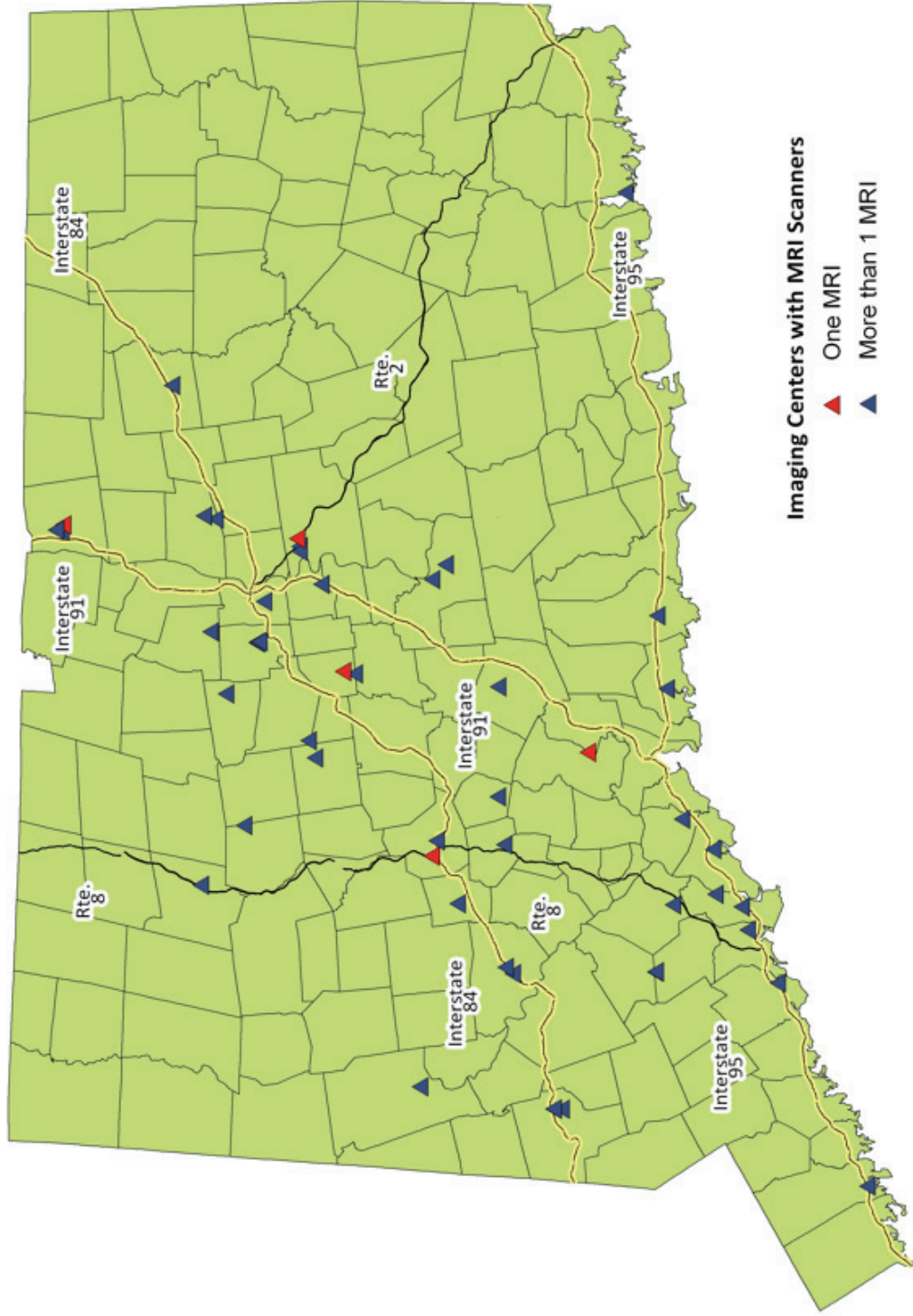
Prepared May 2012 DHP OHCA
Source: DPH OHCA Survey 2011 and Certificate of Need Database

Appendix N
 Map of Hospital Satellite Magnetic Resonance Imaging (MRI) Scan Providers



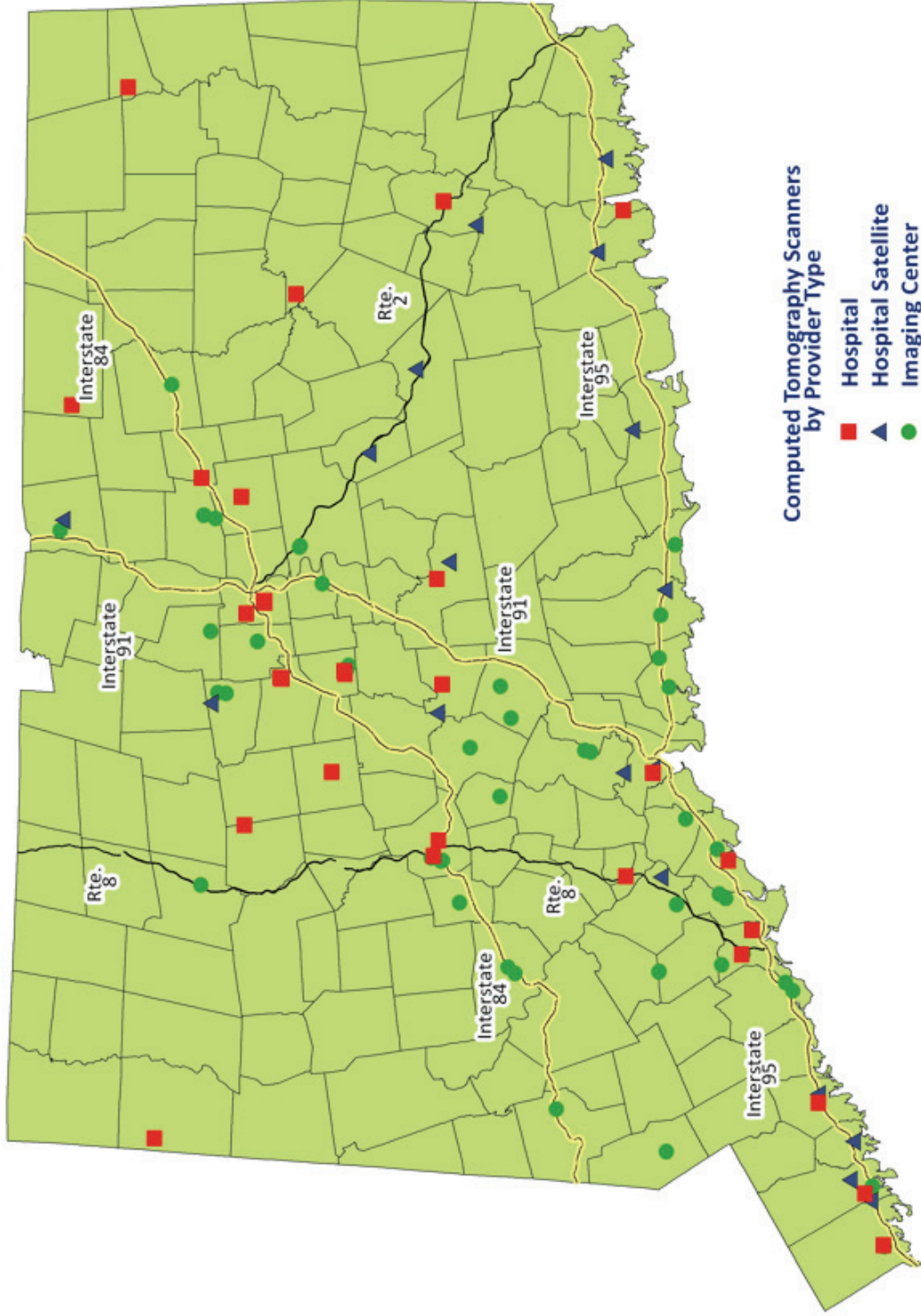
Prepared May 2012 DHP OHCA
 Source: DPH OHCA Survey 2011 and Certificate of Need Database

Appendix O
Map of Imaging Centers with Magnetic Resonance Imaging (MRI) Scanners



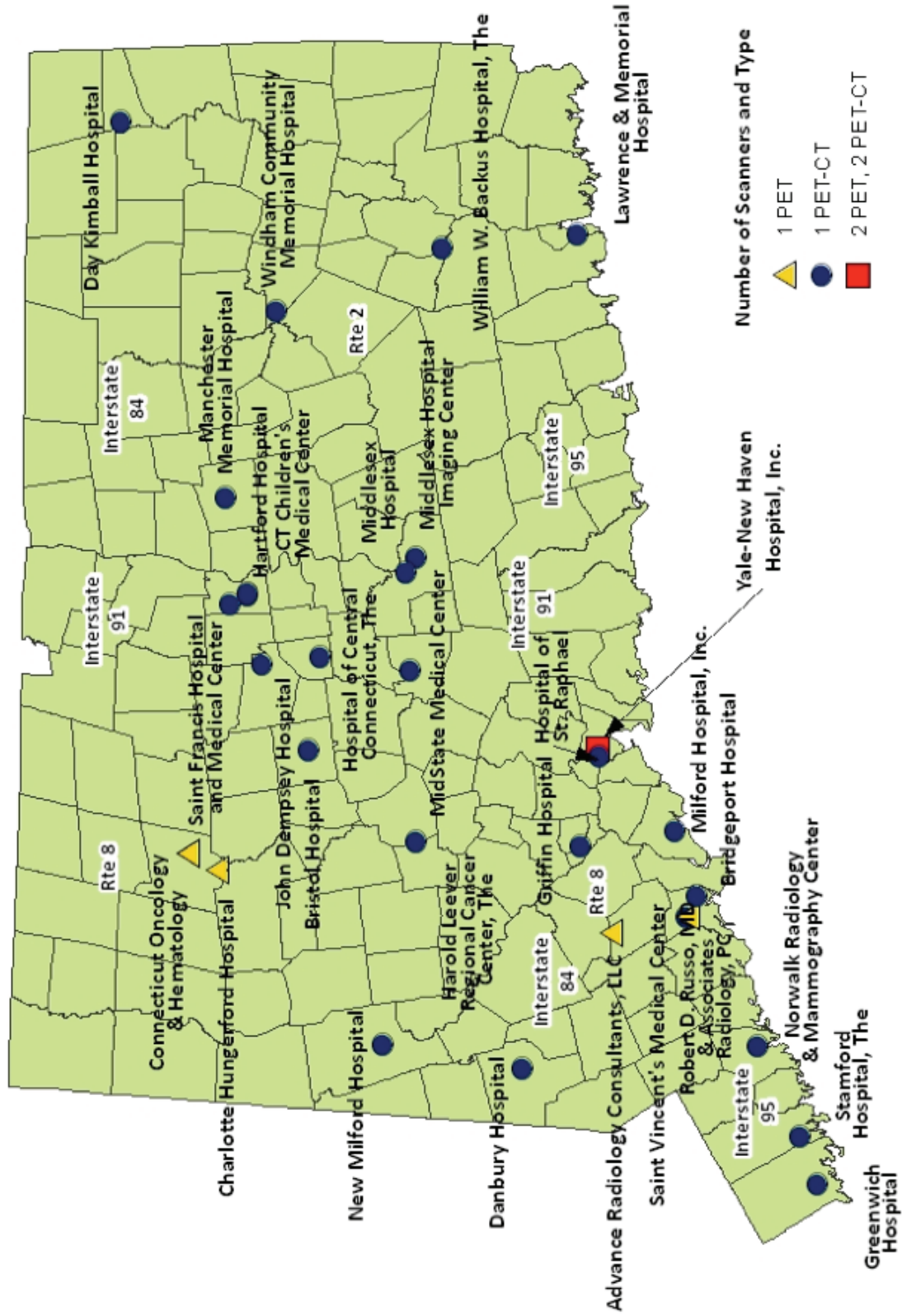
Prepared May 2012 DHP OHCA
Source: DPH OHCA Survey 2011 and Certificate of Need Database

Appendix P
Map of Computed Tomography (CT) Scan Providers



Prepared May 2012 DHP OHCA
Source: DPH OHCA Imaging Questionnaire 2011

Appendix Q
 Map of Positron Emission Tomography (PET) and Positron Emission Tomography/Computed Tomography (PET/CT) Scan Providers



Prepared May 2012 DHP OHCA
 Source: Responses from DPH OHCA 2011 Imaging Questionnaire

Appendix Q: Map of Positron Emission Tomography (PET) and Positron Emission Tomography/Computed Tomography (PET/CT) Scan Providers

HEALTH STATUS PRIORITIES²²⁰

1. Prevention and cessation of tobacco use
2. Reduction of the factors associated with intentional, unintentional, and occupational injury
3. Improvement in rates of breast, cervical, and colorectal cancer screening and follow-up
4. Improvement in rates of hypertension detection and control
5. Improvement in rates of diabetes monitoring and control
6. Improvement in diet and rates of blood cholesterol monitoring and control
7. Further determination and reduction of the factors associated with adverse pregnancy outcomes
8. Reduction of risky sexual behavior that leads to acquisition of HIV/AIDS, STDs, and unwanted pregnancy
9. Reduction of physical inactivity
10. Reduction of alcohol abuse
11. Reduction of illicit substance use and practices associated with transmission of infectious diseases

HEALTH SERVICES PRIORITIES

1. Reinforce and strengthen the public health infrastructure
2. Focus resources on the collection, analysis, interpretation, and dissemination of health data and information for better monitoring of the health care delivery system
3. Promote the development of adequate programs and services for persons 65 years of age and older
4. Monitor the growth and development of managed care and its impact on the delivery and utilization of personal health care services
5. Expand access to affordable health insurance and primary and preventive health care services to the uninsured and underinsured

ESSENTIAL PUBLIC HEALTH PROGRAMS

1. Infectious disease control
 - 1.1. Monitoring and control of all infectious diseases
 - 1.2. Investigation of outbreaks of infectious diseases and food poisoning
 - 1.3. Immunization programs
2. Health provider quality assurance
 - 2.1. Setting and enforcing standards for professional provider qualifications and provider and facility quality assurance
3. Environmental assurance
 - 3.1. Protection of food and water through the setting and enforcing of quality standards
 - 3.2. Lead abatement in housing and testing of children for blood lead levels
4. Health services assurance
 - 4.1. Setting and enforcing standards for preventive health care
 - 4.2. Assuring the provision of health care services to underserved populations
 - 4.3. Family nutrition programs

²²⁰Connecticut Department of Public Health, Office of Policy, Planning, and Evaluation. 1999. *Looking Toward 2000: An Assessment of Health Status and Health Services*. Hartford, CT

Appendix S
Department of Public Health Programs that Improve Health of Residents and Communities

Program name	Description
Condition	Link: http://www.ct.gov/dph/cwp/view.asp?a=3115&q=387268&dphNav_GID=
Asthma	<p>“Mission Statement - Reduce asthma associated morbidity and mortality and improve the quality of life for Connecticut residents living with asthma.”</p> <p>Asthma Action Plan (AAP) is to help families become proactive and anticipatory with respect to asthma exacerbation and their control. Interventions are outlined in three categories: 1) Environmental interventions;2) Clinical management and professional education interventions;3) Patient education and public awareness interventions.” Note: The Asthma Webpage contains several links to publications and educational resources related to the Asthma program.</p>
Cancer	<p>“The Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) is a comprehensive screening program available throughout Connecticut for medically underserved women. The primary objective of the program is to significantly increase the number of women who receive breast and cervical cancer screening, diagnostic and treatment referral services. All services are offered free of charge through the Connecticut Department of Public Health's contracted health care providers located statewide.”</p> <p>Stay In The Game CT-“The Centers for Disease Control and Prevention (CDC) has funded the Connecticut Colorectal Cancer Control Program to increase and optimize the appropriate use of high-quality colorectal cancer screening among persons 50 years of age and older and to reduce disparities in colorectal cancer burden, screening and access to care. The Department of Public Health (DPH) directs the program in collaboration with seven select health care facilities. At each of these health care facilities you may be eligible to receive a no-cost colonoscopy and be referred to a primary care physician for follow-up services.”</p> <p>Comprehensive Cancer Control Program (CCCP) - “The CCCP is housed in the Health Education, Management and Surveillance Section of the Public Health Initiatives Branch. The CCCP includes the Breast and Cervical Cancer Early Detection Program and the WISEWOMAN Program and is funded through the Centers for Disease Control and Prevention (CDC) Cooperative Agreements and State funds.”</p> <p>“The CCCP provides leadership for and coordination of statewide cancer control efforts. The CCCP collaborates with community partners to share resources to:</p> <ul style="list-style-type: none"> • promote cancer prevention; • improve early detection; • increase access to health and social services and • reduce the burden of cancer.” <p>Note: the Cancer webpage includes links to the Plan’s latest publication and other related reports and resources.</p>

Program name	Description
Condition	Link: http://www.ct.gov/dph/cwp/view.asp?a=3115&q=387268&dphNav_GID=
Cardiovascular Health - Wisewomen	<p>“In 2001, the State of Connecticut Department of Public Health’s Breast and Cervical Cancer Program expanded to include cardiovascular disease screening for uninsured and underinsured women age 40 to 64. Eight out of 14 contracted health care provider sites include WISEWOMAN programs. In addition to a clinical breast exam, Pap test, and mammogram, women who participate in the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program receive screening for cardiovascular disease. This program provides women, who are found at risk for cardiovascular disease, an opportunity to participate in nutrition and physical activity interventions which will help decrease their risk of cardiovascular disease. Services included in this program are:</p> <ul style="list-style-type: none"> • CVD Risk Assessment • Blood Pressure Screening • Lipid Screening • Blood Glucose Screening • Risk Reduction Counseling • Nutrition Counseling • Physical Activity Counseling • Referral for treatment if screening results are elevated.”
Diabetes	<p>“The mission of the Connecticut Diabetes Prevention and Control Program (DPCP) is to create a comprehensive system of care for the prevention and treatment of diabetes. Our goal is to reduce the incidence or delay the onset of diabetes and its complications and enhance the quality of life for people affected by diabetes.</p> <p>History: Since 1994, with the funding and support of the Centers for Disease Control and Prevention, (CDC), the CT DPCP has worked with partners to increase diabetes awareness to the residents of Connecticut and to provide diabetes information to health care professionals. These efforts are aligned and coordinated with the Ten Essential Public Health Services and the Chronic Care Model.</p> <p>Program Goals: The Connecticut DPCP serves as a convener of the diabetes public health system. The CT DPCP strives to provide networking opportunities to members of the diabetes system of care in order to examine diabetes issues statewide and to share program successes.</p> <p>Specific goals are based on priorities established by the CDC and include:</p> <ul style="list-style-type: none"> • Prevention of diabetes as per the Diabetes Prevention Program. • Prevention of the complications, disabilities and burden associated with diabetes by increasing the rates of eye exams, foot exams, A1C testing and influenza and pneumococcal vaccines. • Elimination of diabetes-related health disparities by working with Community Health Centers and other community based organizations working with disparate populations. • Maintaining a diabetes surveillance system. • Decreasing the rates of smoking in people with diabetes.

Program name	Description
Condition	Link: http://www.ct.gov/dph/cwp/view.asp?a=3115&q=387268&dphNav_GID=
Diabetes (Continued)	<p>Administrative goals for the DPCP include:</p> <ul style="list-style-type: none"> • Strategic planning to promote the diabetes state plan. • Collaboration and coordination with other chronic disease programs. • Provision of training and technical assistance to health care workers, community based organizations and others working on diabetes projects. • Promotion of social, environmental and systems approaches to diabetes prevention and control. • Implementation of health interventions. <p>The CT DPCP goals and work plan are aligned with priorities of the CDC Division of Diabetes Translation. These include:</p> <ul style="list-style-type: none"> • Improve access to effective lifestyle interventions. • Increase diabetes preventive behaviors. • Enhance community and environmental strategies to prevent diabetes. • Improve the health behavior and self-management practices of people with diabetes. • Enhance the access and delivery of effective preventive healthcare services. • Improve community and environmental strategies to support people with diabetes. • Improve the science of health and healthcare disparities related to diabetes. • Prioritize and disseminate public health strategies to eliminate disparities. • Build capacity for communication, evaluation, marketing, policy, and partnerships.”
Food Protection	<p>“The Food Protection Program’s overall mission is to reduce the risk of foodborne disease by ensuring reasonable protection from contaminated food and improving the sanitary condition of food establishments. This is accomplished by enforcement of regulations, training and education, technical consultation, special investigations, and food safety promotion.”</p>
Genomics	<p>Genomic discoveries will continue to play an increasing role in disease prevention, detection, and treatment. For this reason, the Connecticut Department of Public Health developed a Connecticut Genomics Action Plan in 2005, and in 2008 created a Public Health Genomics Office. The Genomics Office will strive to integrate developing genomic technologies into public health policy, programs, and practice. The Office will also serve as a resource for health professionals and the public about the role of genomics in disease prevention and health improvement.</p>

Program name	Description
Condition	Link: http://www.ct.gov/dph/cwp/view.asp?a=3115&q=387268&dphNav_GID=
Heart Disease and Stroke Prevention Program	<p>“The Heart Disease and Stroke Prevention Program (HDSP) works to reduce the burden of heart disease and stroke among Connecticut residents. Heart disease and stroke are, respectively, the number one and three causes of death in Connecticut and the nation. In 2006, it is estimated that heart disease and stroke will cost the residents of Connecticut \$4.7 billion dollars in medical expenses and lost productivity.</p> <p>The HDSP focuses on priorities and strategies established by the Centers for Disease Control and Prevention (CDC) to reduce the incidence of, and death and disability from, heart disease and stroke.</p> <p>The CDC priorities for heart disease and stroke prevention are:</p> <ul style="list-style-type: none"> • Controlling high blood pressure • Controlling high blood cholesterol • Knowing the signs and symptoms, importance of calling 9-1-1 • Improving emergency response • Improving quality of care • Eliminating disparities <p>The CDC’s strategies to address these priorities include:</p> <ul style="list-style-type: none"> • Facilitating collaboration among public and private sector partners. • Defining the cardiovascular disease (CVD) burden and assess existing population-based strategies for primary and secondary heart disease and stroke prevention. • Developing and updating a comprehensive heart disease and stroke prevention state plan addressing heart-healthy policies, changing physical and social environments, and eliminating disparities based on geography, gender, race or ethnicity, or income • Identifying culturally appropriate approaches to promote cardiovascular health (CVH) with racial, ethnic and other priority populations. • Increasing awareness of the signs and symptoms of heart attack and stroke <p>PRIMARY STROKE CENTER (PSC) DESIGNATION PROGRAM</p> <p>The Primary Stroke Center (PSC) Designation Program is a quality initiative that addresses the public health need for acute care hospitals to ensure rapid diagnostic evaluation and treatment of stroke patients. To be designated a Primary Stroke Center a hospital must demonstrate the capacity to meet criteria adapted from the American Stroke Association practice standards and recommendations from the Brain Attack Coalition. The goal of the program is to decrease premature deaths and disabilities associated with stroke.”</p>
HEARTSafe Community Program	<p>“The HEARTSafe Community program is intended to encourage all communities to strengthen every link in the cardiac “Chain of Survival” in their community.” “Heartbeats are earned for CPR training, AED availability, and pre-hospital advanced life support.”(excerpt from the brochure)</p>

Program name	Description
Condition	Link: http://www.ct.gov/dph/cwp/view.asp?a=3115&q=387268&dphNav_GID=
HIV/AIDS	<p>“HIV/AIDS Services in Connecticut: Connecticut receives funding from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) to provide prevention services and core medical/support services throughout the state. CDC funded Connecticut-based prevention services include evidence-based HIV prevention interventions targeting PLWHA, Men-Who-Have-Sex-With Men (MSM) African Americans, Latino/as, Youth, Inmates and those recently released to the community, and Injection Drug Users (IDUs); Counseling Testing and Referral (CTR); Routine HIV Testing; Comprehensive Risk Counseling Services (CRCS), and Drug Treatment Advocacy, as well as statewide funded Syringe Exchange Programs and the Children’s HIV Perinatal Health Initiative.</p> <p>Core medical services and support services are funded throughout Connecticut through grants from the Health Resources and Services Administration (HRSA). These services include core medical services such as outpatient/ambulatory, oral health care, local AIDS pharmaceutical assistance, early intervention services, health insurance cost sharing assistance, home health care, home and community-based health services, mental health, hospice, medical nutrition therapy, substance abuse-outpatient and medical case management. Support services include non-medical case management, child care services, emergency financial assistance, food bank/home-delivered meals, health education/risk reduction, housing services, legal services, linguistic/translation, medical transportation, outreach, and psychosocial support.</p> <p>“The DPH now convenes a Connecticut HIV Planning Consortium (CHPC) with a primary mission to conduct statewide planning and to facilitate information sharing across local, regional and statewide programs involved in HIV/AIDS care and prevention service delivery. CHPC is the statewide integrated care and prevention planning body that was officially introduced in October 2007. The DPH has charged the CHPC to develop this 2009-2012 statewide Comprehensive Plan for the delivery of HIV Care and Prevention services that informs the policy as well as Ryan White Part B and Prevention funding decisions implemented by DPH. The defining feature of this Plan is the full integration of care and prevention planning into one comprehensive statewide health planning document and a proactive action plan to address care and prevention service needs and gaps based on the recommendations proposed in the 2008 Statewide Coordinated Statement of Need (SCSN).”</p> <p>http://www.ct.gov/dph/lib/dph/aids_and_chronic/care/pdf/2009_2012_comprehensive_hiv_care_and_prevention_plan.pdf</p> <p>http://www.ct.gov/dph/cwp/view.asp?a=3135&Q=387012&PM=1</p> <p>Note: The Webpage includes Links for Health Care and Support Services; HIV Prevention and Education; and HIV/AIDS Surveillance and Viral Hepatitis Prevention</p>

Program name	Description
Condition	Link: http://www.ct.gov/dph/cwp/view.asp?a=3115&q=387268&dphNav_GID=
Injury Prevention	<p>“The State of Connecticut Department of Public Health’s Injury Prevention Program focuses on the Departmental Health Status Priority addressing the “reduction of the factors associated with intentional, unintentional and occupational injury”. The Injury Prevention Program, following National recommendations for intentional and unintentional injury prevention, conducts community-based programs with contractors to address risk and resiliency factors associated with and implement strategies to decrease injury.”</p> <p>“The Injury Prevention Program promotes, through collaborative relationships, environmental and policy change initiatives to prevent injury morbidity and mortality. Most Injury Prevention Programs, while population-based, are focused on defined geographical areas or populations served by community-based agencies and local health departments.”</p> <p>“The Injury Prevention Program, in keeping with the national trend toward integrating the public health approach into prevention strategies, promoting interagency collaboration and utilizing successful model programs, will continue to work with interagency and interdisciplinary partners toward a broader population-based, wraparound approach for improving health and reducing death and disabilities due to injury.”</p>
Lyme Disease	<p>“Lyme disease, first identified in Connecticut in 1975, continues to be an important public health concern. Surveillance maintained by the Department of Public Health has shown that we have the highest number of cases relative to the population of any state. The Department of Public Health (DPH) has had an active role in contributing to the understanding of Lyme disease and other diseases spread to people by ticks including ehrlichiosis and babesiosis.”</p> <p>“In Connecticut, providing the public with information about vector borne diseases, including Lyme disease and its complex transmission cycle, involves three State agencies: the Department of Public Health, The Connecticut Agricultural Experiment Station, and the Department of Environmental Protection.”</p>
Obesity Prevention Program	<p>DPH Receives Community Transformation Grant Funding (2011)-“The Centers for Disease Control and Prevention (CDC) awarded funding to 61 states and communities throughout the US to conduct community transformation activities to reduce chronic disease rates, prevent the development of secondary health conditions, and address health disparities. The Connecticut Department of Public Health was one of the 26 states and communities funded to build capacity in Connecticut’s communities. All 61 grantees will address the following priority areas: 1) tobacco-free living; 2) active living and healthy eating; and 3) evidence-based quality clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol</p> <p>Public Prevention Health Fund: Community Transformation Grant- “The purpose of this initiative is to create healthier communities by;</p> <ol style="list-style-type: none"> 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas and 2) supporting implementation of such interventions in five strategic areas (Strategic Directions) aligning with Healthy People 2020 focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act:

Program name	Description
Condition	Link: http://www.ct.gov/dph/cwp/view.asp?a=3115&q=387268&dphNav_GID=
Obesity Prevention Program (Continued)	<ul style="list-style-type: none"> • changes in weight, • changes in proper nutrition, • changes in physical activity, • changes in tobacco use prevalence, and • changes in emotional well-being and overall mental health, as well as other program specific measures.”
Oral Health	The Office of Oral Health promotes the oral health of Connecticut residents and the reduction of disease and health disparities to ensure the public’s overall health and well-being. The vision of the office is to provide leadership and expertise in dental public health and maintain a strong and sustainable infrastructure to support essential public health activities related to oral health.
Sexually Transmitted Diseases	“The mission of the Sexually Transmitted Diseases (STD) Control Program is to reduce the occurrence of STDs through disease surveillance, case and outbreak investigation, screening, preventive therapy, outreach, diagnosis, case management, and education. The Department of Public Health mandates reporting of 5 STDs; syphilis, gonorrhea, chlamydia, neonatal herpes, and chancroid. Surveillance activities are conducted on the 3 most common STDs; syphilis, gonorrhea, and chlamydia, all of which can be cured with proper treatment.”
Sickle Cell Disease	“The Connecticut Department of Public Health coordinates a statewide program, the Adult Sickle Cell Disease Program, to provide comprehensive coordination of adults with Sickle Cell Disease (SCD). This program focus is to improve adult SCD healthcare services and also provide advocacy for optimal use of State and federal resources into the future.”
Tobacco use	DPH’s Smoking/Tobacco use program “coordinates and assists state and local efforts to prevent people from starting to use tobacco, help current tobacco users quit, and reduce nonsmokers’ exposure to second-hand and third-hand smoke.”
Tuberculosis	The mission of the Connecticut Tuberculosis (TB) Control Program is to interrupt and prevent transmission of TB, prevent emergence of drug-resistant TB, and reduce and prevent death, disability, illness, emotional trauma, family disruption, and social stigma caused by TB. The TB Control Program works closely with local health authorities, home care agencies, providers of medical care, the Department of Corrections, and drug treatment facilities to assure that the program mission is accomplished. Through State funding, the Program provides anti-tuberculosis medications to hundreds of medical clinicians; reimburses clinicians for TB diagnostic treatment and prevention services for the uninsured; provides consultation on TB case management and screening to local health departments, prisons, convalescent/nursing homes, schools, universities, hospitals and other health care providers; and has a special TB Elimination Advisory Committee to help develop state-specific guidelines for TB treatment and prevention.

For Children	Link: http://www.ct.gov/dph/taxonomy/v4_taxonomy.asp?DLN=46942&dphNav= 46942
Captain 5-a--Day	“Captain 5-a-Day is a super hero who is featured in audiotapes for children to encourage them to eat fruits and vegetables and to be physically active. His name reminds everyone to eat a total of five servings of fruit and vegetables and to exercise every day. Classroom activities packaged in an adventure box demonstrate that learning about new foods can be lots of fun. A parent workbook and video (in both English and Spanish) are included in the program. These materials were developed by the Connecticut Department of Public Health, in partnership with the Connecticut Department of Social Services and the U.S. Department of Agriculture.”
Childhood Lead Poisoning	“The mission of the Connecticut Department of Public Health Lead Poisoning Prevention and Control Program continues to be to protect the health and safety of the people of Connecticut and to prevent lead poisoning and promote wellness through education and a wide range of program activities that relate to lead poisoning prevention and in particular, childhood lead poisoning prevention.”
Children’s Environmental Health	“Children face an array of potential exposures to toxic environmental hazards. Children are more at risk from exposure to environmental hazards. The CT DPH has a number of programs related to children’s’ environmental health” such as Asthma, Indoor quality, Lead, Radon, tobacco, child day care and drinking water. See Webpage link “DPH Resources for Children's Environmental Health” for details on the programs. http://www.ct.gov/dph/lib/dph/environmental_health/eoha/pdf/dph_resources_final_(2).pdf
Immunizations	“The mission of the Immunization Program is to prevent disease, disability and death from vaccine-preventable diseases in infants, children, adolescents and adults through surveillance, case investigation and control, monitoring of immunization levels, provision of vaccine, and professional and public education.”
Nutrition	See Captain 5-a-day program above
WIC Program	“The Special Supplemental Nutrition Program for Women, Infants, and Children – better known as the WIC Program – serves to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk by providing nutritional assessment and education, referrals to health care and nutritious foods to supplement diets.”

For Children	Link: http://www.ct.gov/dph/cwp/view.asp?a=3115&q=387268&dphNav_GID=
Early Childhood Partners	<p>“The Connecticut Early Childhood Partners (ECP) initiative brought together eight State agencies and statewide institutions, under the leadership of the Department of Public Health and with extensive input from numerous community interests over the course of 18 months, to create a Strategic Plan to meet the needs of all families so their children arrive at school healthy and ready to succeed.”</p> <p>“The plan was developed with funding and technical assistance from the State Early Childhood Comprehensive Systems Initiative (SECCS), launched by the Maternal and Child Health Bureau (MCHB) of the U.S. Department of Human Services in 2002. The Federal Maternal and Child Health Bureau awarded grants to all states to develop plans to provide leadership for the development of cross-service systems integration partnerships for early childhood support states and communities to build family-centered early childhood service systems that address the critical components of access to health, socio-emotional health, early care and education, parenting education, and family support services.”</p>
Early Hearing Detection and Intervention	<p>“The Connecticut Early Hearing Detection and Intervention (EHDI) program strives to assure all babies are screened at birth, and that those with a hearing loss are diagnosed early and enrolled in an Early Intervention program, if eligible.”</p> <p>“The goal of universal newborn hearing screening is to provide early hearing detection and intervention in an effort to prevent speech, language and other delays and support children in reaching their maximum potential.”</p>
Family Health History	<p>“The Department of Public Health is joining the U.S. Surgeon General’s Family History initiative to promote health and prevent disease for Connecticut’s citizens. DPH is promoting this Family History initiative to encourage family discussion of their health history. Together with the U.S. Surgeon General, the Department of Public Health urges all Connecticut families to increase their awareness of the importance of family health history and to join together to protect their health.”</p>
Maternal and Child Health Block Grant	<p>“The MCHB is the principal focus within HRSA for all Maternal and Child Health (MCH) activities within the Department of Health and Human Services. MCHB’s mission is to provide national leadership through working in partnership with states, communities, public/private partners, and families, to strengthen the MCH infrastructure, and to build knowledge and human resources. Its mission also includes ensuring continued improvement in the health, safety, and well-being of the MCH population. To achieve its mission, MCHB directs resources towards a combination of direct health care services, enabling services, population-based services, and infrastructure or resource-building activities.”</p> <p>“Each year, all States are required to submit an Application and Annual Report for federal funds for their MCH programs to the MCHB in the Health Resources and Services Administration (HRSA).</p>
Newborn Genetic Screening	<p>“The Newborn Screening Program consists of three components: Testing, Tracking, and Treatment. Specimens are tested at the Department of Public Health (DPH) State Laboratory and all abnormal results are reported to the DPH Tracking Unit who reports the results to the primary care providers and assures referrals are made to the State-funded Regional Treatment Centers.”</p> <p>“The aim of this program is to screen all babies born in CT prior to hospital discharge or within the first 4 days of life and the goal is early identification of infants at increased risk for selected metabolic or genetic diseases so that medical treatment can be promptly initiated to avert complications and prevent irreversible problems and death.”</p>

Appendix S: Department of Public Health Programs that Improve Health of Residents and Communities

Environmental Health	Link: http://www.ct.gov/dph/taxonomy/v4_taxonomy.asp?DLN=46944&dphNav= 46944
Asbestos	<p>The goal of the Asbestos Program is to reduce the chance of exposure to asbestos, which is known to cause cancer. Asbestos has been found in over 3,000 building materials and products. Asbestos-containing materials (ACM) are still brought into the United States and can commonly be found in existing buildings.”</p> <p>“The Asbestos Program makes sure that asbestos is removed properly as required by law. The Asbestos Program works together with the Environmental Practitioner Licensing Unit to license and regulate asbestos abatement contractors and asbestos consultants. The Asbestos Program is also responsible for ensuring that asbestos-containing materials in schools are correctly managed. These regulations apply to all public and private, not-for-profit schools for grades kindergarten to grade 12 (K-12).”</p>
Day Care SAFER Program	“The Child Day Care SAFER Program is an initiative to identify licensed child day cares that are operating on land or in buildings that could be impacted by hazardous chemicals. The SAFER Program also works to ensure that new day cares are located in places that are safe from hazardous chemicals left by past (or current) operations. We are also using the SAFER Program to help child day cares be more environmentally safe and green.”
Environmental Hazards	“There are many man-made and naturally occurring chemicals in our environment that can harm our health. These hazards can be in the air we breathe, the water we drink, the food we eat or the products we use in our homes and yards or the schools our children attend. DPH has programs to evaluate these chemicals in the environment, assess whether exposures are significant enough to cause harm, and provide health education information so the public can be better informed about these hazards and how to avoid them.”
Environmental Laboratories	“The Environmental Laboratory Certification Program mission is to promote the benchmark by which accurate, precise, and legally defensible analytical data is reported by the environmental laboratory industry for use in compliance and in accordance with federal and State law. This is accomplished by ensuring that environmental laboratories located in or doing business in CT meets all applicable EPA and CT standards.”
Fish Program	“The Connecticut Department of Public Health issues a yearly advisory for decreasing fish consumption when chemical levels are unsafe. Fish from Connecticut waters are a good low cost source of protein. Unfortunately, fish can take up (bio-accumulate) chemicals such as mercury and polychlorinated biphenyls (PCBs) that may affect your family’s health. The following fact sheets provide information on the advisory, including how to eat fish safely.”
Food Protection	“The Food Protection Program’s overall mission is to reduce the risk of foodborne disease by ensuring reasonable protection from contaminated food and improving the sanitary condition of food establishments. This is accomplished by enforcement of regulations, training and education, technical consultation, special investigations, and food safety promotion.”
Healthy Homes	“The Connecticut Department of Public Health Healthy Homes Initiative is a holistic and comprehensive approach designed to address the connection between housing and health. The goal of the Healthy Homes Initiative is to promote health and well-being through safe and healthy home environments. This is accomplished by addressing physical, chemical, and toxic hazards in the home through a variety of programs.”

Environmental Health (Continued)	Link: http://www.ct.gov/dph/taxonomy/v4_taxonomy.asp?DLN=46944&dphNav= 46944
Lead	See Childhood Lead Poisoning above
Mosquito Management	See West Niles virus above.
Occupational Health	<p>“Workplace Hazard Assessment Program</p> <p>The Connecticut Department of Public Health offers health and safety evaluations for all Connecticut employers free of charge. These non-regulatory on-site evaluations are designed both to assist Connecticut employers with identifying potential workplace hazards and to provide recommendations for implementing or improving appropriate controls to enhance their existing health and safety efforts. If you are an employer, collective bargaining representative/union officer, or physician treating a current employee, and are interested in learning more about the Workplace Hazard Assessment Program, please read the information below.”</p>
Radon	<p>“The CT DPH Radon Program’s mission is to promote radon awareness, testing, mitigation, and radon-resistant new construction throughout the state in order to reduce the number of radon-induced lung cancer deaths in Connecticut.”</p>
Other	http://www.ct.gov/dph/cwp/view.asp?a=3115&q=387268&dphNav_GID=
Behavioral Risk Factor Surveillance System (BRFSS)	<p>BRFSS Turning Information into Health</p> <p>“The BRFSS is an ongoing telephone survey of adults conducted in all 50 states and coordinated by the Centers for Disease Control and Prevention (CDC) in Atlanta, GA.”</p> <p>“The BRFSS originally collected data on health behaviors related to the leading causes of death, but has since been expanded to include issues related to health care access, utilization of preventive health services, and to address emerging issues such as cigar smoking or diet pill use.”</p>
Preventive Health and Health Services (PHHS) Block Grant	<p>“The Preventive Health and Health Services (PHHS) Block Grant provides funding for health problems in Connecticut that range from childhood lead poisoning prevention to youth violence and suicide protection. PHHS Block Grant dollars fund a total of 9 different Connecticut health programs.”</p>
Refugee and Immigrant Health	<p>“The Department of Public Health’s (DPH) Refugee and Immigrant Health Program, under the supervision of the Tuberculosis Control Program, is the public health component of Connecticut’s Refugee Assistance Program. The Refugee and Immigrant Health Program provides annual reports on identified refugee health issues to the Department of Social Services, which is the lead State agency for refugee issues. The program cooperates with and complements the State Refugee Resettlement Plan by ensuring that refugee health problems are addressed promptly. This decreases the likelihood of any adverse effects on the public’s health and addresses the personal health of refugees so that each refugee may begin to pursue a productive life in the United States under optimal health circumstances.”</p>

Appendix T
Acute Care General Hospital Psychiatric Days, Discharges and Beds, FFY 2011

General Hospital	Patient Days Ages 0-17	Patient Days Ages 18+	Patient Days Total	Discharges Ages 0-17	Discharges Ages 18+	Discharges Total	Staffed ^a Beds Ages 0-17	Staffed Beds Ages 18+	Staffed Beds Total	Available ^a Beds Ages 0-17	Available Beds Ages 18+	Available Beds Total
Backus	0	4,597	4,597	0	634	634	0	18	18	0	20	20
Bridgeport	0	5,985	5,985	0	705	705	0	17	17	0	19	19
Bristol	0	4,640	4,640	0	1,038	1,038	0	14	14	0	16	16
Charlotte Hungerford	16	4,205	4,221	3	696	699	0	14	14	0	17	17
Conn. Children's	0	0	0	0	0	0	0	0	0	0	0	0
Danbury	53	6,217	6,270	14	732	746	1	18	19	1	22	23
Day Kimball	0	4,097	4,097	0	685	685	0	14	14	0	15	15
Greenwich	0	0	0	0	0	0	0	0	0	0	0	0
Griffin	0	3,989	3,989	0	500	500	0	11	11	0	16	16
Hartford	8,493	28,341	36,834	1,102	3,140	4,242	24	78	102	29	94	123
Hospital of Central CT	0	6,838	6,838	0	790	790	0	22	22	0	24	24
John Dempsey	0	5,683	5,683	0	809	809	0	16	16	0	25	25
Johnson	0	3,492	3,492	0	562	562	0	17	17	0	20	20
Lawrence & Memorial	0	4,800	4,800	0	374	374	0	18	18	0	18	18
Manchester	1,348	8,284	9,632	198	1,218	1,416	5	26	31	10	26	36
MidState	0	1,835	1,835	0	283	283	0	6	6	0	6	6
Middlesex	0	6,026	6,026	0	733	733	0	17	17	0	20	20
Milford	0	0	0	0	0	0	0	0	0	0	0	0
New Milford	0	0	0	0	0	0	0	0	0	0	0	0
Norwalk	6	3,245	3,251	1	506	507	0	9	9	0	22	22
Rockville	0	0	0	0	0	0	0	0	0	0	0	0
Saint Francis	4,755	10,686	15,441	461	1,457	1,918	20	55	75	20	55	75
Saint Mary	0	3,999	3,999	0	597	597	0	12	12	0	12	12

General Hospital	Patient Days Ages 0-17	Patient Days Ages 18+	Patient Days Total	Discharges Ages 0-17	Discharges Ages 18+	Discharges Total	Staffed ^a Beds Ages 0-17	Staffed Beds Ages 18+	Staffed Beds Total	Available ^b Beds Ages 0-17	Available Beds Ages 18+	Available Beds Total
Saint Raphael	5,435	7,904	13,339	467	672	1,139	15	22	37	23	25	48
Saint Vincent	4,809	24,234	29,043	386	2,551	2,937	17	75	92	17	75	92
Sharon	0	3,399	3,399	0	274	274	0	12	12	0	12	12
Stamford	0	5,033	5,033	0	579	579	0	17	17	0	20	20
Waterbury	1,133	5,690	6,823	142	717	859	5	25	30	5	25	30
Windham	0	0	0	0	0	0	0	0	0	0	0	0
Yale-New Haven	4,284	26,515	30,799	306	2,668	2,974	12	73	85	15	73	88
Totals	30,332	189,734	220,066	3,080	22,920	26,000	99	606	705	120	677	797

Source: OHCA Hospital Reporting System (HRS), Report 400 for Fiscal Year 2011

The numbers bolded in each column represent the five highest numbers for each category (e.g., the five highest Psychiatric Patient Days Ages 0 - 17 for FY 2011)

^aHospitals are licensed for a specific number of beds, but have fewer beds physically set up and “available” for use and may operate or staff fewer beds than available.

Appendix U
DMHAS Local Mental Health Authorities

The following information is based upon the DMHAS webpage at www.ct.gov/dmhas.

The Department of Mental Health and Addiction Services operates and/or funds Local Mental Health Authorities (LMHAs) offering a wide range of therapeutic programs and crisis intervention services throughout the state. There are also many private non-profit agencies that can be accessed through each of the LMHAs. In addition, DMHAS operates inpatient treatment facilities for persons with severe addiction and/or psychiatric problems: State-Operated Inpatient Treatment Facilities.

REGION ONE

ADMINISTRATIVE OFFICE:

The administrative office equals the LMHA in Region One.

SOUTHWEST CT MENTAL HEALTH SYSTEM

97 Middle Street
Bridgeport, CT 06604

PH: 203-579-7300 Fax: 203-579-6305

F.S. DUBOIS CENTER (State operated)

780 Summer Street
Stamford, CT 06905

For general information: **203-388-1600**

Fax: 203-388-1681

To inquire re: crisis services: **203-358-8500**

Catchment Area 1 and 2: Serving the towns of Byram, Cos Cob, Darien, East Norwalk, East Portchester, Georgetown, Glenbrook, Glenville, Green Farms, Greenwich, New Canaan, Noroton, Noroton Heights, Norwalk, Old Greenwich, Riverside, Rowayton, Saugatuck, South Norwalk, Springdale, Stamford, Weston, Westport, and Wilton.

GREATER BRIDGEPORT COMMUNITY MENTAL HEALTH CENTER (State operated)

1635 Central Avenue
Bridgeport, CT 06610

For general information: **203-551-7400**

To inquire re: services **203-551-7507 (8am to 6pm)**

COMMUNITY-BASED SERVICES (State operated)

97 Middle Street
Bridgeport, CT 06604

PH: 203-579-7300

Catchment Area 3 and 4: Serving the towns of Bridgeport, Easton, Fairfield, Monroe, Nichols, Southport, Stepney, Stevenson, Stratford, and Trumbull.

REGION TWO

BHCARE (VALLEY OFFICES)(formerly Birmingham Health Servicers) (private non-profit)

435 East Main Street
Ansonia, CT 06401

PH: 203-736-2601 FAX: 203-736-2641

Catchment Area 5: Serving the towns of Ansonia, Derby, Oxford, Seymour and Shelton.

BHCARE (SHORELINE OFFICES) (private non-profit)

14 Sycamore Way
Branford, CT 06405

PH: 203-483-2630 FAX: 203-483-2659

Catchment Area 8: Serving the towns of Branford, East Haven, Guilford, Madison, North Branford, and North Haven

BRIDGES...A COMMUNITY SUPPORT SYSTEM, INC.

(private non-profit)
949 Bridgeport Ave.
Milford, CT 06460

PH: 203-878-6365 FAX: 203-877-3088

Catchment Area 6: Serving the towns of Milford, Orange and West Haven.

CONNECTICUT MENTAL HEALTH CENTER

34 Park Street
New Haven, CT 06790

PH: 203-974-7300

24 Hour Crisis Service: 203-974-7735 or -7713
(9am-10pm)

PH: 203-974-7300 (10pm-8am)

Catchment Area 7: Serving the towns of Bethany, Hamden, New Haven and Woodbridge.

RUSHFORD CENTER (private non-profit)
883 Paddock Ave.
Meriden, CT 06450
PH: 203-630-5280 FAX: 203-634-7040
Catchment Area 9: Serving the towns of Meriden and Wallingford

RIVER VALLEY SERVICES (State operated)
Leak Hall, P.O. Box 351
Middletown, CT 06457
PH: 860-262-5200 FAX: 860-262-5203

RIVER VALLEY SERVICES-OLD SAYBROOK OFFICE
2 Center Road West
Old Saybrook, CT 06475
PH: 860 395-5040

REGION THREE

SOUTHEASTERN MENTAL HEALTH AUTHORITY
(State operated)
401 West Thames Street, Building 301
Norwich, CT 06360
PH: 860-859-4500 FAX: 860-859-4797
Catchment Area 11 & 12: Serving the towns of Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Ledyard, Lisbon, Montville, New London, North Stonington, Norwich, Preston, Salem, Sprague, Stonington, Voluntown, and Waterford

UNITED SERVICES (private non-profit)
1007 North Main Street
P.O. Box 839
Dayville, CT 06241
PH: 860-774-2020 FAX: 860-774-0826
Catchment Area 13 & 14: Serving the towns of Ashford, Brooklyn, Canterbury, Chaplin, Columbia, Coventry, Eastford, Hampton, Killingly, Lebanon, Mansfield, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Union, Willington, Windham, and Woodstock.

REGION FOUR

COMMUNITY HEALTH RESOURCES
(private non-profit)
995 Day Hill Road
Windsor, CT 06095
PH: 877-884-3571 Fax: 860-731-5536

Programs under Community Health Resources:

GENESIS CENTER, INC.
587 East Middle Turnpike
Manchester, CT 06040
PH: 860-646-3888 FAX: 860-645-4132
Catchment Area 15: Serving the towns of Amston, Andover, Bolton, Buckland, Ellington, Hebron, Manchester, Rockville, South Windsor, Talcottville, Tolland, Vernon, and Wapping.

NORTH CENTRAL COUNSELING SERVICES
47 Palomba Drive
Enfield, CT 06082
PH: 860-253-5020 FAX: 860-253-5030
Catchment Area 17: Serving the towns of Bloomfield, Broad Brook, East Granby, East Hartland, East Windsor, Enfield, Granby, Hazardville, Melrose, North Granby, Poquonock, Scitico, Somers, Somersville, Stafford, Stafford Springs, Staffordville, Suffield, Thompsonville, Warehouse Point, West Granby, West Suffield, Wilson, Windsor, Windsor Locks, and Windsorville.

INTERCOMMUNITY MENTAL HEALTH GROUP
(private non-profit)
281 Main Street
East Hartford, CT 06118
PH: 860-569-5900 FAX: 860-569-5614
Catchment Area 16: Serving the towns of East Glastonbury, East Hartford, Glastonbury, Maple Hill, Marlborough, Newington, Rocky Hill, South Glastonbury, and Wethersfield.

CAPITOL REGION MENTAL HEALTH CENTER
(State operated)
500 Vine Street
Hartford, CT 06112
PH: 860-297-0800 FAX: 860-297-0914
24 Hour Crisis Service: 860-297-0999
Catchment Area 18 and 23: Serving the towns of Avon, Canton, Canton Center, Collinsville, Elmwood, Farmington, Hartford, Simsbury, Tariffville, Unionville, Weatogue, West Hartford, and West Simsbury.

COMMUNITY MENTAL HEALTH AFFILIATES, INC. (private non-profit)
Administration Offices
29 Russell Street
New Britain, CT 06052

PH: 860-826-1358 FAX: 860-229-6575

OUTPATIENT SERVICES

55 Winthrop Street
New Britain, CT 06052

PH: 860-224-8192

Catchment Area 19: Serving the towns of Berlin, Bristol, Burlington, East Berlin, Kensington, Marion, Milldale, New Britain, Pequabuck, Plainville, Plantsville, Plymouth, Southington and Terryville

WESTERN CT MENTAL HEALTH NETWORK - TORRINGTON AREA(State operated)

240 Winsted Road, Third Floor
Torrington, CT 06790

PH: 860-496-3700 FAX: 860-496-3800

Catchment Area 22: Serving the towns of Bantam, Barkhamsted, Canaan, Colebrook, Cornwall, Cornwall Bridge, Falls Village, Goshen, Hartland, Harwinton, Kent, Lakeville, Limerock, Litchfield, Marble Dale, Morris, New Hartford, New Preston, Norfolk, North Canaan, North Kent, Northfield, Pine Meadow, Pleasant Valley, Riverton, Salisbury, Sharon, South Kent, Taconic, Torrington, Warren, Washington, Washington Depot, West Cornwall, West Goshen, Winchester, Winchester Center, Winsted

REGION FIVE

ADMINISTRATIVE OFFICE: The administrative office oversees the LMHAs in Region Five.

WESTERN CT MENTAL HEALTH NETWORK

Rowland State Government Center Rowland State Government Center

55 West Main Street, Suite 410
Waterbury, CT 06702-2004

PH: 203-805-6400 FAX: 203-805-6432

WESTERN CT MENTAL HEALTH NETWORK - WATERBURY AREA (State operated)

95 Thomaston Ave.
Waterbury, CT 06702

PH: 203-805-5300 FAX: 203-805-5310

Catchment Area 20: Serving the towns of Beacon Falls, Bethlehem, Cheshire, Lakeside, Middlebury, Naugatuck, Oakville, Oxford, Prospect, South Britain, Southbury, Thomaston, Union City, Waterbury, Watertown, Waterville, Wolcott and Woodbury.

WESTERN CT MENTAL HEALTH NETWORK - DANBURY AREA (State operated)

78 Triangle Street, Bldg. I-4
Danbury, CT 06810

PH: 203-448-3200 FAX: 203-448-3199

Catchment Area 21: Serving the towns of Bethel, Botsford, Bridgewater, Brookfield, Brookfield Center, Danbury, Gaylordsville, Hawleyville, New Fairfield, New Milford, Newtown, Redding, Redding Center, Redding Ridge, Ridgefield, Roxbury, Sandy Hook, Sherman, West Redding.

SECTION 5 INVENTORY OF HEALTH CARE FACILITIES, SERVICES AND EQUIPMENT

Table 1: Connecticut’s 169 Towns By County and DEMHS^a Region

Town Name	County Name	DEMHS ^a Region No.
Andover	Tolland County	3
Ansonia	New Haven County	2
Ashford	Windham County	4
Avon	Hartford County	3
Barkhamsted	Litchfield County	5
Beacon Falls	New Haven County	5
Berlin	Hartford County	3
Bethany	New Haven County	2
Bethel	Fairfield County	5
Bethlehem	Litchfield County	5
Bloomfield	Hartford County	3
Bolton	Tolland County	3
Bozrah	New London County	4
Branford	New Haven County	2
Bridgeport	Fairfield County	1
Bridgewater	Litchfield County	5
Bristol	Hartford County	3
Brookfield	Fairfield County	5
Brooklyn	Windham County	4
Burlington	Hartford County	3
Canaan	Litchfield County	5
Canterbury	Windham County	4
Canton	Hartford County	3
Chaplin	Windham County	4
Cheshire	New Haven County	2
Chester	Middlesex County	2
Clinton	Middlesex County	2
Colchester	New London County	4
Colebrook	Litchfield County	5
Columbia	Tolland County	4
Cornwall	Litchfield County	5
Coventry	Tolland County	4
Cromwell	Middlesex County	3
Danbury	Fairfield County	5
Darien	Fairfield County	1
Deep River	Middlesex County	2
Derby	New Haven County	2
Durham	Middlesex County	2
East Granby	Hartford County	3
East Haddam	Middlesex County	3
East Hampton	Middlesex County	3

Town Name	County Name	DEMHS ^a Region No.
East Hartford	Hartford County	3
East Haven	New Haven County	2
East Lyme	New London County	4
East Windsor	Hartford County	3
Eastford	Windham County	4
Easton	Fairfield County	1
Ellington	Tolland County	3
Enfield	Hartford County	3
Essex	Middlesex County	2
Fairfield	Fairfield County	1
Farmington	Hartford County	3
Franklin	New London County	4
Glastonbury	Hartford County	3
Goshen	Litchfield County	5
Granby	Hartford County	3
Greenwich	Fairfield County	1
Griswold	New London County	4
Groton	New London County	4
Guilford	New Haven County	2
Haddam	Middlesex County	2
Hamden	New Haven County	2
Hampton	Windham County	4
Hartford	Hartford County	3
Hartland	Hartford County	5
Harwinton	Litchfield County	5
Hebron	Tolland County	3
Kent	Litchfield County	5
Killingly	Windham County	4
Killingworth	Middlesex County	2
Lebanon	New London County	4
Ledyard	New London County	4
Lisbon	New London County	4
Litchfield	Litchfield County	5
Lyme	New London County	4
Madison	New Haven County	2
Manchester	Hartford County	3
Mansfield	Tolland County	4
Marlborough	Hartford County	3
Meriden	New Haven County	2
Middlebury	New Haven County	5
Middlefield	Middlesex County	2

Table 1: Connecticut’s 169 Towns by County and DEMHS^a Region

Town Name	County Name	DEMHS ^a Region No.
Middletown	Middlesex County	3
Milford	New Haven County	2
Monroe	Fairfield County	1
Montville	New London County	4
Morris	Litchfield County	5
Naugatuck	New Haven County	5
New Britain	Hartford County	3
New Canaan	Fairfield County	1
New Fairfield	Fairfield County	5
New Hartford	Litchfield County	5
New Haven	New Haven County	2
New London	New London County	4
New Milford	Litchfield County	5
Newington	Hartford County	3
Newtown	Fairfield County	5
Norfolk	Litchfield County	5
North Branford	New Haven County	2
North Canaan	Litchfield County	5
North Haven	New Haven County	2
North Stonington	New London County	4
Norwalk	Fairfield County	1
Norwich	New London County	4
Old Lyme	New London County	4
Old Saybrook	Middlesex County	2
Orange	New Haven County	2
Oxford	New Haven County	5
Plainfield	Windham County	4
Plainville	Hartford County	3
Plymouth	Litchfield County	5
Pomfret	Windham County	4
Portland	Middlesex County	3
Preston	New London County	4
Prospect	New Haven County	5
Putnam	Windham County	4
Redding	Fairfield County	5
Ridgefield	Fairfield County	5
Rocky Hill	Hartford County	3
Roxbury	Litchfield County	5
Salem	New London County	4
Salisbury	Litchfield County	5
Scotland	Windham County	4
Seymour	New Haven County	2
Sharon	Litchfield County	5

Town Name	County Name	DEMHS ^a Region No.
Shelton	Fairfield County	2
Sherman	Fairfield County	5
Simsbury	Hartford County	3
Somers	Tolland County	3
South Windsor	Hartford County	3
Southbury	New Haven County	5
Southington	Hartford County	3
Sprague	New London County	4
Stafford	Tolland County	3
Stamford	Fairfield County	1
Sterling	Windham County	4
Stonington	New London County	4
Stratford	Fairfield County	1
Suffield	Hartford County	3
Thomaston	Litchfield County	5
Thompson	Windham County	4
Tolland	Tolland County	3
Torrington	Litchfield County	5
Trumbull	Fairfield County	1
Union	Tolland County	4
Vernon	Tolland County	3
Voluntown	New London County	4
Wallingford	New Haven County	2
Warren	Litchfield County	5
Washington	Litchfield County	5
Waterbury	New Haven County	5
Waterford	New London County	4
Watertown	Litchfield County	5
West Hartford	Hartford County	3
West Haven	New Haven County	2
Westbrook	Middlesex County	2
Weston	Fairfield County	1
Westport	Fairfield County	1
Wethersfield	Hartford County	3
Willington	Tolland County	4
Wilton	Fairfield County	1
Winchester	Litchfield County	5
Windham	Windham County	4
Windsor	Hartford County	3
Windsor Locks	Hartford County	3
Wolcott	New Haven County	5
Woodbridge	New Haven County	2
Woodbury	Litchfield County	5
Woodstock	Windham County	4

^aDivision of Emergency Management and Homeland Security in the CT Department of Emergency Services and Public Protection

Table 1: Connecticut's 169 Towns by County and DEMHS^a Region

Table 2: Acute Care General and Children's General Hospitals in Connecticut

CHILDREN'S GENERAL HOSPITAL						
Facility Name	Provider Name	Facility Address	City	Zip code	Phone ^a	Licensed Beds
Connecticut Children's Medical Center	Connecticut Children's Medical Center	282 Washington Street	Hartford	06106	(860) 545-9000	72
GENERAL HOSPITALS						
Facility Name	Provider Name	Facility Address	City	Zip code	Phone ^a	Licensed Beds
Bridgeport Hospital	Bridgeport Hospital	267 Grant Street	Bridgeport	06610	(203) 384-3000	10
Bristol Hospital, Inc.	Bristol Hospital, Inc.	41 Brewster Road	Bristol	06010	(860) 585-3000	20
Charlotte Hungerford Hospital, The	Charlotte Hungerford Hospital, The	540 Litchfield Street	Torrington	06790	(860) 496-6666	13
Danbury Hospital, The	Danbury Hospital, The	24 Hospital Avenue	Danbury	06810	(203) 739-7000	26
Day Kimball Hospital	Day Kimball Healthcare, Inc.	320 Pomfret Street	Putnam	06260	(860) 928-6541	18
Greenwich Hospital	Greenwich Hospital	5 Perryridge Road	Greenwich	06830	(203) 863-3000	32
Griffin Hospital	Griffin Hospital	130 Division Street	Derby	06418	(203) 735-7541	20
Hartford Hospital	Hartford Hospital	80 Seymour Street	Hartford	06102	(860) 545-5000	48
Hospital of Central Connecticut, The	Hospital of Central Connecticut, The	100 Grand Street	New Britain	06050	(860) 224-5011	32
Hospital of Saint Raphael ^b	Hospital of Saint Raphael	1450 Chapel Street	New Haven	06511	(203) 789-3000	22
John Dempsey Hospital	State of Connecticut, University of Connecticut Health Center	263 Farmington Avenue	Farmington	06030	(860) 679-2000	10
Johnson Memorial Hospital	Johnson Memorial Hospital, Inc.	201 Chestnut Hill Road	Stafford	06076	(860) 684-4251	9
Lawrence and Memorial Hospital	Lawrence and Memorial Hospital Corporation	365 Montauk Avenue	New London	06320	(860) 442-0711	28
Manchester Memorial Hospital	Manchester Memorial Hospital	71 Haynes Street	Manchester	06040	(860) 646-1222	34
Middlesex Hospital	Middlesex Hospital	28 Crescent Street	Middletown	06457	(860) 358-6000	22
MidState Medical Center	MidState Medical Center	435 Lewis Avenue	Meriden	06451	(203) 694-8200	12
Milford Hospital, Inc.	Milford Hospital, Inc.	300 Seaside Avenue	Milford	06460	(203) 876-4000	12
New Milford Hospital	New Milford Hospital, Inc.	21 Elm Street	New Milford	06776	(860) 355-2611	10
Norwalk Hospital	Norwalk Hospital Association	34 Maple Street	Norwalk	06856	(203) 852-2000	38
Rockville General Hospital	Rockville General Hospital	31 Union Street	Vernon	06066	(860) 872-0510	16
Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	114 Woodland Street	Hartford	06105	(860) 714-4000	65
Saint Mary's Hospital, Inc.	St. Mary's Hospital, Inc.	56 Franklin Street	Waterbury	06706	(203) 709-6000	32
Sharon Hospital	Essent Healthcare of Connecticut, Inc.	50 Hospital Hill Road	Sharon	06069	(860) 364-4000	16

Table 2: Acute Care General and Children's General Hospitals in Connecticut

Facility Name	Provider Name	Facility Address	City	Zip code	Phone ^a	Licensed Beds	Licensed Bassinets
St. Vincent's Medical Center	St. Vincent's Medical Center	2800 Main Street	Bridgeport	06606	(203) 576-6000	473	47
Stamford Hospital, The	Stamford Hospital, The	30 Shelburne Road	Stamford	06904	(203) 276-1000	305	25
Waterbury Hospital	Waterbury Hospital	64 Robbins Street	Waterbury	06708	(203) 573-6000	357	36
William W. Backus Hospital, The	William W. Backus Hospital, The	326 Washington Street	Norwich	06360	(860) 889-8331	213	20
Windham Community Memorial Hospital and Hatch Hospital Corporation	Windham Community Memorial Hospital, Inc.	112 Mansfield Avenue	Windham	06226	(860) 456-9116	130	14
Yale-New Haven Hospital ^b	Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06510	(203) 688-4242	896	112
Total of 8,444 Beds and 799 Bassinets for General Hospitals (not including the one Children's Hospital)							
Total of 8,559 Beds and 871 Bassinets including the one Children's Hospital							

Source: DPH licensure files and e-licensure database as of June 2012

^aPhone numbers are subject to change

^bThis table reflects the licensed general hospitals as of June 2012 and does not reflect the recent change to Hospital of Saint Raphael and Yale-New Haven Hospital. Effective September 12, 2012, Yale-New Haven Hospital acquired the assets of the Hospital of Saint Raphael and became a single hospital with two main campuses.

SERVICE LINES	Backus	Bridgeport	Bristol	CCMC	Danbury	Day Kimball	Dempsey	Greenwich	Griffin	Hartford	HOCC	Hungerford	Johnson	L&M	Manchester	Middlesex	Midstate	Milford	New Milford	Norwalk	Rockville	Sharon	St. Francis	St. Mary's	St. Raphael	St. Vincent's	Stamford	Waterbury	Windham	Yale NH	
Maternity- Outpatient	x	x				x	x	x		x	x	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	
Medical Oncology- Inpatient	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x														
Medical Oncology - Outpatient	x	x	x	x	x	x	x	x	h	x	x	x		x		x	x										b	x	x	x	
Mental Health Clinic - Outpatient	x	x	x		x	x	x	x	x	x	x	x		x	x	x															
Magnetic Resonance Imaging (MRI)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Open Heart Surgery		x		x	x		x			x																					
Outpatient Clinic	x	x		x	x			x		x	x	x		x		x	x														
Pediatric Services - Inpatient	x	i	x	x	x	x		x			x	x		x		x															
Pediatric Services - Outpatient	x	i		x	x	x		x			x	x		x		x															
Positron Emission Tomography or PET-CT ^k	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	b	x	x	x	
Primary Care - Outpatient	l	x	m	x	x	x	n	x	x	x	x	x		x		x															
Radiation Oncology - Inpatient	x	x		p	x		x	x	x	x	x	x		x	x	x	x														
Radiation Oncology - Outpatient	x	x		p	x		x	x	x	x	x	x		x		x	x														

Table 3: Acute Care General and Children's General Hospitals - Service Line Survey Results

SERVICE LINES	Backus	Bridgeport	Bristol	CCMC	Danbury	Day Kimball	Dempsey	Greenwich	Griffin	Hartford	HOCC	Hungerford	Johnson	L&M	Manchester	Middlesex	MidState	Milford	New Milford	Norwalk	Rockville	Sharon	St. Francis	St. Mary's	St. Raphael	St. Vincent's	Stamford	Waterbury	Windham	Yale NH	
Rehabilitation - Inpatient	X	X	X	X	X			X	X	X	X	X		X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	
Rehabilitation - Outpatient	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Substance Abuse Ambulatory Chemical Detoxification								X	X		X		X														X				
Substance Abuse Chemical Maintenance - Outpatient											X																				
Substance Abuse Day/Evening Treatment	X							X	X	X	X		X		X										X	X	X	X	X		
Substance Abuse Intensive Treatment - Inpatient	X								X	X	X				X										X	X	X	X	X		
Substance Abuse Intermediate Long Term Treatment & Rehab - Inpatient								X																							
Substance Abuse - Medical Triage	X	X		X				X	X	X	X	X															X				
Substance Abuse Treatment - Outpatient	X		X	X	X		X	X	X	X	X		X		X											X	X	X	X		

Table 3: Acute Care General and Children's General Hospitals - Service Line Survey Results

SERVICE LINES	Backus	Bridgeport	Bristol	CCMC	Danbury	Day Kimball	Dempsey	Greenwich	Griffin	Hartford	HOCC	Hungerford	Johnson	L&M	Manchester	Middlesex	MidState	Millford	New Milford	Norwalk	Rockville	Sharon	St. Francis	St. Mary's	St. Raphael	St. Vincent's	Stamford	Waterbury	Windham	Yale NH		
Surgical Services, both Inpatient and Outpatient	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Surgical Oncology - Inpatient	X	X	X	^d	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Surgical Oncology - Outpatient	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Transplants - Inpatient				X						X																						X
Transplants - Outpatient				X																												X

Source: OHCA service line survey to 30 hospitals in early 2012

^aCategory includes providers of Elective Angioplasty as well as those that provide only Emergency Angioplasty

^bPET-CT scanning, linear accelerator, outpatient chemotherapy services, outpatient medical oncology services and outpatient radiation oncology services for St. Mary's Hospital and Waterbury Hospital are provided by their jointly held affiliate, The Harold Leever Regional Cancer Center

^cGriffin Hospital inpatient hospice services are provided onsite by CT Hospice Association

^dSt. Mary Hospital inpatient hospice services provided onsite by Vitas

^eLithotripsy services whether owned by the hospital or on-site via contractual arrangement with an independent or related entity

^fConnecticut Children's Medical Center linear accelerator provided via a contractual arrangement

^gLinear accelerator services are provided for patients of Manchester and Rockville by its affiliate, the Northeast Regional Radiation Oncology Network (NRRON)

^hGriffin Hospital medical oncology services provided by Yale New Haven Hospital physicians

ⁱBridgeport Hospital inpatient and outpatient pediatric services provided on site by staff of Yale New Haven Hospital

^jSt. Mary's Hospital inpatient pediatric services provided on site by Connecticut Children's Medical Center

^kPET and/or PET-CT scanning services whether owned by the hospital or on-site via contractual arrangement

^lWilliam W. Backus Hospital primary care clinic services provided by an affiliated entity

^mBristol Hospital primary care clinic services provided by an affiliated entity

ⁿJohn Dempsey Hospital primary care services provided by UConn Medical Group

^oNorwalk Hospital primary care services provided by an affiliated entity, NHP & S

^pConnecticut Children's Medical Center radiation oncology and inpatient surgical oncology services provided by contractual arrangement

Table 3: Acute Care General and Children's General Hospitals - Service Line Survey Results

Table 4: Specialty Hospitals in Connecticut

CHRONIC DISEASE HOSPITALS						
Facility Name	Provider Name	Facility Address	City	Zip	Phone ^a	Licensed Beds Licensed Bassinets
Gaylord Hospital	Gaylord Hospital, Inc.	Gaylord Farm Road	Wallingford	06492	(203) 284-2800	137 N/A
Hebrew Home and Hospital, Incorporated	Hebrew Home and Hospital, Incorporated	1 Abrahams Boulevard	West Hartford	06117	(860) 523-3800	45 N/A
Hospital for Special Care	Hospital for Special Care	2150 Corbin Avenue	New Britain	06053	(860) 223-2761	228 N/A
Masonicare Health Center	Masonicare Health Center	22 Masonic Avenue	Wallingford	06492	(203) 679-5900	62 N/A
Mount Sinai Rehabilitation Hospital, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	490 Blue Hills Avenue	Hartford	06112	(860) 714-3500	60 N/A
State of CT, DVA, Sgt. John L. Levitow Veterans Health Center	State of CT, Department of Veterans Affairs	287 West Street	Rocky Hill	06067	(860) 616-3600	300 N/A
Beds licensed as Chronic Disease Hospital beds totals 832 within six licensed facilities						
HOSPITALS - HOSPICE						
Facility Name	Provider Name	Facility Address	City	Zip	Phone ^a	Licensed Beds Licensed Bassinets
Connecticut Hospice, Inc., The	Connecticut Hospice, Inc.	100 Double Beach Road	Branford	06405	(203) 315-7500	52 N/A
Vitas Healthcare Corporation Atlantic Inpatient Unit	Vitas Healthcare Corporation Atlantic	56 Franklin Street, Xavier 4th Floor of Saint Mary's Hosp.	Waterbury	06706	(203) 437-3111	12 N/A
HOSPITALS FOR MENTALLY ILL PERSONS						
Facility Name	Provider Name	Facility Address	City	Zip	Phone ^a	Licensed Beds Licensed Bassinets
Masonicare Health Center	Masonicare Health Center	22 Masonic Avenue	Wallingford	06492	(203) 679-5900	30 N/A
Natchaug Hospital, Inc.	Natchaug Hospital, Inc.	189 Storrs Road	Mansfield	06250	(860) 456-1311	60 N/A
Silver Hill Hospital, Inc.	Silver Hill Hospital, Inc.	208 Valley Road	New Canaan	06840	(203) 966-3561	129 N/A
Beds licensed as Hospital for Mentally Ill Persons beds totals 219 within three licensed facilities						
MATERNITY HOSPITAL						
Facility Name	Provider Name	Facility Address	City	Zip	Phone ^a	Licensed Beds Licensed Bassinets
Connecticut Childbirth and Women's Center	Connecticut Childbirth Center, Inc.	94 Locust Avenue	Danbury	06810	(203) 748-6000	2 2

Source: DPH licensure files and e-licensure database as of June 2012

^aPhone numbers are subject to change

Table 5: Outpatient Surgical Facilities

HOSPITAL-BASED SURGICAL LOCATIONS						
Facility Name	Facility Address	City	Zip code	Days of Operation ^a	Hours of Operation ^a	DEMHS Region
Bridgeport Hospital	267 Grant Street	Bridgeport	06610	Monday -Friday	7:00 AM-7:00 PM	1
Bristol Hospital	41 Brewster Road	Bristol	06010	Monday -Friday	6:00 AM-7:00 PM	3
Charlotte Hungerford Hospital, The	540 Litchfield Street	Torrington	06791	Monday -Friday	7:30 AM-5:30 PM	5
Connecticut Children's Medical Center	282 Washington Street	Hartford	06106	Monday -Friday	7:30 AM-4:30 PM	3
Danbury Hospital	24 Hospital Ave	Danbury	06810	Monday -Friday	7:00 AM-6:00 PM	5
Day Kimball Hospital	320 Pomfret Street	Putnam	06260	Monday -Friday	5:00 AM-6:00 PM	4
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	50 Hospital Hill Road	Sharon	06069	Monday -Friday	7:45 AM-3:30 PM	5
Greenwich Hospital	5 Perryridge Road	Greenwich	06830	Monday -Friday	7:00 AM-5:00 PM	1
Greenwich Hospital	5 Perryridge Road	Greenwich	06830	Saturday	8:00 AM-12:00 PM	1
Griffin Hospital	130 Division Street	Derby	06484	Monday -Friday	7:00 AM-11:00 PM	2
Hartford Hospital	80 Seymour Street	Hartford	06102	Sunday -Saturday	24 hours	3
Hospital of Central Connecticut, The	100 Grand Street	New Britain	06050	Monday -Sunday	7:00 AM-11:00 PM	3
Hospital of Central Connecticut, The	100 Grand Street	New Britain	06050	Monday -Friday	7:00 AM-3:00 PM	3
Hospital of Central Connecticut, The	100 Grand Street	New Britain	06050	Monday -Friday	7:00 AM-4:00 PM	3
Hospital of Saint Raphael	1450 Chapel Street	New Haven	06511	Sunday -Saturday	24 hours	2
John Dempsey Hospital	263 Farmington Avenue	Farmington	06030	Monday -Friday	7:30 AM-4:00 PM	3
Johnson Memorial Hospital	201 Chestnut Hill Road	Stafford	06076	Monday -Friday	24 hours	3
Lawrence and Memorial Hospital	365 Montauk Avenue	New London	06320	Monday -Friday	6:00 AM-7:00 PM	4
Manchester Memorial Hospital	71 Haynes Street	Manchester	06040	Monday -Friday	8:00 AM-5:30 PM	3
Masonicare Health Center ^b	22 Masonic Avenue	Wallingford	06492	Monday -Friday	8:00 AM-4:30 PM	2
Middlesex Hospital	28 Crescent Street	Middletown	06457	Monday -Friday	6:00 AM-6:00 PM	3
MidState Medical Center	435 Lewis Avenue	Meriden	06451	Monday -Friday	7:00 AM-5:00 PM	2
Milford Hospital, Inc.	300 Seaside Avenue	Milford	06460	Monday -Friday	6:00 AM-6:00 PM	2
New Milford Hospital	21 Elm Street	New Milford	06776	Monday -Friday	6:00 AM-9:00 PM	5
Norwalk Hospital	34 Maple Street	Norwalk	06856	Monday -Friday	6:00 AM-7:00 PM	1
Rockville General Hospital	31 Union Street	Vernon	06066	Monday -Friday	8:00 AM-3:30 PM	3
Saint Francis Hospital and Medical Center	114 Woodland Street	Hartford	06105	Monday -Friday	7:00 AM-5:00 PM	3

Table 5: Outpatient Surgical Facilities

Facility Name	Facility Address	City	Zip code	Days of Operation ^a	Hours of Operation ^a	DEMHS Region
Saint Mary's Hospital	56 Franklin Street	Waterbury	06706	Monday -Friday	6:00 AM-8:00 PM	5
Saint Vincent's Medical Center	2800 Main Street	Bridgeport	06606	Monday -Friday	7:00 AM-4:00 PM	1
Stamford Hospital, The	30 Shelburne Road	Stamford	06904	Saturday-Sunday	12:00 AM-11:59 PM	1
Waterbury Hospital	64 Robbins Street	Waterbury	06708	Monday -Friday	7:30 AM-11:00 PM	5
William W. Backus Hospital, The	326 Washington Street	Norwich	06360	Monday -Sunday	12:00 AM-11:59 PM	4
Windham Community Memorial Hospital	112 Mansfield Avenue	Windham	06226	Monday -Friday	7:00 AM-3:00 PM	4
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06519	Monday -Friday	7:00 AM-8:00 PM	2
Total of 31 hospitals providing surgery services at a main hospital campus including Masonicare, a chronic disease hospital						
HOSPITAL SATELLITE SURGICAL LOCATIONS						
Endoscopy Center of Greenwich Hospital, The	500 West Putnam Avenue	Greenwich	06807	Monday - Friday	7:00 AM - 4:00 PM	1
Johnson Memorial Hospital (hospital satellite)	148 Hazard Avenue	Enfield	06076	Monday -Friday	6:00 AM-5:00 PM	3
Hartford Hospital's Eye Surgery Center	505 Willard Avenue	Newington	06111	C	C	3
Lawrence and Memorial Hospital at Pequot Health Center	52 Hazelnut Hill Road	Groton	06340	Monday -Friday	6:00 AM-6:00 PM	4
Leona M. and Harry B. Helmsley Ambulatory Surgical Center	55 Holly Hill Lane	Greenwich	06830	Monday	8:00 AM-5:00 PM	1
Leona M. and Harry B. Helmsley Ambulatory Surgical Center	55 Holly Hill Lane	Greenwich	06830	Wednesday-Friday	8:00 AM-5:00 PM	1
Middlesex Surgical Center	530 Saybrook Road	Middletown	06457	Monday -Wednesday	6:00 AM-5:00 PM	3
Middlesex Surgical Center	530 Saybrook Road	Middletown	06457	Friday	6:00 AM-6:00 PM	3
Mount Sinai Campus of Saint Francis Hospital and Medical Center	500 Blue Hills Avenue	Hartford	06112	Monday -Friday	7:00 AM-5:00 PM	3
Naugatuck Valley Surgical Center	160 Robbins Street	Waterbury	06708	Monday -Friday	6:00 AM-5:00 PM	5
Ridgefield Surgical Center	901 Ethan Allen Highway	Ridgefield	06877	Monday -Friday	6:00 AM-5:00 PM	5
Stamford Hospital, The (Tully Surgery Center)	32 Strawberry Hill Court	Stamford	06902	Monday -Friday	6:00 AM-6:00 PM	1
University of Connecticut Health Center - Farmington Surgery Center	263 Farmington Avenue	Farmington	06030	Monday -Friday	7:30 AM-4:00 PM	3
West Hartford Surgery Center ^e	65 Memorial Road	West Hartford	06107	Monday -Friday	6:00 AM-6:00 PM	3
William W. Backus Hospital, The (Norwich Site)	326 Washington Street	Norwich	06360	Monday -Friday	7:00 AM-3:00 PM	4
William W. Backus Hospital, The (Norwich Site)	326 Washington Street	Norwich	06360	Monday -Friday	6:00 AM-5:00 PM	4

Table 5: Outpatient Surgical Facilities

Facility Name	Facility Address	City	Zip code	Days of Operation ^a	Hours of Operation ^a	DEMHS Region
Yale New Haven Hospital (both Temple facilities) ^d	40 - 60 Temple Street	New Haven	06510	Monday -Tuesday	7:00 AM-5:00 PM	2
Yale New Haven Hospital (both Temple facilities) ^d	40 - 60 Temple Street	New Haven	06510	Wednesday	9:00 AM-5:00 PM	2
Yale New Haven Hospital (both Temple facilities) ^d	40 - 60 Temple Street	New Haven	06510	Thursday -Friday	7:00 AM-5:00 PM	2
Total of 15 satellite locations of hospitals providing surgery services (including two separate Yale satellites at Temple Street in New Haven)						
OUTPATIENT SURGICAL FACILITIES						
Aesthetic Surgery Center	330 Orchard Street	New Haven	06511	Monday - Friday	7:30 AM-6:00 PM	2
Brucato Plastic Surgery Center, LLC	38 B Grove Street	Ridgefield	06877	Monday and Friday	7:30 AM-5:00 PM	5
Brucato Plastic Surgery Center, LLC	38 B Grove Street	Ridgefield	06877	Tuesday-Thursday	9:00 AM-5:00 PM	5
Center for Advanced Reproductive Services, PC	263 Farmington Avenue	Farmington	06030	Saturday - Sunday	7:00 AM-5:00 PM	3
Center for Ambulatory Surgery, LLC	32 Imperial Avenue	Westport	06880	Monday -Friday	8:00 AM-4:00 PM	1
Central Connecticut Endoscopy Center, LLC	440 New Britain Avenue	Plainville	06062	Monday -Friday	7:00 AM-5:00 PM	3
Coastal Digestive Care Center, LLC	234 A Bank Street	New London	06320	Monday -Friday	7:00 AM-5:00 PM	4
Connecticut Center for Plastic Surgery	5 Durham Road	Guilford	06437	Monday -Friday	7:00 AM-5:00 PM	2
Connecticut Eye Surgery Center South, L.L.C.	60 Wellington Road	Milford	06460	Monday -Thursday	6:00 AM-5:00 PM	2
Connecticut Eye Surgery Center South, L.L.C.	60 Wellington Road	Milford	06460	Friday	9:00 AM-2:00 PM	2
Connecticut Fertility Associates	4920 Main Street	Bridgeport	06606	Monday -Sunday	7:00 AM-3:00 PM	1
Connecticut Foot Surgery Center	318 New Haven Avenue	Milford	06460	Monday -Friday	8:00 AM-5:00 PM	2
Connecticut Orthopaedic Specialists, P.C.	84 North Main Street	Branford	06405	Monday - Friday	7:00 AM - 4:00 PM	2
Connecticut Surgery Center	81 Gillett Street	Hartford	06105	Monday -Friday	6:00 AM-5:00 PM	3
Connecticut Surgical Arts, LLC	159 Sachem Street	Norwich	06360	Monday -Friday	8:00 AM-5:00 PM	4
Constitution Surgery Center East, LLC	174 Cross Road	Waterford	06385	Monday	8:00 AM-4:00 PM	4
Constitution Surgery Center East, LLC	174 Cross Road	Waterford	06385	Tuesday-Thursday	6:00 AM-5:00 PM	4
Constitution Surgery Center East, LLC	174 Cross Road	Waterford	06385	Friday	8:00 AM-3:00 PM	4
CT GI Endoscopy Center, LLC	4 Northwestern Drive	Bloomfield	06002	Monday	7:00 AM-6:00 PM	3
CT GI Endoscopy Center, LLC	4 Northwestern Drive	Bloomfield	06002	Tuesday-Friday	7:00 AM-4:00 PM	3
Danbury Surgical Center	73 Sandpit Road	Danbury	06810	Monday -Friday	6:00 AM-5:00 PM	5
Darien Medical Arts, LLC d/b/a Aesthetic Surgery Center	722 Post Road	Darien	06820	Monday - Friday	7:30 AM-6:00 PM	1
Diagnostic Endoscopy, LLC	778 Long Ridge Road	Stamford	06902	Monday -Friday	6:00 AM-5:00 PM	1
Digestive Disease Associates Endoscopy Suite	229 Montowese Street	Branford	06405	Monday -Friday	7:30 AM-1:30 PM	2
Dr. Felice's Youthful Images	580 Cottage Grove Road	Bloomfield	06002	Monday -Friday	9:00 AM-5:00 PM	3
Eastern Connecticut Endoscopy Center, LLC	79 Wawecus Street	Norwich	06360	Monday -Friday	7:00 AM-3:00 PM	4

Table 5: Outpatient Surgical Facilities

Facility Name	Facility Address	City	Zip code	Days of Operation ^a	Hours of Operation ^a	DEMHHS Region
Endoscopy Center of Connecticut, LLC	1591 Boston Post Road	Guilford	06437	Monday -Friday	7:00 AM-4:00 PM	2
Endoscopy Center of Connecticut, LLC	2200 Whitney Avenue	Hamden	06518	Monday -Friday	7:00 AM-4:00 PM	2
Endoscopy Center of Fairfield, The	425 Post Road	Fairfield	06824	Monday -Friday	7:00 AM-4:00 PM	1
Endoscopy Center of Northwest Connecticut, LLC, The	245 Alford Park Road	Torrington	06790	Monday -Friday	7:00 AM-4:00 PM	5
Evergreen Endoscopy Center, LLC	2400 Tamarack Avenue	South Windsor	06074	Monday -Friday	7:00 AM-5:00 PM	3
Eye Surgery Center, The	4 Northwestern Drive	Bloomfield	06002	Monday - Friday	7:30 AM-5:00 PM	3
Fairfield County Endoscopy Center	888 White Plains Road	Trumbull	06611	Monday -Friday	7:00 AM-4:00 PM	1
Fairfield Surgery Center, LLC	75 Kings Highway Cutoff	Fairfield	06824	Monday -Friday	6:30 AM-5:30 PM	1
Gary J. Price, M.D., Center for Aesthetic Surgery	5 Durham Road	Guilford	06437	Monday -Friday	9:00 AM-5:00 PM	2
Glastonbury Endoscopy Center, LLC	300 Western Boulevard	Glastonbury	06033	Monday -Friday	6:45 AM-5:00 PM	3
Glastonbury Surgery Center, LLC	195 Eastern Boulevard	Glastonbury	06033	Monday -Friday	6:00 AM-5:00 PM	3
Hand Center of Western Connecticut, The	35 Tamarack Avenue	Danbury	06811	Monday -Friday	7:30 AM-5:00 PM	5
Hartford Surgical Center	100 Retreat Avenue	Hartford	06106	Monday -Friday	6:00 AM-5:00 PM	3
John J. Borkowski, M.D.	85 Church Street	Middletown	06457	Monday -Friday	8:00 AM-5:00 PM	3
Laser and Vision Surgery Center, LLC	178 Hartford Road	Manchester	06040	Monday -Friday	8:00 AM-4:00 PM	3
Leif Nordberg, MD, Office of	166 West Broad Street	Stamford	06902	Monday -Friday	9:00 AM-5:00 PM	1
Litchfield Hills Surgery Center	245 Alford Park Road	Torrington	06790	Monday	6:00 AM-4:30 PM	5
Litchfield Hills Surgery Center	245 Alford Park Road	Torrington	06790	Tuesday-Friday	6:00 AM-5:30 PM	5
Middlesex Center for Advanced Orthopedic Surgery, LLC	510 Saybrook Road	Middletown	06457	Monday -Friday	7:00 AM-5:00 PM	3
Middlesex Endoscopy Center, LLC	410 Saybrook Road	Middletown	06457	Monday -Friday	7:00 AM-6:00 PM	3
Naugatuck Valley Endoscopy Center, LLC	1312 West Main Street	Waterbury	06708	Monday -Friday	7:00 AM-3:00 PM	5
New England Fertility Institute	1275 Summer Street	Stamford	06905	Monday -Friday	7:00 AM-4:00 PM	1
New England Fertility Institute	1275 Summer Street	Stamford	06905	Saturday	7:00 AM-12:00 PM	1
New Vision Cataract Center	605 West Avenue	Norwalk	06850	Wednesday	7:00 AM-5:00 PM	1
New Vision Cataract Center	605 West Avenue	Norwalk	06850	Friday	9:00 AM-12:00 PM	1
North Haven Surgery Center, LLC	52 Washington Avenue	North Haven	06473	Monday -Friday	7:00 AM-5:00 PM	2
Norwalk Surgery Center, LLC	40 Cross Street	Norwalk	06856	Monday -Friday	6:00 AM-5:00 PM	1
Orthopaedic and Neurosurgery Center of Greenwich, LLC	55 Holly Hill Lane	Greenwich	06830	Wednesday	7:30 AM-5:00PM	1
Orthopaedic Associates Surgery Center, LLC	1111 Cromwell Avenue	Rocky Hill	06067	Monday -Friday	6:00 AM-5:00 PM	3
Plastic Surgery of Southern Connecticut, LLC	208 Post Road West	Westport	06880	Monday -Friday	9:00 AM-5:00 PM	1

Table 5: Outpatient Surgical Facilities

Facility Name	Facility Address	City	Zip code	Days of Operation ^a	Hours of Operation ^a	DEMHS Region
Reproductive Medicine Associates of Connecticut	10 Glover Avenue	Norwalk	06850	Monday -Friday	7:00 AM-4:00 PM	1
Reproductive Medicine Associates of Connecticut	10 Glover Avenue	Norwalk	06850	Saturday-Sunday	7:00 AM-11:00 AM	1
Robbins Eye Center, PC	4695 Main Street	Bridgeport	06606	Tuesday	6:00 AM-2:00 PM	1
Saint Francis GI Endoscopy, LLC	360 Bloomfield Avenue	Windsor	06095	Monday -Friday	7:30 AM-4:00 PM	3
Shoreline Colonoscopy Suites	929 Boston Post Road	Old Saybrook	06475	Monday - Friday	6:00 AM - 5:00 PM	2
Shoreline Surgery Center, LLC	111 Goose Lane	Guilford	06437	Monday -Friday	7:00 AM-5:00 PM	2
Split Rock Surgical Associates	539 Danbury Road	Wilton	06897	Monday -Friday	7:00 AM-6:00 PM	1
SSC II, LLC	111 Goose Lane	Guilford	06437	Monday -Friday	7:00 AM-6:00 PM	2
Summer Street Ambulatory Surgery Center, The	1290 Summer Street	Stamford	06905	Wednesday and Friday	7:00 AM-5:00 PM	1
Surgery Center of Fairfield County	4920 Main Street	Bridgeport	06606	Monday -Friday	6:00 AM-5:00 PM	1
Surgical Center of CT, LLC	3101 Main Street	Bridgeport	06606	Tuesday and Thursday	7:00 AM-6:00 PM	1
Waterbury Outpatient Surgery Center	87 Grandview Avenue	Waterbury	06708	Monday	8:00 AM-4:30 PM	5
Waterbury Outpatient Surgery Center	87 Grandview Avenue	Waterbury	06708	Tuesday-Thursday	6:00 AM-6:00 PM	5
Waterbury Outpatient Surgery Center	87 Grandview Avenue	Waterbury	06708	Friday	8:00 AM-12:00 PM	5
Wilton Surgery Center, LLC	195 Danbury Road	Wilton	06897	Monday -Friday	7:00 AM-5:00 PM	1
Yale Health Center Outpatient Services	55 Lock Street	New Haven	06520	c	c	2
Total of 61 licensed Outpatient Surgical Facility sites						

Source: DPH licensure files and e-licensure database as of August 2012 and OHCA survey process undertaken in 2011

^aDays of Operation and Hours of Operation are subject to change

^bFor purposes of this table, Hospital-Based includes Masonicare Health Center as a Chronic Disease Hospital

^cInformation not available through OHCA survey process in 2011

^dYale New Haven Hospital's license lists two separate surgery satellite facilities on Temple Street in New Haven (YNHASC Temple Surgical Center at 60 Temple Street and YNHASC Women's Surgical Center at 40 Temple Street) and these are counted as two satellite sites; however the information is combined as the Hospital filed survey information as "combined" Temple Facilities

^eThe West Hartford Surgery Center at 65 Memorial Road in West Hartford is a satellite of Hartford Hospital. As of August 2012, Connecticut Children's Medical Center lists this location on its license as it leases an OR at this location (3-4 times per month) for pediatric outpatient surgery

Table 5: Outpatient Surgical Facilities

Table 6: Outpatient Surgical Facilities – Detail of Services^a

HOSPITAL-BASED SURGICAL LOCATIONS														
FACILITY NAME	CITY	Gastroenterology Procedures	General Surgery	Gynecology Surgery	Neurosurgery	Ophthalmology Surgery	Oral Surgery	Orthopedic Surgery	Otolaryngology Surgery	Pain Management	Plastic Surgery	Podiatry Surgery	Urology Surgery	Other Services
Bridgeport Hospital	Bridgeport	X	X	X	X	X	X	X	X	X	X	X	X	
Bristol Hospital	Bristol	X	X	X	X	X	X	X	X		X	X	X	
Charlotte Hungerford Hospital, The	Torrington	X	X	X		X	X	X	X	X		X	X	X
Connecticut Children's Medical Center	Hartford	X	X	X	X	X	X	X	X	X	X	X	X	
Danbury Hospital	Danbury	X	X	X	X	X	X	X	X	X	X	X	X	
Day Kimball Hospital	Putnam	X	X	X		X	X	X	X		X		X	
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	Sharon	X	X	X		X		X	X	X	X	X	X	
Greenwich Hospital	Greenwich	X	X	X	X	X	X	X	X	X	X		X	
Griffin Hospital	Derby		X	X	X	X	X	X	X	X	X	X	X	X
Hartford Hospital	Hartford	X	X	X	X	X	X	X	X	X	X	X	X	
Hospital of Central Connecticut, The	New Britain	X	X	X	X	X	X	X	X		X	X	X	X
Hospital of Saint Raphael	New Haven	X	X	X	X	X	X	X	X	X	X	X	X	
John Dempsey Hospital	Farmington	X	X	X	X	X	X	X	X		X		X	X
Johnson Memorial Hospital	Stafford	X	X	X	X	X	X	X	X	X		X	X	X
Lawrence and Memorial Hospital	New London	X	X	X	X		X	X	X	X	X	X	X	
Manchester Memorial Hospital	Manchester	X	X	X	X	X	X	X	X		X	X	X	X
Masonicare Health Center	Wallingford	X												
Middlesex Hospital	Middletown	X	X	X	X	X	X	X	X	X	X	X	X	
MidState Medical Center	Meriden	X	X	X	X	X	X	X	X	X	X	X	X	
Milford Hospital, Inc.	Milford	X	X	X	X	X	X	X	X	X	X	X	X	
New Milford Hospital	New Milford	X	X	X	X	X	X	X	X	X	X	X	X	
Norwalk Hospital	Norwalk	X	X	X	X	X	X	X	X	X	X	X	X	X
Rockville General Hospital	Vernon	X	X	X	X	X	X	X	X		X	X	X	X
Saint Francis Hospital and Medical Center	Hartford	X	X	X	X	X	X	X	X	X		X	X	X

Table 6: Outpatient Surgical Facilities – Detail of Services

FACILITY NAME	CITY	Gastroenterology Procedures	General Surgery	Gynecology Surgery	Neurosurgery	Ophthalmology Surgery	Oral Surgery	Orthopedic Surgery	Otolaryngology Surgery	Pain Management	Plastic Surgery	Podiatry Surgery	Urology Surgery	Other Services
Saint Mary's Hospital	Waterbury	X	X	X	X		X	X	X		X	X	X	
Saint Vincent's Medical Center	Bridgeport	X	X	X	X		X	X	X	X	X	X	X	
Stamford Hospital, The	Stamford	X	X	X	X	X	X	X	X	X	X	X	X	
Waterbury Hospital	Waterbury	X	X	X	X	X	X	X	X	X	X	X	X	
William W. Backus Hospital, The	Norwich	X	X	X	X	X	X	X	X	X		X	X	X
Windham Community Memorial Hospital	Windham	X	X	X		X	X	X	X	X	X	X	X	
Yale-New Haven Hospital, Inc.	New Haven	X	X	X	X	X	X	X	X	X	X	X	X	
HOSPITAL SATELLITE SURGICAL LOCATIONS														
Endoscopy Center of Greenwich Hospital, The	Greenwich	X												
Hartford Hospital's Eye Surgery Center	Newington					X								
Johnson Memorial Hospital (hospital satellite) ^b	Enfield													
Lawrence and Memorial Hospital at Pequot Health Center	Groton					X		X	X		X	X		
Leona M. and Harry B. Helmsley Ambulatory Surgical Center	Greenwich		X	X		X	X	X	X		X		X	X
Middlesex Surgical Center	Middletown		X	X	X	X	X	X	X	X	X	X	X	
Mount Sinai Campus of Saint Francis Hospital and Medical Center	Hartford		X	X	X		X	X	X			X	X	X
Naugatuck Valley Surgical Center	Waterbury	X	X	X	X	X	X	X	X	X	X	X	X	
Ridgefield Surgical Center, LLC	Ridgefield	X	X			X		X	X	X	X	X	X	
Stamford Hospital, The (Tully Surgery Center)	Stamford	X	X	X	X	X	X	X	X	X	X	X	X	
University of Connecticut Health Center - Farmington Surgery Center	Farmington		X	X	X	X	X	X	X	X			X	X
West Hartford Surgery Center	West Hartford					X								
William W. Backus Hospital, The (Norwich Site)	Norwich										X			
Yale New Haven Hospital (Temple facilities)	New Haven	X	X	X	X	X	X	X	X	X	X	X	X	

Table 6: Outpatient Surgical Facilities – Detail of Services

FACILITY NAME	CITY	Gastroenterology Procedures	General Surgery	Gynecology Surgery	Neurosurgery	Ophthalmology Surgery	Oral Surgery	Orthopedic Surgery	Otolaryngology Surgery	Pain Management	Plastic Surgery	Podiatry Surgery	Urology Surgery	Other Services
Aesthetic Surgery Center	New Haven										X			
Brucato Plastic Surgery Center, LLC	Ridgefield										X			
Center for Advanced Reproductive Services, PC	Farmington										X			X
Center for Ambulatory Surgery, LLC	Westport										X			X
Central Connecticut Endoscopy Center, LLC	Plainville	X												
Coastal Digestive Care Center, LLC	New London	X												
Connecticut Center for Plastic Surgery	Guilford										X			
Connecticut Eye Surgery Center South, L.L.C.	Milford					X								
Connecticut Fertility Associates	Bridgeport													X
Connecticut Foot Surgery Center	Milford											X		
Connecticut Orthopaedic Specialists, P.C.	Branford							X		X		X		
Connecticut Surgery Center	Hartford		X	X	X			X			X	X	X	X
Connecticut Surgical Arts, LLC	Norwich													X
Constitution Surgery Center East, LLC	Waterford					X								
CT GI Endoscopy Center, LLC	Bloomfield	X												
Danbury Surgical Center	Danbury	X				X		X		X		X		
Darien Medical Arts, LLC d/b/a Aesthetic Surgery Center	Darien										X			
Diagnostic Endoscopy, LLC	Stamford	X												
Digestive Disease Associates Endoscopy Suite	Branford	X												
Dr. Felice's Youthful Images	Bloomfield										X			
Eastern Connecticut Endoscopy Center, LLC	Norwich	X												
Endoscopy Center of Connecticut, LLC	Guilford	X												
Endoscopy Center of Connecticut, LLC	Hamden	X												
Endoscopy Center of Fairfield, The	Fairfield	X												
Endoscopy Center of Northwest Connecticut, LLC, The	Torrington	X												
Evergreen Endoscopy Center, LLC	South Windsor	X												

Table 6: Outpatient Surgical Facilities – Detail of Services

FACILITY NAME	CITY	Gastroenterology Procedures	General Surgery	Gynecology Surgery	Neurosurgery	Ophthalmology Surgery	Oral Surgery	Orthopedic Surgery	Otolaryngology Surgery	Pain Management	Plastic Surgery	Podiatry Surgery	Urology Surgery	Other Services
Eye Surgery Center, The	Bloomfield					X								
Fairfield County Endoscopy Center	Trumbull	X												
Fairfield Surgery Center, LLC	Fairfield				X			X		X				
Gary J. Price, M.D., Center for Aesthetic Surgery	Guilford										X			
Glastonbury Endoscopy Center, LLC	Glastonbury	X												
Glastonbury Surgery Center, LLC	Glastonbury							X						
Hand Center of Western Connecticut, The	Danbury							X						
Hartford Surgical Center	Hartford		X	X		X	X	X	X		X	X		
John J. Borkowski, M.D.	Middletown		X								X			
Laser and Vision Surgery Center, LLC	Manchester					X								
Leif Nordberg, MD, Office of	Stamford										X			
Litchfield Hills Surgery Center	Torrington							X		X				
Middlesex Center for Advanced Orthopedic Surgery, LLC	Middletown							X		X				
Middlesex Endoscopy Center, LLC	Middletown	X												
Naugatuck Valley Endoscopy Center, LLC	Waterbury	X												
New England Fertility Institute	Stamford													X
New Vision Cataract Center	Norwalk					X								
North Haven Surgery Center, LLC	North Haven								X	X				
Norwalk Surgery Center, LLC	Norwalk		X			X		X		X	X	X		
Orthopaedic and Neurosurgery Center of Greenwich, LLC	Greenwich							X						
Orthopaedic Associates Surgery Center, LLC	Rocky Hill							X		X				
Plastic Surgery of Southern Connecticut, LLC	Westport										X			
Reproductive Medicine Associates of Connecticut	Norwalk			X										X
Robbins Eye Center, PC	Bridgeport													
Saint Francis GI Endoscopy, LLC	Windsor	X												
Shoreline Colonoscopy Suites	Old Saybrook	X	X											
Shoreline Surgery Center, LLC	Guilford	X												
Split Rock Surgical Associates	Wilton													X

Table 6: Outpatient Surgical Facilities – Detail of Services

FACILITY NAME	CITY	Gastroenterology Procedures	General Surgery	Gynecology Surgery	Neurosurgery	Ophthalmology Surgery	Oral Surgery	Orthopedic Surgery	Otolaryngology Surgery	Pain Management	Plastic Surgery	Podiatry Surgery	Urology Surgery	Other Services
SSC II, LLC	Guilford		X	X		X	X	X	X	X	X	X	X	
Summer Street Ambulatory Surgery Center, The	Stamford			X							X			
Surgery Center of Fairfield County	Bridgeport	X	X	X		X	X	X	X	X	X	X	X	
Surgical Center of CT, LLC	Bridgeport													X
Waterbury Outpatient Surgery Center	Waterbury					X					X			
Wilton Surgery Center, LLC	Wilton					X				X				
Yale Health Center Outpatient Services ^b	New Haven													

Source: OHCA survey undertaken in 2011

^a Information obtained through the OHCA survey process in 2011 and service detail is subject to change

^b Information not available through OHCA survey process in 2011

Table 6: Outpatient Surgical Facilities – Detail of Services

Table 7: Number of Operating Rooms by Facility^a

Facility Name (in alphabetical order)	City	Provider Type	# of ORs
Aesthetic Surgery Center	New Haven	Outpatient Surgical Facility	<i>b</i>
Bridgeport Hospital	Bridgeport	Hospital	25
Bristol Hospital	Bristol	Hospital	12
Brucato Plastic Surgery Center, LLC	Ridgefield	Outpatient Surgical Facility	1
Center for Advanced Reproductive Services, PC	Farmington	Outpatient Surgical Facility	1
Center for Ambulatory Surgery, LLC	Westport	Outpatient Surgical Facility	1
Central Connecticut Endoscopy Center, LLC	Plainville	Outpatient Surgical Facility	3
Charlotte Hungerford Hospital, The	Torrington	Hospital	5
Coastal Digestive Care Center, LLC	New London	Outpatient Surgical Facility	2
Connecticut Center for Plastic Surgery	Guilford	Outpatient Surgical Facility	1
Connecticut Children's Medical Center	Hartford	Hospital	9
Connecticut Eye Surgery Center South, LLC	Milford	Outpatient Surgical Facility	2
Connecticut Fertility Associates	Bridgeport	Outpatient Surgical Facility	1
Connecticut Foot Surgery Center	Milford	Outpatient Surgical Facility	1
Connecticut Orthopaedic Specialists, PC	Branford	Outpatient Surgical Facility	2
Connecticut Surgery Center	Hartford	Outpatient Surgical Facility	2
Connecticut Surgical Arts, LLC	Norwich	Outpatient Surgical Facility	1
Constitution Surgery Center East, LLC	Waterford	Outpatient Surgical Facility	2
CT GI Endoscopy Center, LLC	Bloomfield	Outpatient Surgical Facility	2
Danbury Hospital	Danbury	Hospital	24
Danbury Surgical Center	Danbury	Outpatient Surgical Facility	4
Darien Medical Arts, LLC d/b/a Aesthetic Surgery Center	Darien	Outpatient Surgical Facility	2
Day Kimball Hospital	Putnam	Hospital	6
Diagnostic Endoscopy, LLC	Stamford	Outpatient Surgical Facility	<i>b</i>
Digestive Disease Associates Endoscopy Suite	Branford	Outpatient Surgical Facility	2
Dr. Felice's Youthful Images	Bloomfield	Outpatient Surgical Facility	1
Eastern Connecticut Endoscopy Center, LLC	Norwich	Outpatient Surgical Facility	2
Endoscopy Center of Connecticut, LLC	Hamden	Outpatient Surgical Facility	3
Endoscopy Center of Connecticut, LLC	Guilford	Outpatient Surgical Facility	2
Endoscopy Center of Fairfield, The	Fairfield	Outpatient Surgical Facility	3

Table 7: Number of Operating Rooms by Facility

Facility Name (in alphabetical order)	City	Provider Type	# of ORs
Endoscopy Center of Greenwich Hospital, The	Greenwich	Hospital Satellite	2
Endoscopy Center of Northwest Connecticut, LLC, The	Torrington	Outpatient Surgical Facility	1
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	Sharon	Hospital	5
Evergreen Endoscopy Center, LLC	South Windsor	Outpatient Surgical Facility	3
Eye Surgery Center, The	Bloomfield	Outpatient Surgical Facility	1
Fairfield County Endoscopy Center	Trumbull	Outpatient Surgical Facility	2
Fairfield Surgery Center, LLC	Fairfield	Outpatient Surgical Facility	1
Gary J. Price, M.D., Center for Aesthetic Surgery	Guilford	Outpatient Surgical Facility	1
Glastonbury Endoscopy Center, LLC	Glastonbury	Outpatient Surgical Facility	2
Glastonbury Surgery Center, LLC	Glastonbury	Outpatient Surgical Facility	2
Greenwich Hospital	Greenwich	Hospital	6
Griffin Hospital	Derby	Hospital	6
Hand Center of Western Connecticut, The	Danbury	Outpatient Surgical Facility	1
Hartford Hospital	Hartford	Hospital	42
Hartford Hospital's Eye Surgery Center	Newington	Hospital Satellite	<i>b</i>
Hartford Surgical Center	Hartford	Outpatient Surgical Facility	2
Hospital of Central Connecticut, The	New Britain	Hospital	23
Hospital of Saint Raphael	New Haven	Hospital	27
John Dempsey Hospital	Farmington	Hospital	8
John J. Borkowski, M.D.	Middletown	Outpatient Surgical Facility	1
Johnson Memorial Hospital	Stafford	Hospital	6
Johnson Memorial Hospital (hospital satellite)	Stafford	Hospital Satellite	1
Laser and Vision Surgery Center, LLC	Manchester	Outpatient Surgical Facility	1
Lawrence and Memorial Hospital	New London	Hospital	10
Lawrence and Memorial Hospital at Pequot Health Center	Groton	Outpatient Surgical Facility	4
Leif Nordberg, MD, Office of	Stamford	Outpatient Surgical Facility	1
Leona M. and Harry B. Helmsley Ambulatory Surgical Center	Greenwich	Outpatient Surgical Facility	3
Litchfield Hills Surgery Center	Torrington	Outpatient Surgical Facility	2
Manchester Memorial Hospital	Manchester	Hospital	11
Masonicare Health Center	Wallingford	Hospital	2 ^c
Middlesex Center for Advanced Orthopedic Surgery, LLC	Middletown	Outpatient Surgical Facility	3

Table 7: Number of Operating Rooms by Facility

Facility Name (in alphabetical order)	City	Provider Type	# of ORs
Middlesex Endoscopy Center, LLC	Middletown	Outpatient Surgical Facility	3
Middlesex Hospital	Middletown	Hospital	8
Middlesex Surgical Center	Middletown	Outpatient Surgical Facility	3
MidState Medical Center	Meriden	Hospital	9
Milford Hospital, Inc.	Milford	Hospital	4
Mount Sinai Campus of Saint Francis Hospital and Medical Center	Hartford	Hospital Satellite	3
Naugatuck Valley Endoscopy Center, LLC	Waterbury	Outpatient Surgical Facility	1
Naugatuck Valley Surgical Center	Waterbury	Outpatient Surgical Facility	10
New England Fertility Institute	Stamford	Outpatient Surgical Facility	1
New Milford Hospital	New Milford	Hospital	5
New Vision Cataract Center	Norwalk	Outpatient Surgical Facility	2
North Haven Surgery Center, LLC	North Haven	Outpatient Surgical Facility	1
Norwalk Hospital	Norwalk	Hospital	12
Norwalk Surgery Center, LLC	Norwalk	Hospital Satellite	2
Orthopaedic and Neurosurgery Center of Greenwich, LLC	Greenwich	Outpatient Surgical Facility	b
Orthopedic Associates Surgery Center, LLC	Rocky Hill	Outpatient Surgical Facility	4
Plastic Surgery of Southern Connecticut, LLC	Westport	Outpatient Surgical Facility	1
Reproductive Medicine Associates of Connecticut	Norwalk	Outpatient Surgical Facility	1
Ridgefield Surgical Center, LLC	Ridgefield	Outpatient Surgical Facility	4
Robbins Eye Center, PC	Bridgeport	Outpatient Surgical Facility	2
Rockville General Hospital	Vernon	Hospital	4
Saint Francis GI Endoscopy, LLC	Windsor	Outpatient Surgical Facility	2
Saint Francis Hospital and Medical Center	Hartford	Hospital	34
Saint Mary's Hospital	Waterbury	Hospital	12
Saint Vincent's Medical Center	Bridgeport	Hospital	9
Shoreline Colonoscopy Suites	Old Saybrook	Outpatient Surgical Facility	1
Shoreline Surgery Center, LLC	Guilford	Outpatient Surgical Facility	3 ^d
Split Rock Surgical Associates	Wilton	Outpatient Surgical Facility	2
SSC II, LLC	Guilford	Outpatient Surgical Facility	3 ^d
Stamford Hospital, The	Stamford	Hospital	10
Stamford Hospital, The (Tully Surgery Center)	Stamford	Hospital Satellite	10

Table 7: Number of Operating Rooms by Facility

Facility Name (in alphabetical order)	City	Provider Type	# of ORs
Summer Street Ambulatory Surgery Center, The	Stamford	Outpatient Surgical Facility	1
Surgery Center of Fairfield County	Bridgeport	Outpatient Surgical Facility	5
Surgical Center of CT, LLC	Bridgeport	Outpatient Surgical Facility	<i>b</i>
University of Connecticut Health Center - Farmington Surgery Center	Farmington	Hospital Satellite	4
Waterbury Hospital	Waterbury	Hospital	17
Waterbury Outpatient Surgery Center	Waterbury	Outpatient Surgical Facility	2
West Hartford Surgery Center ^e	West Hartford	Hospital Satellite	3
William W. Backus Hospital, The	Norwich	Hospital	17
William W. Backus Hospital, The (Norwich Site)	Norwich	Hospital Satellite	1
Wilton Surgery Center, LLC	Wilton	Outpatient Surgical Facility	4
Windham Community Memorial Hospital	Windham	Hospital	5
Yale New Haven Hospital (both Temple Facilities)	New Haven	Hospital Satellite	12
Yale-New Haven Hospital, Inc.	New Haven	Hospital	47
Yale Health Center Outpatient Services	New Haven	Outpatient Surgical Facility	<i>b</i>

Source: OHCA survey process undertaken in 2011

^aIn its 2011 OHCA survey, OHCA indicated that “For the purpose of this questionnaire, operating rooms shall be defined as the number of rooms available for surgical or endoscopic procedures and properly equipped to provide monitored anesthesia care and/or general anesthesia to patients”

^bOHCA was unable to collect or verify the number of ORs for all providers on the listing. The OHCA survey asked for number of Operating Rooms as of 12/31/2010

^cBoth of Masonicare’s ORs are GI procedure rooms

^dThe 3 ORs for Shoreline Surgery Center, LLC and SSC II, LLC in Guilford are the same ORs (shared by two licensed provider entities)

^eThe West Hartford Surgery Center at 65 Memorial Road in West Hartford is a satellite of Hartford Hospital. As of August 2012, Connecticut Children’s Medical Center lists this location on its license as it leases an OR at this location (3-4 times per month) for pediatric outpatient surgery

Table 7: Number of Operating Rooms by Facility

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

HOSPITAL - BASED MRI LOCATIONS							DEMHS Region
Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Bristol Hospital	41 Brewster Road	Bristol	06010	GE Infinity ES LX EX MRI unit	Monday-Wednesday	7:00 AM-8:30 PM	3
Bristol Hospital	41 Brewster Road	Bristol	06010	same as above	Thursday and Friday	7:00 AM-5:30 PM	3
Bristol Hospital	41 Brewster Road	Bristol	06010	same as above	Saturday	7:00 AM-3:30 PM	3
Charlotte Hungerford Hospital, The	540 Litchfield Street	Torrington	06791	GE Signa 1.5 Tesla MRI unit ^c	Monday	7:00 AM-9:00 PM	5
Charlotte Hungerford Hospital, The	540 Litchfield Street	Torrington	06791	same as above	Tuesday-Friday	7:00 AM-8:00 PM	5
Charlotte Hungerford Hospital, The	540 Litchfield Street	Torrington	06791	same as above	Saturday	7:00 AM-3:30 PM	5
Connecticut Children's Medical Center	282 Washington Street	Hartford	06106	Siemens Magnetom Avanto 1.5 Tesla MRI unit	Sunday - Saturday	24 hours	3
Danbury Hospital	24 Hospital Avenue	Danbury	06810	GE 1.5 Tesla MRI unit	Sunday-Saturday	24 hours	5
Danbury Hospital	24 Hospital Avenue	Danbury	06810	GE 3.0 Tesla MRI unit	Sunday-Saturday	24 hours	5
Day Kimball Healthcare, Inc. d/b/a Day Kimball Hospital	320 Pomfret Street	Putnam	06260	Siemens Espree 1.5 Tesla MRI unit	Sunday-Friday	6:30 AM-8:30 PM	4
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	50 Hospital Hill	Sharon	06069	Toshiba Vantage 1.5 Tesla MRI unit	Monday and Saturday	8:00 AM-4:00 PM	5
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	50 Hospital Hill	Sharon	06069	same as above	Tuesday and Thursday	8:00 AM-6:00 PM	5
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	50 Hospital Hill	Sharon	06069	same as above	Wednesday and Friday	8:00 AM-8:00 PM	5
Greenwich Hospital	5 Perryridge Road	Greenwich	06830	GE Signa HD 1.5 Tesla MRI unit	Monday-Friday	7:30 AM-7:00 PM	1
Greenwich Hospital	5 Perryridge Road	Greenwich	06830	same as above	Saturday and Sunday	7:30 AM-5:00 PM	1
Greenwich Hospital	5 Perryridge Road	Greenwich	06830	GE Signa Excite 3.0 Tesla MRI unit	Monday-Friday	7:30 AM-7:00 PM	1
Greenwich Hospital	5 Perryridge Road	Greenwich	06830	Same as above	Saturday and Sunday	7:30 AM-5:00 PM	1
Griffin Hospital	130 Division Street	Derby	06418	Siemens Magnetom Symphony 1.5 Tesla MRI unit	Monday and Wednesday - Friday	7:00 AM-7:00 PM	2
Griffin Hospital	130 Division Street	Derby	06418	same as above	Saturday	7:00 AM-2:00 PM	2
Hartford Hospital ^d	80 Seymour Street	Hartford	06102	GE Echo Speed 1.5 Tesla MRI unit	Sunday - Saturday	24 hours	3

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Hartford Hospital ^d	80 Seymour Street	Hartford	06102	GE Twin 1.5 Tesla MRI unit	Sunday - Saturday	24 hours	3
John Dempsey Hospital	263 Farmington Avenue	Farmington	08032	Phillips Panorama s/n 1542 0.6 Tesla MRI unit	Monday-Friday	6:30 AM-12:00 AM	3
John Dempsey Hospital	263 Farmington Avenue	Farmington	08032	Siemens Magnetom Avanto s/n 283550 1.5 Tesla MRI unit	Monday-Friday	6:30 AM-12:00 AM	3
Johnson Memorial Hospital	201 Chestnut Hill Road	Stafford	06076	GE Excite 1.5 Tesla MRI unit	Sunday-Saturday	24 hours	3
Lawrence and Memorial Hospital	365 Montauk Avenue	New London	06320	Siemens Avanto 1.5 Tesla MRI unit	Sunday-Saturday	24 hours	4
Manchester Memorial Hospital	71 Haynes Street	Manchester	06040	GE EchoSpeed LXI 1.5 Tesla MRI unit	Sunday-Saturday	24 hours	3
Middlesex Hospital	28 Crescent Street	Middletown	06457	Siemens Symphony 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-5:00 PM	3
MidState Medical Center	435 Lewis Avenue	Meriden	06451	Siemens Symphony 1.5 Tesla MRI unit	Monday-Friday	6:30 AM-8:30 PM	2
MidState Medical Center	435 Lewis Avenue	Meriden	06451	same as above	Saturday	6:30 AM-5:00 PM	2
MidState Medical Center	435 Lewis Avenue	Meriden	06451	same as above	Sunday	6:30 AM- 2:30 PM	2
Milford Hospital, Inc.	300 Seaside Avenue	Milford	06460	Siemens Magnetom Symphony 1.5 Tesla MRI unit	Monday-Friday	8:00 AM-6:00 PM	2
Milford Hospital, Inc.	300 Seaside Avenue	Milford	06460	same as above	Saturday	8:00 AM-1:00 PM	2
New Milford Hospital	21 Elm Street	New Milford	06776	Siemens Espree 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-8:00 PM	5
New Milford Hospital	21 Elm Street	New Milford	06776	same as above	Saturday	7:00 AM-4:30 PM	5
Norwalk Hospital	24 Stevens Street	Norwalk	06856	GE Signa Echospree LX 1.5 Tesla MRI unit	Sunday-Saturday	24 hours	1
Rockville General Hospital	31 Union Street	Vernon	06606	Siemens Symphony 1.5 Tesla MRI unit	Sunday-Saturday	24 hours	3
Saint Francis Hospital and Medical Center	114 Woodland Street	Hartford	06105	Siemens Symphony 1.5 Tesla MRI unit	Sunday-Saturday	24 hours	3
Saint Francis Hospital and Medical Center	114 Woodland Street	Hartford	06105	Siemens Avanto 1.5 Tesla MRI unit	Sunday-Saturday	24 hours	3
Saint Mary's Hospital	56 Franklin Street	Waterbury	06706	GE Signa HDLXT 1.5 Tesla MRI unit	Monday-Friday	6:30 AM-10:30 PM	5
Saint Mary's Hospital	56 Franklin Street	Waterbury	06706	same as above	Saturday	7:30 AM-4:00 PM	5
Saint Vincent's Medical Center	2800 Main Street	Bridgeport	06606	GE Excite HD 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-11:00 PM	1
Saint Vincent's Medical Center	2800 Main Street	Bridgeport	06606	same as above	Saturday and Sunday	7:30 AM-4:00 PM	1

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Stamford Hospital, The	30 Shelburne Road	Stamford	06904	GE Signa HDX 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-10:00 PM	1
Stamford Hospital, The	30 Shelburne Road	Stamford	06904	same as above	Saturday and Sunday	8:00 AM-4:00 PM	1
William W. Backus Hospital, The	326 Washington Street	Norwich	06360	Siemens Avanto 1.5 Tesla MRI unit (fixed)	Sunday-Saturday	24 hours	4
William W. Backus Hospital, The	326 Washington Street	Norwich	06360	Siemens Avanto 1.5 Tesla MRI unit (mobile)	Sunday-Saturday	24 hours	4
Windham Community Memorial Hospital	112 Mansfield Avenue	Windham	06226	GE Signa HD 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-11:00 PM	4
Windham Community Memorial Hospital	112 Mansfield Avenue	Windham	06226	same as above	Saturday	7:00 AM-3:30 PM	4
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	Siemens Espree 1.5 Tesla MRI unit	Sunday - Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	Siemens Avanto 1.5 Tesla MRI unit	Sunday - Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	Siemens Verio 3.0 Tesla MRI unit	Sunday - Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	Siemens Verio 3.0 Tesla MRI unit (#1 in Smilow)	Sunday - Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	Siemens Verio 3.0 Tesla MRI unit (#2 in Smilow)	Sunday - Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	Siemens Avanto 1.5 Tesla MRI unit (#3 in Smilow)	Sunday - Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	Siemens Verio 3.0 Tesla MRI unit (#4 in Smilow)	Sunday - Saturday	24 hours	2
Total of 26 acute care hospitals operating 38 MRI units on main hospital campuses							
HOSPITAL-SATELLITE MRI LOCATIONS							
Danbury Hospital Medical Arts	111 Osborne Street	Danbury	06810	Siemens Espree 1.5 Tesla MRI unit	Monday and Friday	8:00 AM-5:00 PM	5
Danbury Hospital Medical Arts	111 Osborne Street	Danbury	06810	same as above	Tuesday-Thursday	8:00 AM-8:00 PM	5
Danbury Hospital Medical Arts	111 Osborne Street	Danbury	06810	same as above	Saturday	8:00 AM-4:00 PM	5
Day Kimball Healthcare, Inc. d/b/a Day Kimball Hospital	35 Kennedy Drive	Putnam	06260	GE Excite 1.0 Tesla MRI unit	Monday-Friday	8:00 AM-12:00 PM	4
Greenwich Hospital Diagnostic Center	2015 W. Main Street	Stamford	06902	Siemens Espree 1.5 Tesla MRI unit	Monday-Friday	7:30 AM-6:00 PM	1
Griffin Imaging and Diagnostics Center at Ivy Brook	2 Ivy Brook Road	Shelton	06484	Hitachi Oasis 1.2 Tesla MRI unit	Monday-Friday	7:30 AM-6:00 PM	2

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Hospital of Central Connecticut, The (Bradley Memorial Campus)	81 Meriden Avenue	Southington	06489	Hitachi Oasis 1.2 Tesla MRI unit	Monday-Friday	7:00 AM-9:00 PM	3
Hospital of Central Connecticut, The (Bradley Memorial Campus)	81 Meriden Avenue	Southington	06489	same as above	Saturday	7:00 AM-3:00 PM	3
Johnson Memorial Surgical Center	148 Hazard Avenue	Enfield	06082	GE Excite 1.5 Tesla MRI unit	Monday-Friday	7:30 AM-5:00 PM	3
Johnson Memorial Surgical Center	148 Hazard Avenue	Enfield	06082	same as above	Saturday	8:00 AM-12:00 PM	3
Lawrence and Memorial Hospital at Pequot Health Center	52 Hazelnut Hill	Groton	06340	GE Twinspeed 1.5 Tesla MRI unit	Sunday - Saturday	7:00 AM-11:00 PM	4
Middlesex Hospital	260 Westbrook Road	Essex	06426	Siemens Symphony 1.5 Tesla MRI unit	Monday-Thursday	7:00 AM-8:00 PM	2
Middlesex Hospital	12 Jones Hollow Road	Marlborough	06447	Siemens Symphony 1.5 Tesla MRI unit	Monday-Tuesday	7:00 AM-7:30 PM	3
Middlesex Hospital	534 Saybrook Road	Middletown	06457	Siemens Avanto 1.5 Tesla MRI unit	Monday-Saturday	7:00 AM-9:00 PM	3
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	GE Openspeed 0.7 Tesla MRI unit	Monday-Thursday	7:15 AM-8:30 PM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	same as above	Friday	7:15 AM-4:30 PM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	same as above	Saturday	7:30 AM-11:45 AM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	GE HDXT 15x 1.5 Tesla MRI unit (#1)	Monday-Thursday	7:15 AM-8:30 PM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	same as above	Friday	7:15 AM-4:30 PM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	same as above	Saturday	7:30 AM-11:45 AM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	GE HDXT 15x 1.5 Tesla MRI unit (#2)	Monday-Thursday	7:15 AM-8:30 PM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	same as above	Friday	7:15 AM-4:30 PM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	same as above	Saturday	7:30 AM-11:45 AM	1
Saint Francis Hospital and Medical Center	95 Woodland Street	Hartford	06105	Siemens Symphony 1.5 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	3
Saint Francis Hospital and Medical Center	11 Nod Road	Avon	06001	Siemens Symphony 1.5 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	3

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Saint Mary's Hospital Imaging Center	475 Chase Parkway	Waterbury	06704	Toshiba Vantage 1.5 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	5
Saint Raphael Magnetic Resonance Center	330 Orchard Street	New Haven	06511	Siemens Symphony 1.5 Tesla MRI unit	Monday-Friday	6:30 AM-10:30 PM	2
Saint Raphael Magnetic Resonance Center	330 Orchard Street	New Haven	06511	same as above	Saturday	7:00 AM-3:30 PM (on call after 3:30 PM)	2
Saint Raphael Magnetic Resonance Center	330 Orchard Street	New Haven	06511	Siemens Trio 3.0 Tesla MRI unit	Monday-Friday	6:30 AM-10:30 PM	2
Saint Raphael Magnetic Resonance Center	330 Orchard Street	New Haven	06511	same as above	Saturday	7:00 AM-3:30 PM (on call after 3:30 PM)	2
Stamford Hospital (Darien Imaging Center)	6 Thorndal Circle	Darien	06820	GE Horizon LX 2003 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-4:00 PM	1
Stamford Hospital (Tully Health Center)	32 Strawberry Hill Court	Stamford	06905	GE Signa 15 HDXT 1.5 Tesla MRI unit	Monday-Friday	8:00 AM-8:00 PM	1
Stamford Hospital (Tully Health Center)	32 Strawberry Hill Court	Stamford	06905	same as above	Saturday and Sunday	8:00 AM-4:00 PM	1
Western Connecticut Health Network Affiliates, Inc.	20 Germantown Road	Danbury	06810	Philips Intera 1.5 Tesla MRI unit	Monday and Friday	8:00 AM - 6:00 PM	1
Western Connecticut Health Network Affiliates, Inc.	20 Germantown Road	Danbury	06810	same as above	Tuesday - Thursday	8:00 AM - 8:00 PM	1
Western Connecticut Health Network Affiliates, Inc.	20 Germantown Road	Danbury	06810	same as above	Saturday	8:00 AM - 2:00 PM	1
Western Connecticut Health Network Affiliates, Inc.	901 Ethan Allen Highway	Ridgefield	06877	Siemens Avanto 1.5 Tesla MRI unit	Monday and Friday	8:00 AM - 6:00 PM	1
Western Connecticut Health Network Affiliates, Inc.	901 Ethan Allen Highway	Ridgefield	06877	same as above	Tuesday - Thursday	8:00 AM - 8:00 PM	1
Western Connecticut Health Network Affiliates, Inc.	901 Ethan Allen Highway	Ridgefield	06877	same as above	Saturday	8:00 AM - 2:00 PM	1
William W. Backus Hospital, The (Colchester Health Center)	163 Broadway	Colchester	06415	Siemens Avanto 1.5 Tesla MRI unit	Monday-Friday	8:00 AM-6:00 PM	4
William W. Backus Hospital, The (Colchester Health Center)	163 Broadway	Colchester	06415	same as above	Saturday	7:30 AM-12:00 PM	4
William W. Backus Hospital, The (Norwich Outpatient Care Center)	111 Salem Turnpike	Norwich	06360	Hitachi 1.0 Tesla MRI unit	Monday-Friday	8:00 AM-6:00 PM	4
William W. Backus Hospital, The (Norwich Outpatient Care Center)	111 Salem Turnpike	Norwich	06360	same as above	Saturday	7:30 AM-12:00 PM	4

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Yale-New Haven Hospital, Inc. (Shoreline Medical Center - Guilford)	111 Goose Lane	Guilford	06437	GE LX Horizon 1.5 Tesla MRI unit	Sunday - Saturday	24 hours	2
Yale-New Haven Hospital, Inc. (Temple Radiology New Haven)	60 Temple Street	New Haven	06510	GE Lightning LX 1.5 Tesla MRI unit	Monday and Friday	6:30 AM-10:00 PM	2
Yale-New Haven Hospital, Inc. (Temple Radiology New Haven)	60 Temple Street	New Haven	06510	same as above	Tuesday-Thursday	6:30 AM-5:00 PM	2
Yale-New Haven Hospital, Inc. (Temple Radiology New Haven)	60 Temple Street	New Haven	06510	GE FONAR Indomitable 0.7 Tesla MRI unit	Monday and Friday	6:30 AM-10:00 PM	2
Yale-New Haven Hospital, Inc. (Temple Radiology New Haven)	60 Temple Street	New Haven	06510	same as above	Tuesday-Thursday	6:30 AM-5:00 PM	2
Total of 23 hospital satellite locations operating 27 MRI units on satellite campuses							
NON-HOSPITAL MRI PROVIDER LOCATIONS							
Advanced Medical Imaging of Northwest Connecticut, LLC	540 Litchfield Street	Torrington	06795	GE Signa 1.5 Tesla MRI unit	Monday	7:00 AM-9:00 PM	5
Advanced Medical Imaging of Northwest Connecticut, LLC	540 Litchfield Street	Torrington	06795	same as above	Saturday	7:00 AM-3:30 PM	5
Advanced Medical Imaging of Northwest Connecticut, LLC	540 Litchfield Street	Torrington	06795	same as above	Tuesday-Friday	7:00 AM-8:00 PM	5
Advanced Medical Imaging of Northwest Connecticut, LLC	220 Kennedy Drive	Torrington	06795	Philips Intera 1.5 Tesla MRI unit	Monday - Friday	7:00 AM - 5:00 PM	5
Advanced Radiology Consultants, LLC (at Bridgeport Hosp.)	268 Grant Street	Bridgeport	06610	GE Fixed 1.5 Telsa MRI unit	Monday-Friday	7:00 AM-9:00 PM	1
Advanced Radiology Consultants, LLC (at Bridgeport Hosp.)	268 Grant Street	Bridgeport	06610	same as above	Saturday and Sunday	7:00 AM-7:00 PM	1
Advanced Radiology Consultants, LLC	1055 Post Road	Fairfield	06824	Siemens 3.0 Tesla MRI unit	Monday-Friday	7:00 AM-11:00 PM	1
Advanced Radiology Consultants, LLC	1055 Post Road	Fairfield	06824	same as above	Saturday	7:00 AM-7:00 PM	1
Advanced Radiology Consultants, LLC	297 Boston Post Road	Orange	06477	Siemens 3.0 Tesla MRI unit	Monday-Friday	8:30 AM-5:00 PM	2
Advanced Radiology Consultants, LLC	4 Corporate Drive	Shelton	06484	GE 1.5 Tesla MRI unit	Monday-Friday	8:30 AM-5:00 PM	2

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Advanced Radiology Consultants, LLC	1315 Washington Boulevard	Stamford	06902	Siemens Espree 1.5 Tesla MRI unit	Monday and Wednesday - Saturday	7:00 AM-7:00 PM	1
Advanced Radiology Consultants, LLC	1315 Washington Boulevard	Stamford	06902	same as above	Tuesday	7:00 AM-11:00 PM	1
Advanced Radiology Consultants, LLC	2876 Main Street	Stratford	06614	GE Signa Echo 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-11:00 PM	1
Advanced Radiology Consultants, LLC	2876 Main Street	Stratford	06614	same as above	Saturday and Sunday	7:00 AM-7:00 PM	1
Advanced Radiology Consultants, LLC	15 Corporate Drive	Trumbull	06611	GE Signa Ovation 0.35 Tesla MRI unit	Monday-Friday	8:30 AM-5:00 PM	1
Branford Open MRI, LLC	1208 Main Street	Branford	06405	Hitachi Airis 0.3 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	2
Bristol Radiology	25 Collins Road	Bristol	06010	Hitachi Altaire 0.7 Tesla MRI unit	Monday - Thursday	8:00 AM-9:00 PM	3
Bristol Radiology	25 Collins Road	Bristol	06010	same as above	Friday	8:00 AM-4:30 PM	3
Connecticut Valley Radiology, PC	701 Cottage Grove Road	Bloomfield	06002	GE Healthcare HDX Signa 1.5 Tesla MRI unit	Monday and Wednesday	8:30 AM-7:00 PM	3
Connecticut Valley Radiology, PC	701 Cottage Grove Road	Bloomfield	06002	same as above	Tuesday, Thursday and Friday	8:00 AM-5:00 PM	3
Connecticut Valley Radiology, PC (Hartford)	19 Woodland Street	Hartford	06105	Hitachi Airis II 0.3 Tesla MRI unit	Monday-Friday	8:30 AM-5:00 PM	3
Diagnostic Imaging of Milford	30 Commerce Park Drive	Milford	06460	Hitachi Altaire 0.7 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	2
Diagnostic Imaging of Milford	30 Commerce Park Drive	Milford	06460	same as above	Wednesday	10:00 AM-6:00 PM	2
Diagnostic Imaging of Milford	30 Commerce Park Drive	Milford	06460	same as above	Saturday	8:00 AM-12:00 PM (2 times per month)	2
Diagnostic Imaging of Southbury	385 Main Street South	Southbury	06488	Toshiba Titan 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-9:00 PM	5
Diagnostic Imaging of Southbury	385 Main Street South	Southbury	06488	same as above	Saturday	8:30 AM-12:30 PM	5
Diagnostic Radiology Associates	1579 Straits Turnpike	Middlebury	06762	Siemens Verio 3.0 Tesla MRI unit	Monday-Thursday	8:00 AM-9:00 PM	5
Diagnostic Radiology Associates	1579 Straits Turnpike	Middlebury	06762	same as above	Friday	8:30 AM-5:00 PM	5
Diagnostic Radiology Associates	1579 Straits Turnpike	Middlebury	06762	same as above	Saturday	8:30 AM-2:00 PM	5
Evergreen Imaging Center, LLC	2800 Tamarack Avenue	South Windsor	06074	Siemens Magnetom Symphony 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-6:00 PM	3

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Evergreen Imaging Center, LLC	2800 Tamarack Avenue	South Windsor	06074	Same as above	Saturday	8:00 AM-4:00 PM	3
Fairfield County Imaging	115 Technology Drive	Trumbull	06611	GE 1.0 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	1
Farmington Imaging Center	353D Scott Swamp Road	Farmington	06032	Picker Marconi Proview 0.23 Tesla MRI unit	Monday-Friday	8:00 AM-4:30 PM	3
Greater Waterbury Imaging Center Limited Partnership	68 Robbins Street	Waterbury	06708	GE Optima 450 1.5 Tesla MRI unit	Monday-Friday	6:30 AM-10:30 PM	5
Greater Waterbury Imaging Center Limited Partnership	68 Robbins Street	Waterbury	06708	same as above	Saturday	6:30 AM-8:30 PM	5
Greater Waterbury Imaging Center Limited Partnership	68 Robbins Street	Waterbury	06708	same as above	Sunday	On-Call	5
Greater Waterbury Imaging Center Limited Partnership	68 Robbins Street	Waterbury	06708	GE Echosped 1.5 Tesla MRI unit	Monday-Friday	6:30 AM-10:30 PM	5
Greater Waterbury Imaging Center Limited Partnership	68 Robbins Street	Waterbury	06708	same as above	Saturday	6:30 AM-8:30 PM	5
Greater Waterbury Imaging Center Limited Partnership	68 Robbins Street	Waterbury	06708	same as above	Sunday	On-Call	5
Groton Open MRI, LLC	565 Long Hill Road	Groton	06340	Hitachi Airis II 0.3 Tesla MRI unit ^e	Monday, Wednesday and Friday	8:00 AM-5:00 PM	4
Groton Open MRI, LLC	565 Long Hill Road	Groton	06340	same as above	Tuesday and Thursday	7:00 AM-7:00 PM	4
Grove Hill Medical Center	300 Kensington Avenue	New Britain	06051	Philips Intera 1.5 Tesla MRI unit	Monday, Wednesday and Friday	7:00 AM-5:30 PM	3
Grove Hill Medical Center	300 Kensington Avenue	New Britain	06051	same as above	Tuesday and Thursday	7:00 AM-7:00 PM	3
Grove Hill Medical Center	300 Kensington Avenue	New Britain	06051	same as above	Saturday	8:00 AM-12:00 PM	3
Guilford Radiology	1591 Boston Post Road	Guilford	06437	Siemens Magnetom Symphony 1.5 Tesla MRI unit	Monday-Friday	8:30 AM-5:00 PM	2
Housatonic Valley Radiological Associates	67 Sand Pit Road	Danbury	06810	Siemens Avanto 1.5 Tesla MRI unit	Monday-Thursday	8:00 AM-6:00 PM	5
Housatonic Valley Radiological Associates	67 Sand Pit Road	Danbury	06810	same as above	Friday	8:00 AM-5:00 PM	5
Housatonic Valley Radiological Associates	67 Sand Pit Road	Danbury	06810	same as above	Saturday	8:00 AM-12:00 PM	5
Housatonic Valley Radiological Associates	131 Kent Road	New Milford	06776	Siemens Vision 1.5 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	5
Housatonic Valley Radiological Associates	131 Kent Road	New Milford	06776	same as above	Saturday	8:00 AM-12:00 PM	5
Housatonic Valley Radiological Associates	388 Grove Street	Ridgefield	06877	Siemens Impact 1.0 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	5

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Housatonic Valley Radiological Associates	38B Grove Street	Ridgefield	06877	same as above	Saturday	8:00 AM-12:00 PM	5
Housatonic Valley Radiology Associates	800 Main Street	Southbury	06488	Siemens Impact 1.0 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	5
Housatonic Valley Radiology Associates	800 Main Street	Southbury	06488	same as above	Saturday	8:00 AM-12:00 PM	5
Jefferson Radiology/CT Imaging Partners	100 Hazard Avenue	Enfield	06082	Picker Marconi Outlook 0.23 Tesla MRI unit replaced by GE Optima 450W 1.5 Telsa MRI unit in 10/2010	Monday-Friday	7:00 AM-5:00 PM	3
Jefferson Radiology - CT Imaging Partners (Wethersfield)	1260 Silas Deane Highway	Wethersfield	06109	Siemens Magnetom Espree 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-5:00 PM	3
Jefferson Radiology	100 Simsbury Road	Avon	06001	Siemens Magnetom Espree 1.5 Tesla MRI unit	Monday-Saturday	7:00 AM-5:00 PM	3
Jefferson Radiology	6 Northwestern Drive	Bloomfield	06002	Toshiba Vantage Excelart 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-5:00 PM	3
Jefferson Radiology	704 Hebron Avenue	Glastonbury	06033	GE Twin Speed Excite 1.5 Tesla MRI unit	Monday-Saturday and every other Sunday	7:00 AM-5:00 PM	3
Jefferson Radiology	704 Hebron Avenue	Glastonbury	06033	Siemens Magneto Espree 1.5 Tesla MRI unit	Monday-Saturday	7:00 AM-5:00 PM	3
Jefferson Radiology (West Hartford)	941 Farmington Avenue	West Hartford	06107	GE Twin Speed Excite 1.5 Telsa MRI unit	Monday-Friday	7:00 AM-11:00 PM	3
Jefferson Radiology (West Hartford)	941 Farmington Avenue	West Hartford	06107	same as above	Saturday and Sunday	7:00 AM-5:00 PM	3
Mandell & Blau, M.D.'s, P.C.	15 Palomba Drive	Enfield	06082	Philips Outlook 0.3 Tesla MRI unit	Monday-Friday	9:00 AM-5:00 PM	3
Mandell & Blau, M.D.'s, P.C. (Glastonbury)	124 Hebron Avenue	Glastonbury	06033	Hitachi Oasis 1.2 Tesla MRI unit	Monday-Friday	7:00 AM-7:00 PM	3
Mandell & Blau, M.D.'s, P.C. (Middletown)	140 Main Street	Middletown	06457	Hitachi Altaire 0.7 Tesla MRI unit	Monday-Friday	7:00 AM-7:00 PM	3
Mandell & Blau, M.D.'s, P.C.	491 Buckland Hill Road	South Windsor	06074	Philips Panorama 0.6 Tesla MRI unit	Monday-Friday	7:00 AM - 9:00 PM	3
Mandell & Blau, M.D.'s, P.C. (at HOCC)	100 Grand Street	New Britain	06052	Philips Achieva XT 1.5 Tesla MRI unit	Monday-Friday	6:30 AM-11:00 PM	3
Mandell & Blau, M.D.'s, P.C. (at HOCC)	100 Grand Street	New Britain	06052	same as above	Saturday	7:00 AM-3:00 PM	3
Mandell & Blau, M.D.'s, P.C. (at HOCC)	100 Grand Street	New Britain	06052	Philips Intera Achieva 1.5 Tesla unit	Monday-Friday	6:30 AM-11:00 PM	3
Mandell & Blau, M.D.'s, P.C. (at HOCC)	100 Grand Street	New Britain	06052	same as above	Saturday	7:00 AM-3:00 PM	3

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Mandel & Blau, M.D.'s, P.C.	65 Memorial Road	West Hartford	06107	Philips Intera Achieva 1.5 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	3
Meriden Imaging Center, Inc. - MidState Radiology	680 South Main Street	Cheshire	06410	Hitachi Aires 0.2 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	2
Meriden Imaging Center, Inc. - Wallingford Diagnostic	863 North Main Street	Wallingford	06492	Siemens Espree 1.5 Tesla MRI unit	Monday-Wednesday and Friday	7:00 AM-5:00 PM	2
Meriden Imaging Center, Inc. - Wallingford Diagnostic	863 North Main Street	Wallingford	06492	same as above	Thursday	7:00 AM-8:00 PM	2
Middlesex Orthopedic Surgeons	410 Saybrook Road	Middletown	06457	Hitachi MRP 7000 0.25 Tesla MRI unit	Monday	9:30 AM-4:30 PM	3
Middlesex Orthopedic Surgeons	410 Saybrook Road	Middletown	06457	same as above	Tuesday-Thursday	6:00 AM-7:00 PM	3
Naugatuck Valley MRI	56 Franklin Street	Waterbury	06706	GE Signa HDLXT 1.5 Tesla MRI unit	Monday-Friday	6:30 AM-10:30 PM	5
Naugatuck Valley MRI	56 Franklin Street	Waterbury	06706	same as above	Saturday	7:30 AM-4:00 PM	5
Neurology Associates, LLC	1 Towne Park Plaza	Norwich	06360	Siemens Avanto 1.5 Tesla MRI unit	Monday-Friday	7:30 AM-5:00 PM	4
Northeast Radiology	73 Sandpitt Road	Danbury	06810	ONI Orthone MRI unit (Extremity unit)	Monday, Wednesday, Friday	8:00 AM-5:00 PM	5
Northeast Radiology	73 Sandpitt Road	Danbury	06810	same as above	Tuesday and Thursday	12:00 PM-8:00 PM	5
Orthopedic Associates of Hartford	85 Seymour Street	Hartford	06106	ONI Orthone 1.0 Tesla MRI unit (Extremity unit)	Monday	9:00 AM- 2:30 PM	3
Prospect Diagnostic Imaging	166 Waterbury Road	Prospect	06712	Hitachi Altaire 0.7 Telsa MRI unit	Monday-Friday	7:30 AM-9:00 PM	5
Prospect Diagnostic Imaging	166 Waterbury Road	Prospect	06712	same as above	Saturday	8:00 AM-12:00 PM	5
Radiology Associates of Hartford, PC	9 Cranbrook Boulevard	Enfield	06082	Siemens Essenza 1.5 Tesla MRI unit	Monday-Friday	7:00 AM-8:00 PM	3
Radiology Associates of Hartford, PC	9 Cranbrook Boulevard	Enfield	06082	same as above	Saturday	8:00 AM-3:00 PM	3
Radiology Associates of Hartford, PC	31 Sycamore Street	Glastonbury	06033	Siemens Harmony 1.0 Tesla MRI unit	Monday-Friday	8:00 AM-5:00 PM	3
Radiology Associates of Hartford, PC	31 Sycamore Street	Glastonbury	06033	same as above	Saturday	8:00 AM-12:00 PM	3
Robert D. Russo, MD & Associates Radiology, PC	2595 Main Street	Stratford	06615	GE Signa LX 1.5 Tesla MRI unit	Monday-Friday	8:30 AM-5:00 PM	1
Robert D. Russo, MD & Associates Radiology, PC	75 Kings Highway Cutoff	Fairfield	06824	Siemens Magnetom Skyra 3.0 Tesla MRI unit	Monday - Friday	7:30 AM - 7:30 PM	1
SCIC d/b/a Whitney Imaging Center	2200 Whitney Avenue	Hamden	06518	GE Open Speed 0.7 Tesla MRI unit	Monday-Friday	7:30 AM-9:00 PM	2
SCIC d/b/a Whitney Imaging Center	2200 Whitney Avenue	Hamden	06518	same as above	Saturday	8:00 AM-4:00 PM	2

Table 8: Magnetic Resonance Imaging (MRI) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
SCIC d/b/a Whitney Imaging Center	2200 Whitney Avenue	Hamden	06518	Siemens Symphony 1.5 Tesla MRI unit	Monday-Friday	7:30 AM-9:00 PM	2
SCIC d/b/a Whitney Imaging Center	2200 Whitney Avenue	Hamden	06518	same as above	Saturday	8:00 AM-4:00 PM	2
SCIC d/b/a Whitney Imaging Center	2200 Whitney Avenue	Hamden	06518	GE Excite 8A 1.5 Tesla MRI unit	Monday-Friday	7:30 AM-9:00 PM	2
SCIC d/b/a Whitney Imaging Center	2200 Whitney Avenue	Hamden	06518	same as above	Saturday	8:00 AM-4:00 PM	2
Tolland Imaging Center, LLC	6 Fieldstone Commons	Tolland	06084	Hitachi Altaire 0.8 Tesla MRI unit	Monday-Friday	7:00 AM-5:30 PM	3
Valley Imaging Partners, LLC	799 New Haven Road	Naugatuck	06770	GE Signa Profile 0.2 Tesla MRI unit	Monday-Friday	8:30 AM-5:00 PM	5
West Hartford Open MRI, LLC	8 North Main Street	West Hartford	06107	Hitachi Airis 0.3 Tesla MRI unit	Monday-Wednesday and Friday	8:00 AM-5:00 PM	3
West Hartford Open MRI, LLC	8 North Main Street	West Hartford	06107	same as above	Thursday	8:00 AM-7:00 PM	3
Total of 55 non-hospital provider sites operating 60 MRI units							

Source: OHCA survey process undertaken in 2011

^aThe equipment listed is based on the Imaging Questionnaire responses provided to OHCA at the time the survey was administered; the equipment listed may have been replaced since that time

^bDays of Operation and Hours of Operation are subject to change

^cThe Charlotte Hungerford Hospital GE Signa 1.5 tesla MRI unit at 540 Litchfield Street in Torrington is the same equipment as reported by Advanced Radiology of Northwest Connecticut

^dHartford Hospital also has an MRI unit located at its Institute of Living campus at 200 Retreat Avenue in Hartford (survey not filed for that equipment)

^eCoastal Imaging, LLC d/b/a Groton Open MRI replaced the Hitachi MRI unit with a GE Signa High Field MRI unit subsequent to the filing of the Imaging Questionnaire

Table 9: Computerized Tomography (CT) Scanning Providers, Locations and Days/Hours of Operation

HOSPITAL - BASED CT SCANNER LOCATIONS							
Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Bridgeport Hospital	267 Grant Street	Bridgeport	06610	GE Brightspeed Elite 16 slice CT scanner	Sunday - Saturday	24 hours	1
Bristol Hospital	41 Brewster Road	Bristol	06010	Phillips MX 8000 CT scanner	Sunday - Saturday	24 hours	3
Charlotte Hungerford Hospital, The	540 Litchfield Street	Torrington	06791	Toshiba Aquilion 64 slice CT scanner	Sunday-Saturday	24 hours	5
Connecticut Children's Medical Center	282 Washington Street	Hartford	06106	Siemens Somatom Emotion 6 slice CT scanner was replaced by a Siemens Definition AS 64 slice CT scanner 12/2010	Sunday - Saturday	24 hours	3
Connecticut Children's Medical Center	282 Washington Street	Hartford	06106	Neurolog CereTom mobile 8 slice CT scanner	Sunday - Saturday	24 hours	3
Danbury Hospital	24 Hospital Avenue	Danbury	06810	GE 32 slice CT scanner (#1)	Sunday-Saturday	24 hours	5
Danbury Hospital	24 Hospital Avenue	Danbury	06810	GE 32 slice CT scanner (#2)	Sunday-Saturday	24 hours	5
Day Kimball Healthcare, Inc. d/b/a Day Kimball Hospital	320 Pomfret Street	Putnam	06260	Siemens Somatom 16 slice CT scanner	Sunday-Saturday	24 hours	4
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	50 Hospital Hill	Sharon	06069	GE Lightspeed 16 slice CT scanner	Sunday-Saturday	24 hours	5
Greenwich Hospital	5 Perryridge Road	Greenwich	06830	GE VCT 64 slice CT scanner (main hospital)	Sunday-Saturday	24 hours	1
Greenwich Hospital	5 Perryridge Road	Greenwich	06830	GE VCT 32 slice CT scanner (Emergency Dept.)	Sunday-Saturday	24 hours	1
Griffin Hospital	130 Division Street	Derby	06418	GE Lightspeed 16 slice CT scanner	Sunday-Saturday	24 hours	2
Hartford Hospital	80 Seymour Street	Hartford	06102	GE Lightspeed VCT 64 Slice CT scanner (Rad Dept.)	Sunday-Saturday	24 hours	3
Hartford Hospital	80 Seymour Street	Hartford	06102	GE Lightspeed VCT xte 64 slice CT scanner (in Emergency Dept.)	Sunday-Saturday	24 hours	3
Hartford Hospital	80 Seymour Street	Hartford	06102	GE Lightspeed Ultra 8 slice CT scanner	Sunday-Saturday	24 hours	3
Hartford Hospital	80 Seymour Street	Hartford	06102	Toshiba Aquilion LB 16 slice CT scanner (Rad Oncology)	Monday - Friday	7:30 Am - 3:30 PM	3
Hospital of Central Connecticut, The	100 Grand Street	New Britain	06050	GE Lightspeed Pro 16 slice CT scanner	Sunday - Saturday	24 hours	3

Table 9: Computerized Tomography (CT) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Hospital of Central Connecticut, The	100 Grand Street	New Britain	06050	GE Lightspeed Pro 32 slice CT scanner (in Emergency Dept.)	Sunday - Saturday	24 hours	3
Hospital of Saint Raphael	1450 Chapel Street	New Haven	06511	Siemens Somatom Sensation 64/Cardiac 64 slice CT scanner	Sunday-Saturday	24 hours	2
Hospital of Saint Raphael	1450 Chapel Street	New Haven	06511	Siemens Somatom Volume Zoom 4 slice CT scanner	Sunday-Saturday	24 hours	2
John Dempsey Hospital	263 Farmington Avenue	Farmington	06032	Siemens Somatom Definition s/b 60488 64 slice CT scanner	Monday-Friday	6:30 AM-12:00 AM	3
John Dempsey Hospital	263 Farmington Avenue	Farmington	06032	Philips Brilliance s/n 3477 16 slice CT scanner	Monday-Friday	6:30 AM-12:00 AM	3
John Dempsey Hospital	263 Farmington Avenue	Farmington	06032	Philips Brilliance s/n 5083 16 slice CT scanner (at the MARB)	Monday-Friday	6:30 AM-12:00 AM	3
Johnson Memorial Hospital	201 Chestnut Hill Road	Stafford	06076	Siemens Somatom Emotion 16 slice CT scanner	Sunday-Saturday	24 hours	3
Lawrence and Memorial Hospital	365 Montauk Avenue	New London	06320	GE VCT 64 slice CT scanner	Sunday-Saturday	24 hours	4
Lawrence and Memorial Hospital	365 Montauk Avenue	New London	06320	GE Lightspeed 16 slice CT scanner	Sunday-Saturday	24 hours	4
Manchester Memorial Hospital	71 Haynes Street	Manchester	06040	Siemens Sensation 16 slice CT scanner	Sunday-Saturday	24 hours	3
Manchester Memorial Hospital	71 Haynes Street	Manchester	06040	GE High Speed ZXI single slice CT scanner	Sunday-Saturday	24 hours	3
Middlesex Hospital	28 Crescent Street	Middletown	06457	GE VCT 64 slice CT scanner	Sunday-Saturday	24 hours	3
Middlesex Hospital	28 Crescent Street	Middletown	06457	GE Brightspeed 16 slice CT scanner	Sunday-Saturday	24 hours	3
MidState Medical Center	435 Lewis Avenue	Meriden	06451	GE VCT 64 slice CT scanner	Sunday-Saturday	24 hours	2
Milford Hospital, Inc.	300 Seaside Avenue	Milford	06460	Siemens Somatom Emotion 16 slice CT scanner	Sunday-Saturday	7:30 AM-12:30 AM	2
New Milford Hospital	21 Elm Street	New Milford	06776	GE VCT 64 slice CT scanner	Sunday-Saturday	24 hours	5
Norwalk Hospital	24 Stevens Street	Norwalk	06856	GE Lightspeed 16 slice CT scanner	Sunday-Saturday	24 hours	1
Norwalk Hospital	24 Stevens Street	Norwalk	06856	GE VCT 64 slice CT scanner	Sunday-Saturday	24 hours	1
Rockville General Hospital	31 Union Street	Vernon	06606	Siemens Emotion 16 slice CT scanner	Sunday-Saturday	24 hours	3
Saint Francis Hospital and Medical Center	114 Woodland Street	Hartford	06105	Siemens Definition 128 slice CT scanner	Sunday-Saturday	24 hours	3

Table 9: Computerized Tomography (CT) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Saint Francis Hospital and Medical Center	114 Woodland Street	Hartford	06105	Siemens Sensation 16 slice CT scanner	Sunday-Saturday	24 hours	3
Saint Francis Hospital and Medical Center	114 Woodland Street	Hartford	06105	Siemens Somatom 4 slice CT scanner	Sunday-Saturday	24 hours	3
Saint Mary's Hospital	56 Franklin Street	Waterbury	06706	Philips Brilliance 64 slice CT scanner	Sunday-Saturday	24 hours	5
Saint Mary's Hospital	56 Franklin Street	Waterbury	06706	Philips Brilliance 16 slice CT scanner	Sunday-Saturday	24 hours	5
Saint Vincent's Medical Center	2800 Main Street	Bridgeport	06606	GE Lightspeed 32 slice CT scanner	Sunday-Saturday	24 hours	1
Saint Vincent's Medical Center	2800 Main Street	Bridgeport	06606	GE Lightspeed VCT 64 slice CT scanner (in Emergency Dept.)	Sunday-Saturday	24 hours	1
Stamford Hospital, The	30 Shelburne Road	Stamford	06904	Toshiba Aquilion 64 slice CT scanner	Sunday-Saturday	24 hours	1
Stamford Hospital, The	30 Shelburne Road	Stamford	06904	Toshiba Aquilion 64 slice CT scanner	Sunday-Saturday	24 hours	1
Waterbury Hospital	64 Robbins Street	Waterbury	06708	GE HiSpeed Cti 5 slice CT scanner	Sunday-Saturday	24 hours	5
William W. Backus Hospital, The	326 Washington Street	Norwich	06360	GE Lightspeed Pro 16 slice CT scanner	Sunday-Saturday	24 hours	4
William W. Backus Hospital, The	326 Washington Street	Norwich	06360	Philips Brilliance 64 slice CT scanner	Sunday-Saturday	24 hours	4
Windham Community Memorial Hospital	112 Mansfield Avenue	Windham	06226	GE Lightspeed VCT 7x 64 slice CT scanner	Sunday-Saturday	24 hours	4
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	GE LightSpeed VCT XT 64 slice CT scanner (in ED)	Sunday-Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	GE VCT 64 slice CT scanner (at Smilow 2506)	Sunday-Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	GE HD 750 64 slice CT scanner (in Smilow 2508)	Sunday-Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	GE LightSpeed 16 slice CT scanner	Sunday-Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	GE VCT 64 slice CT scanner	Sunday-Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	GE LightSpeed Widebore 16 slice CT scanner (Biopsy)	Sunday-Saturday	24 hours	2
Total of 30 acute care hospitals operating 55 CT scanners on main hospital campuses							

Table 9: Computerized Tomography (CT) Scanning Providers, Locations and Days/Hours of Operation

HOSPITAL SATELLITE CT SCANNER LOCATIONS							
Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Danbury Hospital Medical Arts	111 Osborne Street	Danbury	06810	Siemens Sensation 64 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	5
Greenwich Hospital Diagnostic Center	2015 W. Main Street	Stamford	06902	GE Lightspeed Ultra U 8 slice CT scanner	Monday-Friday	7:30 AM-6:00 PM	1
Griffin Imaging and Diagnostics Center at Ivy Brook	2 Ivy Brook Road	Shelton	06484	GE Lightspeed 16 slice CT scanner	Monday-Friday	8:00 AM-4:30 PM	2
Hartford Hospital's Helen & Harry Gray Cancer Center-Avon	80 Fisher Drive	Avon	06001	Toshiba Aquilion LB 16 slice CT scanner (for radiation oncology)	Monday-Friday	7:30 AM-3:30 PM	3
Hospital of Central Connecticut, The (Bradley Memorial Campus)	81 Meriden Avenue	Southington	06489	GE Brightspeed Elite 16 slice CT scanner	Monday-Sunday	7:30 AM-12:00 AM	3
Hospital of Central Connecticut, The (Bradley Memorial Campus)	81 Meriden Avenue	Southington	06489	same as above	Saturday and Sunday	On-Call	3
Johnson Memorial Surgical Center	148 Hazard Avenue	Enfield	06082	Siemens Somatom Emotion 16 slice CT scanner	Monday-Friday	7:30 AM-5:00 PM	3
Johnson Memorial Surgical Center	148 Hazard Avenue	Enfield	06082	same as above	Saturday	8:00 AM-12:00 PM	3
Lawrence and Memorial Diagnostic Imaging at Crossroads	196 Parkway South	Waterford	06385	GE Lightspeed 16 slice CT scanner	Monday-Friday	7:30 AM-4:00 PM	4
Lawrence and Memorial Hospital at Pequot Health Center	52 Hazelnut Hill	Groton	06340	GE Lightspeed 16 slice CT scanner	Sunday - Saturday	7:00 AM - 11:00 PM	4
Middlesex Hospital	260 Westbrook Road	Essex	06426	GE VCT 64 slice CT scanner	Sunday-Saturday	24 hours	2
Middlesex Hospital	12 Jones Hollow Road	Marlborough	06447	GE Brightspeed 16 slice CT scanner	Sunday-Saturday	24 hours	3
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	GE Lightspeed 8 slice CT scanner	Monday-Friday	7:15 AM-4:30 PM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	same as above	Saturday	7:30 AM-11:30 AM	1
Stamford Hospital (Darien Imaging Center)	6 Thorndal Circle	Darien	06820	GE Lightspeed Ultra 8 slice CT scanner	Monday-Friday	7:00 AM-4:00 PM	1
Stamford Hospital (Tully Health Center)	32 Strawberry Hill Court	Stamford	06905	Toshiba Aquilion 16 slice CT scanner	Monday-Friday	8:00 AM-8:00 PM	1
Stamford Hospital (Tully Health Center)	32 Strawberry Hill Court	Stamford	06905	same as above	Saturday and Sunday	8:00 AM-4:00 PM	1

Table 9: Computerized Tomography (CT) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Western Connecticut Health Network Affiliates, Inc.	20 Germantown Road	Danbury	06810	Siemens Sensation 32 slice CT scanner	Monday -Friday	8:00 AM - 5:00 PM	1
Western Connecticut Health Network Affiliates, Inc.	901 Ethan Allen Highway	Ridgefield	06877	Siemens Sensation 32 slice CT scanner	Monday -Friday	8:00 AM - 6:00 PM	1
William W. Backus Hospital, The (Colchester Health Center)	163 Broadway	Colchester	06415	GE QXi 4 slice CT scanner	Monday-Friday	8:00 AM-6:00 PM	4
William W. Backus Hospital, The (Norwich Outpatient Care Center)	111 Salem Turnpike	Norwich	06360	Siemens Definition AS 40 slice CT scanner	Monday-Friday	8:00 AM-6:00 PM	4
Yale-New Haven Hospital, Inc. (Shoreline Medical Center - Guilford)	111 Goose Lane	Guilford	06437	GE LightSpeed H 16 slice CT scanner (#1)	Sunday-Saturday	24 hours	2
Yale-New Haven Hospital, Inc. (Shoreline Medical Center - Guilford)	111 Goose Lane	Guilford	06437	GE LightSpeed H 16 slice CT scanner (#2)	Sunday-Saturday	24 hours	2
Yale-New Haven Hospital, Inc. (Temple Radiology Hamden)	2560 Dixwell Avenue	Hamden	06518	GE Lightspeed VCT 64 slice CT scanner	Monday and Friday	8:00 AM-5:00 PM	2
Yale-New Haven Hospital, Inc. (Temple Radiology New Haven)	60 Temple Street	New Haven	06510	GE BrightSpeed H 16 slice CT scanner	Monday and Friday	6:30 AM-10:00 PM	2
Yale-New Haven Hospital, Inc. (Temple Radiology New Haven)	60 Temple Street	New Haven	06510	same as above	Tuesday-Thursday	6:30 AM-5:00 PM	2
Total of 20 hospital satellite locations operating 21 CT scanners on satellite campuses							
NON-HOSPITAL CT SCANNER PROVIDER LOCATIONS							
Advanced Medical Imaging of Northwest Connecticut, LLC - Torrington Radiologists PC	220 Kennedy Drive	Torrington	06795	GE Lightspeed 16 slice CT scanner	Monday-Friday	7:00 AM-5:00 PM	5
Advanced Radiology Consultants, LLC	1055 Post Road	Fairfield	06824	Toshiba Aquilion 32 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	1
Advanced Radiology Consultants, LLC	1055 Post Road	Fairfield	06824	same as above	Saturday	8:30 AM-12:00 PM	1
Advanced Radiology Consultants, LLC	4 Corporate Drive	Shelton	06484	Toshiba 64 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	2
Advanced Radiology Consultants, LLC	1315 Washington Boulevard	Stamford	06902	Toshiba Aquilion 8 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	1
Advanced Radiology Consultants, LLC	2876 Main Street	Stratford	06614	Toshiba Aquilion 8 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	1

Table 9: Computerized Tomography (CT) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Advanced Radiology Consultants, LLC	2876 Main Street	Stratford	06614	same as above	Saturday	8:30 AM-12:00 PM	1
Advanced Radiology Consultants, LLC	15 Corporate Drive	Trumbull	06611	Toshiba 8 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	1
Branford Open MRI, LLC	1208 Main Street	Branford	06405	GE High Speed 1 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	2
Bristol Radiology	25 Collins Road	Bristol	06010	Toshiba Asteion 4 slice CT scanner	Monday-Thursday	8:00 AM-9:00 PM	3
Bristol Radiology	25 Collins Road	Bristol	06010	same as above	Friday	8:00 AM-4:30 PM	3
Buckland Hills Imaging	491 Buckland Road	South Windsor	06074	Asteion/Toshiba 4 slice CT scanner	Monday-Friday	7:15 AM-5:00 PM	3
Connecticut Valley Radiology, PC	701 Cottage Grove Road	Bloomfield	06002	GE HiSpeed ZXI 1 slice CT scanner	Monday and Wednesday	8:30 AM-7:00 PM	3
Connecticut Valley Radiology, PC	701 Cottage Grove Road	Bloomfield	06002	same as above	Tuesday, Thursday and Friday	8:30 AM-5:00 PM	3
Connecticut Valley Radiology, PC	19 Woodland Street	Hartford	06105	GE HiSpeed 1 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	3
Diagnostic Imaging Associates	1389 West Main Street	Waterbury	06708	Toshiba Super 4 slice CT scanner	Monday-Thursday	7:00 AM-6:00 PM	5
Diagnostic Imaging Associates	1389 West Main Street	Waterbury	06708	same as above	Friday	7:00 AM-5:30 PM	5
Diagnostic Imaging Associates	1389 West Main Street	Waterbury	06708	Same as above	Saturday	8:00 AM-12:00 PM	5
Diagnostic Imaging of Milford	30 Commerce Park Drive	Milford	06460	Toshiba Aquilion 8 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	2
Diagnostic Imaging of Milford	30 Commerce Park Drive	Milford	06460	same as above	Wednesday	10:00 AM-6:00 PM	2
Diagnostic Imaging of Milford	30 Commerce Park Drive	Milford	06460	same as above	Saturday	8:00 AM-12:00 PM (2 times per month)	2
Diagnostic Imaging of Southbury	385 Main Street South	Southbury	06488	Toshiba Aquilion 16 slice CT scanner	Monday-Friday	7:00 AM-9:00 PM	5
Diagnostic Imaging of Southbury	385 Main Street South	Southbury	06488	same as above	Saturday	8:30 AM-12:30 PM	5
Diagnostic Radiology Associates	1579 Straits Turnpike	Middlebury	06762	Toshiba Asteion 4 slice CT scanner	Monday-Thursday	8:00 AM-9:00 PM	5
Diagnostic Radiology Associates	1579 Straits Turnpike	Middlebury	06762	same as above	Friday	8:30 AM-5:00 PM	5
Diagnostic Radiology Associates	1579 Straits Turnpike	Middlebury	06762	same as above	Saturday	8:30 AM-2:00 PM	5
Evergreen Imaging Center, LLC	2800 Tamarack Avenue	South Windsor	06074	Siemens Emotion 6 slice CT scanner	Monday-Friday	7:00 AM-6:00 PM	3

Table 9: Computerized Tomography (CT) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Evergreen Imaging Center, LLC	2800 Tamarack Avenue	South Windsor	06074	same as above	Saturday	8:00 AM-4:00 PM	3
Fairfield County Imaging	115 Technology Drive	Trumbull	06611	GE 4 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	1
Gaylord Specialty Healthcare	50 Gaylord Farms Road	Wallingford	06492	Toshiba Aquilion 16 slice CT scanner	Monday-Friday	7:30 AM-5:00 PM	2
Gaylord Specialty Healthcare	50 Gaylord Farms Road	Wallingford	06492	same as above	Saturday	8:00 AM-2:00 PM	2
Greenwich Radiological Group, PC	49 Lake Avenue	Greenwich	06830	Siemens Somatom Emotion 2 slice CT scanner was replaced by a Toshiba Aquilion 32 slice CT scanner in mid-2010	Monday-Friday	8:30 AM-5:30 PM	1
Grove Hill Medical Center	300 Kensington Avenue	New Britain	06051	GE BrightSpeed Elite 16 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	3
Guilford Radiology	1591 Boston Post Road	Guilford	06437	Toshiba Aquilion 16 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	2
Housatonic Valley Radiological Associates	67 Sand Pit Road	Danbury	06810	Siemens Sensation 16 slice CT scanner	Monday-Thursday	8:00 AM-6:00 PM	5
Housatonic Valley Radiological Associates	67 Sand Pit Road	Danbury	06810	same as above	Friday	8:00 AM-5:00 PM	5
Housatonic Valley Radiological Associates	67 Sand Pit Road	Danbury	06810	same as above	Saturday	8:00 AM-12:00 PM	5
Housatonic Valley Radiological Associates	388 Grove Street	Ridgefield	06877	GE Prospeed 1 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	5
Housatonic Valley Radiological Associates	388 Grove Street	Ridgefield	06877	same as above	Saturday	8:00 AM-12:00 PM	5
Housatonic Valley Radiological Associates	800 Main Street	Southbury	06488	GE CTI 1 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	5
Housatonic Valley Radiological Associates	800 Main Street	Southbury	06488	same as above	Saturday	8:00 AM-12:00 PM	5
Imaging Partners	134 Grandview Avenue	Waterbury	06708	Toshiba Aquilion 32 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	5
Jefferson Radiology - CT Imaging Partners (Wethersfield)	1260 Silas Deane Highway	Wethersfield	06109	GE Lightspeed VCT Select 32 slice CT scanner	Monday-Friday	8:30 AM-4:30 PM	3
Jefferson Radiology	100 Simsbury Road	Avon	06001	GE Lightspeed Ultra 8 slice CT scanner	Monday-Friday	8:30 AM-4:30 PM	3
Jefferson Radiology	6 Northwestern Drive	Bloomfield	06002	GE Brightspeed 16 slice CT scanner	Monday-Friday	8:30 AM-4:30 PM	3
Jefferson Radiology	704 Hebron Avenue	Glastonbury	06033	GE VCT Lightspeed with ASIR 64 slice CT scanner	Monday, Tuesday and Friday	8:30 AM-4:30 PM	3

Table 9: Computerized Tomography (CT) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Jefferson Radiology	704 Hebron Avenue	Glastonbury	06033	same as above	Wednesday and Thursday	8:30 AM-7:00 PM	3
Jefferson Radiology	704 Hebron Avenue	Glastonbury	06033	same as above	Saturday	7:00 AM-3:30 PM	3
Jefferson Radiology	85 Seymour Street	Hartford	06106	GE Gold Seal NXI 2 slice CT scanner	Monday-Friday	8:30 AM-4:30 PM	3
Jefferson Radiology	941 Farmington Avenue	West Hartford	06107	GE VCT Lightspeed 64 slice CT scanner	Monday and Wednesday - Friday	8:30 AM-4:30 PM	3
Jefferson Radiology	941 Farmington Avenue	West Hartford	06107	same as above	Tuesday	8:30 AM-7:00 PM	3
Jefferson Radiology	941 Farmington Avenue	West Hartford	06107	same as above	Saturday	7:00 AM-3:30 PM	3
Madison Radiology, P.C.	2a Samson Rock Drive	Madison	06443	Philips Brilliance 10 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	2
Mandell & Blau, M.D.'s, P.C.	40 Hart Street	New Britain	06052	Toshiba Asteion 4 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	3
Mandell & Blau, M.D.'s, P.C.	491 Buckland Hill Road	South Windsor	06074	Toshiba Asteion 4 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	3
Meriden Imaging Center, Inc. - MidState Radiology	680 South Main Street	Cheshire	06410	GE Lightspeed Plus 4 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	2
Meriden Imaging Center, Inc. - Wallingford Diagnostic Imaging Center	863 North Main Street	Wallingford	06492	Siemens Emotion 16 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	2
Naugatuck Valley Computerized Imaging	500 Chase Parkway	Waterbury	06708	Toshiba Aquilion 32 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	5
Prospect Diagnostic Imaging	166 Waterbury Road	Prospect	06712	Toshiba Aquilion 4 slice CT scanner	Monday-Friday	7:30 AM-9:00 PM	5
Prospect Diagnostic Imaging	166 Waterbury Road	Prospect	06712	same as above	Saturday	8:00 AM-12:00 PM	5
Radiology Associates of Hartford, PC	35 Nod Road	Avon	06001	Siemens Emotion 16 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	3
Radiology Associates of Hartford, PC	9 Cranbrook Boulevard	Enfield	06082	Siemens Emotion 16 slice CT scanner	Monday-Friday	7:00 AM-8:00 PM	3
Radiology Associates of Hartford, PC	9 Cranbrook Boulevard	Enfield	06082	same as above	Saturday	8:00 AM-3:00 PM	3
Radiology Associates of Hartford, PC	31 Sycamore Street	Glastonbury	06033	Siemens Emotion 16 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	3
Radiology Associates of Hartford, PC	31 Sycamore Street	Glastonbury	06033	same as above	Saturday	8:00 AM-12:00 PM	3
Radiology Group, PC	6 Business Park Drive	Branford	06405	CTE HiSpeed Dual 2 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	2
Radiology Group, PC	6 Business Park Drive	Branford	06405	same as above	Saturday	8:00 AM-12:00 PM	2

Table 9: Computerized Tomography (CT) Scanning Providers, Locations and Days/Hours of Operation

Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS Region
Radiology Group, PC	2447 Whitney Avenue	Hamden	06518	GE HISpeed Dual 2 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	2
Radiology Group, PC	2447 Whitney Avenue	Hamden	06518	same as above	Saturday	8:00 AM-12:00 PM	2
Robert D. Russo, MD & Associates Radiology, PC	2660 Main Street	Bridgeport	06606	GE Discovery LS 4 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	1
Robert D. Russo, MD & Associates Radiology, PC	4699 Main Street	Bridgeport	06606	Philips Brilliance 64 slice CT scanner	Monday and Tuesday	7:00 AM-7:00 PM	1
Robert D. Russo, MD & Associates Radiology, PC	4699 Main Street	Bridgeport	06606	same as above	Wednesday and Friday	8:00 AM-5:00 PM	1
Robert D. Russo, MD & Associates Radiology, PC	4699 Main Street	Bridgeport	06606	same as above	Thursday	7:00 AM-7:00 PM	1
Robert D. Russo, MD & Associates Radiology, PC	4699 Main Street	Bridgeport	06606	same as above	Saturday	8:00 AM-12:00 PM	1
Robert D. Russo, MD & Associates Radiology, PC	425 Post Road	Fairfield	06824	GE Lightspeed 16 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	1
Robert D. Russo, MD & Associates Radiology, PC	2909 Main Street	Stratford	06614	Philips Brilliance 6 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	1
SCIC d/b/a Whitney Imaging Center	2200 Whitney Avenue	Hamden	06518	Toshiba Aquilion 16 slice CT scanner	Monday-Friday	8:00 AM-5:00 PM	2
Tolland Imaging Center, LLC	6 Fieldstone Commons	Tolland	06084	Siemens Sensation 4 slice CT scanner	Monday-Friday	7:00 AM-5:30 PM	3
West Haven Radiology	687 Campbell Avenue	West Haven	06516	Toshiba Asteion 4 slice CT scanner	Monday-Friday	8:30 AM-5:00 PM	2
Total of 50 non-hospital provider sites operating 50 CT scanners							

Source: OHCA survey process undertaken in 2011

^aThe equipment listed is based on the Imaging Questionnaire responses provided to OHCA at the time the survey was administered; the equipment listed may have been replaced since that time and the listing does not include cone-beam dental CT imaging equipment or equipment used exclusively for scientific research not conducted on humans

^bDays of Operation and Hours of Operation are subject to change

Table 9: Computerized Tomography (CT) Scanning Providers, Locations and Days/Hours of Operation

Table 10: Positron Emission Tomography (PET) or Combined PET-CT Scanning Providers, Locations and Days/Hours of Operation

HOSPITAL - BASED PET OR PET-CT LOCATIONS							
Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS REGION
Bridgeport Hospital	267 Grant Street	Bridgeport	06610	GE Discovery ST4 PET-CT scanner	Sunday-Saturday	24 hours	1
Bristol Hospital	41 Brewster Road	Bristol	06010	GE Discovery ST PET-CT scanner	Tuesday	7:00 AM-3:30 PM	3
Day Kimball Healthcare, Inc. d/b/a Day Kimball Hospital	320 Pomfret Street	Putnam	06260	GE 5109588 mobile PET-CT scanner	Saturday	7:00 AM-2:00 PM	4
Greenwich Hospital	5 Perryridge Road	Greenwich	06830	GE Discovery PET-CT scanner	Monday-Friday	7:30 AM-5:00 PM	1
Griffin Hospital	130 Division Street	Derby	06418	GE PET-CT scanner	Tuesday	7:00 AM-3:30 PM	2
Hartford Hospital	80 Seymour Street	Hartford	06102	GE Discovery LS PET-CT scanner	Monday-Friday	7:30 AM-3:30 PM	3
Hospital of Central Connecticut, The	100 Grand Street	New Britain	06050	GE DVCT 64 PET-CT scanner	Monday-Friday	8:00 AM-4:30 PM	3
Hospital of Saint Raphael	1450 Chapel Street	New Haven	06511	Siemens Biograph / Sensation 16 PET-CT scanner	Monday - Friday	7:00 AM-5:00 PM	2
John Dempsey Hospital	263 Farmington Avenue	Farmington	08032	Siemens Biograph 6 PET-CT scanner	Friday and every other Thursday	8:00 AM-4:00 AM	3
Lawrence and Memorial Hospital	365 Montauk Avenue	New London	06320	GE Discovery ST2005 PET-CT scanner	Sunday-Saturday	24 hours	4
Manchester Memorial Hospital	71 Haynes Street	Manchester	06040	GE Discovery ST PET-CT scanner	Sunday-Saturday	24 hours	3
MidState Medical Center	435 Lewis Avenue	Meriden	06451	GE Discovery PET-CT scanner	Monday-Friday	7:00 AM-5:00 PM	2
Milford Hospital, Inc.	300 Seaside Avenue	Milford	06460	GE DST 600 PET-CT scanner	Monday	12:00 PM-6:00 PM	2
New Milford Hospital	21 Elm Street	New Milford	06776	GE Discovery ST PET-CT scanner	Monday	7:00 AM-5:00 PM	5
Saint Francis Hospital and Medical Center	114 Woodland Street	Hartford	06105	Siemens Biograph 64 PET-CT scanner	Monday-Friday	7:00 AM-5:00 PM	3
Saint Vincent's Medical Center	2800 Main Street	Bridgeport	06606	GE Discovery VCT PET-CT scanner	Monday-Friday	8:00 AM-4:30 PM	1
Stamford Hospital, The	30 Shelburne Road	Stamford	06902	GE PET-CT scanner	Wednesday and Saturday	8:00 AM-4:00 PM	1
William W. Backus Hospital, The	326 Washington Street	Norwich	06360	GE Discovery PET-CT scanner	Sunday-Saturday	24 hours	4
Windham Community Memorial Hospital	112 Mansfield Avenue	Windham	06226	Siemens Biograph 6 PET-CT scanner	Wednesday	7:00 AM-5:00 PM	4
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	GE Discovery D690 PET-CT scanner	Sunday-Saturday	24 hours	2
Yale-New Haven Hospital, Inc.	20 York Street	New Haven	06504	GE Discovery DRX16 PET-CT scanner	Sunday - Saturday	24 hours	2

Table 10: Positron Emission Tomography (PET) or Combined PET-CT Scanning Providers, Locations and Days/Hours of Operation

HOSPITAL SATELLITE PET OR PET-CT LOCATIONS							
Facility Name	Facility Address	City	Zip code	Equipment Information ^a	Days of Operation ^b	Hours of Operation ^b	DEMHS REGION
Charlotte Hungerford Hospital, The (satellite location)	220 Kennedy Drive	Torrington	06790	Siemens ECAT PET scanner ^c	Monday	8:00 AM-1:00 PM	5
Danbury Hospital Medical Arts	111 Osborne Street	Danbury	06810	Siemens PET-CT scanner	Monday-Friday	8:00 AM-4:00 PM	5
Middlesex Hospital	534 Saybrook Road	Middletown	06457	GE Discover ST PET-CT scanner	Monday-Friday	7:00 AM-4:00 PM	3
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	GE DST 600 PET-CT scanner	Monday, Tuesday, Thursday	8:45 AM - 2:15 PM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	same as above	Wednesday	8:45 AM - 10:45 AM	1
Norwalk Radiology & Mammography Center	148 East Avenue	Norwalk	06851	same as above	Saturday	8:00 AM -12:00 PM	1
NON-HOSPITAL PET OR PET-CT PROVIDER LOCATIONS							
Advance Radiology Consultants, LLC	15 Corporate Drive	Trumbull	06611	Siemens ECAT EXACT PET scanner	Monday-Friday	8:30 AM-5:00 PM	1
Connecticut Oncology & Hematology	220 Kennedy Drive	Torrington	06790	Siemens ECAT EXACT PET scanner ^c	Tuesday-Wednesday	8:00 AM-4:30 PM	5
Connecticut Oncology & Hematology	220 Kennedy Drive	Torrington	06790	same as above	Friday	8:00 AM-4:30 PM	5
Harold Leever Regional Cancer Center, The	1075 Chase Parkway	Waterbury	06708	GE STE Discovery PET-CT scanner	Monday-Thursday	7:30 AM-4:30 PM	5
Robert D. Russo, MD & Associates Radiology, PC	2660 Main Street	Bridgeport	06606	GE Discover LS PET scanner	Monday-Friday	8:30 AM-5:00 PM	1
Total of 20 acute care hospitals operating 21 PET/CT scanners							
Total of 4 hospital satellite locations operating 4 PET or PET/CT scanners							
Total of 4 non-hospital providers operating 4 PET or PET/CT scanners							

Source: OHCA survey process undertaken in 2011

^aThe equipment listed is based on the Imaging Questionnaire responses provided to OHCA; the equipment listed may have been replaced since that time

^bDays of Operation and Hours of Operation are subject to change

^cSiemens ECAT Fixed PET scanner is the same unit reported by and owned by Connecticut Oncology & Hematology at 220 Kennedy Drive in Torrington

Table 10: Positron Emission Tomography (PET) or Combined PET-CT Scanning Providers, Locations and Days/Hours of Operation

Table 11: Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision Beds

CHRONIC AND CONVALESCENT NURSING HOMES						
Facility Name	Provider Name	Facility Address	City	Zip code	CCNH Beds ^a	RHNH Beds ^b
Aaron Manor Nursing and Rehabilitation Center	Aaron Manor, Inc.	3 South Wig Hill Road	Chester	06412	60	N/A
Abbott Terrace Health Center	Abbott Terrace Health Center, Inc.	44 Abbott Terrace	Waterbury	06702	205	N/A
Advanced Nursing and Rehabilitation Center	Advanced Nursing and Rehabilitation Center	169 Davenport Avenue	New Haven	06519	226	N/A
Alexandria Manor	Health Care Investors, Inc.	55 Tunxis Avenue	Bloomfield	06002	120	N/A
Alzheimer's Resource Center of Connecticut, Inc.	Alzheimer's Resource Center of Connecticut, Inc.	1261 South Main Street	Southington	06479	120	N/A
Amberwoods of Farmington	Farmington Rehabilitation Center, LLC	416 Colt Highway	Farmington	06032	140	N/A
Apple Rehab Avon	Brightview Nursing & Retirement Center, Ltd	220 Scoville Road	Avon	06001	60	N/A
Apple Rehab Cocomo	Meriden Health Care Center, Inc.	33 Cone Avenue	Meriden	06450	100	N/A
Apple Rehab Colchester	Waterbury Extended Care Facility, Inc.	36 Broadway	Colchester	06415	60	N/A
Apple Rehab Cromwell	Ridgeview Health Care Center, Inc.	156 Berlin Road	Cromwell	06416	85	N/A
Apple Rehab Farmington Valley	Plainville Health Care Center, Inc.	269 Farmington Avenue	Plainville	06062	160	N/A
Apple Rehab Guilford	Fowler Nursing Center, Inc.	10 Boston Post Road	Guilford	06437	90	N/A
Apple Rehab Laurel Woods	Apple Rehab Laurel Woods, LLC	451 North High Street	East Haven	06512	120	N/A
Apple Rehab Middletown	Highview Health Care Center, Inc.	600 Highland Avenue	Middletown	06457	70	N/A
Apple Rehab Mystic	Mary Elizabeth Nursing Center, Inc.	28 Broadway	Stonington	06355	60	N/A
Apple Rehab Rocky Hill	Elm Hill Nursing Center, Inc.	45 Elm Street	Rocky Hill	06067	120	N/A
Apple Rehab Saybrook	Saybrook Health Care Center, Inc.	1775 Boston Post Road	Old Saybrook	06475	120	N/A
Apple Rehab Shelton Lakes	Shelton Lakes Health Care Center, Inc.	5 Lake Road	Shelton	06484	106	N/A
Apple Rehab Watertown	Waterbury Extended Care Facility, Inc.	35 Bunker Hill Road	Watertown	06795	110	N/A
Arden House Care and Rehabilitation Center	Harborside Connecticut, LP	850 Mix Avenue	Hamden	06514	360	N/A
Astoria Park	PARCC Health Care, Inc.	725 Park Avenue	Bridgeport	06604	135	N/A
Aurora Senior Living Center, LLC	Aurora Senior Living Center, LLC	34 Midrocks Road	Norwalk	06851	150	N/A
Aurora Senior Living of Buck Hill, LLC	Aurora Senior Living of Buck Hill, LLC	2817 North Main Street	Waterbury	06704	90	N/A
Aurora Senior Living of East Hartford, LLC	Aurora Senior Living of East Hartford, LLC	51 Applegate Lane	East Hartford	06118	145	N/A
Avalon Health Care Center At Stoneridge	LSC-Westminster Partnership I, LLP	186 Jerry Browne Road	Stonington	06355	40	N/A
Avon Health Center	Avon Convalescent Home, Inc.	652 West Avon Road	Avon	06001	120	N/A

Table 11: Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision Beds

Facility Name	Provider Name	Facility Address	City	Zip code	CCNH Beds ^a	RHNH Beds ^b
Bayview Health Care	301 Rope Ferry Road, LLC	301 Rope Ferry Road	Waterford	06385	127	N/A
Beacon Brook Health Center	Naugatuck Health Care, LLC	89 Weid Drive	Naugatuck	06770	126	N/A
Beechwood	Health Care Visions, Inc.	31 Vauxhall Street	New London	06320	60	N/A
Bel-Air Manor Nursing & Rehabilitation Center	Geriatrics, Inc.	256 New Britain Avenue	Newington	06111	71	N/A
Bethel Health Care Center	Bethel Health and Rehabilitation Center, LLC	13 Parklawn Drive	Bethel	06801	161	N/A
Bickford Health Care Center	Newport/Bickford, Inc.	14 Main Street	Windsor Locks	06096	48	N/A
Birmingham Health Center	Spectrum Healthcare Derby, LLC	210 Chatfield Street	Derby	06418	120	N/A
Bishop Wicke Health & Rehabilitation Center, Inc.	Bishop Wicke Health & Rehabilitation Center, Inc.	584 Long Hill Avenue	Shelton	06484	120	N/A
Blair Manor	Healthcare Alliance, Inc.	612 Hazard Avenue	Enfield	06082	98	N/A
Bloomfield Health Care Center	Bloomfield Health Care Center	355 Park Avenue	Bloomfield	06002	120	N/A
Bradley Home Infirmary/Pavilion	Bradley Home	320 Colony Street	Meriden	06450	30	N/A
Branford Hills Health Care Center	CSC Enterprises, Inc.	189 Alps Road	Branford	06405	190	N/A
Bride Brook Health & Rehabilitation Center	SSC Niantic Operating Company, LLC	23 Liberty Way	East Lyme	06357	130	N/A
Bridgeport Health Care Center	Bridgeport Health Care Center, Inc.	600 Bond Street	Bridgeport	06610	240	N/A
Bridgeport Manor	Bridgeport Health Care Center, Inc.	540 Bond Street	Bridgeport	06610	240	N/A
Brittany Farms Health Center	HSC Community Services, Inc.	400 Brittany Farms Road	New Britain	06053	282	N/A
Caleb Hitchcock Health Center	Duncaster, Inc.	10 Loeffler Road	Bloomfield	06002	55	N/A
Cambridge Manor	Cambridge Manor	2428 Easton Turnpike	Fairfield	06430	160	N/A
Candlewood Valley Health & Rehabilitation Center	Candlewood New Milford, LLC	30 Park Lane East	New Milford	06776	148	N/A
Carolton Chronic & Convalescent Hospital, Inc.	Carolton Chronic & Convalescent Hospital, Inc.	400 Mill Plain Road	Fairfield	06824	229	N/A
Chelsea Place Care Center, LLC	Chelsea Place Care Center, LLC	25 Lorraine Street	Hartford	06105	234	N/A
Cherry Brook Health Care Center	New Horizons, Inc.	102 Dyer Avenue	Canton	06019	100	N/A
Cheshire House Health Care Facility & Rehabilitation Center	Cheshire House, LLC	3396 East Main Street	Waterbury	06705	75	N/A
Chesterfields Health Care Center	Chesterfields, Ltd	132 Main Street	Chester	06412	60	N/A
Cobalt Lodge Health Care and Rehabilitation Center	Z Incorporated	29 Middle Haddam Road	East Hampton	06414	60	N/A
Connecticut Health of Greenwich	Connecticut Health of Greenwich, LLC	1188 King Street	Greenwich	06831	75	N/A
Connecticut Health of Southport, LLC	Connecticut Health of Southport, LLC	930 Mill Hill Terrace	Fairfield	06890	120	N/A
Cook-Willow Convalescent Hospital, Inc.	Cook-Willow Convalescent Hospital, Inc.	81 Hillside Avenue	Plymouth	06782	60	N/A

Table 11: Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision Beds

Facility Name	Provider Name	Facility Address	City	Zip code	CCNH Beds ^a	RHNH Beds ^b
Countryside Manor of Bristol	Bristol CCH Group, LLC	1660 Stafford Avenue	Bristol	06010	90	N/A
Curtis Home St. Elizabeth Center	Curtis Home, The	380 Crown Street	Meriden	06450	60	N/A
Danbury Health Care Center	107 Osborne Street Operating Company, II	107 Osborne Street	Danbury	06810	180	N/A
Douglas Manor	Healthcare Assurance, LLC	103 North Road	Windham	06280	90	N/A
Edgehill Health Center	Benchmark Senior Living	122 Palmers Hill Road	Stamford	06902	60	N/A
Elim Park Baptist Home, Inc.	Elim Park Baptist Home, Inc.	140 Cook Hill Road	Cheshire	06410	90	N/A
Ellis Manor	Health Care Reliance, LLC	210 George Street	Hartford	06114	105	N/A
Essex Meadows Health Center	Essex Meadows Properties, Inc.	30 Bokum Road	Essex	06426	45	N/A
Evergreen Health Care Center	Johnson Memorial Medical Center, Inc.	205 Chestnut Hill Road	Stafford	06076	180	N/A
Evergreen Woods Health Center	Shoreline Life Care, LLC	88 Notch Hill Road	North Branford	06471	50	N/A
Fairview	Odd Fellows Home of Connecticut, Inc.	235 Lestertown Road	Groton	06340	120	N/A
Filosa for Nursing and Rehabilitation	Filosa Convalescent Home, Inc.	13 Hakim Street	Danbury	06810	64	N/A
Fox Hill Center	22 South Street Operations, LLC	1253 Hartford Turnpike	Vernon	06066	150	N/A
Geer Nursing and Rehabilitation Center	Robert C. Geer Memorial Hospital, Inc., The	99 South Canaan Road	Canaan	06018	120	N/A
Gladeview Health Care Center	Gladeview Health Care Center, Inc.	60 Boston Post Road	Old Saybrook	06475	132	N/A
Glastonbury Health Care Center, Inc.	Glastonbury Health Care Center, Inc.	1175 Hebron Avenue	Glastonbury	06033	105	N/A
Glen Hill Rehabilitation & Nursing Center	Harborside Danbury, LP	1 Glen Hill Road	Danbury	06811	100	N/A
Glendale Center	4 Hazel Avenue Operations, LLC	4 Hazel Avenue	Naugatuck	06770	120	N/A
Golden Hill Health Care Center	2028 Bridgeport Avenue Operating Company II, LLC	2028 Bridgeport Avenue	Milford	06460	120	N/A
Governor's House Care and Rehabilitation Center	Harborside Connecticut, LP	36 Firetown Road	Simsbury	06070	73	N/A
Greentree Manor Nursing and Rehabilitation Center	Greentree Manor Nursing and Rehabilitation Center	4 Greentree Drive	Waterford	06385	90	N/A
Greenwich Woods Health Care Center	Greenwich Woods, LP	1165 King Street	Greenwich	06831	217	N/A
Groton Regency Center	1145 Poquonnock Road Operations, LLC	1145 Poquonnock Road	Groton	06340	162	N/A
Grove Manor Nursing Home, Inc.	Grove Manor Nursing Home, Inc.	145 Grove Street	Waterbury	06710	60	N/A
Guilford House, The	Guilford House, LLC, The	109 West Lake Avenue	Guilford	06437	75	N/A
Hamden Health Care Center	Hamden Health Care, LP	1270 Sherman Lane	Hamden	06514	153	N/A
Hancock Hall	Filosa Care Center, Inc.	31 Staples Street	Danbury	06810	96	N/A
Harrington Court	59 Harrington Court Operations, LLC	59 Harrington Court	Colchester	06415	130	N/A
Hebrew Home and Hospital, Incorporated	Hebrew Home and Hospital, Incorporated	1 Abrahms Boulevard	West Hartford	06117	277	N/A

Table 11: Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision Beds

Facility Name	Provider Name	Facility Address	City	Zip code	CCNH Beds ^a	RHNH Beds ^b
Hewitt Health & Rehabilitation Center, Inc.	Hewitt Health & Rehabilitation Center, Inc.	45 Maltby Street	Shelton	06484	160	N/A
Highlands Health Care Center	745 Highland Avenue Operating Company, LLC	745 Highland Avenue	Cheshire	06410	120	N/A
Hilltop Health Center	Spectrum Healthcare Waterbridge, LLC	126 Ford Street	Ansonia	06401	90	N/A
Holy Spirit Health Care Center, Inc.	Holy Spirit Health Care Center, Inc.	72 Church Street	Putnam	06260	22	N/A
Hughes Health and Rehabilitation, Inc.	Hughes Health and Rehabilitation, Inc.	29 Highland Street	West Hartford	06119	170	N/A
Ingraham Manor	Bristol Health Care, Inc.	400 North Main Street	Bristol	06010	128	N/A
Jerome Home	Trustees of Jerome Home	975 Corbin Avenue	New Britain	06052	94	N/A
Jewish Home for the Elderly of Fairfield County, Inc.	Jewish Home for the Elderly of Fairfield County, Inc.	175 Jefferson Street	Fairfield	06825	360	N/A
Kent Ltd, The	Kent Ltd, The	46 Maple Street	Kent	06757	90	N/A
Kettle Brook Care Center, LLC	Kettle Brook Care Center, LLC	96 Prospect Hill Road	East Windsor	06088	166	N/A
Kimberly Hall North	1 Emerson Drive North Operations, LLC	1 Emerson Drive	Windsor	06095	150	N/A
Kimberly Hall South	1 Emerson Drive South Operations, LLC	1 Emerson Drive	Windsor	06095	180	N/A
Kindred Nursing and Rehabilitation - Andrew House	Kindred Nursing Center East, LLC	66 Clinic Drive	New Britain	06051	90	N/A
Kindred Nursing and Rehabilitation - Crossings East	Kindred Nursing Center East, LLC	78 Viets Street Extension	New London	06320	128	N/A
Kindred Nursing and Rehabilitation - Crossings West	Kindred Nursing Center West, LLC	89 Viets Street Extension	New London	06320	66	N/A
Kindred Transitional Care and Rehabilitation - Windsor	Kindred Nursing Centers, East	581 Poquonock Avenue	Windsor	06095	108	N/A
Kindred Transitional Care and Rehabilitation - Parkway Pavilion	Kindred Nursing Centers, East	1157 Enfield Street	Enfield	06082	130	N/A
Laurel Hill Healthcare	Spectrum Healthcare Winsted LLC	108 East Lake Street	Winchester	06098	75	N/A
Laurel Ridge Health Care Center	Athena Holdings, LLC	642 Danbury Road	Ridgefield	06877	126	N/A
Ledgecrest Health Care Center	Ledgecrest Health Care Center, Inc.	154 Kensington Road	Berlin	06037	60	N/A
Leeway, Inc.	Leeway, Inc.	40 Albert Street	New Haven	06511	40	N/A
Long Ridge of Stamford	710 Long Ridge Road Operating Company II, LLC	710 Long Ridge Road	Stamford	06902	120	N/A
Lord Chamberlain Manor Nursing & Rehabilitation Center	Lord Chamberlain Manor Nursing & Rehabilitation Center	7003 Main Street	Stratford	06614	60	N/A
Lord Chamberlain Nursing & Rehabilitation Center	Lord Chamberlain Nursing & Rehabilitation Center	7003 Main Street	Stratford	06614	190	N/A
Lourdes Health Care Center, Inc.	Lourdes Health Care Center, Inc.	345 Belden Hill Road	Wilton	06897	40	N/A
Ludlowe Center for Health & Rehabilitation, LLC	Ludlowe Center for Health & Rehabilitation, LLC	118 Jefferson Street	Fairfield	06825	144	N/A

Table 11: Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision Beds

Facility Name	Provider Name	Facility Address	City	Zip code	CCNH Beds ^a	RHNH Beds ^b
Lutheran Home of Southbury, Inc.	Lutheran Home of Southbury, Inc.	990 Main Street North	Southbury	06488	120	N/A
Madison House Care and Rehabilitation Center	Harborside Connecticut, LP	34 Wildwood Avenue	Madison	06443	90	N/A
Maefair Health Care Center	Maefair Health Care Center	21 Maefair Court	Trumbull	06611	134	N/A
Manchester Manor Health Care Center	Arbors of Hop Brook, LP	385 West Center Street	Manchester	06040	126	N/A
Mansfield Center for Nursing & Rehabilitation	New Samaritan Corporation	100 Warren Circle	Mansfield	06268	98	N/A
Maple View Center for Health and Rehabilitation	Maple View Manor of CT, LLC	856 Maple Street	Rocky Hill	06067	120	N/A
Marlborough Health Care Center, Inc.	Marlborough Health Care Center, Inc.	85 Stage Harbor Road	Marlborough	06447	120	N/A
Mary Wade Home, Incorporated, The	Mary Wade Home, Incorporated, The	118 Clinton Avenue	New Haven	06513	94	N/A
Masonicare at Newtown	Masonicare at Newtown, Inc.	139 Toddy Hill Road	Newtown	06470	154	N/A
Masonicare Health Center	Masonicare Health Center	22 Masonic Avenue	Wallingford	06492	382	N/A
Matulaitis Nursing Home, Inc.	Matulaitis Nursing Home, Inc.	10 Thurber Road	Putnam	06260	119	N/A
McLean Health Center	McLean Affiliates, Inc.	75 Great Pond Road	Simsbury	06070	124	N/A
Meadow Ridge	Redding Life Care, LLC	100 Redding Road	Redding	06896	62	N/A
Meriden Center	845 Paddock Avenue Operations, LLC	845 Paddock Avenue	Meriden	06450	130	N/A
Meridian Manor Corporation	Meridian Manor Corporation	1132 Meriden Road	Waterbury	06705	94	N/A
Middlebury Convalescent Home, Inc.	Middlebury Convalescent Home, Inc.	778 Middlebury Road	Middlebury	06762	58	N/A
Middlesex Health Care Center	Athena Middlesex, LLC	100 Randolph Road	Middletown	06457	150	N/A
Milford Health Care Center, Inc.	Milford Health Care Center, Inc.	195 Platt Street	Milford	06460	120	N/A
Monsignor Bojnowski Manor, Inc.	Monsignor Bojnowski Manor, Inc.	50 Pulaski Street	New Britain	06053	60	N/A
Montowese Health & Rehabilitation Center, Inc.	Montowese Health & Rehabilitation Center, Inc.	163 Quinipiac Avenue	North Haven	06473	120	N/A
Mystic Healthcare & Rehabilitation Center, LLC	Mystic Healthcare & Rehabilitation Center, LLC	475 High Street	Stonington	06355	100	N/A
Nathaniel Witherell, The	Town of Greenwich	70 Parsonage Road	Greenwich	06830	202	N/A
New London Rehab & Care at Waterford	Eastern Connecticut Health Systems, Inc.	88 Clark Lane	Waterford	06385	120	N/A
Newington Health Care Center	240 Church Street Operations Company II	240 Church Street	Newington	06111	180	N/A
Northbridge Healthcare Center	Northbridge Healthcare Center, Inc.	2875 Main Street	Bridgeport	06606	145	N/A
Norwichtown Rehabilitation and Care Center	Norwichtown Convalescent Home, Inc.	93 West Town Street	Norwich	06360	120	N/A
Notre Dame Convalescent Home, Inc.	Notre Dame Convalescent Home, Inc.	76 West Rocks Road	Norwalk	06851	60	N/A
Orchard Grove Specialty Care Center, LLC	Orchard Grove Specialty Care Center, LLC	5 Richard Brown Drive	Montville	06382	130	N/A

Table 11: Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision Beds

Facility Name	Provider Name	Facility Address	City	Zip code	CCNH Beds ^a	RHNH Beds ^b
Paradigm Health Care Center of South Windsor, LLC	Paradigm Health Care Center of South Windsor, LLC	1060 Main Street	South Windsor	06074	100	N/A
Paradigm Healthcare Center of New Haven, LLC	Paradigm Healthcare Center of New Haven, LLC	181 Clifton Street	New Haven	06513	150	N/A
Paradigm Healthcare Center of Norwalk, LLC	Paradigm Healthcare Center of Norwalk, LLC	23 Prospect Avenue	Norwalk	06850	150	N/A
Paradigm Healthcare Center of Prospect, LLC	Paradigm Healthcare Center of Prospect, LLC	25 Royal Crest Drive	Prospect	06712	120	N/A
Paradigm Healthcare Center of Torrington, LLC	Paradigm Healthcare Center of Torrington, LLC	80 Fern Drive	Torrington	06790	80	N/A
Paradigm Healthcare Center of Waterbury, LLC	Paradigm Healthcare Center of Waterbury, LLC	177 Whitewood Road	Waterbury	06708	120	N/A
Paradigm Healthcare Center of West Haven, LLC	Paradigm Healthcare Center of West Haven, LLC	310 Terrace Avenue	West Haven	06516	98	N/A
Park Place Health Center	Spectrum Health Care Hartford, LLC	5 Greenwood Street	Hartford	06106	150	N/A
Pendleton Health & Rehabilitation Center	SSC Mystic Operating Company, LLC	44 Maritime Drive	Stonington	06355	120	N/A
Pierce Memorial Baptist Home, Inc.	Pierce Memorial Baptist Home, Inc.	44 Canterbury Road	Brooklyn	06234	72	N/A
Pilgrim Manor	Covenant Home, Inc.	52 Missionary Road	Cromwell	06416	60	N/A
Pines at Bristol Center for Nursing & Rehabilitation, The	Bristol Crossings, LLC	61 Bellevue Avenue	Bristol	06010	132	N/A
Pomperaug Woods, Inc.	Pomperaug Woods, Inc.	80 Heritage Road	Southbury	06488	37	N/A
Pope John Paul II Rehabilitation and Nursing Center	HBR Danbury, LLC	33 Lincoln Avenue	Danbury	06810	141	N/A
Portland Care and Rehabilitation Centre, Inc.	Portland Care and Rehabilitation Centre, Inc.	333 Main Street	Portland	06480	65	N/A
Regency Heights of Danielson, LLC	Regency Heights of Danielson, LLC	111 Westcott Road	Killingly	06239	190	N/A
Regency Heights of Norwich, LLC	Regency Heights of Norwich, LLC	60 Crouch Avenue	Norwich	06360	119	N/A
Regency Heights of Stamford, LLC	Regency Heights of Stamford, LLC	53 Courtland Avenue	Stamford	06902	156	N/A
Regency Heights of Windham, LLC	Regency Heights of Windham, LLC	595 Valley Street	Windham	06226	124	N/A
Regency House of Wallingford	Regency House of Wallingford, Inc.	181 East Main Street	Wallingford	06492	130	N/A
Reservoir Care and Rehabilitation Center, The	Harborside Connecticut, LP	One Emily Way	West Hartford	06117	75	N/A
River Glen Health Care Center	162 South Britain Road Operating Company II, LLC	162 South Britain Road	Southbury	06488	120	N/A
Riverside Health & Rehabilitation Center	Riverside Health Care Center, Inc.	745 Main Street	East Hartford	06108	345	N/A
Rose Haven, Ltd.	Rose Haven, Ltd.	33 North Street	Litchfield	06759	25	N/A
Rosegarden Health & Rehabilitation Center, LLC, The	Rosegarden Health & Rehabilitation Center, LLC, The	3584 East Main Street	Waterbury	06705	82	N/A
Salmon Brook Center	72 Salmon Brook Drive Operations, LLC	72 Salmon Brook Drive	Glastonbury	06033	130	N/A

Table 11: Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision Beds

Facility Name	Provider Name	Facility Address	City	Zip code	CCNH Beds ^a	RHNH Beds ^b
Seabury Retirement Community	Church Home of Hartford, Inc.	200 Seabury Drive	Bloomfield	06002	60	N/A
Shady Knoll Health Center	Shady Knoll Health Center, Inc.	41 Skokorat Street	Seymour	06483	128	N/A
Sharon Health Care Center	Sharon SNH CT, LLC	27 Hospital Hill Road	Sharon	06069	88	N/A
Sheriden Woods Health Care Center	Sheriden Woods Health Care Center, Inc.	321 Stonecrest Drive	Bristol	06010	146	N/A
Sister Anne Virginia Grimes Health Center	Saint Regis Health Center, Inc.	1354 Chapel Street	New Haven	06511	120	N/A
Skyview Center	35 Marc Drive Operations, LLC	35 Marc Drive	Wallingford	06492	97	N/A
Smith House Skilled Nursing Facility	City of Stamford	88 Rockrimmon Road	Stamford	06903	128	N/A
Southington Care Center	Central Connecticut Senior Health Services, Inc.	45 Meriden Avenue	Southington	06489	130	N/A
Springs at Watermark 3030 Park, The	Watermark 3030 Park, LLC	3030 Park Avenue	Bridgeport	06604	22	N/A
Springs at Watermark, East Hill, The	Watermark Retirement Communities of Connecticut, LLC	611 East Hill Road	Southbury	06488	35	N/A
St. Camillus Rehabilitation & Nursing Center	HBR Stamford, LLC	494 Elm Street	Stamford	06902	124	N/A
St. Joseph's Living Center, Inc.	St. Joseph's Living Center, Inc.	14 Club Road	Windham	06280	120	N/A
St. Joseph's Manor Care and Rehabilitation Center	HBR Trumbull	6448 Main Street	Trumbull	06611	274	N/A
St. Joseph's Residence	Home for the Aged of the Little Sisters of the Poor, Inc.	1365 Enfield Street	Enfield	06082	25	N/A
St. Mary Home	St. Mary Home	2021 Albany Avenue	West Hartford	06117	256	N/A
Suffield House, The	Suffield Manor, Inc.	One Canal Road	Suffield	06078	128	N/A
Summit at Plantsville, The	Southington SNF, LLC	261 Summit Street	Southington	06479	150	N/A
Talmadge Park Health Care	Talmadge Park, Inc.	38 Talmadge Avenue	East Haven	06512	90	N/A
Torrington Health and Rehabilitation Center	Spectrum Healthcare Torrington	225 Wyoming Avenue	Torrington	06790	126	N/A
Touchpoints at Farmington	Farmington Care Center, LLC	20 Scott Swamp Road	Farmington	06032	120	N/A
Touchpoints at Manchester	Bidwell Care Center, LLC	333 Bidwell Street	Manchester	06040	131	N/A
Trinity Hill Care Center	Trinity Hill Care Center	151 Hillside Avenue	Hartford	06106	144	N/A
Twin Maples Health Care Facility	Twin Maples Home, Inc.	809 R New Haven Road	Durham	06422	44	N/A
Valerie Manor	Valerie Manor, Inc.	1360 Torrington Street	Torrington	06790	151	N/A
Vernon Manor Health Care Center, LLC	Vernon Manor Health Care Center, LLC	180 Regan Road	Vernon	06066	120	N/A
Villa Maria Nursing and Rehabilitation Community, Inc.	Villa Maria Nursing and Rehabilitation Community, Inc.	20 Babcock Avenue	Plainfield	06374	62	N/A
Village Crest Center for Health & Rehabilitation	New Milford Crossings, LLC	19 Poplar Street	New Milford	06776	95	N/A
Village Green of Bristol Rehabilitation and Health Center	Subacute Center of Bristol, LLC	23 Fair Street	Bristol	06010	120	N/A

Table 11: Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision Beds

Facility Name	Provider Name	Facility Address	City	Zip code	CCNH Beds ^a	RHNH Beds ^b
Village Green of Wallingford Rehabilitation and Health Center	Brook Hollow Health Care Center, LLC	55 Kondracki Lane	Wallingford	06492	180	N/A
Village Green of Waterbury Rehabilitation and Health Center	Cedar Lane Rehabilitation and Health Care Center, LLC	128 Cedar Avenue	Waterbury	06705	180	N/A
Village Manor Health Care, Inc.	Village Manor Health Care, Inc.	16 Windsor Avenue	Plainfield	06374	90	N/A
Wadsworth Glen Health Care and Rehabilitation Center, Inc.	Wadsworth Glen, Inc.	30 Boston Road	Middletown	06457	120	N/A
Walnut Hill Care Center	Walnut Hill, Inc.	55 Grand Street	New Britain	06052	160	N/A
Water's Edge Center for Health & Rehabilitation	Harbor Hill Care Center, Inc.	111 Church Street	Middletown	06457	150	N/A
Watertown Convalescium	M.V.M., Inc.	560 Woodbury Road	Watertown	06795	46	N/A
Watrous Nursing Center	Waterbury Extended Care Facility, Inc.	9 Neck Road	Madison	06443	45	N/A
Waveny Care Center	Waveny Care Center, Inc.	3 Farm Road	New Canaan	06840	76	N/A
West Hartford Health and Rehabilitation Center	Brookview Corporation	130 Loomis Drive	West Hartford	06107	160	N/A
West River Health Care Center	245 Orange Avenue Operating Company II, LLC	245 Orange Avenue	Milford	06461	120	N/A
Westfield Care and Rehabilitation Center	Westfield Manor Health Care	65 Westfield Road	Meriden	06450	100	N/A
Westport Health Care Center	1 Burr Road Operating Company II, LLC	1 Burr Road	Westport	06880	120	N/A
Westside Care Center, LLC	Westside Care Center, LLC	349 Bidwell Street	Manchester	06040	180	N/A
Westview Nursing Care & Rehabilitation Center, Inc.	Westview Nursing Care & Rehabilitation Center, Inc.	150 Ware Road	Killingly	06241	103	N/A
Wethersfield Health Care Center	341 Jordan Lane Operating Company II, LLC	341 Jordan Lane	Wethersfield	06109	210	N/A
Whitney Center	Whitney Center, Inc.	200 Leeder Hill Drive	Hamden	06517	59	N/A
Whitney Manor Convalescent Center, Inc.	Whitney Manor Convalescent Center, Inc.	2798 Whitney Avenue	Hamden	06518	150	N/A
William and Sally Tandet Center for Continuing Care, The	Mill River Foundation, Inc.	146 West Broad Street	Stamford	06902	130	N/A
Willows Care and Rehabilitation Center	Harborside Connecticut, LP	225 Amity Road	Woodbridge	06525	90	N/A
Wilton Meadows Health Care Center	Wilton Meadows Health Care Center	439 Danbury Road	Wilton	06897	148	N/A
Wintonbury Care Center, LLC	Wintonbury Care Center, LLC	140 Park Avenue	Bloomfield	06002	150	N/A
Wolcott Hall Nursing Center, Inc.	Wolcott Hall Nursing Center, Inc.	215 Forest Street	Torrington	06790	87	N/A
Wolcott View Manor, Inc.	Wolcott View Manor, Inc.	50 Beach Road	Wolcott	06716	129	N/A
Woodlake at Tolland	ECHN Eldercare Services, Inc.	26 Shenipsit Lake Road	Tolland	06084	130	N/A
Yale University Health Services In-Patient Care Facility CCNH	Yale University	55 Lock Street	New Haven	06520	4	N/A

Table 11: Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision Beds

CHRONIC AND CONVALESCENT NURSING HOMES AND REST HOME WITH NURSING SUPERVISION						
Facility Name	Provider Name	Facility Address	City	Zip code	CCNH Beds ^a	RHNH Beds ^b
Apple Rehab West Haven	Harbor View Manor, Inc.	308 Savin Avenue	West Haven	06516	89	1
Aurora Senior Living of Cromwell, LLC	Aurora Senior Living of Cromwell, LLC	385 Main Street	Cromwell	06416	178	2
Avery Nursing Home/Noble Building	Church Homes, Inc.	705 New Britain Avenue	Hartford	06106	130	69
Chestelm Health and Rehabilitation Center	Chestelm Healthcare, Inc.	534 Town Street	East Haddam	06469	63	13
Connecticut Baptist Home, Inc.	Connecticut Baptist Home, Inc.	292 Thorpe Avenue	Meriden	06450	30	30
Crestfield Rehabilitation Center and Fenwood Manor	Spectrum Healthcare Manchester, LLC	565 Vernon Street	Manchester	06040	95	60
Gardner Heights Health Care Center, Inc.	Gardner Heights Health Care Center, Inc.	172 Rocky Rest Road	Shelton	06484	128	2
Jefferson House	Hartford Hospital	1 John H. Stewart Drive	Newington	06111	103	1
Litchfield Woods Health Care Center	Highland View Manor, Inc.	255 Roberts Street	Torrington	06790	130	30
Meadowbrook of Granby	Meadowbrook Center, Inc.	350 Salmon Brook Street	Granby	06035	80	10
Miller Memorial Community, Inc. Edward Pavilion - Caroline Hall	Miller Memorial Community, Inc.	360 Broad Street	Meriden	06450	85	8
Noble Horizons	Church Homes, Inc.	17 Cobble Road	Salisbury	06068	61	30
Orange Health Care Center	Dawn-Ra Corp.	225 Boston Post Road	Orange	06477	59	1
Silver Springs Care Center	Meriden Care Center, LLC	33 Roy Street	Meriden	06450	157	2
Touchpoints at Chestnut	Chestnut Point Care Center, LLC	171 Main Street	East Windsor	06088	58	2
REST HOMES WITH NURSING SUPERVISION						
Marshall Lane Manor	Simonetti Realty, Inc.	101 Marshall Lane	Derby	06418	n/a	120
Mattatuck Health Care Facility, Inc.	Mattatuck Health Care Facility, Inc.	9 Cliff Street	Waterbury	06710	n/a	43
Total of 217 CCNH facilities, 15 CCNH with RHNS beds facilities and 2 RHNS facilities						
Total of 27,552 CCNH beds and 424 RHNS beds in the state						

Source: DPH licensure files and e-licensure database as of June 2012

^aCCNH stands for Chronic and Convalescent Nursing Home

^bRHNS stands for Rest Home with Nursing Supervision beds

Table 11: Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision Beds

Table 12: Residential Care Homes

Facility Name	Provider Name	Facility Address	City	Zip code	Licensed Bed Count
Alberta Manor, Inc.	Alberta Manor, Inc.	21 Victoria Road	Hartford	06114	30
Apple Rehab Shelton Lakes	Shelton Lakes Health Care Center, Inc.	5 Lake Road	Shelton	06484	3
April Time Residential Care Home, LLC	April Time Residential Care Home, LLC	91 Chestnut Street	Manchester	06040	34
Avery House	Church Homes, Inc.	705 New Britain Avenue	Hartford	06106	14
Bacon & Hinkley Home, Inc.	Bacon & Hinkley Home, Inc.	581 Pequot Avenue	New London	06320	14
Bellmarie, Inc.	Bellmarie, Inc.	122 East Main Street	Plainville	06062	24
Bradley Home & Pavilion	Bradley Home & Pavilion	320 Colony Street	Meriden	06451	74
Briarcliff Manor	Briarcliff Convalescent Corp.	179 Colman Street	New London	06320	25
Brookside Rest Home, Inc.	Brookside Rest Home, Inc.	134 Franklin Street Ext	Danbury	06811	20
Brookwood Manor	Garden Brook Residential Care Home, LLC	470 Straits Turnpike	Watertown	06795	22
Card Home for the Aged	Card Home for the Aged, Inc.	154 Pleasant Street	Windham	06226	20
Carlson Place	Carlson Place, LLC	17 Nelson Avenue	Norwalk	06851	29
Caroline Manor	TGC Health Care, LLC	37 Clark Avenue	East Haven	06512	16
Carriage Manor, LLC	Carriage Manor, LLC	157 Hillside Avenue	Waterbury	06710	17
Cascades	Bethel Health and Rehabilitation Center, LLC	13 Parklawn Drive	Bethel	06801	14
Char-Laine Manor	Char-Laine Manor, Inc.	15 Ellington Avenue	Vernon	06066	23
Corner House Residential Care, LLC	Corner House Residential Care, LLC	1 Griswold Street	Meriden	06450	35
Crestwood Manor, LLC	Crestwood Manor, LLC	90 Broad Street	Norwich	06360	22
Curtis Home for the Aged	Curtis Home, The	380 Crown Street	Meriden	06450	34
Eagle Landing Residential Care Home, LLC	Eagle Landing Residential Care Home, LLC	268 Middlesex Avenue	Chester	06412	22
East Ridge Manor, Inc.	East Ridge Manor, Inc.	43 Preston Avenue	Meriden	06450	25
Elim Park Baptist Home, Inc.	Elim Park Baptist Home, Inc.	140 Cook Hill Road	Cheshire	06410	42
Eliza Huntington Memorial Home of Norwich, Inc.	Eliza Huntington Memorial Home of Norwich, Inc.	99 Washington Street	Norwich	06360	22
Elm Hill Manor, Inc.	Elm Hill Manor, Inc.	37 Elm Street	Vernon	06066	17
Elton Residential Care Home	Martland Management, Inc.	30 West Main Street.	Waterbury	06710	96
Essex Village Manor, LLC	Essex Village Manor, LLC	59 South Main Street	Essex	06426	33
Evangelical Baptist Home	Russian - Ukrainian Evangelical Baptist Union, Inc.	574 Ashford Center Road	Ashford	06278	25
Fernwood Manor	Fernwood Manor, Inc.	27-29 Girard Avenue	Hartford	06105	24
Fernwood Rest Home, Inc.	Fernwood Rest Home, Inc.	400 Torrington Road	Litchfield	06759	68

Table 12: Residential Care Homes

Facility Name	Provider Name	Facility Address	City	Zip code	Licensed Bed Count
Fernwood West	Fernwood Manor, Inc.	521 Prospect Avenue	West Hartford	06105	18
Fitchville Residential Care Home, LLC	Fitchville Residential Care Home, LLC	187 Fitchville Road	Bozrah	06334	25
Forest Hills Guest Home	NOC-STAL, Inc.	462 Derby Avenue	West Haven	06516	17
Four Corners Rest Home, Inc.	Four Corners Rest Home, Inc.	306 Naugatuck Avenue	Milford	06460	18
Frances Warde Towers	St. Mary Home, Inc.	2021 Albany Avenue	West Hartford	06117	97
FreeLove Manor, LLC	FreeLove Manor, LLC	246 Quinn Street	Naugatuck	06770	12
Garden View Manor	Garden View Manor, Inc.	1840 State Street	Hamden	06514	17
Gaylord Farms Rehabilitation Center, The Traurig House	Gaylord Farms Rehabilitation Center, Inc.	80 Gaylord Farm Road	Wallingford	06492	8
Gilmore Manor, Inc.	Gilmore Manor, Inc.	1381 Main Street	Glastonbury	06073	22
Green Grove, Inc.	Green Grove, Inc.	148 Whitfield Street	Guilford	06437	20
Green Lodge of Manchester, Inc.	Green Lodge of Manchester, Inc.	612 East Middle Turnpike	Manchester	06040	20
Greystone Rest Home, Inc.	Greystone Rest Home, Inc.	44 High Street	Portland	06480	58
Groton Regency Center	1145 Poquonnock Road Operations, LLC	1145 Poquonnock Road	Groton	06340	81
Hannah Gray Residential Care Home	Hannah Gray Home, Inc.	235 Dixwell Avenue	New Haven	06511	20
Houghton Cove Manor, Inc.	Houghton Cove Manor, Inc.	841 Norwich-New London Turnpike	Montville	06382	19
Highvue Manor	Highvue Manor, Inc.	2730 State Street	Hamden	06514	47
Holiday Manor, Inc.	Holiday Manor, Inc.	29 Cottage Street	Manchester	06040	24
Holly View Manor, Inc.	Holly View Manor, Inc.	38 Prospect Place	Bristol	06010	16
Holy Spirit Health Care Center, Inc.	Holy Spirit Health Care Center, Inc.	72 Church Street	Putnam	06260	24
Jerome Home	Trustees of the Jerome Home	975 Corbin Avenue	New Britain	06052	26
Johnson Home, Inc.	Johnson Home, Inc.	100 Town Street	Norwich	06360	14
Julie House	Sisters of Notre Dame de Namur, Inc.	425 Poquonock Avenue	Windsor	06095	19
Lutheran Home of Southbury, Inc.	Lutheran Home of Southbury, Inc.	990 Main Street North	Southbury	06488	14
Lyon Manor, Inc.	ADX, LLC	140 River Road	Willington	06279	36
Manor on Pine Street, LLC	Manor on Pine Street, LLC	53 Pine Street	Waterbury	06710	13
Maple Leaf Manor, Inc.	Maple Leaf Manor, Inc.	614 New Britain Avenue	Hartford	06106	15
Marbridge Retirement Center	Bower's Health Care Facilities, Inc.	665 West Main Street	Cheshire	06410	25
Marionette Manor	Marionette Manor, Inc.	289 Quinpiac Avenue	New Haven	06513	10
Mary Wade Home	Mary Wade Home, Inc., The	118 Clinton Avenue	New Haven	06513	45
Masonicare Health Center	Masonicare Health Center	22 Masonic Avenue	Wallingford	06492	86

Table 12: Residential Care Homes

Facility Name	Provider Name	Facility Address	City	Zip code	Licensed Bed Count
Massack Memorial Home	Rhodes, Inc.	30 Davis Avenue	Vernon	06066	19
McLean Health Center	McLean Affiliates, Inc.	75 Great Pond Road	Simsbury	06070	5
Meadowbrook Manor, LLC	Meadowbrook Manor, LLC	63 Westbrook Road	Essex	06409	25
Morning Star Residential Care Home LLC	Morning Star Residential Care Home LLC	38 Elizabeth Street	Kent	06757	18
Mystic River Residential Care	Mystic River Residential Care	14 Godfrey Street	Stonington	06355	25
Newfield Rest Home, Inc.	Newfield Rest Home, Inc.	876 Newfield Street	Middletown	06457	14
Noble Horizons	Church Homes, Inc.	17 Cobble Road	Salisbury	06068	19
Norah's Place, LLC	Norah's Place, LLC	57 Elm Street	Vernon	06066	8
Park City Residential Care Home	Martland Management, Inc.	752 Park Avenue	Bridgeport	06604	50
Park Hill Manor	Park Hill Manor, Inc.	105 Vine Street	New Britain	06051	15
Parsonage Cottage Senior Residence	Parsonage Cottage Senior Residence, LP	88 Parsonage Road	Greenwich	06830	40
Pierce Memorial Baptist Home, Inc.	Pierce Memorial Baptist Home, Inc.	44 Canterbury Road	Brooklyn	06234	8
Pleasant View Manor	RWC Associates, LLC	225 Bunker Hill Road	Watertown	06795	18
Premier Care of Woodbury, LLC	Premier Care of Woodbury, LLC	280 Middle Road Turnpike	Woodbury	06798	15
Riverview Lodge, Inc.	Riverview Lodge, Inc.	10 Prospect Street	Deep River	06417	31
Riverview Rest Home	NLI, Inc.	92 Lexington Avenue	New Haven	06512	50
Rose Haven Ltd	Rose Haven Ltd	31 North Street	Litchfield	06759	15
Roseland Management Group, LLC	Roseland Management Group, LLC	39 Canterbury Road	Brooklyn	06234	16
Sachem Home	Sachem and Shantok Home, Inc.	33 Sachem Street	Norwich	06360	10
Scofield Manor	Stamford Elderly Housing Corp.	614 Scofieldtown Road	Stamford	06903	50
Seabury Retirement Community	Church Homes of Hartford, Inc.	200 Seabury Drive	Bloomfield	06002	36
Seacrest Retirement Center	Connecticut Health Care, Inc.	588 Ocean Avenue	West Haven	06516	75
Shady Oaks Rest Home, Inc.	Shady Oaks Rest Home, Inc.	344 Stevens Street	Bristol	06010	16
Shailerville Manor, LLC	Shailerville Manor, LLC	1179 Saybrook Road	Haddam	06438	15
Sheltering Arms	United Community & Family Services, Inc.	165 McKinley Avenue	Norwich	06360	30
Silver Manor Residential Care Home, LLC	Silver Manor Residential Care Home, LLC	128 Curtis Street	Meriden	06450	22
Southmayd Home, Inc.	Southmayd Home, Inc.	250 Columbia Boulevard	Waterbury	06710	35
St. Joseph's Manor Rehabilitation and Nursing Center	HR Trumbull, LLC	6448 Main Street	Trumbull	06611	23
St. Joseph's Residence	Home for the Aged of the Little Sisters of the Poor, Inc.	1365 Enfield Street	Enfield	06082	58
St. Lucian's Residence, Inc.	St. Lucian's Residence, Inc.	532 Burrirtt Street	New Britain	06053	42

Table 12: Residential Care Homes

Facility Name	Provider Name	Facility Address	City	Zip code	Licensed Bed Count
Stewart Rest Home	Del-Dee, Inc.	93 High Street	East Haven	06512	16
Sunny Lodge Guest Home	Sunny Lodge, Inc.	47 Cedar Grove Avenue	New London	06320	15
Teresa Rest Home, Inc.	Teresa Rest Home, Inc.	57 Main Street	East Haven	06512	22
Tidelawn Manor	Newfield Rest Home Inc.	97 Seaside Avenue	Westbrook	06498	16
Tracy Manor, Inc.	Tracy Manor, Inc.	22 Fennway Street	West Hartford	06119	17
University Place Residential Care, LLC	University Place Residential Care, LLC	5 University Place	New Haven	06511	11
Westcott-Wilcox Elderly Residential Housing, Inc.	Westcott-Wilcox Elderly Residential Housing, Inc.	50 Capron Street	Killingly	06239	11
Westside Manor	East Hampton Rest Home, Inc.	9 West High Street	East Hampton	06424	41
Westway Manor, Inc.	Westway Manor, Inc.	38 Girard Avenue	Hartford	06105	15
White Oak Manor	White Oak Manor, LLC	688 Main Street	Southbury	06488	16
Worthington Manor	Bower's Health Care Facilities, Inc.	316 Berlin Street	East Berlin	06023	42
Total of 100 licensed Residential Care Home facilities with 2,735 beds					

Source: DPH licensure files and e-licensure database as of June 2012

Table 12: Residential Care Homes

Table 13: Assisted Living Service Agencies (ALSAs)

Facility Name	Provider Name	Facility Address	City	Zip code	Managed Residential Community Served ^a
Alzheimer' Resource Center of Connecticut, Inc.	Alzheimer' Resource Center of Connecticut, Inc.	1261 South Main Street	Southington	06479	Alzheimer' Resource Center of Connecticut, Inc.
Arden Courts of Avon	Arden Courts of Avon	100 Fisher Drive	Avon	06001	Arden Courts of Avon
Arden Courts of Farmington	Arden Courts of Farmington	45 South Road	Farmington	06032	Arden Courts of Farmington
Arden Courts of Hamden	Arden Courts of Hamden	153 Leeder Hill Drive	Hamden	06517	Arden Courts of Hamden
Assisted Living Service Agency of New Canaan	Waveny Care Center Health Services, Inc.	3 Farm Road	New Canaan	06840	Village of Waveny Care Center, The
Atria Crossroads Place	Atria Crossroads Place	One Beechwood Drive	Waterford	06385	Atria Crossroads Place
Atria Darien	WG Darien	50 Ledge Road	Darien	06820	Atria Darien
Atria Greenridge Place	WG Greenridge Place, LLC	One Elizabeth Court	Rocky Hill	06067	Atria Greenridge Place
Atria Hamilton Heights	WG Hamilton Heights	1 Hamilton Heights Drive	West Hartford	06119	Atria Hamilton Heights Place
Atria Larson Place	WG Larson Place, LLC	1450 Whitney Avenue	Hamden	06517	Atria Larson Place
Atria Stamford	WG Stamford SH, LLC	77 Third Street	Stamford	06905	Atria Stamford
Atria Stratford	WG Stratford SH, LLC	6911 Main Street	Stratford	06497	Atria Stratford
Avalon Health Care Center at Stoneridge	LCS - Westminster Partnership I, LLP	186 Jerry Browne Road	Stonington	06355	The Cottage at Avalon
Avery Heights Assisted Living Services Agency	Church Homes, Inc.	705 New Britain Avenue	Hartford	06106	Heights at Avery Heights, The
BAL Avon	BAL Avon, LLC	101 Bickford Extension	Avon	06001	River Ridge
BAL Brookfield	BAL Brookfield, LLC	246A Federal Road	Brookfield	06804	Village at Brookfield Common, The
BAL East Haven	BAL East Haven	111 South Shore Drive	East Haven	06512	Village at Mariner Point, The
BAL Edgehill	BAL Edgehill, LLC	122 Palmers Hill Road	Stamford	06902	Edgehill
BAL Hamden	BAL Hamden, LLC	35 Hamden Hills Drive	Hamden	06518	Maple Woods at Hamden
BAL Meriden	BAL Meriden, LLC	511 Kensington Avenue	Meriden	06451	Village at Kensington Place, The
BAL Middletown	BAL Middletown	645 Saybrook Road	Middletown	06457	Village at South Farms, The
BAL Milford	BAL Milford	77 Plains Road	Milford	06460	Carriage Green at Milford
BAL Mystic	BAL Mystic	20 Academy Lane	Stonington	06355	Academy Point
BAL Niantic	BAL Niantic	417 Main Street	East Lyme	06333	Crescent Point at Niantic
BAL Ridgefield	BAL Ridgefield, LLC	640 Danbury Road	Ridgefield	06877	Ridgefield Crossings
BAL Rocky Hill	BAL Rocky Hill, LLC	1160 Elm Street	Rocky Hill	06067	Atria at Rocky Hill, The
BAL Trumbull	BAL Trumbull, LLC	2750 Reservoir Avenue	Trumbull	06611	Middlebrook Farm at Trumbull

Table 13: Assisted Living Service Agencies (ALSAs)

Facility Name	Provider Name	Facility Address	City	Zip code	Managed Residential Community Served ^a
BAL Waterbury	BAL Waterbury, LLC	180 Scott Road	Waterbury	06705	Village at East Farms, The
BAL Windsor	BAL Windsor, LLC	432 Buckland Court	South Windsor	06074	Village at Buckland Court, The
BAL Woodbridge	BAL Woodbridge, LLC	21 Bradley Road	Woodbridge	06525	Coachman Square
Brandywine Assisted Living at Litchfield	CRP/BWN Litchfield Operator, LLC	19 Constitution Way	Litchfield	06759	Brandywine Assisted Living at Litchfield
Brighton Gardens of Stamford ALSA	Sunrise Senior Living Services, Inc.	59 Roxbury Road	Stamford	06902	Brighton Gardens of Stamford ALSA
Brookdale Place of West Hartford	Brookdale Place of West Hartford, LLC	22 Simsbury Road	West Hartford	06117	Brookdale Place of West Hartford
Brookdale Place of Wilton	Brookdale Place of Wilton, LLC	96 Danbury Road	Wilton	06897	Brookdale Place
Buckingham Estates Memory Care Center	Emeritus Corporation	1824 Manchester Road	Glastonbury	06025	Buckingham Estates Memory Care Center
Care Link Corporation	Care Link Corporation	580 Long Hill Avenue	Shelton	06484	(1) Crosby Commons in Shelton (2) Wesley Heights in Shelton (3) Middlewoods of Newington (4) Middlewoods of Farmington
Cascades, The	Bethel Health and Rehabilitation Center, LLC	13 Parklawn Drive	Bethel	06801	Cascades, The
Cedar Mountain Commons	Hartford Hospital	3 John H. Stewart Drive	Newington	06111	Cedar Mountain Commons
Covenant Village of Cromwell Assisted Living Services Agency	Covenant Home, Inc.	52 Missionary Road	Cromwell	06416	Covenant Village of Cromwell
Danbury Assisted Living, LLC	Danbury Assisted Living, LLC	8 Glen Hill Road	Danbury	06811	Gardens, The
Duncaster, Inc.	Duncaster, Inc.	40 Loeffler Road	Bloomfield	06002	Duncaster
Eagle Pointe	Eagle Pointe, LLC	One Canal Road	Suffield	06078	Suffield House, The
Elim Park Baptist Home	Elim Park Baptist Home, Inc.	140 Cook Hill Road	Cheshire	06410	Elim Park Place
Emeritus at Litchfield Hills	LH Assisted Living, LLC	376 Goshen Road	Torrington	06790	Emeritus at Litchfield Hills
Emeritus at Rocky Hill	Emeritus Corporation	60 Cold Spring Road	Rocky Hill	06067	Emeritus at Rocky Hill
Emeritus at South Windsor	SW Assisted Living, LLC	1715 Ellington Road	South Windsor	06074	Emeritus at South Windsor
Emeritus at Woodbridge	Emeritus Corporation	330 Amity Road	Woodbridge	06525	Emeritus at Woodbridge
Essex Meadows	Essex Meadows Properties, Inc.	30 Bokum Road	Essex	06426	Essex Meadows
Evergreen Woods	Shoreline Life Care, LLC	88 Notch Hill Road	North Branford	06471	Evergreen Woods
Gables at Farmington, The	BLC - Gables at Farmington, LLC	20 Devonwood Drive	Farmington	06032	Gables at Farmington, The
Geer Village	Geer Woods, Inc.	77 South Canaan Road	Canaan	06018	Geer Village
Greens at Cannondale, The	Wilton Retirement Housing, LLC	435 Danbury Road	Wilton	06897	Greens at Cannondale, The

Table 13: Assisted Living Service Agencies (ALSAs)

Facility Name	Provider Name	Facility Address	City	Zip code	Managed Residential Community Served ^a
Greens at Greenwich, The	Greenwich Retirement Housing, LLC	1155 King Street	Greenwich	06831	Greens at Greenwich, The
Hearth Management, LLC	Hearth Management, LLC	100 Bradley Road	Madison	06443	(1) Hearth at Tuxis Pond, The (Madison) (2) Hearth at Gardenside, The (Branford) (3) Hearth at Southbury, The (Southbury)
Hebrew Health Care Assisted Living Service Agency	Hebrew Community Services, Inc.	One Abrahams Boulevard	West Hartford	06117	(1) Federation Home, Inc. (Bloomfield); (2) Retreat, The (Hartford); (3) Hoffman Summerwood Community (West Hartford); (4) Virginia Connolly Residence (Simsbury); (5) Francis J. Pitkat Congregate Living Center (Vernon)
Home Health Care Services ALSA	Home Health Care Services, LLC	163 Cedar Street	Branford	06405	Chester Village West
Luther Ridge at Middletown, Inc.	Luther Ridge at Middletown, Inc.	628 Congdon Street	Middletown	06457	(1) Lutheran Assisted Living at Middletown (2) Lutheran Manor at Luther Ridge (Middletown)
Manchester Manor Assisted Living Services Agency	Arbors at Hop Brook, LP	385 West Center Street	Manchester	06040	Arbors at Hop Brook
Maplewood at Danbury	Maplewood at Danbury ALSA, LLC	22 Hospital Avenue	Danbury	06810	Maplewood at Danbury
Maplewood at Newtown	Maplewood at Newtown ALSA, LLC	166 Mt. Pleasant Road	Newtown	06470	(1) Maplewood at Newtown (2) Maplewood at Orange
Masonicare at Ashlar Village	Masonicare at Ashlar Village, Inc.	Cheshire Road	Wallingford	06492	Masonicare at Ashlar Village
Masonicare at Newtown	Masonicare at Newtown, Inc.	139 Toddy Hill Road	Newtown	06470	Masonicare at Newtown/Lockwood Lodge
Masonicare Home Health and Hospice	Masonicare Home Health and Hospice, Inc.	33 North Plains Road	Wallingford	06492	Marvin, The (Norwalk)
McAuley Center, Inc.	McAuley Center, Inc.	275 Steele Road	West Hartford	06107	McAuley Center, Inc.
McLean Health Center	McLean Affiliates, Inc.	75 Great Pond Road	Simsbury	06070	McLean Health Center
Meadow Ridge	Redding Life Care, LLC	100 Redding Road	Redding	06896	Meadow Ridge
Merry Go Round ALSA	Merry-Go-Round, Inc.	1/2 Bolling Place	Greenwich	06830	Mews, The (Greenwich)
Mountain Laurel Senior Living	Emeritus Corporation	1177 Hebron Avenue	Glastonbury	06025	Mountain Laurel Senior Living
One MacDonough Place Assisted Living Community	Middlesex Health Services, Inc.	One Macdonough Place	Middletown	06457	One MacDonough Place
Orchards at Southington, Inc., The	Orchards at Southington, Inc., The	34 Hobart Street	Southington	06489	(1) Orchards at Southington, The (2) Mulberry Gardens of Southington (3) Arbor Rose at Jerome Home (New Britain)
Peregrine's Landing Assisted Living	Peregrine Health Management Co.	91 East Main Street	Clinton	06413	Peregrine Landing at the Shoreline
Sacred Heart Manor	Sacred Heart Manor, Inc.	261 Benham Street	Hamden	06514	Sacred Heart Manor
Saybrook at Haddam, The	MCAP Sabine Pointe, LLC	1556 Saybrook Road	Haddam	06441	Saybrook at Haddam, The

Table 13: Assisted Living Service Agencies (ALSAs)

Facility Name	Provider Name	Facility Address	City	Zip code	Managed Residential Community Served ^a
Seabury Assisted Living Services	Church Home of Hartford, Inc.	200 Seabury Drive	Bloomfield	06002	(1) Seabury Retirement Community (Bloomfield) (2) Seabury Meadows (Bloomfield)
Shady Oaks Assisted Living, LLC	Shady Oaks Assisted Living, LLC	344 Stevens Street	Bristol	06010	Shady Oaks Assisted Living, LLC
Spring Meadows Trumbull	CSL Trumbull, LLC	6949 Main Street	Trumbull	06611	Spring Meadows Trumbull
Suffield by the River	Tikvah, LLC	7 Canal Road	Suffield	06078	Suffield by the River
Sunrise Assisted Living of Stamford	AL I/Stamford Senior Housing, LLC	251 Turn of River Road	Stamford	06905	Sunrise Assisted Living of Stamford
Utopia Assisted Living Services, Inc.	Utopia Assisted Living Services, Inc.	444 Foxon Road	East Haven	06512	This provider currently serves 16 MRCs throughout CT. See www.utopiahomecare.com/locations/connecticut for a listing of their locations in Connecticut
Watermark Alsa II, LLC	Watermark Alsa II, LLC	611 East Hill Road	Southbury	06488	Watermark at East Hill Woods, The
Watermark At Home	Watermark Home Care of Connecticut, LP	3030 Park Avenue	Bridgeport	06604	Watermark 3030 Park, LLC
Whitney Center	Whitney Center, Inc.	200 Leeder Hill Drive	Hamden	06517	Whitney Center
Total of 82 Assisted Living Service Agencies					

Source: DPH licensure files and e-licensure database as of June 2012

^aThe licensed ALSA provides services to the residents at the designated Managed Residential Community(ies)

Table 14: Home Health Care Agencies and Homemaker-Home Health Aide Agencies

HOME HEALTH CARE AGENCIES ^a				
Doing Business Name	Main Address	City	Zip code	
A & D Professional Homecare Services	205 Kelsey Street	Newington	06111	
Advanced Home Health Care Agency, Inc.	104 Park Road	West Hartford	06119	
Affinity Care Hospice, LLC	21 Church Street	Naugatuck	06770	
All About You Home Care	21 Church Street	Naugatuck	06770	
All Pointe Homecare, LLC	125 Commerce Court	Cheshire	06410	
Amedisys Home Health	1234 Summer Street	Stamford	06905	
American Home Health, Inc.	485 New Park Avenue	West Hartford	06110	
Avery Heights Home Health Agency	705 New Britain Avenue	Hartford	06106	
Backus Home Health Care	12 Case Street	Norwich	06360	
BAYADA Home Health Care, Inc.	200 Connecticut Avenue	Norwalk	06854	
Beacon Hospice, An Amedisys Company	12 Roosevelt Avenue	Stonington	06355	
Berlin Visiting Nurse Association	240 Kensington Road	Berlin	06037	
Bethel Visiting Nurse Association, Inc.	70 Stony Hill Road	Bethel	06801	
Branford VNA & Guilford VNA	753 Boston Post Road	Guilford	06437	
Bristol Hospital Home Care Agency	222 Main Street	Bristol	06010	
CareCo Medical, Inc.	398 Willetts Avenue	Waterford	06385	
Compassion Home Care, LLC	40 Richards Avenue	Norwalk	06854	
Connecticut Home Health Care, Inc.	12 Cambridge Drive	Trumbull	06611	
Connecticut Hospice, Inc., The	100 Double Beach Road	Branford	06405	
Constellation Home Care	14 Westport Avenue	Norwalk	06851	
Continuum Home Health, Inc.	399 Orange Street	New Haven	06511	
Covenant Care at Home	52 Missionary Road	Cromwell	06416	
DanielCare, LLC	188 North Street	Stamford	06901	
Day Kimball Homecare	320 Pomfret Street	Putnam	06260	
Equinox Home Care, LLC	305 Boston Avenue	Stratford	06614	
Excella Homecare	2049 Silas Deane Highway	Rocky Hill	06067	
Family Care Visiting Nurse and Home Care Agency, LLC	999 Oronoque Lane	Stratford	06614	
Farmington Valley Visiting Nurse Association, Inc.	8 Old Mill Lane	Simsbury	06070	

Table 14: Home Health Care Agencies and Homemaker-Home Health Aide Agencies

Doing Business Name	Main Address	City	Zip code
Foothills Visiting Nurse & Home Care, Inc.	32 Union Street	Winchester	06098
Franciscan Home Care and Hospice Care	267 Finch Avenue	Meriden	06451
Gentiva Health Services	30 Stanford Drive	Farmington	06032
Gentiva Health Services	12 Cambridge Drive	Trumbull	06611
Greater Bristol Visiting Nurse Association, Inc., The	195 Maltby Street	Bristol	06011
Greenwich Hospital Home Care Department	500 West Main Street	Greenwich	06831
Hamlett Health Services, LLC	91 Schraffts Drive	Waterbury	06705
Health at Home	163 Cedar Street	Branford	06405
Hebrew Health Visiting Nurses	2 Wintonbury Mall	Bloomfield	06002
Home & Community Health Services, Inc.	101 Phoenix Avenue	Enfield	06083
Home Care Plus, Inc.	309 Seaside Avenue	Milford	06460
Hospice of Southeastern Connecticut, Inc.	227 Dunham Street	Norwich	06360
Huemanity Home Care of Connecticut, LLC	409 Canal Street	Southington	06467
Interim Healthcare	278 State Street	North Haven	06473
Interim Healthcare of Eastern CT, Inc.	12 Case Street	Norwich	06360
Interim Healthcare of Hartford, Inc.	231 Farmington Avenue	Farmington	06032
KeepMeHome	1340 Worthington Ridge	Berlin	06037
Ledyard Regional Visiting Nurse Agency	741 Colonel Ledyard Highway	Ledyard	06339
Lighthouse Home Health Care, LLC	129 Main Street	Old Saybrook	06475
Masonicare Home Health & Hospice, Inc.	33 North Plains Industrial Road	Wallingford	06492
Masonicare Partners Home Health and Hospice, Inc.	111 Founder's Plaza	East Hartford	06108
Maxim Healthcare Services, Inc.	333 East River Drive	East Hartford	06108
McLean Home Care and Hospice	75 Great Pond Road	Simsbury	06070
Medical Management Plus, LLC	449 Silas Deane Highway	Wethersfield	06109
Mercy Community Home Care Services, Inc.	275 Steele Road	West Hartford	06117
Middlesex Hospital Homecare and Hospice	770 Saybrook Road	Middletown	06457
Naugatuck Visiting Nurses Association	600 Rubber Avenue	Naugatuck	06770
New England Home Care, Inc.	136 Berlin Road	Cromwell	06416
New Milford Visiting Nurse Association, Inc.	68 Park Lane Road	New Milford	06776
Newton-Foster Home Care Agency	92 Arch Street	New Haven	06519
Nursing Services, Inc.	21 High Street	East Hartford	06118

Table 14: Home Health Care Agencies and Homemaker--Home Health Aide Agencies

Doing Business Name	Main Address	City	Zip code
Orange Visiting Nurse Association	605 A Orange Center Road	Orange	06477
Patient Care	1290 Silas Dean Highway	Rocky Hill	06067
Personalized Home Care, Ltd. of Connecticut	500 Summer Street	Stamford	06901
Primary Prevention Home Care, LLC	60 Gillett Street	Hartford	06105
Privatus Care Solutions, Inc.	15 Valley Drive	Greenwich	06831
PSA Healthcare	999 Oronoque Lane	Stratford	06614
Quality Visiting Nurses, LLC	470 Straits Turnpike	Watertown	06795
Regional Hospice of Western Connecticut, Inc.	405 Main Street	Danbury	06810
Ridgefield Visiting Nurse Association	90 East Ridge	Ridgefield	06877
Roy and Aline Friedman Home Care Agency, The	175 Jefferson Street	Fairfield	06825
Salisbury Visiting Nurse Association, Inc.	30A Salmon Kill Road	Salisbury	06068
Seabury Home Care	222 Wintonbury Avenue	Bloomfield	06002
Senior Bridge Family Companies (CT), Inc.	141 Durham Road	Madison	06443
Shamrock Home Care	60 Katona Drive	Fairfield	06824
Solamor Hospice	4 Oxford Road	Milford	06460
Staff Mates Homecare	5 West Main Street	Hebron	06248
Sterling Care, LLC	235 Glenville Road	Greenwich	06831
Stratford Visiting Nurse Association, Inc.	88 Ryder's Lane	Stratford	06614
Synergy Home Health	1157 Highland Avenue	Cheshire	06410
Totalcare Homecare and Nursing Services	370 James Street	New Haven	06513
Unicare, LLC	49 Cannon Street	Bridgeport	06604
Unison Home Care Services	921 Saybrook Road	Middletown	06457
Urban Nursing & Community Care, LLC	1229 Albany Avenue	Hartford	06112
Utopia Home Care, Inc.	444 Foxon Road	East Haven	06512
Visiting Nurse & Health Services of Connecticut, Inc.	8 Keynote Drive	Vernon	06066
Visiting Nurse & Hospice of Fairfield County, Inc.	761 Main Avenue	Norwalk	06851
Visiting Nurse Agency	148 Old Turnpike Road	Thompson	06262
Visiting Nurse and Hospice Care of Southwestern CT, Inc.	1266 East Main Street	Stamford	06902
Visiting Nurse Association of Central Connecticut, Inc.	205 West Main Street	New Britain	06052
Visiting Nurse Association of South Central Connecticut, Inc.	One Long Wharf Drive	New Haven	06511

Table 14: Home Health Care Agencies and Homemaker--Home Health Aide Agencies

Doing Business Name	Main Address	City	Zip code
Visiting Nurse Association of Southeastern Connecticut, Inc.	403 North Frontage Road	Waterford	06385
Visiting Nurse Association of Wallingford, Inc.	135 North Plains Industrial Road	Wallingford	06492
Visiting Nurse Services of Connecticut, Inc.	765 Fairfield Avenue	Bridgeport	06604
Visiting Nurse Services, Inc. of Southern Connecticut	24 Scott Street	Hamden	06514
Visiting Nurses of the Lower Valley	61 Main Street	Essex	06409
Vitas Healthcare Corporation Atlantic	1579 Straits Turnpike	Middlebury	06762
Vitas Healthcare Corporation Atlantic	99 Hawley Lane	Stratford	06614
VNA East, Inc.	34 Ledgebrook Drive	Mansfield	06250
VNA Health at Home, Inc.	27 Siemon Company Drive	Watertown	06795
VNA Health Care, Inc.	103 Woodland Street	Hartford	06105
VNA Northwest, Inc.	607 Bantam Road	Litchfield	06750
Waveny Home Healthcare	3 Farm Road	New Canaan	06840
Welcome Home Care, LLC	110 Washington Avenue	North Haven	06473
Westbrook Visiting Nurses and Public Health	866 Boston Post Road	Westbrook	06498
Western Connecticut Home Care, Inc.	4 Liberty Street	Danbury	06810
WillCare	370 Silas Deane Highway	Wethersfield	06109
HOMEMAKER-HOME HEALTH AIDE AGENCIES			
A & J Personnel, Inc.	200 Orchard Street	New Haven	06511
Arcadia Home Care & Staffing	4639 Main Street	Bridgeport	06606
Connecticut Nursing Services	72 North Street	Danbury	06810
Family & Children's Agency, Inc.	9 Mott Avenue	Norwalk	06850
Partners In Care, Inc.	40 Lindeman Drive	Trumbull	06611
Premier Home Health Care of Connecticut	777 Summer Street	Stamford	06901
Task Medical Staffing, Inc.	99 Danbury Road	Ridgefield	06877
Total Licensed Home Health Agencies = 105 and Total Homemaker-Home Health Aide Agencies = 7			

Source: DPH licensure files and e-licensure database as of June 2012

*This table does not provide the Home Health Care Agency (HHCA) specific service lines listed on each license. Such service lines on an HHCA license may include Home-Maker Home Health Aide, Hospice, Medical Social Work, Nursing, Occupational Therapy, Physical Therapy and Speech Therapy

Table 14: Home Health Care Agencies and Homemaker--Home Health Aide Agencies

Table 15: Mental Health Residential Living Centers

Facility Name	Provider Name	Facility Address	City	Zip code	Beds
Angelus House	Wellspring Foundation, Inc.	158 Flanders Road	Bethlehem	06751	10
Casa De Rosa	St. Vincent DePaul Mission of Waterbury, Inc.	86 - 88 Midland Road	Waterbury	06705	8
CHD-Connecticut Outreach - Crossover	Center for Human Development-Connecticut Outreach	248 Laurel Street	Hartford	06106	8
Dwight House	Connection, Inc.	282 Dwight Street	New Haven	06511	9
Elmcrest Terrace Halfway House	Keystone House, Inc.	16 Elmcrest Terrace	Norwalk	06850	12
Gilead House I	Gilead Community Services, Inc.	453 High Street	Middletown	06457	9
Gilead House II	Gilead Community Services, Inc.	436 Washington St	Middletown	06457	8
Harvest House	Community Mental Health Affiliates, Inc.	401 Arch Street	New Britain	06052	8
Highlands	Community Mental Health Affiliates, Inc.	33 Highland Street	New Britain	06052	34
Milner House	United Services, Inc.	249 Main Street	Plainfield	06354	14
New Haven Halfway House	Continuum of Care, Inc.	599 Howard Avenue	New Haven	06519	13
Parents' Foundation for Transitional Living, Inc.	Parents' Foundation for Transitional Living, Inc.	100 Broadway	New Haven	06511	15
Park Street Inn	Connection, Inc.	98-100 Park Street	New Haven	06511	15
Robinson House Group Home	Mental Health Association of Connecticut, Inc.	96 - 98 South Quaker Lane	West Hartford	06119	8
Rogers House	Central Naugatuck Valley HELP, Inc.	900 Watertown Avenue	Waterbury	06708	15
Rushford Center, Inc.	Rushford Center, Inc.	128 Camp Street	Meriden	06450	6
Shoreline Community Apartment Program	Gilead Community Services, Inc.	89 High Street	Clinton	06413	6
Sound Community Services, Inc. - Michael Kerr Respite Program	Sound Community Services, Inc.	401 West Thames Street	Norwich	06360	5
St. John Street Group Home	Keystone House, Inc.	4 St. John Street	Norwalk	06855	8
Transitional Living Center I	Recovery Network of Programs, Inc.	74 Huntington Road	Bridgeport	06608	8
Transitional Living Center II	Recovery Network of Programs, Inc.	964 Iranistan Avenue	Bridgeport	06605	8
Total of 21 Mental Health Residential Living Centers with 227 total beds					

Source: DPH licensure files and e-licensure database as of June 2012

Table 15: Mental Health Residential Living Centers

Table 16: Mental Health Community Residences

Facility Name	Provider Name	Facility Address	City	Zip code	Beds
Glenlunan	Central Naugatuck Valley HELP, Inc.	107 Tudor Street	Waterbury	06704	6
Harbor House	BHcare, Inc.	79 Cedar Street	Branford	06405	8
North Central Counseling Services	Community Health Resources	34 Prospect Street	Enfield	06082	8
Pathways, Inc.	Pathways, Inc.	175 Milbank Avenue	Greenwich	06830	8
Wynnewood	Central Naugatuck Valley HELP, Inc.	44 Cook St	Torrington	06790	6
Total of 5 Mental Health Community Residence Facilities with 36 total beds					

Source: DPH licensure files and e-licensure database as of June 2012

Table 17: Outpatient Psychiatric Clinics for Adults

Facility Name	Provider Name	Facility Address	City	Zip code
Access Center	APT Foundation, Inc.	1 Long Wharf	New Haven	06511
ADRC Outpatient Counseling Center	Alcohol and Drug Recovery Centers, Inc.	16 Coventry Street	Hartford	06112
Adult Psychiatric Clinic	Cornell Scott-Hill Health Corporation	400-428 Columbus Avenue	New Haven	06519
Angelus House	Wellspring Foundation, Inc.	158 Flanders Road	Bethlehem	06751
Ansonia Counseling Services	Cornell Scott-Hill Health Corporation	121 Wakelee Avenue	Ansonia	06401
APT Foundation, Inc. Psychiatric Outpatient Services	APT Foundation, Inc.	1 Long Wharf Drive	New Haven	06511
APT Foundation, Inc. Psychiatric Outpatient Services	APT Foundation, Inc.	495 Congress Avenue	New Haven	06519
APT Foundation, Inc. Psychiatric Outpatient Services	APT Foundation, Inc.	540 Ella Grasso Boulevard	New Haven	06519
APT Foundation, Inc., Psychiatric Outpatient Services	APT Foundation, Inc.	425 Grant Street	Bridgeport	06610
Community Renewal Team Asian Family Services	Community Renewal Team, Inc.	1921 Park Street	Hartford	06106
Behavioral Health Services At Hamden	Yale University	95 Circular Avenue	Hamden	06514
BHcare Valley Outpatient Clinic	BHcare, Inc.	435 East Main Street	Ansonia	06401
BHcare, Inc. - Shoreline Clinic	BHcare, Inc.	14 Sycamore Way	Branford	06405
Blue Sky Behavioral Health Clinic	Blue Sky Behavioral Health, LLC	52 Federal Road	Danbury	06810
Branford Counseling Center	Town of Branford	342 Harbor Street	Branford	06405
Bridgeport Community Health Center	Optimus Health Care, Inc.	471 Barnum Avenue	Bridgeport	06608
Bridgeport Community Health Center	Optimus Health Care, Inc.	982 East Main Street	Bridgeport	06608
Bridges - A Community Support System, Inc.	Bridges ... A Community Support System, Inc.	949 Bridgeport Avenue	Milford	06460
Bridges - A Community Support System, Inc.	Bridges ... A Community Support System, Inc.	270 Center Street	West Haven	06516
Bullard Havens School Based Health Center	Optimus Health Care, Inc.	500 Palisade Avenue	Bridgeport	06610
Casa Eugenio Maria De Hostos	Chemical Abuse Services Agency, Inc.	690 Arctic Street	Bridgeport	06608
Catholic Charities, Diocese of Norwich, Inc.	Catholic Charities Diocese of Norwich, Inc.	331 Main Street	Norwich	06360
Catholic Charities, Diocese of Norwich, Inc.	Catholic Charities Diocese of Norwich, Inc.	151 Broad Street	Middletown	06457
Catholic Charities, Diocese of Norwich, Inc.	Catholic Charities, Diocese of Norwich, Inc.	28 Huntington Avenue	New London	06320
Catholic Charities, Inc.	Catholic Charities, Inc. - Archdiocese of Hartford	205 Wakelee Avenue	Ansonia	06401
Catholic Charities, Inc.	Catholic Charities, Inc. - Archdiocese of Hartford	61 Colony Street	Meriden	06451
Catholic Charities, Inc.	Catholic Charities, Inc. - Archdiocese of Hartford	203 High Street	Milford	06460
Catholic Charities, Inc.	Catholic Charities, Inc. - Archdiocese of Hartford	896 Asylum Avenue	Hartford	06105
Catholic Charities, Inc.	Catholic Charities - Archdiocese of Hartford	90 Franklin Square	New Britain	06051

Table 17: Outpatient Psychiatric Clinics for Adults

Facility Name	Provider Name	Facility Address	City	Zip code
Catholic Charities, Inc.	Catholic Charities, Inc. - Archdiocese of Hartford	501 Lombard Street	New Haven	06513
Catholic Charities, Inc.	Catholic Charities, Inc. - Archdiocese of Hartford	132 Grove Street	Torrington	06790
Catholic Charities, Inc.	Catholic Charities, Inc. - Archdiocese of Hartford	13 Wolcott Street	Waterbury	06705
Catholic Charities, Inc.	Catholic Charities, Inc. - Archdiocese of Hartford	56 Church Street	Waterbury	06702
Catholic Charities-Bridgeport Clinic	Catholic Charities of Fairfield County, Inc.	238 Jewett Avenue	Bridgeport	06606
Catholic Charities-Danbury Clinic	Catholic Charities of Fairfield County, Inc.	30 Main Street	Danbury	06810
Catholic Charities-Merton Center Clinic	Catholic Charities of Fairfield County, Inc.	43 Madison Avenue	Bridgeport	06604
Catholic Charities-Norwalk Clinic	Catholic Charities of Fairfield County, Inc.	120 East Avenue	Norwalk	06851
Catholic Charities-Stamford Clinic	Catholic Charities of Fairfield County, Inc.	30 Myano Lane	Stamford	06902
Charter Oak Health Center, Inc.	Charter Oak Health Center, Inc.	21 Grand Street	Hartford	06106
Charter Oak Health Center, Inc.	Charter Oak Health Center, Inc.	401 New Britain Avenue	Hartford	06106
Child and Family Guidance Center, Inc.	Child and Family Guidance Center, Inc.	180 Fairfield Avenue	Bridgeport	06604
Child and Family Guidance Center, Inc.	Child and Family Guidance Center, Inc.	80 Ferry Boulevard	Stratford	06497
Children's Home Community Services, Inc.	Children's Home Community Services, Inc.	58 Missionary Road	Cromwell	06416
CHR Manchester	Community Health Resources, Inc.	587 East Middle Turnpike	Manchester	06040
CHR Mansfield	Community Health Resources, Inc.	7 Ledgebrook Drive	Mansfield	06250
Christian Counseling Connection, Inc.	Christian Counseling Connection, Inc.	42 Church Street	Torrington	06790
Clifford W. Beers Guidance Clinic, Inc.	Clifford W. Beers Guidance Clinic, Inc.	93 Edwards Street	New Haven	06511
Community Health & Wellness Center of Greater Torrington	Community Health & Wellness Center of Greater Torrington	469 Migeon Avenue	Torrington	06790
Community Health Center of Clinton	Community Health Center, Inc.	114 East Main Street	Clinton	06413
Community Health Center of Danbury	Community Health Center, Inc.	8 Delay Street	Danbury	06810
Community Health Center of Meriden	Community Health Center, Inc.	134 State Street	Meriden	06450
Community Health Center of New Britain	Community Health Center, Inc.	85 Lafayette Street	New Britain	06051
Community Health Center of New London	Community Health Center, Inc.	1 Shaw's Cove	New London	06320
Community Health Center of Waterbury	Community Health Center, Inc.	51 North Elm Street	Waterbury	06702
Community Health Center of Wherever You Are Friendship Services Center	Community Health Center, Inc.	241-249 Arch Street	New Britain	06051
Community Health Center of Wherever You Are Master's Manna	Community Health Center, Inc.	46 North Plains Industrial Road	Wallingford	06492
Community Health Center of Wherever You Are Prudence Crandall	Community Health Center, Inc.	594 Burritt Street	New Britain	06053
Community Health Center, Inc.	Community Health Center, Inc.	675 Main Street	Middletown	06457

Table 17: Outpatient Psychiatric Clinics for Adults

Facility Name	Provider Name	Facility Address	City	Zip code
Community Health Center of Groton	Community Health Center, Inc.	481 Gold Star Highway	Groton	06340
Community Health Resources	Community Health Resources	995 Dayhill Road	Windsor	06095
Community Health Services, Inc.	Community Health Services, Inc.	500 Albany Avenue	Hartford	06120
Community Mental Health Affiliates, Inc.	Community Mental Health Affiliates, Inc.	81 North Main Street	Bristol	06010
Community Mental Health Affiliates, Inc.	Community Mental Health Affiliates, Inc.	26 Russell Street	New Britain	06052
Community Mental Health Affiliates, Inc.	Community Mental Health Affiliates, Inc.	5 Hart Street	New Britain	06052
Community Mental Health Affiliates, Inc.	Community Mental Health Affiliates, Inc.	55 Winthrop Street	New Britain	06052
Community Renewal Team, Inc.	Community Renewal Team, Inc.	35 Clark Street	Hartford	06120
Community Renewal Team, Inc.	Community Renewal Team, Inc.	90 Retreat Avenue	Hartford	06106
Community Renewal Team, Inc. Behavioral Health	Community Renewal Team, Inc.	330 Market Street	Hartford	06120
Community Residence, Inc.	Community Residence, Inc.	205 Kelsey Street	Newington	06111
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	20 North Main Street	Norwalk	06854
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	60 Beaver Brook Road	Danbury	06810
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	4 Midland Road	Waterbury	06705
Connecticut Renaissance, Inc. Outpatient	Connecticut Renaissance, Inc.	4 Byington Place	Norwalk	06852
Connecticut Renaissance, Inc.	Connecticut Renaissance, Inc.	1 Lafayette Square	Bridgeport	06604
Connecticut Renaissance, Inc.	Connecticut Renaissance, Inc.	17 High Street	Norwalk	06851
Connecticut Renaissance, Inc.	Connecticut Renaissance, Inc.	141 Franklin Street	Stamford	06901
Connection Counseling Center, The	Connection, Inc., The	178 State Street	Meriden	06450
Connection Counseling Center, The	Connection, Inc., The	263 Main Street	Old Saybrook	06475
Connection Counseling Center, The	Connection, Inc., The	196 Court Street	Middletown	06457
Connection Counseling Center, The	Connection, Inc., The	48 Howe Street	New Haven	06511
Crossroads, Inc.	Crossroads, Inc.	44 East Ramsdell Street	New Haven	06515
CT Clinical Services	CT Clinical Services	139 Orange Street	New Haven	06510
Day Street Community Health Center, Inc.	Community Health Center, Inc.	49 Day Street	Norwalk	06854
Dixwell/Newhallville Community Mental Health Services, Inc.	Dixwell/Newhallville Community Mental Health Services, Inc.	660 Winchester Avenue	New Haven	06511
Dorothy Bennett Behavioral Health Center	Optimus Health Care, Inc.	1351 Washington Boulevard	Stamford	06902
East Haven Counseling and Community Services	Town of East Haven	595 Thompson Avenue	East Haven	06512
Fairfield Counseling Services, Inc.	Fairfield Counseling Services ,Inc.	125 Penfield Road	Fairfield	06824
Family and Children's Agency, Inc.	Family and Children's Agency, Inc.	9 Mott Avenue	Norwalk	06851
Family Centers, Inc.	Family Centers, Inc.	60 Palmer's Hill Road	Stamford	06902

Table 17: Outpatient Psychiatric Clinics for Adults

Facility Name	Provider Name	Facility Address	City	Zip code
Family Centers, Inc. Center for Hope	Family Centers, Inc.	590 Post Road	Darien	06820
Family Centers, Inc.	Family Centers, Inc.	20 Bridge Street	Greenwich	06830
Family Intervention Center	Family Intervention Center, Inc.	22 Chase River Road	Waterbury	06704
Family Resource Associates, LLC	Family Resource Associates LLC	3300 Main Street	Stratford	06497
Family Services of Greater Waterbury, Inc.	Family Services of Greater Waterbury, Inc.	16 Hillside Avenue	Naugatuck	06770
Family Services of Greater Waterbury, Inc.	Family Services of Greater Waterbury, Inc.	34 Murray Street	Waterbury	06710
Franciscan Life Center	Franciscan Life Center Network, Inc.	271 Finch Avenue	Meriden	06451
Franklin Street Community Health Center	Community Health Center, Inc.	141 Franklin Street	Stamford	06901
FSW, Inc. CT.	FSW, Inc. CT	475 Clinton Avenue	Bridgeport	06604
Gateway Community Treatment Program	Gilead Community Services, Inc.	86 Middlesex Turnpike	Chester	06412
Generations Family Health Center, Inc.	Generations Family Health Center, Inc.	40 Mansfield Avenue	Windham	06226
Gilead Community Services, Inc.	Gilead Community Services, Inc.	681 Saybrook Road	Middletown	06457
Grant Street Partnership	Cornell Scott-Hill Health Corporation	62 Grant Street	New Haven	06519
HARC Behavioral Health Clinic	HARC, Inc.	900 Asylum Avenue	Hartford	06105
Harding High School Based Health Center	Optimus Health Care, Inc.	1734 Central Avenue	Bridgeport	06610
Hartford Behavioral Health	Hartford Community Mental Health Center, Inc.	1 Main Street	Hartford	06106
Hartford Behavioral Health	Hartford Community Mental Health Center, Inc.	2550 Main Street	Hartford	06120
Hartford Dispensary - 16-18 Weston Street	Hartford Dispensary	16-18 Weston Street	Hartford	06120
Hartford Dispensary - Doctor's Clinic	Hartford Dispensary	345 Main Street	Hartford	06106
Hartford Dispensary - Manchester Clinic	Hartford Dispensary	335 Broad Street	Manchester	06040
Hartford Dispensary - New Britain Clinic	Hartford Dispensary	70 Whiting Street	New Britain	06050
Hartford Dispensary - Norwich Clinic	Hartford Dispensary	772 West Thames Street	Norwich	06360
Hartford Dispensary-Bristol Clinic	Hartford Dispensary	1098 Farmington Avenue	Bristol	06010
Hartford Dispensary-Henderson/Johnson Clinic	Hartford Dispensary	12-14 Weston St	Hartford	06120
Hartford Dispensary-New London Clinic	Hartford Dispensary	931 Bank Street	New London	06320
Hartford Dispensary-Willimantic Clinic	Hartford Dispensary	54-56 Boston Post Road	Windham	06226
Health Care for the Homeless Clinic at Immaculate Conception Shelter	Charter Oak Health Center, Inc.	560 Park Street	Hartford	06106
Health Care for the Homeless Clinic at Open Hearth, Inc.	Charter Oak Health Center, Inc.	437 Sheldon Street	Hartford	06106
Health Care for the Homeless Clinic at South Park Inn	Charter Oak Health Center, Inc.	75 Main Street	Hartford	06106

Table 17: Outpatient Psychiatric Clinics for Adults

Facility Name	Provider Name	Facility Address	City	Zip code
Health Care for the Homeless Clinic at the House of Bread	Charter Oak Health Center, Inc.	27 Chestnut Street	Hartford	06120
Health Care for the Homeless Clinic at YWCA	Charter Oak Health Center, Inc.	135 Broad Street	Hartford	06105
Health Care for The Homeless Program at St. Elizabeth's House	Charter Oak Health Center, Inc.	118 Main Street	Hartford	06106
High Watch Recovery Center	High Watch Recovery Center, Inc.	62 Carter Road	Kent	06757
Hockanum Valley Community Council, Inc.	Hockanum Valley Community Council, Inc.	27 Naek Road	Vernon	06066
Institute for the Hispanic Family	Catholic Charities, Inc. - Archdiocese of Hartford	45 Wadsworth Street	Hartford	06106
InterCommunity, Inc.	InterCommunity, Inc.	287 Main Street	East Hartford	06118
Jewish Family Service	Jewish Family Service of Stamford, Inc.	431 Post Road East	Westport	06880
Jewish Family Service of New Haven, Inc.	Jewish Family Service of New Haven, Inc.	1440 Whalley Avenue	New Haven	06515
Jewish Family Service, Inc.	Jewish Family Service, Inc.	2370 Park Avenue	Bridgeport	06604
Jewish Family Service, Inc.	Jewish Family Service of Stamford, Inc.	733 Summer Street	Stamford	06901
Jewish Family Services of Greater Hartford	Jewish Family Services of Greater Hartford	333 Bloomfield Avenue	West Hartford	06117
Lebanon Pines	Southeastern Council on Alcoholism and Drug Dependency, Inc.	37 Camp Mooween Road	Lebanon	06249
Liberation Programs, Inc.	Liberation Programs, Inc.	399 Mill Hill Avenue	Bridgeport	06610
Liberation Programs, Inc.	Liberation Programs, Inc.	125 Main Street	Stamford	06901
Life Source Center, Inc.	Life Source Center, Inc.	710 Main Street	Southington	06479
MCCA	Midwestern Connecticut Council on Alcoholism, Inc.	38 Old Ridgebury Road	Danbury	06810
MCCA/New Milford	Midwestern Connecticut Council on Alcoholism, Inc.	62 Bridge Street	New Milford	06776
MCCA/Ridgefield	Midwestern Connecticut Council on Alcoholism, Inc.	90 East Ridge Road	Ridgefield	06877
MCCA/Waterbury	Midwestern Connecticut Council on Alcoholism, Inc.	228 Meadow Street	Waterbury	06702
McCall Foundation	McCall Foundation, Inc.	58 High Street	Torrington	06790
McCall Foundation, Inc.-Winsted Satellite office	McCall Foundation, Inc.	115 Spencer Street	Winchester	06098
Multicultural Ambulatory Addiction Services	Chemical Abuse Services Agency, Inc.	426 East Street	New Haven	06511
New Directions, Inc. of North Central Connecticut	New Directions, Inc. of North Central Connecticut	113 Elm Street	Enfield	06082
New Hope Manor Behavioral Health & Substance Abuse Clinic	New Hope Manor, Inc.	935 Main Street	Manchester	06040
New Perceptions	Perception Programs, Inc.	13 Water Street	Killingly	06239
New Perceptions	Perception Programs, Inc.	54 North Street	Windham	06226
New Prospects	Recovery Network of Programs, Inc.	392 Prospect Street	Bridgeport	06604
Newtown Youth and Family Services, Inc.	Newtown Youth and Family Services, Inc.	15 Berkshire Road	Newtown	06482

Table 17: Outpatient Psychiatric Clinics for Adults

Facility Name	Provider Name	Facility Address	City	Zip code
North Central Counseling Services	Community Health Resources	693 Bloomfield Avenue	Bloomfield	06002
North Central Counseling Services	Community Health Resources	153 Hazard Avenue	Enfield	06082
North Haven Community Services	Town of North Haven	5 Linsley Street	North Haven	06473
Northside Community Outpatient Services	Cornell Scott-Hill Health Corporation	226 Dixwell Avenue	New Haven	06511
Northwest Center for Family Service and Mental Health	Community Mental Health Affiliates, Inc.	100 Commercial Boulevard	Torrington	06790
Northwest Center for Family Service and Mental Health, Inc.	Community Mental Health Affiliates, Inc.	350 Main Street	Salisbury	06039
Norwalk Community Health Center, Inc.	Norwalk Community Health Center, Inc.	120 Connecticut Avenue	Norwalk	06854
Nuevo Horizontes	Hispanos Unidos, Inc.	116 Sherman Avenue	New Haven	06511
Orange Family Counseling	Bridges ... A Community Support System, Inc.	605-A Orange Center Road	Orange	06477
Outpatient Clinic	Connection, Inc., The	205-209 Orange St	New Haven	06511
Park City Primary Care Center	Optimus Health Care, Inc.	64 Black Rock Avenue	Bridgeport	06605
Park Street Inn	Connection, Inc., The	98 Park Street	New Haven	06511
Patrick F McAuliffe Center	Connecticut Renaissance, Inc.	70 Central Avenue	Waterbury	06702
Polaris Outpatient Mental Health Clinic for Children and Families	Capitol Region Education Council	474 School Street	East Hartford	06108
Positive Directions - The Center for Prevention and Recovery, Inc.	Positive Directions-The Center for Prevention and Recovery, Inc.	420 Post Road West	Westport	06880
Project Courage	Chemical Abuse Services Agency, Inc.	592 Kossuth Street	Bridgeport	06608
Ralphola Taylor Community Health Center	Optimus Health Care, Inc.	790 Central Avenue	Bridgeport	06607
Recovery Counseling Services	Recovery Network of Programs, Inc.	480 Bond Street	Bridgeport	06610
Renfrew Center of Southern Connecticut	Renfrew Center of Southern Connecticut, LLC	1445 Putnam Avenue	Greenwich	06870
Rushford Center, Inc.	Rushford Center, Inc.	883 Paddock Avenue	Meriden	06450
Rushford Center, Inc.	Rushford Center, Inc.	110 National Drive	Glastonbury	06033
Rushford Center, Inc.	Rushford Center, Inc.	1250 Silver Street	Middletown	06457
Sound Community Services, Inc.	Sound Community Services, Inc.	165 State Street	New London	06320
Sound Community Services, Inc.	Sound Community Services, Inc.	113 Salem Turnpike	Norwich	06360
South Central Rehabilitation Center	Cornell Scott-Hill Health Corporation	232 Cedar Street	New Haven	06519
Southwest Community Health Center, Inc.	Southwest Community Health Center, Inc.	1046 Fairfield Avenue	Bridgeport	06604
Southwest Community Health Center, Inc.	Southwest Community Health Center, Inc.	968 Fairfield Avenue	Bridgeport	06605
State Street Counseling Services	Cornell Scott-Hill Health Corporation	911-913 State Street	New Haven	06511
Staywell Health Care, Inc.	Staywell Health Care, Inc.	1309 South Main Street	Waterbury	06706

Table 17: Outpatient Psychiatric Clinics for Adults

Facility Name	Provider Name	Facility Address	City	Zip code
Stratford Community Health Center	Optimus Health Care, Inc.	727 Honeyspot Road	Stratford	06615
Temenos Institute, Inc.	Temenos Institute, Inc.	29 East Main Street	Westport	06880
Transitions Outpatient Services	Community Health Resources	433 Valley Street	Windham	06226
United Community and Family Services, Inc.	United Community and Family Services, Inc.	212 Upton Road	Colchester	06415
United Community and Family Services, Inc.	United Community and Family Services, Inc.	70 Main St	Griswold	06351
United Community and Family Services, Inc.	United Community and Family Services, Inc.	21 Chicago Avenue	Groton	06340
United Community and Family Services, Inc.	United Community and Family Services, Inc.	400 Bayonet Street	New London	06320
United Community and Family Services, Inc.	United Community and Family Services, Inc.	47 Town Street	Norwich	06360
United Services, Inc.	United Services, Inc.	233 Route 6	Columbia	06237
United Services, Inc.	United Services, Inc.	1007 North Main Street	Killingly	06241
United Services, Inc.	United Services, Inc.	303 Putnam Road	Plainfield	06387
United Services, Inc.	United Services, Inc.	132 Mansfield Avenue	Windham	06226
Village for Families and Children, Inc.	Village for Families and Children, Inc.	105 Spring Street	Hartford	06105
Village for Families and Children, Inc.	Village for Families and Children, Inc.	1680 Albany Avenue	Hartford	06105
Village for Families and Children, Inc.	Village for Families and Children, Inc.	331 Wethersfield Avenue	Hartford	06114
Walden Behavioral Care	WBC Connecticut East, LLC	2400 Tamarack Avenue	South Windsor	06074
Waterbury Outpatient Services of CMHA	Community Mental Health Affiliates, Inc.	36 Sheffield Street	Waterbury	06704
Wellmore Behavioral Health	Wellmore, Inc.	30 Controls Drive	Shelton	06484
Wellmore Behavioral Health	Wellmore, Inc.	402 East Main Street	Waterbury	06702
Wellspring Foundation Inc.	Wellspring Foundation, Inc.	21 Arch Bridge Road	Bethlehem	06751
West Haven Health Center Counseling Services	Cornell Scott-Hill Health Corporation	285 Main Street	West Haven	06516
Wheeler Clinic, Inc.	Wheeler Clinic, Inc.	645 Farmington Avenue	Hartford	06105
Wheeler Clinic, Inc., The	Wheeler Clinic, Inc., The	36 Russell Street	New Britain	06052
Wheeler Clinic, Inc., The	Wheeler Clinic, Inc., The	75 North Mountain Road	New Britain	06053
Wheeler Clinic, Inc., The	Wheeler Clinic, Inc.	91 Northwest Drive	Plainville	06062
Wherever You Are Eddy Center	Community Health Center, Inc.	1 Labella Circle	Middletown	06457
Wherever You Are Shelter Now	Community Health Center, Inc.	43 Saint Casimir Drive	Meriden	06450
Wherever You Are Shepherd Home	Community Health Center, Inc.	112 Bow Lane	Middletown	06457
Woodland Behavioral Health and Wellness Center	Optimus Health Care, Inc.	8 Woodland Place	Stamford	06901
Total of 205 Outpatient Psychiatric Clinics for Adults				

Source: DPH licensure files and e-licensure database as of August 2012

Table 17: Outpatient Psychiatric Clinics for Adults

Table 18: Mental Health Day Treatment Facilities

Facility Name	Provider Name	Facility Address	City	Zip code
Angelus House	Wellspring Foundation, Inc.	158 Flanders Road	Bethlehem	06751
Blue Sky Behavioral Health Clinic	Blue Sky Behavioral Health, LLC	52 Federal Road	Danbury	06810
Community Renewal Team, Inc. Behavioral Health	Community Renewal Team, Inc.	330 Market Street	Hartford	06120
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	20 North Main Street	Norwalk	06854
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	4 Midland Road	Waterbury	06705
FSW, Inc. CT	FSW, Inc. CT	475 Clinton Avenue	Bridgeport	06605
McCall Foundation	McCall Foundation, Inc.	58 High Street	Torrington	06790
McCall Foundation, Inc. - Winsted Satellite Office	McCall Foundation, Inc.	115 Spencer Street	Winchester	06098
New Directions, Inc. of North Central Connecticut	New Directions Inc. of North Central Connecticut	113 Elm Street	Enfield	06082
North Central Counseling Services	Community Health Resources	153 Hazard Avenue	Enfield	06082
Renfrew Center of Southern Connecticut	Renfrew Center of Southern Connecticut, LLC	1445 Putnam Avenue	Greenwich	06870
Rushford Center, Inc.	Rushford Center, Inc.	883 Paddock Avenue	Meriden	06450
Rushford Center, Inc.	Rushford Center, Inc.	1250 Silver Street	Middletown	06457
Stonington Institute	Stonington Behavioral Health, Inc.	1353 Gold Star Highway	Groton	06340
Stonington Institute	Stonington Behavioral Health, Inc.	428 Long Hill Road	Groton	06340
Stonington Institute	Stonington Behavioral Health, Inc.	75 Swantown Hill Road	North Stonington	06359
Walden Behavioral Care	WBC Connecticut East, LLC	2400 Tamarack Avenue	South Windsor	06074
Wellspring Foundation Inc.	Wellspring Foundation, Inc.	21 Arch Bridge Road	Bethlehem	06751
Total of 18 Mental Health Day Treatment Facilities				

Source: DPH licensure files and e-licensure database as of August 2012

Table 18: Mental Health Day Treatment Facilities

Table 19: Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR)

Facility Name	Facility Address ^a	City ^a	Zip code	Phone	Certified Beds
Abilis - Cross Ridge	15 Cross Ridge Drive	Old Greenwich	06870	(203) 531-1880	0
Abilis - Little Hills	38 Little Hills Road	Stamford	06906	(203) 329-9084	6
Ability Beyond Disability - Beck	3 Beckerle Street	Danbury	06810	(203) 731-3043	6
Ability Beyond Disability - Deer	2 Deer Hill Road	Danbury	06810	(203) 775-4700	6
Ability Beyond Disability - Dodg	89 Dodgingtown Road	Bethel	06801	(203) 792-6906	6
Ability Beyond Disability - Dorset Lane	26 Dorset Lane	Brookfield	06804	(203) 775-7388	0
Ability Beyond Disability - Gree	14 Greenview Road	New Milford	06776	(203) 355-5999	4
Ability Beyond Disability - Lane	54 Lanesville Road	New Milford	06776	(860) 210-2107	5
Ability Beyond Disability - Long	156 Long Meadow Hill Road	Brookfield	06804	(860) 775-7386	6
Ability Beyond Disability - Mapl	27 Maple Avenue	Bethel	06801	(203) 776-4200	6
Ability Beyond Disability - Moun	6 Mountainville Road	Danbury	06810	(203) 775-4000	5
Ability Beyond Disability - Nort	22 North Pleasant Drive	Brookfield	06804	(203) 775-4700	0
Ability Beyond Disability - Old	2 Old Hawleyville Road	Newtown	06470	(203) 426-5564	0
Ability Beyond Disability - Poun	8 Pound Sweet Hill	Bethel	06801	(203) 790-6351	0
Ability Beyond Disability - Ridg	27 Ridge Road	Newtown	06470	(860) 775-4700	6
Ability Beyond Disability - Ritc	45 Ritche Drive	Ridgefield	06877	(203) 775-4700	6
Ability Beyond Disability - Sawm	12 Sawmill Road	New Fairfield	06812	(203) 746-1088	6
Ability Beyond Disability - Squi	5 Squire Court	Brookfield	06804	(203) 775-7391	5
Ability Beyond Disability - Sweetcake Mtn	36 Sweetcake Mountain Road	New Fairfield	06812	(203) 746-2251	5
Ability Beyond Disability - Vall	7 Valley View Drive	Brookfield	06804	(203) 775-4700	6
Ability Beyond Disability - West	41 West Street	Newtown	06470	(203) 775-4700	0
Ability Beyond Disability - Whip	8 Whippoorwill Road	Bethel	06801	(203) 775-4700	6
Alternatives - Fieldstone	69 Fieldstone Drive	Naugatuck	06770	(203) 723-7973	7
Alternatives - Genoa	68 Genoa Street	Waterbury	06708	(203) 591-8923	0
Alternatives - Yorktown	36 Yorktown Lane	Naugatuck	06770	(203) 723-1094	8
Ben Haven - Rosenberg House	177 Half Mile Road	East Haven	06512	(203) 239-6425	6
C C C - Sabina Santos House	225 Tryon Street	South Glastonbury	06073	(860) 267-4463	4
C I B - Avon St. Comm Res	1 Avon Street	Enfield	06082	(860) 749-5413	6
C I B - Bruns Road	1 Bruns Road	Ansonia	06401	(203) 732-3581	6
C I B - Burrham Rd Comm Res	88 Burrham Road	West Hartford	06110	(860) 521-4927	0
C I B - Carolyn Johns	55 North Church Street	Granby	06035	(860) 653-5138	6

Table 19: Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR)

Facility Name	Facility Address ^a	City ^a	Zip code	Phone	Certified Beds
C I B - Carriage Drive	8 Carriage Drive	Burlington	06013	(860) 673-1349	6
C I B - Cloverdale	34 Cloverdale Avenue	Huntington	06484	(203) 929-8419	6
C I B - Duncaster	225 Duncaster Road	Bloomfield	06002	(860) 000-0000	6
C I B - Evans Drive	24 Evans Drive	Simsbury	06070	(860) 651-4124	6
C I B - George Street	7 George Street	Middlebury	06762	(203) 758-1570	4
C I B - Hayes Rd Comm Res	210 Hayes Road	Rocky Hill	06067	860) 257-0688	4
C I B - Moose Hill Road	544 Moose Hill Road	Monroe	06468	(203) 445-1201	6
C I B - Pisgah Comm Res	55 Pisgah Road	Oxford	06478	(203) 888-2622	6
C I B - Prospect Community Res	765 Prospect Street	Wethersfield	06109	(860) 257-9612	6
C I B - Robert Edwards Comm Res	1 Juniper Drive	Granby	06035	(860) 653-6190	6
C I B - Watertown Com. Res	103 Prospect Street	Watertown	06795	(860) 274-8827	6
C I B - West Meath Comm Res	11 West Meath Lane	Farmington	06032	(860) 675-5783	6
C R I - Boyd Street	120 Boyd Street	Winsted	06098	(860) 738-9170	0
C R I - Edward Avenue	116 Edward Avenue	Torrington	06790	(860) 482-2071	0
C R I - Erica	3 Erica Lane	Wolcott	06716	(860) 621-7600	0
C R I - Farmington Ave	90 Farmington Avenue	Plainville	06062	(860) 747-4289	6
C R I - Honey Hill	25 Honey Hill	Canaan	06108	(860) 824-7500	0
C R I - Lydale Place	350 Lydale Place	Meriden	06450	(203) 634-8048	6
C R I - Mohawk Road Group Home	52 Mohawk Road	Bristol	06010	(860) 621-7600	0
C R I - Plainville Ave Gr Home	723 Plainville Avenue	Farmington	06032	(860) 621-7600	4
C R I - Royal Oak Group Home	92 Royal Oak Road	New Britain	06053	(860) 677-6348	0
C R I - Spencer Hill Road	116 Spencer Hill Road	Winsted	06098	(860) 738-9443	0
I P P - Amity Group Home	490 Amity Road	Woodbridge	06525	(203) 666-6666	0
I P P - Janet Drive	26 Janet Drive	North Haven	06473	(203) 281-6328	6
I P P - Maple St Gr Home	15 Maple Street	East Haven	06512	(203) 468-8822	6
I P P - Ridge Road	1655 Ridge Road	North Haven	06473	(203) 389-6956	6
I P P - Scrub Oak	123 Scrub Oak	North Haven	06473	(203) 229-9515	6
L A R C - Bertoli Drive	8 Bertoli Drive	Litchfield	06759	(860) 567-9311	0
Marrakech - Clinton Harbor	5 Harbor Parkway	Clinton	06413	(860) 664-1616	0
Marrakech - Englewood	85 Englewood	New Haven	06515	(203) 397-8187	6
Marrakech - Lyda Drive	7 Lyda Drive	Milford	06460	(203) 878-0852	4
Marrakech - Wildwood House	23 Wildwood Terrace	West Haven	06516	(203) 389-2970	4

Table 19: Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR)

Facility Name	Facility Address ^a	City ^a	Zip code	Phone	Certified Beds
North Region - 67/69/73 Mountain Road ^b	67/69/73/75 Mountain Rd.	Newington	06111	(860) 263-2500	26
North Region - 77/79 Mountain Road ^b	71 Mountain Road	Newington	06111	(860) 263-2500	11
North Region - 81/83 Mountain Road ^b	81 / 83 Mountain Road	Newington	06111	(860) 263-2500	0
North Region - 85 Mountain Road ^b	85 Mountain Road	Newington	06111	(860) 263-2500	8
North Region - 87 Mountain Road ^b	87 Mountain Road	Newington	06111	(860) 263-2500	0
Pathfinders - Bellevue	18 Bellevue Drive	Derby	06418	(203) 736-9133	0
Pathfinders - Franklin Avenue	42 Franklin Avenue	Derby	06418	(203) 736-9133	4
Pathfinders - Newman House	4 Danielle Court	Derby	06418	(203) 736-9133	4
R M S - Coppermill Rd Comm Res	56 Copper Mill Road	Wethersfield	06109	(860) 721-1648	4
R M S - Two Stone Drive	135 Two Stone Drive	Wethersfield	06109	(860) 529-6078	5
S T S - 12 Constitution Hill ^b	P. O. Box 872	Southbury	06488	(203) 586-6000	16
S T S - 7 Liberty Lane / 21 Personnel Village Rd	P O Box 872	Southbury	06488	(203) 586-2629	16
S T S - Cottage 14 ^b	P. O. Box 872	Southbury	06488	(203) 586-2602	16
S T S - Cottage 15 ^b	P. O. Box 872	Southbury	06488	(203) 586-2000	19
S T S - Cottage 16 ^b	P O Box 872	Southbury	06488	(203) 586-2625	21
S T S - Cottage 17 ^b	P. O. Box 872	Southbury	06488	(203) 586-2284	19
S T S - Cottage 18 Constitution Hill/ Purchase Brook House ^b	P. O. Box 872	Southbury	06488	(860) 586-2625	22
S T S - Cottage 20 ^b	P. O. Box 872	Southbury	06488	(203) 586-2622	16
S T S - Cottage 22 ^b	P. O. Box 872	Southbury	06488	(203) 586-2000	15
S T S - Cottage 26 ^b	P. O. Box 872	Southbury	06488	(203) 586-2000	16
S T S - Cottage 30 ^b	P. O. Box 872	Southbury	06488	(203) 586-2625	24
S T S - Cottage 31 ^b	P. O. Box 872	Southbury	06488	(203) 586-2000	24
S T S - Cottage 32 ^b	P. O. Box 872	Southbury	06488	(203) 586-2000	18
S T S - Cottage 34 Hartford Hill ^b	P. O. Box 872	Southbury	06488	(203) 586-2625	22
S T S - Cottage 36 ^b	P. O. Box 872	Southbury	06488	(203) 586-2355	17
S T S - Cottage 4 ^b	P. O. Box 872	Southbury	06488	(203) 586-2622	17
S T S - Cottage 40 ^b	P. O. Box 872	Southbury	06488	(203) 586-2232	20
S T S - Cottage 41 ^b	P. O. Box 872	Southbury	06488	(203) 586-2627	19
S T S - Cottage 41 U ^b	P. O. Box 872	Southbury	06488	(203) 586-2626	4
S T S - Cottage 7A ^b	P. O. Box 872	Southbury	06488	(203) 586-2627	16
S T S - Cottage 8 ^b	P. O. Box 872	Southbury	06488	(203) 586-2626	17

Table 19: Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR)

Facility Name	Facility Address ^a	City ^a	Zip code	Phone	Certified Beds
ST S - Personnel Village ^b	P. O. Box 872	Southbury	06488	(860) 586-2281	35
ST S Cottage 42 Yankee Dr ^b	P. O. Box 872	Southbury	06488	(203) 586-2627	12
South Region - Cottage 9, 10, 11, 12 & Transition Unit, Units A, B, C ^b	35 Undercliff Road	Meriden	06450	(203) 686-1274	35
Thornfield Hall	330 Thompson Hill Road	Thompson	06277	(860) 923-9632	0
Tri-County Arc-High Street Group Home	139 High Street	Coventry	06238	(860) 742-0315	0
Tri-County Arc - Dunn Hill Road Group Home	59 Dunn Hill Road	Tolland	06084	(860) 742-0315	0
West Region - E G C Bldg 1 ^b	300 Armory Road	Stratford	06497	(203) 455-3102	15
West Region - E G C Bldg 2 ^b	300 Armory Road	Stratford	06614	(203) 455-3102	31
West Region - L F C Bldg 1 ^b	146 Silvermine Road	Norwalk	06850	(203) 642-5062	23
West Region - L F C Bldg 2 ^b	146 Silvermine Avenue	Norwalk	06850	(203) 642-5050	24
West Region - L F C Bldg 3 ^b	146 Silvermine Avenue	Norwalk	06850	(203) 642-5091	18
West Region - N W C Bldg 1 ^b	195 Alword Park Road	Torrington	06790	(203) 596-4370	24
West Region - N W C Bldg 2 ^b	195 Alword Park Road	Torrington	06790	(860) 496-3070	17

Source: Connecticut Department of Public Health using the Federal ASPEN Facility Directory (June, 2012)

^aSome addresses listed are mailing addresses and not facility address and may not correspond directly with the 169 towns listed in Inventory Table 1

^bDenotes State-operated facilities

Table 20: Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

Facility Name	Provider Name	Facility Address	City	Zip code	Beds ^a	Services on License ^a
Access Center	APT Foundation, Inc.	1 Long Wharf	New Haven	06511	0	ACD, CMT, OT,
ADRC Outpatient Counseling Center	Alcohol and Drug Recovery Centers, Inc.	16 Coventry Street	Hartford	06112	0	OT
Adult Psychiatric Clinic/Child and Family Guidance Clinic	Cornell Scott-Hill Health Corporation	400 - 428 Columbus Avenue	New Haven	06519	0	OT
Altruism Acute Care and Evaluation	Southeastern Council on Alcoholism and Drug Dependency, Inc.	47 Coit Street	New London	06320	20 RDE	OT, RDE
Altruism House for Men	Southeastern Council on Alcoholism and Drug Dependency, Inc.	313 Main Street	Norwich	06360	13 ILTTR	ILTTR
Altruism House for Women	Southeastern Council on Alcoholism and Drug Dependency, Inc.	1000 Bank Street	New London	06320	10 ILTTR	ILTTR
Altruism House for Women	Southeastern Council on Alcoholism and Drug Dependency, Inc.	62-64 Coit Street	New London	06320	11 ILTTR	ILTTR
Angelus House	Wellspring Foundation, Inc.	158 Flanders Road	Bethlehem	06751	0	OT
Ansonia Counseling Services	Cornell Scott-Hill Health Corporation	121 Wakelee Avenue	Ansonia	06401	0	OT
APT Residential Services	APT Foundation, Inc.	425 Grant Street	Bridgeport	06608	125 ILTTR	ILTTR, OT
Behavioral Health Services at Hamden	Yale University	95 Circular Drive	Hamden	06514	0	OT
Bhcare Valley Outpatient Clinic	BHcare, Inc.	435 East Main Street	Ansonia	06401	0	OT
Bhcare, Inc.-Shoreline Clinic	BHcare, Inc.	14 Sycamore Way	Branford	06405	0	OT
Blue Sky Behavioral Health Clinic	Blue Sky Behavioral Health, LLC	52 Federal Road	Danbury	06810	0	CMT, DET, OT
Bridges ... A Community Support System, Inc.	Bridges ... A Community Support System, Inc.	949 Bridgeport Avenue	Milford	06460	0	OT
Bridges ... A Community Support System, Inc.	Bridges ... A Community Support System, Inc.	270 Center Street	West Haven	06516	0	OT
Carnes Weeks Center	McCall Foundation Inc.	58b High Street	Torrington	06790	20 IT	IT
Casa Eugenio Maria De Hostos	Chemical Abuse Services Agency, Inc.	690 Arctic Street	Bridgeport	06608	10 IT, 6 ILTTR	DET, ILTTR, IT, OT
Catholic Charities	Catholic Charities Diocese of Norwich, Inc.	28 Huntington Street	New London	06320	0	OT
Catholic Charities, Diocese of Norwich, Inc.	Catholic Charities Diocese of Norwich, Inc.	331 Main Street	Norwich	06360	0	OT
Catholic Charities, Diocese of Norwich, Inc.	Catholic Charities Diocese of Norwich, Inc.	151 Broad Street	Middletown	06457	0	OT
Catholic Charities, Inc.	Catholic Charities Inc. - Archdiocese of Hartford	90 Franklin Square	New Britain	06051	0	OT
Catholic Charities, Inc.	Catholic Charities Inc. - Archdiocese of Hartford	205 Wakelee Avenue	Ansonia	06401	0	OT
Catholic Charities, Inc.	Catholic Charities Inc. - Archdiocese of Hartford	203 High Street	Milford	06460	0	OT
Catholic Charities, Inc.	Catholic Charities Inc. - Archdiocese of Hartford	501 Lombard Street	New Haven	06513	0	OT

Table 20: Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

Facility Name	Provider Name	Facility Address	City	Zip code	Beds ^a	Services on License ^a
Catholic Charities, Inc.	Catholic Charities Inc. - Archdiocese of Hartford	56 Church Street	Waterbury	06702	0	OT
Catholic Charities, Inc.	Catholic Charities Inc. - Archdiocese of Hartford	13 Wolcott Street	Waterbury	06705	0	OT
Catholic Charities, Inc.	Catholic Charities Inc. - Archdiocese of Hartford	132 Grove Street	Torrington	06790	0	OT
Center for Human Services	Recovery Network of Programs, Inc.	2 Research Drive	Stratford	06615	0	OT
Centro Renacer of CT, Inc.	Centro Renacer of CT, Inc.	164 - 166 Bartholomew Street	Hartford	06106	20 ILTTR	ILTTR
Centro Renacer of CT, Inc.	Centro Renacer of CT, Inc.	33 Center Street	Hartford	06106	15 ILTTR	ILTTR
Child and Family Agency of Southeastern Connecticut, Inc. Child Guidance Clinic Essex	Child and Family Agency of Southeastern Connecticut, Inc.	190 Westbrook Road	Essex	06426	0	OT
Child and Family Agency of Southeastern Connecticut, Inc. Groton/Mystic Campus	Child and Family Agency of Southeastern Connecticut, Inc.	591 Poquonnock Road	Groton	06340	0	OT
Child and Family Agency of Southeastern Connecticut, Inc. Smith Bent Children's Center	Child and Family Agency of Southeastern Connecticut, Inc.	7 Vauxhall Street	New London	06320	0	OT
Child and Family Guidance Center, Inc.	Child and Family Guidance Center, Inc.	180 Fairfield Avenue	Bridgeport	06604	0	OT
Child Guidance Clinic for Central Connecticut, Inc.	Child Guidance Clinic for Central Connecticut, Inc.	384 Pratt Street	Meriden	06451	0	OT
Children's Center of Hamden, Inc.	Children's Center of Hamden Inc.	1400 Whitney Avenue	Hamden	06517	0	OT
CHR Manchester	Community Health Resources	587 East Middle Turnpike	Manchester	06040	0	OT
Clayton House	Alcohol and Drug Recovery Centers, Inc.	203 Williams Street	Glastonbury	06033	15 ILTTR	ILTTR
Community Child Guidance Clinic, Inc.	Community Child Guidance Clinic, Inc.	317 North Main Street	Manchester	06042	0	OT
Community Health Center of Wherever You Are Friendship Services Center	Community Health Center, Inc.	241-249 Arch Street	New Britain	06051	0	OT
Community Health Center of Wherever You Are Master's Manna	Community Health Center, Inc.	46 North Plains Industrial Road	Wallingford	06492	0	OT
Community Health Center of Wherever You Are Prudence Crandall	Community Health Center, Inc.	594 Burrirtt Street	New Britain	06053	0	OT
Community Health Services, Inc.	Community Health Services Inc.	500 Albany Avenue	Hartford	06120	0	OT
Community Mental Health Affiliates, Inc.	Community Mental Health Affiliates, Inc.	81 North Main Street	Bristol	06010	0	OT
Community Mental Health Affiliates, Inc.	Community Mental Health Affiliates, Inc.	26 Russell Street	New Britain	06052	0	OT
Community Mental Health Affiliates, Inc.	Community Mental Health Affiliates, Inc.	5 Hart Street	New Britain	06052	0	OT
Community Mental Health Affiliates, Inc.	Community Mental Health Affiliates, Inc.	55 Winthrop Street	New Britain	06052	0	OT
Community Renewal Team Asian Family Services	Community Renewal Team	1921 Park Street	Hartford	06106	0	OT
Community Renewal Team, Inc. Behavioral Health Services	Community Renewal Team	90 Retreat Avenue	Hartford	06106	0	OT

Table 20: Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

Facility Name	Provider Name	Facility Address	City	Zip code	Beds ^a	Services on License ^a
Community Renewal Team, Inc. Behavioral Health Services	Community Renewal Team	330 Market Street	Hartford	06120	0	OT, DET
Community Renewal Team, Inc. Behavioral Health Services	Community Renewal Team	35 Clark Street	Hartford	06120	0	OT, DET
Community Residences, Inc.	Community Residences, Inc.	205 Kelsey Street	Newington	06111	0	OT
Community Substance Abuse Center, Inc.	Community Substance Abuse Centers, Inc.	55 Fishfy Street	Hartford	06120	0	ACD, CMT, OT
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	4 Midland Road	Waterbury	06705	0	ACD, CMT, DET, OT
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	60 Beaver Brook Road	Danbury	06810	0	ACD, CMT, OT
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	20 North Main Street	Norwalk	06854	0	ACD, CMT, OT
Connecticut Junior Republic	Connecticut Junior Republic Association, Inc.	80 Prospect Street	Waterbury	06702	0	OT
Connecticut Junior Republic	Connecticut Junior Republic Association, Inc.	550 Goshen Road	Litchfield	06759	0	OT
Connecticut Renaissance, Inc.	Connecticut Renaissance, Inc.	1120 Main Street	Bridgeport	06604	0	OT
Connecticut Renaissance, Inc.	Connecticut Renaissance, Inc.	1 Lafayette Circle	Bridgeport	06604	0	OT
Connecticut Renaissance, Inc.	Connecticut Renaissance, Inc.	115 Middle Street	Bridgeport	06604	0	OT
Connecticut Renaissance, Inc.	Connecticut Renaissance, Inc.	17 High Street	Norwalk	06851	0	OT
Connecticut Renaissance, Inc.	Connecticut Renaissance, Inc.	4 Byington Place	Norwalk	06852	0	OT
Connecticut Renaissance, Inc.	Connecticut Renaissance, Inc.	141 Franklin Street	Stamford	06901	0	OT
Connection Counseling Center, The	Connection, Inc., The	178 State Street	Meriden	06450	0	OT
Connection Counseling Center, The	Connection, Inc., The	196 Court Street	Middletown	06457	0	OT
Connection Counseling Center, The	Connection, Inc., The	263 Main Street	Old Saybrook	06475	0	OT
Connection House	Connection, Inc., The	167 Liberty Street	Middletown	06457	14 ILTTR	ILTTR
Coventry House	Alcohol and Drug Recovery Centers, Inc.	46 Coventry Street	Hartford	06112	10 ILTTR	ILTTR
Crossroads, Inc.	Crossroads, Inc.	54 East Ramsdell Street	New Haven	06515	174 ILTTR	ILTTR
Crossroads, Inc.	Crossroads, Inc.	44 East Ramsdell Street	New Haven	06515	0	OT
CT Clinical Services, Inc.	CT Clinical Services, Inc.	139 Orange Street	New Haven	06510	0	OT
Detoxification Center	Alcohol and Drug Recovery Centers, Inc.	500 Blue Hills Avenue	Hartford	06112	28 IT, 10 ILTTR, 35 RDE	ILTTR, IT, RDE
Elm City Women and Children's Center and The Connection Counseling Center	Connection, Inc., The	48 Howe Street	New Haven	06511	15 ILTTR	ILTTR

Table 20: Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

Facility Name	Provider Name	Facility Address	City	Zip code	Beds ^a	Services on License ^a
Fairfield Counseling Services, Inc.	Fairfield Counseling Services Inc.	125 Penfield Road	Fairfield	06824	0	OT
Families In Recovery Program	Liberation Programs, Inc.	141 Franklin Street	Stamford	06901	10 ILTR	ILTR
Family and Children's Agency, Inc.	Family and Children's Agency, Inc.	9 Mott Avenue	Norwalk	06850	0	OT
Family Intervention Center	Family Intervention Center, Inc.	22 Chase River Road	Waterbury	06704	0	DET, OT
Family Resource Associates, LLC	Family Resource Associates, LLC	3300 Main Street	Stratford	06614	0	OT
Farrell Treatment Center	Farrell Treatment Center, Inc.	586 Main Street	New Britain	06051	24 IT	IT, OT
First Step	Recovery Network of Programs, Inc.	425 Grant Street	Bridgeport	06610	19 RDE	RDE
Fresh Start	Community Renewal Team	17 Essex Street	Hartford	06120	21 ILTR	ILTR, OT
Grant Street Partnership	Cornell Scott-Hill Health Corporation	62 Grant Street	New Haven	06519	0	DET, OT
Greenwich Youth Options	Liberation Programs, Inc.	55 Old Field Point Road	Greenwich	06830	0	OT
Hallie House Women and Children's Center	Connection, Inc., The	99 Eastern Drive	Middletown	06457	8 ILTR	ILTR
Hartford Behavioral Health	Hartford Community Mental Health Center, Inc.	2550 Main Street	Hartford	06106	0	OT
Hartford Behavioral Health	Hartford Community Mental Health Center, Inc.	1 Main Street	Hartford	06106	0	OT
Hartford Dispensary - Norwich Clinic	Hartford Dispensary	772 West Thames Street	Norwich	06360	0	ACD, CMT
Hartford Dispensary Henderson/Johnson Clinic	Hartford Dispensary	12 - 14 Weston Street	Hartford	06103	0	ACD, CMT
Hartford Dispensary New Britain Clinic	Hartford Dispensary	70 Whiting Street	New Britain	06050	0	ACD, CMT
Hartford Dispensary/Doctors Clinic	Hartford Dispensary	345 Main Street	Hartford	06106	0	ACD, CMT
Hartford Dispensary/New London Clinic	Hartford Dispensary	931-939 Bank Street	New London	06320	0	ACD, CMT
Hartford Dispensary-16-18 Weston Street	Hartford Dispensary	16-18 Weston Street	Hartford	06120	0	ACD, CMT, OT
Hartford Dispensary-Bristol Clinic	Hartford Dispensary	1098 Farmington Avenue	Bristol	06010	0	ACD, CMT, OT
Hartford Dispensary-Manchester Clinic	Hartford Dispensary	335 Broad Street	Manchester	06040	0	ACD, CMT
Hartford Dispensary-Willimantic Clinic	Hartford Dispensary	54-56 Boston Post Road	Windham	06226	0	ACD, CMT
High Watch Recovery Center	High Watch Recovery Center, Inc.	62 Carter Road	Kent	06757	78 C&R	C&R, DET, OT
Hispanos Unidos, Inc.	Hispanos Unidos, Inc.	116 Sherman Avenue	New Haven	06511	0	OT
Hockanum Valley Community Council, Inc.	Hockanum Valley Community Council, Inc.	27 Naek Road	Vernon	06066	0	OT
Horizons	Recovery Network of Programs, Inc.	1635 Fairfield Avenue	Bridgeport	06605	15 IT	IT
Institute for the Hispanic Family	Catholic Charities, Inc. - Archdiocese of Hartford	45 Wadsworth Street	Hartford	06106	0	OT

Table 20: Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

Facility Name	Provider Name	Facility Address	City	Zip code	Beds ^a	Services on License ^a
Integrated Care Clinic	Optimus Health Care, Inc.	780 Summer Street	Stamford	06901	0	OT
Intercommunity, Inc.	Intercommunity, Inc.	287 Main Street	East Hartford	06118	0	OT
Intercommunity, Inc.	Intercommunity, Inc.	281 Main Street	East Hartford	06118	0	OT
Kinsella Treatment Center	Recovery Network of Programs, Inc.	1438 Park Avenue	Bridgeport	06604	0	ACD, CMT, OT
Lebanon Pines Long Term Care	Southeastern Council on Alcoholism and Drug Dependency, Inc.	37 Camp Mooween Road	Lebanon	06249	110 ILTTR	ILTTR
Legion Avenue Clinic	APT Foundation, Inc.	495 Congress Avenue	New Haven	06511	0	ACD, CMT, DET, CMT
Liberation Clinic	Liberation Programs, Inc.	125 Main Street	Stamford	06901	0	OT
Liberation House	Liberation Programs, Inc.	119 Main Street	Stamford	06901	67 ILTTR	ILTTR
Liberation Methadone Clinic (Bridgeport)	Liberation Programs, Inc.	399 Mill Hill Avenue	Bridgeport	06610	0	ACD, CMT, OT
Main Street Clinic	Liberation Programs, Inc.	117 Main Street	Stamford	06901	0	ACD, CMT
MCCA	Midwestern Connecticut Council on Alcoholism, Inc.	38 Old Ridgebury Road	Danbury	06810	20 IT, 10 RDE	ACD, CMT, DET, OT
MCCA/New Milford	Midwestern Connecticut Council on Alcoholism, Inc.	62 Bridge Street	New Milford	06776	0	DET, OT
MCCA/Ridgefield	Midwestern Connecticut Council on Alcoholism, Inc.	90 East Ridge Road	Ridgefield	06877	0	DET, OT
MCCA/Waterbury	Midwestern Connecticut Council on Alcoholism, Inc.	228 Meadow Street	Waterbury	06702	0	DET, OT
McCall Foundation	McCall Foundation, Inc.	58 High Street	Torrington	06790	0	DET, OT
McCall Foundation, Inc.-Winsted Satellite office	McCall Foundation, Inc.	115 Spencer Street	Winchester	06098	0	OT
McCall House	McCall Foundation, Inc.	127 Migeon Avenue	Torrington	06790	14 ILTTR	ILTTR
Milestone/New Life Center/Pathways	Community Health Resources	391 Pomfret Street	Putnam	06260	6 ILTTR, 18 IT	ACD, CMT, IT, ILTTR, RDE
Mother's Retreat and The Connection Counseling Center	Connection, Inc., The	542 Long Hill Road	Groton	06340	8 ILTTR	ILTTR, OT
Mountainside Treatment Center	MCI Healthcare LLC	187 South Canaan Road	Canaan	06018	62 ILTTR	ILTTR
Multicultural Ambulatory Addiction Services	Chemical Abuse Services Agency, Inc.	426 East Street	New Haven	06511	0	ACD, CMT, DET, OT
New Directions, Inc. of North Central Connecticut	New Directions, Inc. of North Central Connecticut	113 Elm Street	Enfield	06082	0	OT
New Era Rehabilitation Center, Inc.	New Era Rehabilitation Center, Inc.	311 East Street	New Haven	06511	0	ACD, CMT, DET, OT
New Era Rehabilitation Center, Inc.	New Era Rehabilitation Center, Inc.	3851 Main Street	Bridgeport	06606	0	ACD, CMT, DET, OT
New Hope Behavioral Health & Substance Abuse	New Hope Manor, Inc.	935 Main Street	Manchester	06040	0	OT

Table 20: Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

Facility Name	Provider Name	Facility Address	City	Zip code	Beds ^a	Services on License ^a
New Perceptions/Right Turn	Perception Programs, Inc.	54 North Street	Windham	06226	0	OT
New Perceptions/Right Turn	Perception Programs, Inc.	13 Water Street	Killingly	06239	0	OT
New Prospects	Recovery Network of Programs, Inc.	392 Prospect Street	Bridgeport	06604	23 IT	IT
Newtown Youth and Family Services, Inc.	Newtown Youth and Family Services, Inc.	15 Berkshire Road	Newtown	06470	0	OT
North Central Counseling Services	Community Health Resources	693 Bloomfield Avenue	Bloomfield	06002	0	DET, OT
North Central Counseling Services	Community Health Resources	153 Hazard Avenue	Enfield	06082	0	DET, OT
North Haven Community Services	Town of North Haven	5 Linsley Street	North Haven	06473	0	OT
Northside Community Outpatient Services/Child and Family Guidance Clinic	Cornell Scott-Hill Health Corporation	226 Dixwell Avenue	New Haven	06511	0	OT
Northwest Center for Family Service & Mental Health	Community Mental Health Affiliates, Inc.	350 Main Street	Salisbury	06039	0	OT
Northwest Center for Family Service & Mental Health	Community Mental Health Affiliates, Inc.	100 Commercial Boulevard	Torrington	06790	0	OT
Orange Family Counseling	Bridges ... A Community Support System, Inc.	605-A Orange Center Rd	Orange	06477	0	OT
Orchard Hill Treatment Services	APT Foundation, Inc.	540 Ella T. Grasso Boulevard	New Haven	06519	0	ACD, CMT, OT
Outpatient Clinic	Connection, Inc., The	205-209 Orange Street	New Haven	06511	0	OT
Outpatient Treatment	Southeastern Council on Alcoholism and Drug Dependency, Inc.	321 Main Street	Norwich	06360	0	OT
Paces Counseling Associates, Inc.	Paces Counseling Associates, Inc.	991 Main Street	East Hartford	06108	0	OT
Park Street Inn	Connection, Inc., The	98 Park Street	New Haven	06511	0	OT
Patrick F. Mcauliffe Center	Connecticut Renaissance, Inc.	70 Central Avenue	Waterbury	06702	20 IT	IT
Perception House	Perception Programs, Inc.	134 Church Street	Windham	06226	20 ILTTR	ILTTR
Positive Directions - The Center for Prevention and Recovery, Inc.	Positive Directions-The Center for Prevention and Recovery, Inc.	420 Post Road West	Westport	06880	0	OT
Project Courage	Chemical Abuse Services Agency, Inc.	592 Kossuth Street	Bridgeport	06608	0	DET, OT
Recovery Adolescent Program	Recovery Network of Programs, Inc.	1549 Fairfield Avenue	Bridgeport	06605	0	OT
Recovery Counseling Services	Recovery Network of Programs, Inc.	480 Bond Street	Bridgeport	06610	0	OT
Renaissance East	Connecticut Renaissance, Inc.	31 Wolcott Street	Waterbury	06702	32 ILTTR	ILTTR
Renaissance West	Connecticut Renaissance, Inc.	466 West Main Street	Waterbury	06702	50 ILTTR	ILTTR
Reverend Edward M. Dempsey Drug Services	Central Naugatuck Valley HELP, Inc.	900 Watertown Avenue	Waterbury	06708	34 ILTTR	ILTTR

Table 20: Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

Facility Name	Provider Name	Facility Address	City	Zip code	Beds ^a	Services on License ^a
Rushford Center, Inc.	Rushford Center, Inc.	110 National Drive	Glastonbury	06033	0	OT
Rushford Center, Inc.	Rushford Center, Inc.	883 Paddock Avenue	Meriden	06450	0	ACD, OT
Rushford Center, Inc.	Rushford Center, Inc.	1250 Silver Street	Middletown	06457	16 RDE, 42 IT	ACD, DET, IT, OT, RDE
Rushford Center, Inc.	Rushford Center, Inc.	325 Main Street	Portland	06480	26 ILTTR	ILTTR
Sound Community Services, Inc.	Sound Community Services, Inc.	165 State Street	New London	06320	0	OT
South Central Rehabilitation Center	Cornell Scott-Hill Health Corporation	232 Cedar Street	New Haven	06519	29 RDE	ACD, CMT, RDE, OT
Southwest Community Health Center, Inc.	Southwest Community Health Center, Inc.	1046 Fairfield Avenue	Bridgeport	06604	0	OT
Southwest Community Health Center, Inc.	Southwest Community Health Center, Inc.	968 Fairfield Avenue	Bridgeport	06605	0	OT
Stafford Family Services	Town of Stafford	21 Hyde Park Road	Stafford	06076	0	OT
State Street Counseling Services	Cornell Scott-Hill Health Corporation	911-913 State Street	New Haven	06511	0	OT
Stonington Institute	Stonington Behavioral Health, Inc.	1353 Gold Star Highway	Groton	06340	0	DET, OT
Stonington Institute	Stonington Behavioral Health, Inc.	428 Long Hill Road	Groton	06340	0	DET, OT
Stonington Institute	Stonington Behavioral Health, Inc.	75 Swantown Hill Road	North Stonington	06359	45 IT, 18 RDE	ACD, DET, OT, IT, RDE
Transitions Outpatient Services	Community Health Resources	433 Valley Street	Windham	06226	0	OT
Transitions Outpatient Services	Community Health Resources	37 Commerce Avenue	Killingly	06239	0	OT
Transitions Outpatient Services/Thomas Murphy Center	Community Health Resources	1491 Main Street	Windham	06226	14 ILTTR	ILTTR
Travisano Network	Central Naugatuck Valley Help, Inc.	24 Shelter Rock Road	Danbury	06810	0	OT
Trinity Glen	Midwestern Connecticut Council on Alcoholism, Inc.	149 West Cornwall Road	Sharon	06069	50 C&R	C&R
United Community and Family Services, Inc.	United Community and Family Services, Inc.	400 Bayonet Street	New London	06320	0	OT
United Community and Family Services, Inc.	United Community and Family Services, Inc.	70 Main Street	Griswold	06351	0	OT
United Community and Family Services, Inc.	United Community and Family Services, Inc.	47 Town Street	Norwich	06360	0	OT
United Community and Family Services, Inc.	United Community and Family Services, Inc.	212 Upton Road	Colchester	06415	0	OT
United Services, Inc.	United Services, Inc.	132 Mansfield Avenue	Windham	06226	0	OT
United Services, Inc.	United Services, Inc.	233 Route 6	Columbia	06237	0	OT
United Services, Inc.	United Services, Inc.	1007 North Main Street	Killingly	06241	0	OT
United Services, Inc.	United Services, Inc.	303 Putnam Road	Plainfield	06387	0	OT
Viewpoint Recovery Program	CTE, Inc.	104 Richmond Hill Avenue	Stamford	06902	12 ILTTR	ILTTR

Table 20: Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

Facility Name	Provider Name	Facility Address	City	Zip code	Beds ^a	Services on License ^a
Village for Families and Children, Inc.	Village for Families and Children, Inc.	1680 Albany Avenue	Hartford	06105	0	OT
Village for Families and Children, Inc.	Village for Families and Children, Inc.	105 Spring Street	Hartford	06105	0	OT
Village for Families and Children, Inc.	Village for Families and Children, Inc.	331 Wethersfield Avenue	Hartford	06114	0	OT
Waterbury Outpatient Services for CMHA	Community Mental Health Affiliates, Inc.	36 Sheffield Street	Waterbury	06704	0	OT
Watkins Network	Central Naugatuck Valley HELP, Inc.	257 Main Street	Torrington	06790	0	OT
Wellmore Behavioral Health	Wellmore, Inc.	402 East Main Street	Waterbury	06702	0	OT
Wellmore Behavioral Health, Inc.	Wellmore, Inc.	30 Controls Drive	Shelton	06484	0	OT
Wellmore, Inc. Therapeutic Shelter	Wellmore, Inc.	142 Griggs Street	Waterbury	06704	0	DET
Wellmore, Inc. Women and Children's Program	Wellmore, Inc.	79 Beacon Street	Waterbury	06704	8 ILTR	ILTR
West Haven Health Center Counseling Services	Cornell Scott-Hill Health Corporation	285 Main Street	West Haven	06516	0	OT
Wheeler Clinic, Inc., The	Wheeler Clinic, Inc.	36 Russell Street	New Britain	06052	0	OT
Wheeler Clinic, Inc., The	Wheeler Clinic, Inc.	75 North Mountain Road	New Britain	06053	0	OT
Wheeler Clinic, Inc., The	Wheeler Clinic, Inc.	91 North West Drive	Plainville	06062	0	OT
Wheeler Clinic, Inc., The	Wheeler Clinic, Inc.	645 Farmington Avenue	Hartford	06105	0	OT
Wherever You Are Eddy Center	Community Health Center, Inc.	1 Labella Circle	Middletown	06457	0	OT
Wherever You Are Shelter Now	Community Health Center, Inc.	43 Saint Casimir Drive	Meriden	06450	0	OT
Wherever You Are Shepherd Home	Community Health Center, Inc.	112 Bow Lane	Middletown	06457	0	OT
Youth Challenge Bible Training Center	Youth Challenge of Connecticut, Inc.	111 North Sterling Road	Plainfield	06354	9 ILTR	ILTR
Youth Challenge Mission for Women	Youth Challenge of Connecticut, Inc.	32 Atwood Street	Hartford	06105	8 ILTR	ILTR
Youth Challenge of Connecticut, Inc.-Men's Residential Center	Youth Challenge of Connecticut, Inc.	15-17-19 May Street	Hartford	06105	15 ILTR	ILTR
Total of 199 sites licensed and 1,512 beds broken out as follows: ILTR beds total 972, IT beds total 265, RDE beds total 147 and C&R beds total 128						

Source: DPH licensure files and e-licensure database as of August 2012

^aABBREVIATION KEY:

ACD = Ambulatory Chemical Detoxification
CMT - Chemical Maintenance Treatment
C&R = Care and Rehabilitation
DET = Day or Evening Treatment

ILTR = Intermediate and Long Term Treatment and Rehabilitation
IT = Intensive Treatment
OT = Outpatient Treatment
RDE = Residential Detoxification and Evaluation

Table 20: Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

Table 21: Health Care Facilities Licensed by the Connecticut Department of Children and Families

OUTPATIENT PSYCHIATRIC CLINICS FOR CHILDREN						
Facility Name	Program Name	Licensed Bed Count	Facility/Program Address	City	Zip code	
Boys and Girls Village, Inc. / OPCC	Boys Village Youth and Family Services, Inc.	N/A	528 Wheelers Farms Road	Milford	06460	
Bridge Family Center, Inc. (The) / OPCC	Outpatient Psychiatric Clinic for Children	N/A	1022 Farmington Avenue	West Hartford	06107	
Bridges, Inc. / OPCC	Bridges, Inc./ A Comm. Support System	N/A	949 Bridgeport Avenue	Milford	06460	
Capitol Region Education Council/CREC Polaris/OPCC	CREC Polaris / OPCC	N/A	474 School Street	East Hartford	06108	
Catholic Charities of Fairfield, Inc. / OPCC	Catholic Charities of Fairfield/ OPCC	N/A	238 Jewett Avenue	Bridgeport	06606	
Catholic Charities of Norwich / OPCC	Catholic Charities of Norwich/ OPCC	N/A	331 Main Street	Norwich	06360	
Catholic Charities, Inc.-Archdiocese of Htfd/OPCC	Catholic Charities, Inc. / 896 Asylum Avenue	N/A	896 Asylum Avenue	Hartford	06105	
Catholic Charities, Inc.-Archdiocese of Htfd/ NH	Catholic Charities, Inc. New Haven/ OPCC	N/A	501 Lombard Street	New Haven	06513	
Catholic Charities, Inc.-Archdiocese of Htfd/OPCC	Institute for Hispanic Family /OPCC	N/A	45 Wadsworth Street	Hartford	06106	
Catholic Charities, Inc.-Archdiocese of Htfd/ Wtby	Catholic Charities, Inc. Waterbury/ OPCC	N/A	56 Church Street	Waterbury	06702	
Charlotte Hungerford Hospital / OPCC	Charlotte Hungerford / OPCC	N/A	1061 East Main Street	Torrington	06790	
Charter Oak Health Center / OPCC	Behavioral Health / OPCC	N/A	21 Grand Street	Hartford	06106	
Child and Family Agency of SE CT/ OPCC	Children & Family of SE CT / OPCC	N/A	255 Hempstead Street	New London	06320	
Child Guidance Center of Mid Fairfield County/OPCC	Mid Fairfield Child Guidance Clinic/ OPCC	N/A	100 East Avenue, Bldg. A	Norwalk	06851	
Child Guidance Center of Southern CT/ OPCC	Child Guidance Center of Southern CT	N/A	103 West Broad Street	Stamford	06902	
Child Guidance Clinic for Central CT / OPCC	Child Guidance Clinic for Central CT	N/A	384 Pratt Street	Meriden	06450	
Child Guidance Clinic of Greater Bridgeport/OPCC	Child Guidance Clinic of Greater Bridgeport	N/A	148 Beach Road	Fairfield	06824	
Children's Center of Hamden (The) / OPCC	Children's Center of Hamden (The)-OPCC	N/A	1400 Whitney Avenue	Hamden	06517	
Children's Home Community Services, Inc./ OPCC	CHOC / Family TX Center of Cromwell/ OPCC	N/A	58 Missionary Road	Cromwell	06416	
Clifford Beers Guidance Clinic, Inc./ OPCC(JOTLAB)	Clifford Beers G.C. / OPCC(Jotiab)	N/A	93 Edwards Street	New Haven	06511	
Community Child Guidance Clinic / OPCC	Manchester Child Guidance Clinic	N/A	317 North Main Street	Manchester	06040	
Community Health and Wellness Center / OPCC	CHWC / Behavioral Health Clinic/ OPCC	N/A	469 Migeon Avenue	Torrington	06790	
Community Health Center / Lillian Reba / OPCC	Lillian Reba Moses Child Guidance Clinic	N/A	635 Main Street	Middletown	06457	
Community Health Resources, Inc. / Genesis OPCC	Genesis Center Child & Adolescent OPCC	N/A	587 East Middle Turnpike	Manchester	06040	

Table 21: Health Care Facilities Licensed by the Connecticut Department of Children and Families

Facility Name	Program Name	Licensed Bed Count	Facility/Program Address	City	Zip code
Community Health Resources, Inc. / NCC / OPCC	North Central Counseling / OPCC	N/A	153 Hazard Avenue	Enfield	06082
Community Health Services, Inc. / OPCC	Community Health Services OPCC	N/A	500 Albany Avenue	Hartford	06120
Community Mental Health Affiliates, Inc. / OPCC/CGC	Comm. Mental Health Affiliates / CGC	N/A	26 Russell Street	New Britain	06052
Community Mental Health Affiliates, Inc./OPCC	CMHA /NW Center for Family Service & Mental Health	N/A	350 Main Street	Salisbury	06039
Community Residences, Inc.	Behavioral Health Services Clinic at CRI	N/A	205 Kelsey Street, 2nd Floor	Newington	06111
Connecticut Renaissance, Inc. / OPCC	CT Renaissance / Adolescent Program / OPCC	N/A	350 Fairfield Avenue	Bridgeport	06604
Cornell Scott-Hill Health Center / CFGC / OPCC	Child & Family Guidance Clinic / OPCC	N/A	400 - 428 Columbus Avenue	New Haven	06519
Danbury Youth Services, Inc. / OPCC	Youth and Family Counseling / OPCC	N/A	91 West Street	Danbury	06810
Family and Children's Agency, Inc. / OPCC	Family and Children's Agency, Inc.	N/A	165 Flax Hill Road	Norwalk	06805
Family and Children's Aid, Inc. / OPCC/ CGC	Family & Children's Aid OPCC/ CGC	N/A	80 West Street	Danbury	06810
Family Centers, Inc. / OPCC	Out-Patient Mental Health Services for Children	N/A	60 Palmer's Hill Road	Stamford	06902
Family Resource Associates, Inc. / OPCC	Family Resource Associates /OPCC	N/A	330 Main Street	Stratford	06614
Family Service Assoc. of Greater Wtby, Inc./ OPCC	FSGW / OPCC	N/A	34 Murray Street	Waterbury	06710
FSW CT, Inc. / OPCC	Children's Mental Health Clinic/OPCC	N/A	475 Clinton Avenue	Bridgeport	06605
Generations Family Health Center, Inc./ OPCC	Generations-Behavioral Health Dept.	N/A	322 Main Street	Windham	06226
Hartford Hospital / Institute of Living / OPCC	Institute of Living / Child & Adolescent	N/A	400 Washington Street	Hartford	06106
Hill Health Center / UNITY / OPCC	UNITY / OPCC	N/A	226 Dixwell Avenue	New Haven	06511
InterCommunity, Inc. / OPCC	InterCommunity's OPCC	N/A	287& 281 Main Street	East Hartford	06118
Jewish family Services of Greater Hartford / OPCC	Out Patient Child Psychiatric Clinic	N/A	333 Bloomfield Avenue, Suite A	West Hartford	06117
Jewish Family Services of New Haven / OPCC	Jewish Family Services of New Haven OPCC	N/A	1440 Whalley Avenue	New Haven	06511
Jewish Family Services, Inc. / OPCC / Bridgeport	Jewish Family Service / OPCC	N/A	2370 Park Avenue	Bridgeport	06604
Jewish Family Services, Inc. / OPCC / Stamford	Jewish Family Service, Inc. / OPCC	N/A	733 Summer Street	Stamford	06901
Klingberg Comprehensive Family Services, Inc. /OPCC	Klingberg Outpatient Clinic	N/A	185 Main Street	New Britain	06051
Lower Naugatuck Valley Parent & Child Resource Center	Lower Naugatuck Valley Parent & Child Resource Center	N/A	30 Elizabeth Street	Derby	06418
NAFI Connecticut, Inc. / OPCC	NAFI OPCC	N/A	20 Batterson Park Rd., Suite 300	Farmington	06032
New Hope Manor, Inc. / OPCC	New Hope Manor Behavioral Health /OPCC	N/A	935 Main Street, Suite 303	Manchester	06040
Newtown Youth & Family Services, Inc. / OPCC	Family Counseling Center, Inc. / OPCC	N/A	17 Church Hill Road	Newtown	06470
Positive Directions Ctr for Prevention & Recovery	Positive Directions / OPCC	N/A	420 Post Road West	Westport	06880

Table 21: Health Care Facilities Licensed by the Connecticut Department of Children and Families

Facility Name	Program Name	Licensed Bed Count	Facility/Program Address	City	Zip code
Rushford Center Inc. / OPCC	Rushford Outpatient Child & Adolescent Services	N/A	883 Paddock Avenue	Meriden	06405
St. Francis Home for Children, Inc. / OPCC	St. Francis/OPCC / Family Support Ctr.	N/A	672 Congress Avenue	New Haven	06511
United Community & Family Services, Inc. / OPCC	United Community & Family Services, Inc.	N/A	47 Town Street	Norwich	06360
United Services Inc. / OPCC	United Services / OPCC	N/A	1007 North Main Street / PO Box 839	Killingly	06241
Village for Families and Children / OPCC	Village for Families and Children / OPCC	N/A	331 Wethersfield Avenue	Hartford	06114
Waterford Country School, Inc. / OPCC	Outpatient Psychiatric Clinic for Children	N/A	2 Clinic Drive	Norwich	06360
Wellpath, Inc. / OPCC	Wellpath, Inc. / OPCC	N/A	70 Pine Street	Waterbury	06710
Wellspring Foundation, Inc. / OPCC	Wellspring Foundation, Inc.	N/A	21 Arch Bridge Road, P. O. Box 370	Bethlehem	06751
West Haven Clinic, Yale University School of Med	Yale University School of Med/ OPCC	N/A	100 York Street	New Haven	06516
Wheeler Clinic, Inc. / OPCC	Wheeler Clinic / OPCC	N/A	91 Northwest Drive	Plainville	06062
Yale Child Study Center / OPCC	Yale Child Study Center / OPCC	N/A	40 Temple Street, Suite 7C	New Haven	06510
EXTENDED DAY TREATMENT LOCATIONS					
Facility Name	Program Name	Licensed Bed Count	Facility/Program Address	City	Zip code
Boys and Girls Village, Inc. / EDT	Boys & Girls Village	20	170 Bennett Street	Bridgeport	06605
Charlotte Hungerford Hospital / EDT	Charlotte Hungerford Hospital / EDT	17	240 Kennedy Drive	Torrington	06790
Child Guidance Center of Mid Fairfield County/ EDT	Mid Fairfield Child Guidance Clinic/ EDT	24	100 East Avenue, Bldg. B	Norwalk	06851
Children's Center of Hamden (The) / Wakeman / EDT	Children's Center of Hamden (The) / Wakeman Hall	60	1400 Whitney Avenue	Hamden	06517
Community Mental Health Affiliates, Inc., / WORTH	CMHA / WORTH / EDT	21	965 West Main Street	Waterbury	06704
Community Mental Health Affiliates, Inc./ CAP/ EDT	CMHA / CAP / EDT	16	26 Russell Street	New Britain	06051
Devereux Glenholme / EDT	Devereux Glenholme / EDT	12	81 Sabbaday Lane	Washington	06793
Family and Children's Aid, Inc. / EDT	Family and Children's Aid Extend Program	31	71 West Street	Danbury	06810
Focus Alternative Learning Center, Inc./ EDT	Focus Alternative Learning Center, Inc.	20	126 Dowd Avenue	Canton	06019
Hartford Hospital / Institute of Living/ TOPS/ EDT	Institute of Living / TOPS / EDT	16	400 Washington Street	Hartford	06106
Hospital of St. Raphael	Child and Adolescent Outpatient	7	645 George Street	New Haven	06511
Klingberg Comprehensive Program Services, Inc./EDT	Klingberg Family Centers / EDT	16	370 Linwood Street	New Britain	06052
Learning Clinic, Inc. / EDT	Learning Clinic, Inc. / EDT	10	476 Pomfret Road	Brooklyn	06234

Table 21: Health Care Facilities Licensed by the Connecticut Department of Children and Families

Facility Name	Program Name	Licensed Bed Count	Facility/Program Address	City	Zip code
Natchaug Hospital / Care Plus & Thames / EDT	Care Plus EDT & Thames Valley EDT	24	Groton and Norwich	Norwich/Groton	
Natchaug Hospital / Mansfield/ EDT	Joshua Center Mansfield/ EDT	12	189 Storrs Road	Mansfield	06250
Natchaug Hospital / Northeast / EDT	Joshua Center / Northeast / EDT	12	934 North Main Street	Killingly	06234
Natchaug Hospital / Southeast / EDT	Natchaug Joshua Center / Southeast	10	30 Maple Avenue	Montville	06382
New Hope Manor, Inc. / EDT	New Hope Manor / EDT	6	42 Prospect Street	Manchester	06040
Village for Families and Children / EDT	Village for Families and Children / EDT	62	1680 Albany Avenue (LBC 47)/317 N. Main Street(15)	Hartford/ Manchester	06105
Wheeler Clinic, Inc. / EDT	Wheeler Clinic / EDT	53	832 King Street	Bristol	06010
CHILD CARING FACILITIES - GROUP HOME					
Ability Beyond Disability / Beecher Rd / GH	Beecher Road Group Home	6	18 Beecher Road	Wolcott	06716
Ability Beyond Disability, Inc. / Thunderbird / GH	Thunderbird Drive Group Home	6	36 Thunderbird Drive	Southington	06489
ACCESS Community Action Agency, Inc. / Crossroads	Crossroads GH	8	138 Broadway	Norwich	06360
ACCESS Community Action Agency, Inc. / Hawkins/ GH	Hawkins House / GH	9	24 Hawkins Street	Killingly	06239
Bridge Family Center, Inc. (The) / Eleanor GH	Eleanor House / GH	6	367 Fairfield Avenue	Hartford	06114
Bridge Family Center, Inc. / MOP / GH	MOP / Moving On Project GH	8	9 West Middle Turnpike	Manchester	06040
Children's Center of Hamden (The) / Gate House	The Gate House / GH	5	1370 Whitney Avenue	Hamden	06517
Children's Home Community Services Inc./ Esther GH	Esther House / GH	5	83 Bradley Street	North Haven	06473
Children's Home Community Services, Inc. / Isaiah	Isaiah House / GH	5	59 Flynn Lane	Middletown	06457
Children's Home Community Services, Inc./ Potter's	Potter's House GH	5	80 Hicksville Road	Cromwell	06416
Community Health Resources, Inc. / Brook / GH	CHR / Brook House / GH	6	41 Broad Brook Road	Enfield	06082
Community Health Resources, Inc. / Greenhaven /TGH	Greenhaven House / TGH	6	24 Hendee Road	Coventry	06238
Community Health Resources, Inc. / Mills / GH	CHR / Mills House / GH	5	184 Deerfield Road	Windsor	06095
Community Health Resources, Inc./ Grant House GH	CHR / Grant House / GH	6	821 Dunn Road	Coventry	06238
Community Mental Health Affiliates, Inc. / Pando	CMHA / Pando Home / GH	5	18 Hemlock Street	Torrington	06039
Community Residence, Inc. / North Acre Place / GH	North Acre Place / GH	5	75 North Acre Place	Stratford	06614
Connecticut Junior Republic / Winchester / GH	Winchester House / GH	5	PO Box 15; 131 Ashley Road	Winchester	06094

Table 21: Health Care Facilities Licensed by the Connecticut Department of Children and Families

Facility Name	Program Name	Licensed Bed Count	Facility/Program Address	City	Zip code
Connecticut Junior Republic, Inc. / EH / GH	CJR East Hartford / GH	6	55 William Street	East Hartford	06108
Domus Foundation, Inc. / Domus House / GH	Domus House / GH	10	225 Washington Boulevard	Stamford	06902
Domus Foundation, Inc. / Passages / GH	Passages / GH	8	929 Newfield Ave	Stamford	06905
Family and Children's Aid, Inc. / Ten Harmony / GH	Ten (10) Harmony TGH	6	10 Harmony Street	Danbury	06810
Family and Children's Aid, Inc. / Three Harmony / GH	Three Harmony TGH	6	4 Harmony Street	Danbury	06810
Focus Alternative Learning Center / Shannon / GH	Shannon House / GH	5	18 Shannon Drive	Barkhamsted	06063
GBAPP	Housing for Success / GH	12	148 Mill Hill Avenue	Bridgeport	06610
GBAPP - Maternity	GBAPP / Mi Casa / GH	14	25 Ford Place	Bridgeport	06610
Gilead Community Services, Inc. / Anchorage	The Anchorage Home / GH	5	7 Anchorage Lane	Old Saybrook	06457
Gilead Community Services, Inc. / Baldwin / GH	Baldwin House TGH	5	309 Main Street	Portland	06480-
Gilead Community Services, Inc. / Iris / GH	Iris House GH	5	461 Main Street	Cromwell	06416
Justice Resource Institute / Chesterfield / GH	JRI / Chesterfield Road GH	5	245 Chesterfield Road	Montville	06370
Key Services System, Inc. / Loveland / GH	Loveland Road Group Home	5	70 Loveland Road	Hebron	06248
Klingberg Comprehensive Family Services / Parkview	Parkview Group Home	5	175 Vine Street	New Britain	06050
Klingberg Comprehensive Program Services, Inc.	W.I.S.H. / GH	2	1 Matthew Lane	Windsor	06095
Klingberg Family Centers, Inc. / Nia Sage / GH	Nia Sage House / GH	5	623 Highland Street	Wethersfield	06109
Klingberg Family Centers, Inc. / Phoenix / GH	Phoenix House / GH	5	84 Dorothy Lane	Plymouth	06786
Living in Safe Alternatives, Inc. / Beacon / GH	Beacon House / GH	8	P.O. Box 6232	Wolcott	06716
Living in Safe Alternatives, Inc. / Plainville / GH	Plainville Group Home	10	P.O. Box 6232	Wolcott	06716
Midwestern CT Council on Alcoholism, Inc./New Dawn	New Dawn House / TGH	5	79 Payne Road	Bethel	06810
NAFI Connecticut, Inc. / Bristol / GH	Bristol Group Home	4	320 Jerome Avenue	Bristol	06010
NAFI Connecticut, Inc. / Dover / GH	Dover Road Group Home	6	45 Dover Road	New Britain	06051
NAFI Connecticut, Inc. / Thomaston / GH	Thomaston Group Home	5	273 Prospect Road	Thomaston	06787
NAFI Connecticut, Inc. / Tress / GH	Tress Road / GH	4	58 Tress Road	Prospect	06712
New England Adolescent Treatment / GH	N.E.A.T. / PASS / GH	10	18 Thames Street	Groton	06340
New Hope Manor, Inc. / Donovan GH	Donovan House Group Home	5	82 River View Drive	Coventry	06238
New Hope Manor, Inc. / McGuinness House / GH	McGuinness House / TGH	5	590 South Main Street	Manchester	06040
New Hope Manor, Inc. / Rohde House / GH	Rohde House Therapeutic Group Home	5	795 Tollard Turnpike	Manchester	06040
New Hope Manor, Inc. / Vivian's House / GH	Vivian's House (TGH)	6	137 Rye Street	East Windsor	06016

Table 21: Health Care Facilities Licensed by the Connecticut Department of Children and Families

Facility Name	Program Name	Licensed Bed Count	Facility/Program Address	City	Zip code
Noank Baptist GHs, Inc. / Gray Farm / GH	Noank / Gray Farm House / GH	5	10 Gray Farm Road	Ledyard	06339
Noank Baptist GHs, Inc. / High Street / GH	Noank / High Street House Group Home	6	193 High Street	Groton	06355
Noank Baptist GHs, Inc. / Main Street / GH	Noank / Main Street House Group Home	5	36 Main Street	Groton	06340
Northeast Center for Youth & Families, Inc./Chaplin	Chaplin House / GH	5	249 Parish Hill Road	Chaplin	06235
Northeast Center for Youth & Families, Inc./Hampton	NCYF / Hampton House / GH	5	1556 Storrs Road	Mansfield	06268
Northeast Center for Youth & Families, Inc./Horizon	NCYF / Horizon House TGH	5	48 Williams Crossing Road	Lebanon	06249
Project Return, Inc. / GH	Project Return, Inc. / GH	7	124 North Compo Road	Westport	06880
REM Connecticut Services, Inc. / Ctr Hill /GH	REM Center Hill GH	5	166 Center Hill Road	Barkhamsted	06063
REM Connecticut Services, Inc. / Mansfield /GH	REM / Mansfield City GH	5	676 Mansfield City Road	Mansfield	06268
Shelter for Women / Alison Gill / GH	Alison Gill / GH	6	151 Hartford Road	Manchester	06040
St. Agnes Home / GH - Maternity	St. Agnes / Maternity GH	32	104 Mayflower Street	West Hartford	06110
St. Vincent's Special Needs Services /Trumbull /GH	St. Vincent's / Pfriem Home / GH	12	95 Merritt Boulevard	Trumbull	06611
St. Vincent's Special Needs Services/Stratford	Children's Res. School / Oronog/GH	12	975 Oronoque Lane	Stratford	06614
TLC /Transitional Living Center Foundation, Inc./GH	Transitional Living Center / GH	8	17 North Street	Manchester	06040
Village for Families and Children / Imani / GH	Imani House GH	6	544 Prospect Street	Hartford	06105
Waterford Country School, Inc. / Norwich GH	WCS Norwich Group Home	6	10 Laurel Hill Avenue	Norwich	06360
Wellpath, Inc. / Paladin / GH	Wellpath / Paladin House/ GH	5	160 Midland Road	Waterbury	06705
Wellpath, Inc. / Valiant / GH	Wellpath / Valiant House / GH	5	24 Spindle Hill Road	Wolcott	06716
Wellspring Foundation, Inc. / Pendana / GH	Pendana Home GH	5	84 Judge Lane	Bethlehem	06751
Wheeler Clinic, Inc. / Bristol GH / Light House	Bristol / Light House / GH	5	655 Jerome Avenue	Bristol	06106
Wheeler Clinic, Inc. / Family Living / GH	Family Living Home / GH	5	37 Parkside Drive	Plainville	06062
Wheeler Clinic, Inc. / Farm Hill / GH	Farm Hill Home / GH	5	1 Farmhill Drive	Plainville	06062
Wheeler Clinic, Inc. / SAGE / GH	SAGE House / GH	5	81 Edward Street	Newington	06111
Youth Continuum, Inc. / Uno House / GH	Uno House / GH	9	888 Winchester Avenue	New Haven	06511
Youth Continuum, Inc. / Bradley House / GH	Bradley House / GH	5	300 Bradley Street	East Haven	06512
Youth Continuum, Inc. / Forbes House / GH	Forbes House / GH	9	141 Valley Street	New Haven	06515
Youth Continuum, Inc. / Harbor House / GH	Harbor House / GH	6	1108 - 1110 Fairfield Avenue	Bridgeport	06606
Youth Continuum, Inc. / Helen's House / GH	Helen's House / GH	6	3 Potter Road	North Haven	06473
Youth Continuum, Inc. / Laurel House / GH	Laurel House / GH	6	657 - 659 Laurel Avenue	Bridgeport	06604

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CHILD CARING FACILITIES - RESIDENTIAL EDUCATION						
Facility Name	Program Name	Licensed Bed Count	Facility/Program Address	City	Zip code	
American School for the Deaf / CORE / RE	ASD / CORE / RE	110	139 North Main Street	West Hartford	06107	
Devereux Glenholme / RE	Devereux Glenholme / RE	125	81 Sabbaday Lane	Washington	06793	
Eagle Hill Foundation, Inc. / RE	Eagle Hill Foundation / RE	40	45 Glenville Road	Greenwich	06831	
Grove School, Inc. / RE	Grove School, Inc. / RE	105	175 Copse Road, P.O. Box 646	Madison	06443	
CHILD CARING FACILITIES - RESIDENTIAL TREATMENT (INCLUDING SUBACUTE AND SUBSTANCE ABUSE)						
American School for the Deaf / PACES / RT	PACES Program / RT	30	139 North Main Street	West Hartford	06107	
Children's Center of Hamden (The) / New Choice / RT - Substance Abuse	New Choices Wakemen Hall/RT-Sub	16	1400 Whitney Avenue	Hamden	06517	
Children's Center of Hamden (The) / RTC	Children's Center of Hamden (Throwb) / RTC	38	1400 Whitney Avenue	Hamden	06517	
Children's Home of Cromwell / RT	Children's Home of Cromwell / RT	57	60 Hicksville Road	Cromwell	06416	
Children's Center of Hamden (The) / START / RT - Subacute	START Program / RT	17	1400 Whitney Avenue	Hamden	06517	
Family Services of Greater Waterbury, Inc.	Chapman House RTC	6	14 Buckingham Street	Waterbury	06710	
Justice Resource Institute / Susan Wayne / RT	Susan Wayne Center of Excellence RTC	27	75 Church Street	Thompson	06277	
Klingberg Comprehensive Program Services /Acute/RT - Subacute	Acute Unit - Options / RT	16	363 Linwood Street	New Britain	06052	
Klingberg Comprehensive Program Services, Inc./RT	Klingberg Family Centers RTs / JU	42	370 Linwood Street	New Britain	06052	
Klingberg Comprehensive Program Services, Inc./WEB	KCPS / Webster House / RT	12	60 State Street	New Britain	06052	
Learning Clinic, Inc. / Pondview / RT	Learning Clinic, Inc. / Pondview	38	420 Pomfret Road	Brooklyn	06234	
Mount Saint John, Inc. / RTC	Mount Saint John / RT	38	135 Kirtland Street	Deep River	06417	
NAFI Connecticut, Inc. / Stepping Stone / RT	Stepping Stone / RT	24	63 Prospect Street	Waterbury	06702	
NAFI Connecticut, Inc./ Touchstone / RT	Touchstone / RT	16	11 Country Place	Litchfield	06759	
Natchaug Hospital / Journey House / RTC	Journey House- RTC	13	189 Storrs Road	Mansfield	06250	
New Hope Manor, Inc. / Dee's House / RT	Dee's House RT	6	1761 Main Street	East Hartford	06108	
New Hope Manor, Inc. / RT - Substance Abuse	New Hope Manor / RT	20	48 Hartford Road	Manchester	06040	
New Hope Manor, Inc./ Mel's House / RT	Mel's House RT	6	112 Field Road	Somers	06071	
Rushford Center, Inc. / Adolescent RT-Substance Abuse	Adolescent RT-Sub	12	459 R Wallingford Road	Durham	06422	
Rushford Center, Inc. / Stonegate / RT - Substance Abuse	Rushford Stonegate RT (aka-Positive Steps)	10	459 Wallingford Road	Durham	06422	

Table 21: Health Care Facilities Licensed by the Connecticut Department of Children and Families

Facility Name	Program Name	Licensed Bed Count	Facility/Program Address	City	Zip code
Stonington Institute / IRTC-DD / RT	Stonington IRTC-DD Unit / RT	10	75 Swantown Hill Road	North Stonington	06359
Village for Families and Children / Eagle/ RT - Subacute	Village / Eagle House / RT	13	1680 Albany Avenue	Hartford	06105
Waterford Country School, Inc. / RTC	Waterford Country School / RTC	40	78 Hunts Brook Road, PO Box 408	Waterford	06375
Wellspring Foundation, Inc. / RT	Wellspring / RT	26	21 Arch Bridge Road, P.O. Box 370	Bethlehem	06751
Family Service Assoc. of Greater Wtby, Inc. / RT	FSGW / Chapman House RT	3	14 Buckingham Street	Waterbury	06710
CHILD CARING FACILITIES - TEMPORARY SHELTER					
Boys and Girls Village, Inc. / Kid's I.N.N. / TS - Subacute	BGV / Kid's I.N.N. / TS	17	528 Wheelers Farms Road	Milford	06460
Bridge Family Center, Inc. (The) / Hastings / TS	Hastings House / STAR PROG.M. / TS	6	414 Woodtick Road	Wolcott	06716
Bridge Family Center, Inc. (The) / Miller / TS	Miller House / Manchester / TS	6	315 Henry Street	Manchester	06040
Bridge Family Center, Inc. (The) / WH STAR / TS	West Hartford STAR Home / TS	9	1019 Farmington Avenue	West Hartford	06107
Bridge Family Center, Inc. (The) / Winifred / TS	Winifred House / TS	6	96 Birchcrest Drive	Southington	06489
Bridge Family Center, Inc. / Harwinton House / TS	Harwinton House STAR / TS	6	25 Plymouth Road	Harwinton	06791
Children's Center of Hamden (The) / CARE / TS	CARE Stabilization Program / TS	8	1400 Whitney Avenue	Hamden	06517
Community Residences, Inc. / Bristol / TS	Bristol House / TS	6	357 Birch Street	Bristol	06010
Community Residences, Inc. / Hamden / TS	Hamden House STAR / TS	6	100 Troiano Road	Hamden	06518
Community Residences, Inc. / Manchester/ TS	Manchester House / TS	6	89 Nutmeg Drive	Manchester	06040
Community Residences, Inc. / Stratford / TS	Stratford House / STAR / TS	6	1015 Warner Hill Road	Stratford	06614
Community Residences, Inc. / Windsor / TS	Windsor House / STAR -TS	6	126 Portman Street	Windsor	06095
Kids In Crisis, Inc. / Adolescent / TS	Kids In Crisis, Adolescent Shelter / TS	10	534 East Putnam Avenue	Greenwich	06807
Kids In Crisis, Inc. / Nursery / TS	Kids In Crisis, Nursery / TS	10	534 East Putnam Avenue	Greenwich	06807
Waterford Country School, Inc. / Thomas Bent	WCS-Thomas Bent / Rita -STAR / TS	18	78 Hunts Brook Road, PO Box 408	Waterford	06375
Wheeler Clinic, Inc. /Crisis Stab /Green House /TS	Crisis Stabilization Program/Green House	8	263 Farmington Avenue	Farmington	06030
CHILD CARING FACILITIES - SAFE HOME					
Boys and Girls Village, Inc. / Safe Haven / SH	Safe Haven / SH	12	528 Wheelers Farms Road	Milford	06460
Children's Center of Hamden (The) /Kids Cottage/SH	Kids Cottage Safe Home	12	1400 Whitney Avenue	Hamden	06517
Community Health Resources, Inc. / Enfield SH	CHR / Enfield Safe Home (NCCS)	9	36 Middle Road	Enfield	06082
Family and Children's Aid, Inc. / Danbury / SH	Danbury Star Shine Safe Home	8	79 West Street	Danbury	06810
Family and Children's Aid, Inc. / Shelton SH	FCA / Shelton Safe Home	10	292 Coram Avenue	Shelton	06484
Rushford Center, Inc. / Safe Harbors / SH	Safe Harbors Safe Home	10	101 Parker Avenue North	Meriden	06450

Table 21: Health Care Facilities Licensed by the Connecticut Department of Children and Families

Facility Name	Program Name	Licensed Bed Count	Facility/Program Address	City	Zip code
Village for Families & Children / Perkins / Sankof/SH	Perkins (Sankofa PDC) / SH	12	1680 Albany Avenue	Hartford	06105
Village for Families and Children / Goodwin / SH	Goodwin / Brainerd Safe Home	12	1680 Albany Avenue	Hartford	06105
Waterbury Youth Service System, Inc. / Rainbow	Rainbow House / Safe Home	10	160 Grandview Avenue	Waterbury	06702
Waterford Country School, Inc. / N. Windham SH	WCS N. Windham Safe Home	8	313 North Windham Road	Windham	06256
Waterford Country School, Inc. /Grub Olyn /SH/ A&B	WCS Safe Home / Grube Olynciw/ A&B	20	947 Vauxhall Street Extension	Waterford	06375
Wheeler Clinic, Inc. / Safe Home	Wheeler Clinic / Safe Home	9	91 Northwest Drive	Plainville	06062

Source: Facility information provided by Department of Children and Families as of October 2011 (For further listing of current DCF licensed programs and facilities, see DCF's website at www.ct.gov/dcf/cwp/view.asp?a=2548&q=314540)

Totals from above listing (as of 10/2011) are as follows:

Outpatient Psychiatric Clinic for Children: 63 licensed sites

Extended Day Treatment facilities: 20 licensed sites

Child Caring Facilities - Group Home: 75 licensed sites

Child Caring Facilities - Residential Education: 4 licensed sites

Child Caring Facilities - Residential Treatment (including subacute and substance abuse): 25 licenses sites

Child Caring Facilities - Temporary Shelter: 16 licensed sites

Child Caring Facilities - Safe Home: 12 licensed sites

Table 22: Primary Care Centers –Community Health Centers/Federally Qualified Health Centers

COMMUNITY HEALTH CENTER LOCATIONS ^a					
Facility Name	Provider Name	Facility Address	City	Zip code	
Bridgeport Community Health Center, Inc.	Optimus Health Care, Inc.	982-988 East Main Street	Bridgeport	06608	
Bridgeport Community Health Center, Inc.	Optimus Health Care, Inc.	471 Barnum Avenue	Bridgeport	06608	
Brook Street Shelter	Southwest Community Health Center, Inc.	309 Brook Street	Bridgeport	06608	
C.A.S.A.	Southwest Community Health Center, Inc.	690 Artic Street	Bridgeport	06608	
Charter Oak Health Center	Charter Oak Health Center, Inc.	401 New Britain Avenue	Hartford	06106	
Charter Oak Health Center at CCMC	Charter Oak Health Center, Inc.	282 Washington Street	Hartford	06106	
Charter Oak Health Center, Inc. (Main Campus)	Charter Oak Health Center, Inc.	21 Grand Street	Hartford	06106	
Charter Oak Health Center/Mobile Unit Medical Van	Charter Oak Health Center, Inc.	151 Farmington Avenue	Hartford	06106	
Clinton Avenue Clinic	Southwest Community Health Center, Inc.	510 Clinton Avenue	Bridgeport	06605	
Columbus House	Cornell Scott - Hill Health Corporation	586 Ella Grasso Boulevard	New Haven	06519	
Community Health & Wellness Center of Greater Torrington, Inc.	Community Health & Wellness Center of Greater Torrington, Inc.	115 Spencer Street	Winchester	06098	
Community Health & Wellness Center of Greater Torrington, Inc.	Community Health & Wellness Center of Greater Torrington, Inc.	469 Migeon Ave	Torrington	06790	
Community Health & Wellness Center of Greater Torrington, Inc.	Community Health & Wellness Center of Greater Torrington, Inc.	88 East Albert Street	Torrington	06790	
Community Health Care Center of Groton	Community Health Center, Inc.	333 Long Hill Road	Groton	06340	
Community Health Center of Bristol	Community Health Center, Inc.	395 North Main Street	Bristol	06010	
Community Health Center of Clinton	Community Health Center, Inc.	114 East Main Street	Clinton	06413	
Community Health Center of Danbury	Community Health Center, Inc.	8 Delay Street	Danbury	06810	
Community Health Center of Enfield	Community Health Center, Inc.	5 North Main Street	Enfield	06082	
Community Health Center of Groton	Community Health Center, Inc.	481 Gold Star Highway	Groton	06340	
Community Health Center of Meriden	Community Health Center, Inc.	134 State Street	Meriden	06450	
Community Health Center of Middletown	Community Health Center, Inc.	675 Main Street	Middletown	06457	
Community Health Center of New Britain	Community Health Center, Inc.	85 Lafayette Street	New Britain	06051	
Community Health Center of New London	Community Health Center, Inc.	1 Shaw's Cove	New London	06320	
Community Health Center of Old Saybrook	Community Health Center, Inc.	263 Main Street	Old Saybrook	06475	
Community Health Center of Waterbury	Community Health Center, Inc.	51 North Elm Street	Waterbury	06702	
Community Health Center, Inc.	Community Health Center, Inc.	635 Main Street	Middletown	06457	
Community Health Center, Inc. Wherever You Are Prudence Crandell	Community Health Center, Inc.	594 Burrmitt Street	New Britain	06051	

Table 22: Primary Care Centers –Community Health Centers/Federally Qualified Health Centers

Facility Name	Provider Name	Facility Address	City	Zip code
Community Health Center's Wherever You Are Master's Manna	Community Health Center, Inc.	46 North Plains Road	Wallingford	06492
Community Health Services, Inc.	Community Health Services, Inc.	500 Albany Avenue	Hartford	06120
Cornell Scott - Hill Health Center at Harbor Health Services, Inc.	Cornell Scott - Hill Health Corporation	14 Sycamore Way	Branford	06405
Cornell Scott - Hill Health Corporation at Birmingham Group Health Services	Cornell Scott - Hill Health Corporation	435 East Main Street	Ansonia	06401
Cornell Scott- Hill Health Center at Bridges	Cornell Scott - Hill Health Corporation	949 Bridgeport Avenue	Milford	06460
Cornell Scott-Hill Health Center Ansonia	Cornell Scott - Hill Health Corporation	121 Wakelee Avenue	Ansonia	06401
Day Street Community Health Center, The	Community Health Center, Inc.	49 Day Street	Norwalk	06854
Dixwell Health Center	Cornell Scott - Hill Health Corporation	226 Dixwell Avenue	New Haven	06510
East Hartford Community Healthcare, Inc.	East Hartford Community Healthcare, Inc.	110 Connecticut Boulevard	East Hartford	06108
East Hartford Community Healthcare, Inc.	East Hartford Community Healthcare, Inc.	94 Connecticut Boulevard	East Hartford	06108
Easter Seals Head Start Health Services	Community Health Center, Inc.	398 Liberty Street	Meriden	06450
Fair Haven Community Health Center	Fair Haven Community Health Clinic, Inc.	374 Grand Avenue	New Haven	06513
Fairgate Community Health Center	Optimus Health Care, Inc.	138 Stillwater Avenue	Stamford	06902
Franklin Street Community Health Center	Community Health Center, Inc.	141 Franklin Street	Stamford	06901
Generations (Across the Smiles Dental Van)	Generations Family Health Center, Inc.	1315 Main Street	Windham	06226
Generations Family Health Center, Inc.	Generations Family Health Center, Inc.	54 Reynolds Street	Danielson	06239
Generations Family Health Center, Inc.	Generations Family Health Center, Inc.	326 Washington Street (W.W. Backus Hospital)	Norwich	06360
Generations Family Health Center, Inc.	Generations Family Health Center, Inc.	330 Washington Street	Norwich	06360
Generations Family Health Center, Inc.	Generations Family Health Center, Inc.	40 Mansfield Ave	Windham	06226
Generations Family Health Center, Inc.	Generations Family Health Center, Inc.	202 Pomfret Street	Putnam	06260
Grant Street Partnership	Cornell Scott - Hill Health Corporation	62 Grant Street	New Haven	06519
Greater Danbury Community Health Center	Connecticut Institute for Communities, Inc.	57 North Street	Danbury	06810
Greater Danbury Community Health Center Mobile Health Unit	Connecticut Institute for Communities, Inc.	57 North Street	Danbury	06810
Harrison Apartments, The	Southwest Community Health Center, Inc.	651 State Street	Bridgeport	06604
Health Care for the Homeless at St. Elizabeth's House	Charter Oak Health Center, Inc.	118 Main Street	Hartford	06106
Health Care for the Homeless Clinic at House of Bread	Charter Oak Health Center, Inc.	27 Chestnut Street	Hartford	06120
Health Care for the Homeless Clinic at Immaculate Conception Shelter	Charter Oak Health Center, Inc.	560 Park Street	Hartford	06106
Health Care for the Homeless Clinic at McKinney Shelter	Charter Oak Health Center, Inc.	34 Huyshope Avenue	Hartford	06106

Table 22: Primary Care Centers –Community Health Centers/Federally Qualified Health Centers

Facility Name	Provider Name	Facility Address	City	Zip code
Health Care for the Homeless Clinic at Open Hearth	Charter Oak Health Center, Inc.	437 Sheldon Street	Hartford	06106
Health Care for the Homeless Clinic at South Park Inn	Charter Oak Health Center, Inc.	75 Main Street	Hartford	06106
Health Care for the Homeless Clinic at YWCA	Charter Oak Health Center, Inc.	135 Broad Street	Hartford	06106
Helping Hands of Connecticut	Southwest Community Health Center, Inc.	1124 Iranistan Avenue	Bridgeport	06604
Hill Health Center	Cornell Scott - Hill Health Corporation	428 Columbus Avenue	New Haven	06519
Hill Health Center at Crossroads	Cornell Scott - Hill Health Corporation	44-54 East Ramsdell Street	New Haven	06515
Hill Health Corporation Richard O. Belden Dental Clinic	Cornell Scott - Hill Health Corporation	30 Elizabeth Street	Derby	06418
Hollow Community Health Center	Optimus Health Care, Inc.	82-88 George Street	Bridgeport	06605
Integrated Care Clinic	Optimus Health Care, Inc.	780 Summer Street	Stamford	06905
JP Morgan Chase Wellness Center	Optimus Health Care, Inc.	1071 East Main Street	Bridgeport	06608
Main Street Pediatrics	Optimus Health Care, Inc.	3180 Main Street	Bridgeport	06606
Manchester Community Health Services	East Hartford Community Healthcare, Inc.	150 North Main Street	Manchester	06042
Medical Group at Bella Vista	Fair Haven Community Health Clinic, Inc.	339 Eastern Street	New Haven	06513
Meri-Care Dental Clinic	Community Health Center, Inc.	165 Miller Street	Meriden	06450
Norwalk Community Health Center, Inc.	Norwalk Community Health Center, Inc.	120 Connecticut Avenue	Norwalk	06854
Norwalk Community Health Center, Inc.	Norwalk Community Health Center, Inc.	121 Water Street	Norwalk	06854
Operation Hope	Southwest Community Health Center, Inc.	50 Nichols Street	Fairfield	06430
Optimus Primary Clinics	Optimus Health Care, Inc.	1351 Washington Boulevard	Stamford	06902
Park City Primary Care Center, Inc.	Optimus Health Care, Inc.	64 Black Rock Avenue	Bridgeport	06605
Pivot Ministries	Southwest Community Health Center, Inc.	495 Jane Street	Bridgeport	06608
Prospect House	Southwest Community Health Center, Inc.	392 Prospect St	Bridgeport	06604
Ralphola Taylor Community Center	Optimus Health Care, Inc.	790 Central Avenue	Bridgeport	06607
South Central Rehabilitation Center	Cornell Scott - Hill Health Corporation	232 Cedar Street	New Haven	06519
Southwest Community Health Center, Inc.	Southwest Community Health Center, Inc.	1046 Fairfield Avenue	Bridgeport	06605
Southwest Community Health Center, Inc.	Southwest Community Health Center, Inc.	361 Bird Street	Bridgeport	06605
Southwest Community Health Center, Inc.	Southwest Community Health Center, Inc.	968 Fairfield Ave	Bridgeport	06605
Southwest Community Health Center, Inc. at Marina Village	Southwest Community Health Center, Inc.	743 South Avenue	Bridgeport	06604
Stamford Community Health Center Care for the Homeless	Optimus Health Care, Inc.	597 Pacific Street	Stamford	06902
Stamford Community Health Center Homeless Program	Optimus Health Care, Inc.	90 Fairfield Avenue	Stamford	06902
Stamford Community Health Center, Inc.	Optimus Health Care, Inc.	805 Atlantic Street	Stamford	06902

Table 22: Primary Care Centers –Community Health Centers/Federally Qualified Health Centers

Facility Name	Provider Name	Facility Address	City	Zip code
State Street Health Services	Cornell Scott - Hill Health Corporation	911 State Street	New Haven	06511
Staywell Health Care for the Homeless I	Staywell Health Care, Inc.	114 Benedict Street	Waterbury	06706
Staywell Health Care, Inc.-South End Health Center	Staywell Health Care, Inc.	1302 South Main Street	Waterbury	06706
Staywell Health Center	Staywell Health Care, Inc.	80 Phoenix Avenue	Waterbury	06702
Staywell Health Center H.C.H.-3	Staywell Health Care, Inc.	95 Thomaston Avenue	Waterbury	06705
Stratford Community Health Center	Optimus Health Care, Inc.	727 Honey Spot Road	Stratford	06415
United Community & Family Services, Inc.	United Community & Family Services, Inc.	70 Main Street	Griswold	06351
United Community & Family Services, Inc.	United Community & Family Services, Inc.	400 Bayonet Street	New London	06320
United Community & Family Services, Inc.	United Community & Family Services, Inc.	47 Town Street	Norwich	06360
Vernon Community Health Services	East Hartford Community Healthcare, Inc.	3 Prospect Street	Vernon	06066
West Haven Health Center	Cornell Scott - Hill Health Corporation	285 Main Street	West Haven	06516
Wherever You Are Eddy Center	Community Health Center, Inc.	1 Labella Circle	Middletown	06457
Wherever You Are Friendship Services Center	Community Health Center, Inc.	241-249 Arch Street	New Britain	06051
Wherever You Are Shelter NOW	Community Health Center, Inc.	42 Saint Casimir Drive	Meriden	06450
Wherever You Are Shepherd Home	Community Health Center, Inc.	112 Bow Lane	Middletown	06457
WIC Dental Program	Optimus Health Care, Inc.	752 East Main Street	Bridgeport	06608
Woodland Health and Wellness Center	Optimus Health Care, Inc.	8 Woodland Place	Stamford	06902
Total of 102 outpatient clinic locations operated by Community Health Center providers (includes mobile van licensed address, but does not include school based health centers or behavioral health services by Community Health Center providers)				

Source: DPH licensure files and e-licensure database as of July 2012 and the discussions of the Primary Care Subcommittee

^aThe above listing represents licensed sites operated by an entity which is a community health center (see 2nd column for provider/operator) and which are licensed as outpatient Clinics and are not school based health center locations and these sites comprise both the full service primary care sites and the limited service sites, such as limited hours in a shelter or elderly housing setting (The above does not include CHC sites licensed under a behavioral health licensure category)

Table 22: Primary Care Centers –Community Health Centers/Federally Qualified Health Centers

Table 23: Primary Care Centers/Clinics – School Based Health Centers

SCHOOL BASED HEALTH CENTER LOCATIONS					
Facility Name	Provider Name	Facility Address	City	Zip code	
America's Choice @ Sand Dental Clinic	Hartford Public Schools	1750 Main Street	Hartford	06120	
Barnum/Waltersville School Based Health Center	Optimus Health Care, Inc.	495 Waterview Avenue	Bridgeport	06608	
Bassick High School, School Based Health Center	Southwest Community Health Center, Inc.	1181 Fairfield Avenue	Bridgeport	06605	
Bellizzi Middle School, School-Based Health Clinic	Hartford Public Schools	215 South Street	Hartford	06114	
Benjamin Franklin School Health Services	Community Health Center, Inc.	426 West Main Street	Meriden	06450	
Bennie Dover Jackson Middle School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	36 Waller Street	New London	06320	
Betances Elementary School Dental Clinic	Hartford Public Schools	42 Charter Oak Avenue	Hartford	06106	
Body Shop at Wilbur Cross High School, The	Fair Haven Community Health Clinic, Inc.	181 Mitchell Drive	New Haven	06513	
Brennan Rogers School Based Health Center	New Haven Public Schools	200 Wilmot Road	New Haven	06515	
Bulkeley High School Clinic	Hartford Public Schools	300 Wethersfield Avenue	Hartford	06114	
Bullard Havens School Based Health Center	Optimus Health Care, Inc.	500 Palisade Avenue	Bridgeport	06610	
Burn Latino Studies Academy Dental Clinic	Hartford Public Schools	195 Putnam Street	Hartford	06106	
Casimir Pulaski School Health Services	Community Health Center, Inc.	100 Clearview Avenue	Meriden	06450	
Catherine Kolnaski Elementary School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	500 Pouquonnock Road	Groton	06340	
Central High School- School Based Health Center	Southwest Community Health Center, Inc.	1 Lincoln Boulevard	Bridgeport	06606	
Cesar A. Batalia School-Based Health Center	Southwest Community Health Center, Inc.	606 Howard Avenue	Bridgeport	06605	
Claude Chester Elementary School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	1 Harry Day Drive	Groton	06340	
Cloonan Middle School Dental Clinic	City of Stamford	11 West North Street	Stamford	06902	
Columbus School Based Health Center	Optimus Health Care, Inc.	275 George Street	Bridgeport	06604	
Community Health Center School Based Health Center Roosevelt School	Community Health Center, Inc.	40 Goodwin Street	New Britain	06051	
Community Health Center's Middletown High School School Based Health Center	Community Health Center, Inc.	200 La Rosa Lane	Middletown	06457	
CT River Academy High School Dental Program	Integrated Health Services, Inc.	167 Riverside Drive	East Hartford	06108	
Dolan Middle School Based Health Center	Family Centers, Inc.	51 Toms Road	Stamford	06902	
Domus School Health Services at Trailblazers Academy	Community Health Center, Inc.	83 Lockwood Avenue	Stamford	06902	
Dr. Robert E. Appleby Health Center-Brien McMahan High School	Human Services Council, Inc.	300 Highland Avenue	Norwalk	06854	

Table 23: Primary Care Centers/Clinics – School Based Health Centers

Facility Name	Provider Name	Facility Address	City	Zip code
Dr. Robert E. Appleby Health Center-Norwalk High School, The	Human Services Council, Inc.	23 Calvin Murphy Drive	Norwalk	06851
Dr. Robert E. Appleby Health Center-Richard Briggs High School, The	Human Services Council, Inc.	350 Main Street	Norwalk	06850
Driggs School Clinic	Staywell Health Care, Inc.	77 Woodlawn Terrace	Waterbury	06710
Dual Language Arts Academy School <i>Linked</i> Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	3 Garvin Street	New London	06320
Early Childhood Development Center-School <i>Linked</i> Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	591 Poquonock Road	Groton	06340
Ella T. Grasso Southeastern Regional Vocational Technical School Link Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	189 Fort Hill Road	Groton	06340
Fair Haven Community Health Center Body Shop at Clinton Avenue School	Fair Haven Community Health Clinic, Inc.	293 Clinton Avenue	New Haven	06513
Fair Haven Community Health Center Body Shop at Riverside Academy	Fair Haven Community Health Clinic, Inc.	560 Ella Grasso Boulevard #3	New Haven	06519
Fair Haven K-8 School Based Health Center	Fair Haven Community Health Clinic, Inc.	164 Grand Avenue	New Haven	06513
Fitch High School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	101 Groton Long Point Road	Groton	06340
Fitch Middle School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	61 Fort Hill Road	Groton	06340
Florence Blackham School-School Based Health Center	Southwest Community Health Center, Inc.	425 Thorne Street	Bridgeport	06606
Friendship School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	24 Rope Ferry Road	Waterford	06385
Galvin Dental Program at O'Brien Elementary School	Integrated Health Services, Inc.	56 Farm Drive	East Hartford	06138
Greeneville Elementary School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	165 Golden Street Extension	Norwich	06360
Hanover School Health Services	Community Health Center, Inc.	208 Main Street	Meriden	06451
Harbor Elementary School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	432 Montauk Avenue	New London	06320
Harding High School Based Health Center	Optimus Health Care, Inc.	1734 Central Avenue	Bridgeport	06610
Hartford Public High School Clinic	Hartford Public Schools	55 Forest Street	Hartford	06105
Hill Central School Based Clinic	Cornell Scott - Hill Health Corporation	375 Quinpiac Avenue	New Haven	06513
Howell Cheney Technical High School	East Hartford Community Healthcare, Inc.	79 West Middle Turnpike	Manchester	06040
Isaac School Based Health Center	Community Health Center, Inc.	190 Governor Winthrop Boulevard	New London	06320
Israel Putnam School Health Services	Community Health Center, Inc.	133 Parker Avenue	Meriden	06450
Jennings Elementary School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	50 Mercer Street	New London	06320

Table 23: Primary Care Centers/Clinics – School Based Health Centers

Facility Name	Provider Name	Facility Address	City	Zip code
John Barry School Health Services	Community Health Center, Inc.	124 Columbia Street	Meriden	06450
John C. Clark Elementary School Dental Clinic	Hartford Public Schools	75 Clark Street	Hartford	06120
John F. Kennedy School Based Health Center	Optimus Health Care, Inc.	700 Palisades Parkway	Bridgeport	06610
John J. Allison, Jr. Polaris School Based Health Center	Capitol Region Education Council	474 School Street	East Hartford	06108
Katherine Brennan School Based Clinic	Cornell Scott - Hill Health Corporation	200 Wilmot Road	New Haven	06515
Keigwin School Based Health Center	Community Health Center, Inc.	99 Spruce Street	Middletown	06457
Kelly Middle School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	25 Mahan Drive	Norwich	06360
King-Robinson School Based Clinic	Cornell Scott - Hill Health Corporation	150 Fournier Street	New Haven	06511
Kinsella Elementary School Dental Clinic	Hartford Public Schools	65 Van Block Avenue	Hartford	06114
Lewis Fox Middle School Clinic	Hartford Public Schools	305 Greenfield Street	Hartford	06120
Lincoln-Bassett School Based Health Center	New Haven Public Schools	130 Bassett Street	New Haven	06511
Luis Munoz Marin School Based Health Center	Optimus Health Care, Inc.	479 Helen Street	Bridgeport	06608
M.D. Fox at Locust Street	Hartford Public Schools	245 Locust Street	Hartford	06114
M.D. Fox at Twain	Hartford Public Schools	395 Lyme Street	Hartford	06112
M.D. Fox School-Based Health Clinic	Hartford Public Schools	470 Maple Avenue	Hartford	06114
Maloney High School Based Health Services	Community Health Center, Inc.	121 Gravel Street	Meriden	06450
Maria Sanchez School-Based Health Clinic	Hartford Public Schools	176 Babcock Street	Hartford	06106
Martin Luther King School Clinic	Hartford Public Schools	25 Ridgefield Street	Hartford	06112
McDonough Elementary School Dental Clinic	Hartford Public Schools	111 Hillside Avenue	Hartford	06106
Metropolitan Learning Center	Capitol Region Education Council	1551 Blue Hills Avenue	Bloomfield	06002
Milner Elementary School Dental Clinic	Hartford Public Schools	104 Vine Street	Hartford	06112
Molar Express Dental Clinic (Mobile Van)	Hartford Public Schools	960 Main Street	Hartford	06103
Mom's Clinic at Hamden High School	Quinnipiac Valley Health District	2040 Dixwell Avenue	Hamden	06514
Moylan Elementary School Dental Clinic	Hartford Public Schools	101 Catherine Street	Hartford	06106
Multicultural Magnet School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	1 Bulkeley Place	New London	06320
Nathan Hale Elementary School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	90-100 Cedar Grove	New London	06320
Nathan Hale School Health Services	Community Health Center, Inc.	277 Atkins Street	Meriden	06450
New Britain High-School Based Health Center	Community Health Center, Inc.	110 Mill Street	New Britain	06051
New London High School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	490 Jefferson Avenue	New London	06320

Table 23: Primary Care Centers/Clinics – School Based Health Centers

Facility Name	Provider Name	Facility Address	City	Zip code
Norwich Free Academy School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	305 Broadway	Norwich	06320
Parkville Elementary School Dental Clinic	Hartford Public Schools	1755 Park Street	Hartford	06106
Platt High School - School Based Health Services	Community Health Center, Inc.	220 Coe Avenue	Meriden	06450
Read School-School Based Health Center	Southwest Community Health Center, Inc.	130 Ezra Street	Bridgeport	06608
Rippowam Dental Clinic	City of Stamford	381 High Ridge Road	Stamford	06905
Rippowam/AITE School Based Health Center	Family Centers, Inc.	381 High Ridge Road	Stamford	06905
Rita Hayes Wellness Center School Based Clinic	Community Health Center, Inc.	66 Spring Street	Middletown	06457
Roberto Clemente School-Based Clinic	Cornell Scott - Hill Health Corporation	360 Columbus Avenue	New Haven	06519
Roger Sherman School Health Services	Community Health Center, Inc.	64 North Pearl Street	Meriden	06450
Rogers International School Dental Clinic	City of Stamford	202 Blachley Road	Stamford	06902
Roosevelt School-School Based Health Center	Southwest Community Health Center, Inc.	680 Park Avenue	Bridgeport	06604
School Based Health Center at John S. Martinez School, The	Fair Haven Community Health Clinic, Inc.	100 James Street	New Haven	06513
School Based Health Center at Westhill High School	Family Centers, Inc.	125 Roxbury Road	Stamford	06902
School Based Health Center-Albert I. Prince Regional Vocational Technical School	Charter Oak Health Center, Inc.	401 Flatbush Avenue	Hartford	06106
School- Based Health Center-Danbury High School	City of Danbury	43 Clapboard Ridge Road	Danbury	06811
School-Based Health Center-Broadview Middle School	City of Danbury	72 Hospital Avenue	Danbury	06810
School-Based Health Center-Rogers Park Middle School	City of Danbury	21 Memorial Drive	Danbury	06810
Silver Lane School Based Health Center	Integrated Health Services, Inc.	15 Mercer Avenue	East Hartford	06138
Simpson-Waverly Elementary School Dental Clinic	Hartford Public Schools	55 Waverly Street	Hartford	06106
Smalley Academy School Based Health Services	Community Health Center, Inc.	175 West Street	New Britain	06051
Smart Bodies at Davis	Cornell Scott - Hill Health Corporation	35 Davis Street	New Haven	06515
Smith Bent School <i>Linked</i> Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	7 Vauxhall Street	New London	06322
Stamford High School Based Health Center	Family Centers, Inc.	55 Strawberry Hill Avenue	Stamford	06902
Stanton Elementary School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	386 New London Turnpike	New London	06360
Stratford Health Department- School Based Dental Clinic	Stratford Health Department	719 Birdseye Street	Stratford	06615
Suzanne Leone School Based Health Center	Integrated Health Services, Inc.	777 Burnside Avenue	East Hartford	06138
Teachers Memorial Middle School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	15 Teachers Drive	Norwich	06360
Thames River School <i>Linked</i> Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	48 Crystal Avenue, Building A	New London	06320

Table 23: Primary Care Centers/Clinics – School Based Health Centers

Facility Name	Provider Name	Facility Address	City	Zip code
Thomas Hooker School Health Services	Community Health Center, Inc.	70 Overlook Drive	Meriden	06450
Trantolo School Based Health Center	Integrated Health Services, Inc.	869 Forbes Street	East Hartford	06138
Truman School Based Health Center	Cornell Scott - Hill Health Corporation	114 Truman Street	New Haven	06511
Two Rivers Magnet Middle School	Capitol Region Education Council	337 East River Drive	East Hartford	06108
University of Hartford Magnet School Clinic	Capitol Region Education Council	196 Bloomfield Avenue	West Hartford	06108
Vinal Tech School Based Health Services	Community Health Center, Inc.	60 Daniels Street	Middletown	06457
Waterford Country School	United Community & Family Services, Inc.	78 Hunts Brook Road	Waterford	06375
Weaver High School, School-Based Health Clinic	Hartford Public Schools	415 Granby Street	Hartford	06112
West Side Middle School	Child and Family Agency of Southeastern Connecticut, Inc.	250 Brandegee Avenue	Groton	06340
West Side Middle School Based Health Center	Child and Family Agency of Southeastern Connecticut, Inc.	250 Brandegee Avenue	Groton	06340
William Pitt Child Development Center	Family Centers, Inc.	195 Hillandale Avenue	Stamford	06902
Winthrop Elementary School Based Health Center	Child and Family Agency of Southeastern Connecticut Inc.	74 Cedar Grove Avenue	New London	06320
Wish Elementary School Dental Clinic	Hartford Public Schools	350 Barbour Street	Hartford	06120
Woodrow Wilson School Based Health Center	Community Health Center, Inc.	370 Hunting Hill Road	Middletown	06457
Wooster Middle School Based Health Center	Town of Stratford Health Department	150 Lincoln Street	Stratford	06614
Total of 121 school based health center licensed sites as of June 2012				

Source: DPH licensure files and e-licensure database as of June 2012 and the discussions of the Primary Care Subcommittee

Table 23: Primary Care Centers/Clinics – School Based Health Centers

Table 24: Primary Care Center/Clinic – Free Clinics and Limited or Special Population Clinics

FREE CLINICS					
Facility Name	Provider Name	Facility Address	City	Zip code	
Americares Free Clinic of Bridgeport	Americares Free Clinic Inc.	115 Highland Avenue	Bridgeport	06604	
Americares Free Clinic of Danbury	Americares Free Clinic, Inc.	76 West Street	Danbury	06810	
Americares Free Clinic of Norwalk	Americares Free Clinic, Inc.	98 South Main Street	Norwalk	06854	
Kevin's Community Center, Inc.	Kevin's Community Center Inc.	153 South Main Street	Newtown	06470	
Malta House of Care, Inc.	Malta House of Care, Inc.	Mobile Van, 114 Woodland Street	Hartford	06105	
Malta House of Care, Inc.-Cathedral of St. Joseph	Malta House of Care, Inc.	809 Asylum Avenue, Annex Boulevard	Hartford	06105	
Malta House of Care, Inc.-Sacred Heart Church	Malta House of Care, Inc.	49 Winthrop Street	Hartford	06103	
Malta House of Care, Inc.-St. Augustine's Church	Malta House of Care, Inc.	10 Campfield Avenue	Hartford	06114	
Malta House of Care-Waterbury, Inc. / Care Van	Malta House of Care, Inc.	146 Huntington Avenue	Waterbury	06708	
Malta House of Care-Waterbury, Inc. Sacred Heart Church	Malta House of Care, Inc.	13 Wolcott Street	Waterbury	06702	
Malta House of Care-Waterbury, Inc.-St. Francis Church	Malta House of Care, Inc.	625 Baldwin Street	Waterbury	06706	
Rios De Sanidad	Primera Iglesia Bautista Hispana De New London	35 Redden Ave	New London	06320	
LIMITED OR SPECIAL POPULATIONS CLINICS					
Facility Name	Provider Name	Facility Address	City	Zip code	
Apt Foundation, Inc. Primary Care Services	APT Foundation, Inc.	425 Grant Street	Bridgeport	06610	
Apt Foundation, Inc. Primary Care Services	APT Foundation, Inc.	1 Long Wharf Drive	New Haven	06511	
Care Net Pregnancy Resource Center of SE Connecticut	Pregnancy Support Center Inc.	770 Long Hill Road	Groton	06340	
Central Medical Unit	APT Foundation, Inc.	495 Congress Avenue	New Haven	06519	
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	60 Beaver Brook Road	Danbury	06810	
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	20 North Main Street	Norwalk	06854	
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	4 Midland Road	Waterbury	06705	
Doctor's Charlotte and David Brown Geriatric Evaluation Clinic, The	Waveny Care Center, Inc.	3 Farm Road	New Canaan	06840	
Hartford Dispensary Henderson Johnson Clinic	Hartford Dispensary	12-14 Weston Street	Hartford	06120	
Hartford Gay and Lesbian Health Collective	Hartford Gay and Lesbian Collective	1841 Broad Street	Hartford	06114	
Hebrew Home and Hospital	Hebrew Health Care Inc.	1 Abrahms Boulevard	West Hartford	06117	
Maria Seymour Brooker Memorial, Inc.	Maria Seymour Brooker Memorial, Inc.	157 Litchfield Street	Torrington	06790	

Table 24: Primary Care Center/Clinic – Free Clinics and Limited or Special Population Clinics

Facility Name	Provider Name	Facility Address	City	Zip code
Masonicare Health Center	Masonicare Health Center	22 Masonic Avenue	Wallingford	06492
Multicultural Ambulatory Addiction Services	Chemical Abuse Services Agency, Inc. (CASA)	426 East Street	New Haven	06511
Samaritan Health Center	Samaritan Health Services, Inc.	13 Rose Street	Danbury	06810
St. Joseph's Manor Rehabilitation and Nursing Center	HBR Trumbull LLC	6448 Main Street	Trumbull	06611

Source: DPH licensure files and e-licensure database as of June 2012 and the discussions of the Primary Care Subcommittee

Note that there are some very recent additions to the licensing of outpatient clinics not included in the above listing

Table 25: General Hospital - Operated Primary Care Centers/Clinics

Hospital Name	Program Name	Address	Town	Zip code	Days and Hours of Operation ^a
Bridgeport Hospital	Primary Care Clinic	267 Grant Street	Bridgeport	06610	Monday – Friday 8:30 am - 4:30 pm
Charlotte Hungerford Hospital	Charlotte Hungerford Primary Care	780 Litchfield Street	Torrington	06790	Monday – Friday 8:30 am - 5:00 pm
Day Kimball Healthcare, Inc. d/b/a Day Kimball Hospital	Adult Primary Care	12 Lathrop Road	Plainfield	06374	Monday – Friday 8:00 am - 5:00 pm 3rd Wednesdays 8:00 am - 6:00 pm
Day Kimball Healthcare, Inc. d/b/a Day Kimball Hospital	Pediatric Center - Putnum	320 Pomfret Street	Putnam	06260	Monday – Thursday 8:30 am - 8:00 pm Friday 8:30 am - 5:00 pm Saturday 8:30 am - noon
Day Kimball Healthcare, Inc. d/b/a Day Kimball Hospital	Pediatric Center - Plainfield	31 Dow Road	Plainfield	06374	Monday - Friday 8:30 am - 5:00 pm
Day Kimball Healthcare, Inc. d/b/a Day Kimball Hospital	Pediatric Center - Thompson	415 Riverside Drive	Thompson	06255	Monday - Friday 8:30 am - 5:00 pm
Greenwich Hospital	Greenwich Hospital Outpatient Center	5 Perryridge Road	Greenwich	06820	Monday - Friday 8:00 am - 4:30 pm
Hospital of Central Connecticut	Plainville Primary Care	36 Whiting Street	Plainville	06062	Monday and Wednesday- Friday 8:30 am - 5:00 pm Tuesdays 8:30 am - 4:30 pm
Hospital of Central Connecticut	Central Connecticut Primary Care	40 Hart Street Building D	New Britain	06052	Monday, Tuesday, and Friday 7:30 am - 5:00 pm Wednesday 8:00 am - 5:00 pm Thursday 9:30 am - 5:00 pm
Hospital of Central Connecticut	Unionville Primary Care	1825 Farmington Avenue	Farmington	06085	Monday - Wednesday and Friday 8:30 am - 5:00 pm Thursday 9:30 am - 5:30 pm
Hospital of Central Connecticut	Kensington Primary Care	320 New Britain Road	Berlin	06037	Monday, Tuesday and Friday 7:30 am - 4:30 pm Wednesday 8:00 am - 4:30 pm Thursday 9:15 am - 4:30 pm
Middlesex Hospital	MH Family Practice Group	42 East High Street	East Hampton	06424	Monday – Friday 9:00 am - 5:00 pm
Middlesex Hospital	MH Family Practice Group	595 Main Street	Portland	06480	Monday, Tuesday, Thursday, and Friday 9:00 am - 5:00 pm Wednesday 9:00 am - 8:00 pm
Middlesex Hospital	MH Family Practice Group	90 South Main Street	Middletown	06457	Monday, Wednesday, Thursday and Friday 9:00 am - 5:00 pm Tuesday 9:00 am - 8:00 pm Saturday 9:00 am - 1:00 pm

Table 25: General Hospital - Operated Primary Care Centers/Clinics

Hospital Name	Program Name	Address	Town	Zip code	Days and Hours of Operation ^a
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	Kent Internal Medicine	27 North Main Street	Kent	06757	Monday - Friday 9:00 am - 5:00 pm
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	Sharon Med/Peds	29 Hospital Hill Road	Sharon	06069	Monday - Friday 9:00 am - 5:00 pm
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	Pediatrics	22 Upper Main Street	Sharon	06069	Monday - Friday 9:00 am - 5:00 pm
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	Regional Family Medicine	29 Hospital Hill Road	Sharon	06069	Monday - Friday 9:00 am - 5:00 pm
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital	Kent Primary Care	64 Maple Street	Kent	06069	Monday - Friday 9:00 am - 5:00 pm
St. Francis Hospital and Medical Center	Burgdorf Bank of America Medical Center	131 Coventry Street	Hartford	06112	Monday - Friday 8:00 am - 4:30 pm
St. Francis Hospital and Medical Center	Gengras Ambulatory Care	114 Woodland Street	Hartford	06105	Monday - Friday 8:00 am - 4:30 pm
St. Vincent's Medical Center	Family Health Center	762 Lindley Street	Bridgeport	06606	Monday - Friday 8:00 am - 4:30 pm
Yale-New Haven Hospital	Primary Care Center	789 Howard Avenue	New Haven	06410	Monday - Friday 8:30 am - 5:00 pm Extended Hours Tuesday & Wednesday for Pediatrics (until 6:00 pm) Extended Hours on Wednesday for Women's Center (until 7:00 pm) and Adults (until 8:00 pm)
Lawrence & Memorial Hospital	Obstetric Clinic	365 Montauk Avenue	New London	06320	Monday, Tuesday, Thursday and Friday 8:00 am - 4:30 pm Wednesday 8:00 am - noon
Rockville General Hospital	Maternity Care Center	31 Union Street	Vernon	06066	Monday, Wednesday, Friday 9:00 am - 6:00 pm
Rockville General Hospital	Women's Center for Wellness	2600 Tamarack Avenue Suite 100	South Windsor	06074	Monday 8:00 am - 8:00 pm Tuesday and Thursday 7:30 am - 8:00 pm Wednesday and Friday 8:00 am - 4:30 pm Saturday 8:00 am - noon (Twice a month)
Total of 12 hospitals providing 26 hospital operated primary care locations according to OHCA survey results					

Source: OHCA survey process undertaken in 2011-2012

^aDays of Operation and Hours of Operation are subject to change

Table 25: General Hospital - Operated Primary Care Centers/Clinics

Table 26: Limited Primary Care Services Providers – Other Outpatient Clinics

WALK IN CLINICS					
Facility Name	Provider Name	Facility Address	City	Zip code	
A Walk-In Medical Center	Stuart C. Calle, M.D.	365 Willard Avenue	Newington	06111	
Backus Health Center	ConnCare, Inc.	743 Colonel Ledyard Highway	Ledyard	06339	
Backus Health Center	ConnCare, Inc.	120-122 Plainfield Avenue	Plainfield	06354	
Backus Health Center	ConnCare, Inc.	80 Norwich-New London Turnpike	Montville	06382	
ConnCare, Inc.	ConnCare, Inc.	Backus Health Center 1666 Route 12	Ledyard	06335	
ConnCare, Inc.	ConnCare, Inc.	163 Broadway Street	Colchester	06415	
Enfield Ambulatory Care Center	Enfield Ambulatory Care Center LLC	15 Palomba Drive	Enfield	06082	
MUNICIPAL OUTPATIENT CLINIC					
Facility Name	Provider Name	Facility Address	City	Zip Code	
City Health Services of Bridgeport	City of Bridgeport Department of Health	752 East Main Street	Bridgeport	06608	
City of Hartford Health Department	City of Hartford	131 Coventry Street	Hartford	06112	
City of Meriden, Department of Human Services, Division of Health	City of Meriden Department of Human Services	165 Miller Street	Meriden	06450	
City of New Haven Health Department	City of New Haven Health Department	Gateway Center 54 Meadow Street	New Haven	06519	
K.T. Murphy Dental Clinic	City of Stamford	19 Horton Street	Stamford	06902	
New Britain Health Department	City of New Britain	88 Prospect Street	New Britain	06051	
Norwalk Department of Health	City of Norwalk	137 East Avenue	Norwalk	06852	
Office of Special Clinical Services	Greenwich Department of Health	101 Field Point Road	Greenwich	06830	
Rose City Senior Center	City of Norwich Department of Social Services	8 Mahan Drive	Norwich	06360	
Stamford Health Department	City of Stamford Health Department	141 Franklin Street	Stamford	06905	
Stillmeadow Dental Clinic	City of Stamford	800 Still Water Road	Stamford	06904	
Toquam Dental Clinic	City of Stamford	123 Ridgewood Avenue	Stamford	06907	
Waterbury Public Health Department	City of Waterbury Public Health Department	1 Jefferson Square	Waterbury	06706	
West Haven Health Department	West Haven Health Department	355 Main Street	West Haven	06516	

Table 26: Limited Primary Care Services Providers – Other Outpatient Clinics

INFIRMARIES OPERATED BY AN EDUCATIONAL INSTITUTION ^a						
Facility Name	Provider Name	Facility Address	City	Zip Code		
Avon Old Farms School Health Center	Avon Old Farms School	500 Old Farms Road	Avon	06001		
Cheshire Academy	Cheshire Academy	10 Main Street	Cheshire	06410		
D.G.Barr House Infirmary	Rumsey Hall School	201 Romford Road	Washington	06764		
Davison House Health Center	Wesleyan University	327 High Street	Middletown	06459		
Gwendolyn Batchelder Infirmary	Loomis Chaffee School	4 Batchelder Road	Windsor	06095		
Hotchkiss J. Wieler Infirmary	Hotchkiss School, The	11 Interlaken Road	Salisbury	06039		
Martin Health Center	Taft School, The	110 Woodbury Road	Watertown	06795		
Miss Porter's School, Colgate Student Health Center	Miss Porter's School, Inc.	60 Main Street	Farmington	06032		
Morgan Witter Rogers Jr. Memorial Infirmary	Rectory School, Inc., The	528 Pomfret Street	Pomfret	06258		
Pratt Health Center, The	Choate Rosemary Hall Foundation, Inc.	283 North Main Street	Wallingford	06492		
Quinnipiac University, Student Health Services	Quinnipiac University	275 Mt. Carmel Avenue	Hamden	06518		
Salisbury School Health Center	Salisbury School	251 Canaan Road	Salisbury	06068		
Student Health Center/American School for the Deaf	Board of Corporators	139 North Main Street	West Hartford	06107		
Suffield Academy Health Center	Suffield Academy	20 Stiles Lane	Suffield	06078		
Tracy H. Dickinson Health Center	Kent School	Route 341 West	Kent	06757		
Trustees of Westminster School, Inc., The	Trustees of Westminster School, Inc., The	995 Hopmeadow Street	Simsbury	06070		
University of Connecticut	University of Connecticut	234 Glenbrook Road	Mansfield	06269		
Westover Health Center	Westover School	1237 Whittiermore Road	Middlebury	06762		
Yale Health Center Infirmary	Yale University	55 Lock Street	New Haven	06520		
WELL CHILD CLINICS						
Facility Name	Provider Name	Facility Address	City	Zip Code		
City of Cromwell Town Hall	Visiting Nurse Association of Central CT Inc.	Cromwell Town Hall	Cromwell	06416		
Division of Family Health - Greenwich Department of Health	Greenwich Department of Health	101 Field Point Road, Town Hall	Greenwich	06830		
Greater Bristol Visiting Nurse Association, Inc., The	Greater Bristol Visiting Nurse Association, Inc., The	195 Maltby Street	Bristol	06010		
Naugatuck Valley Health District	Naugatuck Valley Health District	98 Bank Street	Seymour	06483		
New Milford Well Child Clinic	New Milford Visiting Nurse Association, Inc.	68 Park Lane Road	New Milford	06776		
Newtown Well Child Clinic	Danbury Visiting Nurse Association, Inc.	14 Riverside Road (VNA Memorial Health Center)	Newtown	06482		
Oval Grove School	Visiting Nurse Association of Central CT, Inc.	Oval Grove School	New Britain	06053		

Table 26: Limited Primary Care Services Providers – Other Outpatient Clinics

Hospital Name	Program Name	Address	Town	Zip code
Ridgefield Well Child Clinic	Visiting Nurse Association of Ridgefield, Inc.	90 East Ridge Road	Ridgefield	06877
Saint Joseph's Well Child Clinic	Visiting Nurse Association of Central Connecticut, Inc.	29 Edson Street	New Britain	06051
Southington Well Child Clinic	Visiting Nurse Association of Central Connecticut, Inc.	80 Meriden Avenue	Southington	06489
Stratford Health Department	Town of Stratford Health Department	468 Birdseye Street	Stratford	06615
Town of Fairfield Well Child Clinic	Town of Fairfield Health Department	100 Mona Terrace	Fairfield	06430
Visiting Nurse Association of South Central Connecticut, Inc. Well Child Clinic At West Haven Health Dept.	Visiting Nurse Association of South Central Connecticut, Inc.	355 Main Street	West Haven	06516
Visiting Nurse Association of South Central Connecticut, Inc. Well Child Clinic/Milford Health Department	Visiting Nurse Association of South Central Connecticut, Inc.	82 New Haven Avenue	Milford	06460
VNA Health Care, Inc.	VNA Health Care, Inc.	103 Woodland Street	Hartford	06105
FAMILY PLANNING CLINICS				
Facility Name	Provider Name	Facility Address	City	Zip Code
Hartford Gyn Center	Hartford Physician's Management Corp.	1 Main Street	Hartford	06106
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	211 State Street	Bridgeport	06604
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	44 Main Street	Danbury	06810
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	87 Westcott Road	Danielson	06239
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	76 Palomba Drive	Enfield	06082
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	1229 Albany Avenue	Hartford	06112
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	419 Middle Turnpike West	Manchester	06040
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	26 Woman's Way	Meriden	06451
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	100 Grand Street	New Britain	06051
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	345 Whitney Avenue	New Haven	06511
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	45 Franklin Street	New London	06320
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	12 Case Street	Norwich	06360
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	263 Main Street	Old Saybrook	06475
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	415 Howe Avenue	Shelton	06484
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	1039 East Main Street	Stamford	06902
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	969 West Main Street	Waterbury	06702
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	1030 New Britain Ave	West Hartford	06133
Planned Parenthood of Southern New England, Inc.	Planned Parenthood of Southern New England, Inc.	1548 Main Street	Windham	06226
Planned Parenthood of Connecticut, Inc. - Torrington	Planned Parenthood of Southern New England, Inc.	249 Winsted Road	Torrington	06790

Table 26: Limited Primary Care Services Providers – Other Outpatient Clinics

Hospital Name	Program Name	Address	Town	Zip code
Summit Medical Center	Summit Medical Center	360 Market Street	Hartford	06120
Summit Women's Center, Inc. - Bridgeport	Summit Women's Center, Inc.	3787 Main Street	Bridgeport	06606

Source: *DPH licensure files and e-licensure database as of June 2012 and the discussions of the Primary Care Subcommittee*

^aInfirmiry Operated by an Educational Institution is a separate Department of Public Health Licensure category (separate from Outpatient Clinic licensure category)

Table 27: Dialysis Centers in Connecticut

Facility Name	Provider Name	Facility Address	City	Zip code	Hemodialysis Stations
Black Rock Dialysis	Total Renal Care, Inc.	427 Stillson Road	Fairfield	06824	16
Bloomfield Dialysis	DVA Renal Healthcare, Inc.	29 Griffin Road South	Bloomfield	06002	16
Branford Dialysis	DVA Renal Healthcare, Inc.	249 West Main Street	Branford	06405	13
Bridgeport Dialysis	DVA Renal Healthcare, Inc.	900 Madison Avenue	Bridgeport	06606	50
Comprehensive Dialysis Care, LLC	Comprehensive Dialysis Care, LLC	61 Pomeroy Avenue	Meriden	06450	13
Danbury Dialysis	Total Renal Care, Inc.	111 Osborne Street	Danbury	06477	19
FMC Dialysis Services Forestville	Bio-Medical Applications of Connecticut, Inc.	135 Middle Street	Bristol	06010	18
Fresenius Medical Care of East Hartford	Bio-Medical Applications of Connecticut, Inc.	200 Pitkin Street	East Hartford	06118	24
Fresenius Medical Care of Enfield	Bio-Medical Applications of Connecticut, Inc.	113 Elm Street	Enfield	06082	13
Fresenius Medical Care of Hartford	Bio-Medical Applications of Connecticut, Inc.	3580 Main Street	Hartford	06120	19
Fresenius Medical Care of Meriden	Bio-Medical Applications of Connecticut, Inc.	377 Research Parkway	Meriden	06450	23
Fresenius Medical Care of Newington	Bio-Medical Applications of Connecticut, Inc.	375 Willard Avenue	Newington	06111	17
Fresenius Medical Care of Southington	Bio-Medical Applications of Connecticut, Inc.	341 West Street	Southington	06479	19
Fresenius Medical Care of Western Hartford	Bio-Medical Applications of Connecticut, Inc.	725 Park Avenue	Bloomfield	06002	19
Greater Waterbury Dialysis	DVA Renal Healthcare Inc.	209 Highland Avenue	Waterbury	06708	30
Hamden Dialysis	Total Renal Care, Inc.	3000 Dixwell Avenue	Hamden	06518	19
Hartford Dialysis	DVA Renal Healthcare, Inc.	675 Tower Avenue	Hartford	06112	27
Liberty Dialysis-Fairfield, LLC	Liberty Dialysis-Fairfield, LLC	500 Kings Highway	Fairfield	06825	18
DSI North Haven Dialysis	Liberty Dialysis-North Haven, LLC	510 Washington Avenue	North Haven	06473	18
DSI Orange Dialysis	LDO, LLC	240 Indian River Road	Orange	06477	19
Manchester Dialysis Clinic	Dialysis Clinic, Inc.	319 Main Street	Manchester	06040	28
Middlesex Dialysis Center	Middlesex Dialysis Center, LLC	100 Main Street	Middletown	06457	22
Milford Dialysis	DVA Healthcare Renal Care, Inc.	470 Bridgeport Avenue	Milford	06406	14
Milford Dialysis Center	St. Raphael Dialysis Center Partnership	50 Commerce Park Drive	Milford	06460	15
New Haven Dialysis	DVA Renal Healthcare, Inc.	100 Church Street South	New Haven	06519	30
New Haven Home Dialysis	Renal Research Institute LLC	136 Sherman Avenue	New Haven	06511	0
New London Dialysis	DVA Healthcare of New London, LLC	Shaw's Cove, Suite 100	New London	06320	22
North Haven Dialysis Center	St. Raphael Dialysis Center Partnership, The	266 State Street	North Haven	06473	16
Norwich Dialysis	DVA Healthcare of Norwich, LLC	113 Salem Turnpike	Norwich	06360	16
PDI-Rocky Hill	Physicians Dialysis Acquisitions, Inc.	30 Waterchase Drive	Rocky Hill	06067	26

Table 27: Dialysis Centers in Connecticut

Facility Name	Provider Name	Facility Address	City	Zip code	Hemodialysis Stations
Saint Raphael Dialysis Center	St. Raphael Dialysis Center Partnership, The	137 Water Street	New Haven	06511	33
Shelton Dialysis	DVA Healthcare Renal Care, Inc.	750 Bridgeport Avenue	Shelton	06484	16
Shoreline Dialysis Center	St. Raphael Dialysis Center Partnership	34 East Industrial Road	Branford	06405	16
South Norwalk Dialysis	DVA Renal Healthcare, Inc.	31 Stevens Street	Norwalk	06855	22
Stamford Dialysis	DVA Renal Healthcare, Inc.	30 Commerce Road	Stamford	06902	25
Torrington Dialysis	DVA Renal Healthcare, Inc.	780 Litchfield Street	Torrington	06790	19
UCONN Dialysis Center	Dialysis Clinic, Inc.	230 Farmington Avenue	Farmington	06032	20
Vernon Dialysis Center	Total Renal Care, Inc.	460 Hartford Turnpike	Vernon	06066	22
Waterbury Dialysis Center	Total Renal Care, Inc.	150 Mattatuck Heights Road	Waterbury	06705	15
Willard Avenue Dialysis	Total Renal Care, Inc.	445B Willard Avenue	Newington	06111	17
Windham Dialysis Center	Total Renal Care, Inc.	375C Tuckie Road	Windham	06226	7
Total of 41 licensed Outpatient Dialysis sites with 811 hemodialysis stations					

Source: DPH licensure files and e-licensure database as of July 2012

Table 27: Dialysis Centers in Connecticut

Table 28: Other Outpatient Clinics (not primary care in nature) and Recovery Care Centers

CANCER CARE, FOOT CARE AND REHAB OUTPATIENT CLINICS					
Facility Name	Provider Name	Facility Address	City	Zip Code	
Community Cancercare	Northeast Regional Radiation Oncology Network, Inc.	142 Hazard Avenue	Enfield	06082	
Community Cancercare	Northeast Regional Radiation Oncology Network, Inc.	100 Haynes Street	Manchester	06040	
Easter Seals Rehabilitation Center of Greater Waterbury, Inc.	Easter Seals Rehabilitation Center of Greater Waterbury, Inc.	22 Tompkins St	Waterbury	06708	
Foot Clinic	Visiting Nurse Association of Central Connecticut, Inc.	205 West Main Street	New Britain	06052	
Harold Leever Regional Cancer Center, Inc., The	Harold Leever Regional Cancer Center, Inc., The	1075 Chase Parkway	Waterbury	06701	
CHILDREN, ELDERLY, DENTAL, UNIVERSITIES, VISITING NURSE OUTPATIENT CLINICS					
Facility Name	Provider Name	Facility Address	City	Zip Code	
Connecticut College Student Health Services	Connecticut College Student Health Services	270 Mohegan Avenue	New London	06320	
Foothills Visiting Nurse & Home Care, Inc.	Foothills Visiting Nurse & Home Care, Inc.	32 Union Street	Winchester	06098	
Fones School of Dental Hygiene Dental Clinic	University of Bridgeport	60 Lafayette Street	Bridgeport	06604	
Kids In Crisis Clinic	Family Centers, Inc.	One Salem Street	Greenwich	06807	
McSweeney Elderly Health and Dental Center	Windham Regional Federated Services For Older Americans, Inc.	47 Crescent Street	Windham	06226	
Sacred Heart University Student Health Service	Sacred Heart University	5151 Park Avenue	Fairfield	06825	
School of Dental Medicine, University of Connecticut Health Center	University of Connecticut Health Center	263 Farmington Avenue	Farmington	06030	
Sound Medical Associates, P.C.	Sound Medical Associates P.C.	437 Pequot Avenue	New London	06320	
Special Care Dental Services	HSC Community Services, Inc.	411 Osgood Street	New Britain	06053	
Trinity College Health Center	Trustees of Trinity College	300 Summit Street	Hartford	06106	
University of Hartford, Student Health Services	University of Hartford	200 Bloomfield Ave	West Hartford	06117	
Visiting Nurse Association of Wallingford, Inc.	Visiting Nurse Association of Wallingford, Inc.	135 North Plains Road	Wallingford	06492	
Yale Health Center Outpatient Services	Yale University	55 Lock Street	New Haven	06520	

Source: DPH licensure files and e-licensure database as of July, 2012 and the discussions of the Primary Care Subcommittee

RECOVERY CARE CENTERS				
Facility Name	Provider Name	Facility Address	City	Licensed Bed Count
Temple Recovery Care Center	Yale-New Haven Ambulatory Services Corporation	229 George Street	New Haven	20

Source: DPH licensure files and e-licensure database as of July, 2012



Connecticut Department of Public Health
Office of Health Care Access
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