MERITAS LAW FIRMS WORLDWIDE

Jennifer G. Fusco
(t) 203.786.8316
(f) 203.772.2037
jfusco@uks.com

January 24, 2014

VIA HAND DELIVERY

Lisa Davis, MBA, BSN, RN
Deputy Commissioner
State of Connecticut
Department of Public Health
410 Capitol Avenue, P.O. Box 34038
MS #13HCA
Hartford, CT 06134-0308

Dear Deputy Commissioner Davis,

This office represents Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital ("Sharon"). Enclosed please find an original and four (4) bound copies of a Certificate of Need Application for the Discontinuance of Sharon's Intensive Outpatient Program. I have also included a $500 filing fee check and a disc with a PDF of the submission, as well as Word and Excel versions of the documents.

Should you require anything further, please feel free to contact me.

Very truly yours,

Jennifer G. Fusco

JGF/dla

cc: Kimberly Lumia
Stephen Page, Esq.

Application Checklist

Instructions:

1. **Please check each box below, as appropriate; and**
2. **The completed checklist *must* be submitted as the first page of the CON application.**

☒ **Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of $500.**

For OHCA Use Only:

Docket No.: 14-31892-CON **Check No.:** 045115
OHCA Verified by: SD **Date:** 1/27/14

☒ **Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (*OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)***

☒ **Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.**

☒ **Attached are completed Financial Attachments I and II.**

☒ **Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.**

Note: A CON application may be filed with OHCA electronically through email, if the total number of pages submitted is 50 pages or less. In this case, the CON Application must be emailed to ohca@ct.gov.

Important: For CON applications(less than 50 pages) filed electronically through email, the singed affidavit and the check in the amount of $500 must be delivered to OHCA in hardcopy.

☒ **The following have been submitted on a CD**

1. **A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.**
2. **An electronic copy of the documents in MS Word and MS Excel as appropriate.**

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

SHARON HOSPITAL
PO BOX 789
SHARON, CONNECTICUT 06069

REGIONS BANK
NASHVILLE, TN

87-1/640
5101

CHECK NO: 048115
VENDOR NO: S00722

CHECK AMOUNT
*****$500.00

VOID AFTER 90 DAYS

CHECK DATE: 12/23/13

PAY FIVE HUNDRED 00/100

TO THE ORDER OF TREASURER, STATE OF CONNECTICUT

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

[redacted]

SHARON HOSPITAL
SHARON, CONNECTICUT 06069

CHECK DATE: 12/23/13
CHECK NO: 048115

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAY
CON IOP CLOSE	12/19/13	CON PAY FOR IOP PROG	500.00	0.00	500.00
		TOTALS	GROSS AMT TOT 500.00	DISCOUNT TOT 0.00	NET AMOUNT TOTAL 500.00

VENDOR NO.
S00722

LEGAL NOTICE

Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital is applying for a Certificate of Need pursuant to Section 19a-638(a)(4) of the Connecticut General Statutes. Sharon Hospital will seek permission to discontinue the intensive outpatient psychiatric program offered at its main campus, located at 50 Hospital Hill Road, in Sharon, Connecticut 06069. There is no capital expenditure associated with this project.

AFFIDAVIT OF PUBLICATION

STATE OF CONNECTICUT
County of New Haven Waterbury December 16 2013

The subscriber, being duly sworn, deposes, deposes and says that he (she) is the BOOKkeeper of the Waterbury Republican-American and that the foregoing notice for

was published in said Republican-American in 3 editions of said newspaper issued between 12/13/13 and 12/15/13

ran
12/13
12/14
12/15

SUBSCRIBED AND SWORN BEFORE ME THIS THE 16th

day of December 2013

Notary Public 3/31/2018 Commission Expires

SH000003

PHONE
1-888-1845
1-426-5679
1-426-5679
1-888-1845
1-264-0888
1-758-1300
1-888-1845
1-888-1845
1-888-1845
1-264-2880
1-263-4336
1-264-1400
1-264-2880
1-264-2880
1-274-7838
1-263-4336
1-274-9661
1-888-1845

entrance. No pets. $575/sec. Sect. 8 OK. 203-233-0611

WATERBURY East End. 1 BR totally remod. Heat/HW incl. HW flrs. off st. prk. $775. 203-509-6978

WATERBURY East End. 1 BR w/gar, quiet setting, off st. prk. $550 Others avail. 203-509-6978

WATERBURY newly renov. 2br w/storage. $850 H/HW incl, prks. 203-502-1675; 845-783-6557

WATERBURY Town Plot Duplex 2 BR, 1½ bath, garage no pets, $1050/mo. References, 1st & last month rent. 203-217-8199.

Houses for rent

MORRIS Bantam Lake w/beach, 2br, 2 car att. gar. Level yard. $1500+utils. 860-488-4970

PROSPECT 2br ranch, 23 Hyde Ter Av Avail now no pets $975. 203-758-5180 www.aslprospect.com

WATERBURY- 1+ BR house- Town Plot, great backyard, plenty storage $750 Call 203-746-2733

WATERBURY 33 Capital Ave. 3BR Colonial, LR, DR, Office, $1,200 per month Lease, dep. 203-206-5004.

WATERBURY Bunker Hill 3br, appls., driveway prks. $1295+sec Call 516-697-5813

NAUGATUCK 2BR Dbl wide $82,900- $5k in rebates=$76,500 Liberty 860-747-6881; 860-930-1204

NAUGATUCK 3 mobile homes to choose from. Starting at $34,900. 203-729-8277

PROSPECT New 2013 2 BR, 1 bath single wide with appls $49,500 Liberty 860-747-6881 203-592-7641

PROSPECT pre-owned 2 BR, 1 bath on corner lot $42,900. Liberty 860-747-6881 203-592-7641

Commercial

Business for sale
Commercial for sale, lease, rent

Commercial for sale, lease, rent

MIDDLEBURY new prof. and holistic spaces from $360-$1100/mo incl. all utils. 203-586-8819

PROSPECT 2400SF Two 12' High Overhead Doors and Outside prks. Commercial/Industrial use. $1300/mo 203-758-3139 hrg msg

TORRINGTON 1000 S.F. bar space for lease $1250/mo. Bldg also for sale w/ 2 BR apt on 2nd flr. $159k. 203-482-2214

tiors of Riverside Baptist Church are David Townsley, Annette Townsley and Jim Townsley. A copy of the application is available for public viewing in the public file at 23 Main Street, Terryville, CT.
RA Dec.13,14,16,17, 2013

LEGAL NOTICE

Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital is applying for a Certificate of Need pursuant to Section 19a-638(a)(4) of the Connecticut General Statutes. Sharon Hospital will seek permission to discontinue the intensive outpatient psychiatric program offered at its main campus, located at 50 Hospital Hill Road in Sharon, Connecticut 06069. There is no capital expenditure associated with this project.

LEGAL NOTICE
PUBLIC AUCTION

A Public Auction of the following personal property, such as furniture, household goods, and miscellaneous items will be held at Ace Van & Storage, Inc.,
210 Realty Dr., Cheshire, CT at 9 A.M. local time on December 20, 2013 as required under Section 47-a-42 of the Connecticut General Statutes. Each of you is hereby notified that your personal property will be sold unless all moving, storage and related costs are paid:
Carlos & JennyMae Torres
John Birdsell & Dawn Scippa Birdsell
Fausto Mendez
Lynette Davis
Francis Neris & Daniel Nezerio
Lisa White & Simone Harris
Neddy Castellano
All items will be sold as is. No warranty is expressed or implied. Buyer assumes all risk. CASH OR CERTIFIED CHECKS ONLY.
RA Dec. 12, 2013 602881

Legal Notice
Town of Kent Zoning Board of Appeals
At the special meeting of the Kent Zoning Board of Appeals held on December 11, 2013 the following action(s) was taken:
Appeal Denied: Application #06-13, Guy Mauri, 52 Kent Cornwall Road, Appeal of Land Use Administrator's Decision dated October7, 2013, Map 9 Block 43 Lot 15.
Dated at Kent, CT
This 13th day of December, 2013
Anthony F. DiPentima, Chairman
RA 12/13/2013 604792

Thomas P. Brunnock, Judge, a hearing will be held at Waterbury Regional Children's Probate District, 65 Center Street, Waterbury, CT 06702 on January 7, 2014 at 2:30 PM on an application for Temporary Custody and Removal of Guardianship concerning a certain minor child born on November 24, 2011 to Crystal McGrath. The Court's decision will affect your interest, if any, as in said application on file more fully appears.

RIGHT TO COUNSEL: If the above-named person wishes to have an attorney, but is unable to pay for one, the Court will provide an attorney upon proof of inability to pay. Any such request should be made immediately by contacting the court office where the hearing is to be held.

By Order of the Court

Thomas P. Brunnock, Judge
RA DEC. 13, 2013 - 604722

TOWN OF WARREN
LEGAL NOTICE

Notice is hereby given the Annual Auditor's Report for the Town of Warren for fiscal year 2012-2013 is on file in the Town Clerk's Office and is available for public view.
Warren, CT
December 13, 2013
Joanne C. Tiedmann
Town Clerk
R.A. December 13, 2013 604675

WOLCOTT LEGAL NOTICE

The Wolcott Planning & Zoning Commission hereby gives notice of a Public Hearing to be held on Wednesday, December 18, 2013 at 6:30 p.m. in the Council Chambers of the Wolcott Town Hall, 10 Kenea Avenue, Wolcott, to consider:
1. #13-498 Pastor Wade – Special Use Permit for Church Worship at 701 Wolcott Rd.
2. #13-499 Selami Afro – Special Use Permit for (C-4) a pizza restaurant at 1261 Meriden Rd.
At said hearing all persons will have the right to be heard and written communication will be received. The applications are on file for public inspection in the Planning & Zoning Office at Wolcott Town Hall.
Dated at Wolcott, CT this 6th day of December, 2013
Wolcott Planning & Zoning Commission, Ray Mahoney, Chairman

RA 12/10/13 & 12/13/13 604211

LIQUOR PERMIT
NOTICE OF APPLICATION
THIS IS TO GIVE NOTICE THAT I, TONY LEE OF
432 MAIN ST APT A
HAVE FILED AN APPLICATION PLACARDED 12/12/2013 WITH THE DEPARTMENT OF CONSUMER PROTECTION FOR A PACKAGE STORE LIQUOR PERMIT
PERMIT FOR THE SALE OF ALCOHOLIC LIQUOR ON THE PREMISES AT:
21 WATERBURY RD.
THOMASTON, CT 06787-1825
THE BUSINESS WILL BE OWNED BY:
JTL GROUP LLC
ENTERTAINMENT WILL CONSIST OF: (NONE)
REMONSTRANCE/OBJECTIONS MUST BE FILED BY 1/23/2014 TONY LEE R.A 12/12/13 612/20/13

Legals/ Public Notices

Legals/ Public Notices

Legals/ Public Notices

Legals/ Public Notices

LEGAL NOTICE

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LEGAL NOTICE
FORECLOSURE AUCTION SALE

DOCKET NO.
LLI CV 12 6007129S

CASE NAME:
Bank Of Millbrook
V.
Leo M. Flood, Et Al

PROPERTY ADDRESS:
63 Millerton Road,
Salisbury/Lakeville,
Connecticut

PROPERTY TYPE:
Residential

DATE OF SALE:
December 21, 2013
at 12:00 noon

COMMITTEE NAME:
Kevin F. Nelligan

COMMITTEE PHONE NUMBER:
860-824-5171

See Foreclosure Sales at
www.jud.ct.gov
for more detailed information
R-A December 7 & 14, 2013

LIQUOR PERMIT
NOTICE OF APPLICATION THIS IS TO GIVE NOTICE THAT I,
LIONEL B. GOUVEIA
OF
141 WASHINGTON AVENUE
WATERBURY, CT 06708
HAVE FILED AN APPLICATION PLACARDED 12/07/2013
WITH THE DEPARTMENT OF CONSUMER PROTECTION FOR A RESTAURANT LIQUOR PERMIT FOR THE SALE OF ALCOHOLIC LIQUOR ON THE PREMISES AT:
141 WASHINGTON AVE.
WATERBURY, CT 06708-3837
THE BUSINESS WILL BE OWNED BY:
LT UNLIMITED LLC
ENTERTAINMENT WILL CONSIST OF:
DISC JOCKEYS, EXOTIC DANCERS
OBJECTIONS MUST BE FILED BY
01/14/2014

LIONEL B. GOUVEIA
RA DEC. 7 & 14, 2013

LIQUOR PERMIT
NOTICE OF APPLICATION

This is to give notice that I,
JUDITH I BRADSHAW
115 WALNUT STREET
THOMASTON, CT 06787-1543
have filed an application placarded 12/03/2014 with the Department of Consumer Protection for a RESTAURANT LIQUOR PERMIT for the sale of alcoholic liquor on the premises at
4 MAIN STREET
THOMASTON, CT 06787-1715
The business will be owned by:
JDT'S BRICKHOUSE LLC
Entertainment will consist of:
Comedians magicians
Acoustics (Not Amplified)
Karaoke
Objections must be filed by:
1/14/2014
JUDITH I BRADSHAW
R-A Dec. 7 & 14, 2013

NOTICE TO CREDITORS
ESTATE OF SANDRA W. DOUGLAS of Naugatuck (13-00419)
The Hon. Peter E. Mariano, Judge of the Court of Probate, Naugatuck by decree dated December 3, 2013, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.
Patricia Alegi, Chief Clerk
The fiduciary is:
Jeffrey T. Witherwax
c/o Anthony Paul L. Boudreau, Cummings & Lockwood, LLC, 75 Isham Road, Suite 400, West Hartford, CT. 05107
RA 12/14/2013

LEGAL NOTICE - 604530
On November 14, 2013, Riverside Baptist Church filed an application with the Federal Communications Commission for a new Low Powered FM radio station in Terryville, CT on channel 287 from an antenna located at 41-41-44, 4N, 72-55-18.6 W. The officers and directors of Riverside Baptist Church are David Townsley, Annette Townsley and Jim Townsley. A copy of the application is available for public viewing in the public file at 23 Main Street, Terryville, CT.
RA Dec.13,14,16,17, 2013

TOWN OF KENT
PLANNING AND ZONING COMMISSION
NOTICE OF FINAL ACTIONS
At its regular meeting held on December 12, 2013 the Kent Planning and Zoning Commission took the following action(s):
Approved With Conditions:
Application #79-13C, The Kent School Corporation for Kent Museum, LLC, 23 North Main Street, change of use from commercial/residential to education center.
Approved: David Birnbaum, 33 Camps Road, modification to Site Plan Application #15-13C to include new farmhouse brewery barn, Map 17 Block 28 Lot 30.
Approved: Application #98-13SP, Kevin & Robin Herde, 112 Segar Mountain Road, conversion of existing structure to accessory dwelling unit Map 10 Block 40 Lot 13.
Approved: Application #103-13SP, Dan Schlesel for Richard Ziegler, 24 Spaulding Farm Lane, conversion of second floor of detached garage to accessory dwelling, Map 12 Block 35 Lot 13.
Approved: Arthur H. Howland for Vaughn/Williams, 100 Treasure Hill Road, lot line revision, Map 11/34/34.
Dated this 23rd day of November, 2013.
John Johnson, Chairman
RA 12/14/2013

HARWINTON
ZONING COMMISSION - DECISIONS
At their regularly scheduled meeting held on December 9, 2013 the Harwinton Zoning Commission made the following decisions: (1) unanimously approved an application submitted by Jennifer Fox for special permit and site plan approval for accessory apartment above existing garage, 345 North Road, (2) unanimously approved an application submitted by the Town of Harwinton for special permit and site plan approval for construction of The Harwinton House, Bentley Drive, Municipal Complex, to be used as a museum and home to the Harwinton Historical Society and (3) unanimously approved an application submitted by Brooke Cheney for special permit and site plan approval to operate a shooting and gun safety training school, 144 Mansfield
Road, with conditions.
Todd Ouellette, Chairman
Zoning Commission
RA 12/14/2013 - 604644

INVITATION TO BID

SEALED BIDS ON THE FOLLOWING WILL BE RECEIVED BY THE DIRECTOR OF PURCHASES IN HIS OFFICE IN THE CITY HALL BUILDING, 235 GRAND STREET, WATERBURY CT. UNTIL THE DATE AND TIME SPECIFIED WHEN THEY WILL BE PUBLICLY OPENED AND READ. NO BID SHALL BE ACCEPTED FROM, OR CONTRACT AWARDED TO, ANY PERSON WHO IS IN ARREARS TO THE CITY UPON DEBT OR CONTRACT OR WHO IS A DEFAULTER AS SURETY OR OTHERWISE UPON ANY OBLIGATION TO THE CITY.

HEALTH DEPT

Opening Date:
January 10, 2014 10:30 A.M.

Lead Hazard - 77 - 79 Plaza Ave. - A mandatory pre-bid will be held at 77 - 79 Plaza Ave. Wtby, CT at 10:00 A.M. on January, 3, 2014.

EDUCATION
Opening Date:
January 10, 2014 at 11:00 A.M.

RFP - Educational Turnaround Partner

Specifications may be obtained by potential bidders by going online www.waterburyct.org/purchasing and follow the instructions under the Waterbury eBid link. Please register your business on our new eBid site.

THE CITY OF WATERBURY
ROCCO F. ORSO
DIRECTOR OF PURCHASES
235 GRAND STREET
WATERBURY, CT 06702
RA Dec. 16, 2013 - 605001

. VILLAGE Victori- 12 bldgs, gazebo, rees, accessories, $50 203 755-1478

ielmer USA 1400 20 Please Call 203-

10 Elite Keurig Blk Holder, 2 Storage $75 203-704-0983

)ltra) Silver Proof Salutes) $75 In 3-1506 LV MSG

leaf (Silver Proof (Titanic Privy) In 3-1505

C (BU) GSA Pack- 878 CC MS62 $300 6 leave message

Eagles (MS69) + ollar (commens) 0-753-1505 lv msg

Head Pennies 20 ites $25 Call 203-

CD Monitors 17 & ell, 5 for $99. Call 0

D $80ea grill $40 $85 washer 0 Call 2037076589

SNOW VILLAGE BARN DANCE 3-573-6820

Maytag portable, ck top, $75. Call , or 203-595-4665

RIOR 32x80 & ach or best. 203- 3-805-4294

ry, fully lined, ats, 2 sets 138x76 0. 203-910-5417.

5, Wall hanging 75, pine hdbd full 3-509-1483

URAL CATCHERS w, Bl, Lg $50. Bea- 3) 723-9716.

ENT CENTER 3 ($100. 3-879-3219

CREEN 38x18 $65; double bed $20

LED 5' NEW $15 NHILLSKIIS, BAG 1 860-355-0104

ellent condition les. Olive 8-10" 199. 203-525-7569

speakers $10, icro alum scoot- g 2037569255

glass outdoor round 99.00 203-

OPANE HEATER ottled Gas Extra. dv. msg.

ES boys, new in /gloves. $25. Sz. 0. 203-879-3948

boots lds 6 1/2

Articles for sale

POOL TABLE 8ft" slate $900 or best. Nice XMAS Present Please Call 860-274-3591

POSSIBLE DREAMS SANTA CLAUSES 3 FOR $60 FIRM 203-573-6820

PRINTER 4-N-1 Brother. Excellent condition. Hardly used. $65. 203-525-7569

REFRIG Kenmore double door blk, ice/water $300 Kenmore stove flat surface, blk. $150. Good cond. 203-509-1113

SAFE Mielink Insulated approx 17x17x17 110# w/combination $100 203-879-0388

SEWING MACHIN Singer & New Home $45 200 Assorted Books $20 203-888-9884

SINK Stainless Steel w/faucet, $75. Call 203-565-2025, 203-805-4294

SNOW BLOWER Toro Brand Small used 3x Great Condition $150 Call 203-756-2110

SNOWBLOWER ARIENS 7HP $200 Call 203-729-5193

SWIVEL RECLINER rocking chair $50; Coffee table w/2 end tables $25; 3 pc. wall spiceshelf $10; 203-565-7355

TIRES 4 215-75-15 all season tires great shape $95.00 Call 203-850-1204

TOOL CHEST Pine, on wheels. Handmade, strong deep drawers. $100 203-527-8121

TREADMILL 1 years old excellant condition 99.00 203-758-8453

TREADMILL ProForm 480 power incline spd control works great $175 860-469-0500.

TWIN BED $20. Xmas tree, 5-6' $10. Ornaments $1 bx. Computer desk $10. 203-819-4083

UNOPEN RITTENHOUSE Sq. matte desert gray 3x6ceramic tiles $20 2037239716

XBOX 1 GAME Syst. brand new in box w/ Gift Receipt $575 203 232-8261 / 203 879-2261

Machinery & tools

SAND SPREADER Fits in pick-up. Good cond. $1800 OBO. Call 203 753-6987.

TOOLS Hand Air Power Socket Sets $1 to $99 Call Ernie 203-217-2676

Tag/estate sales

WOLCOTT 45 Edgemont La. Craft fair, Monday evening, Dec. 16th, 5-8:30.

Wanted to buy

ACCORDIANS, GUITARS, DRUMS Musical Instruments. Cash paid, any condition. 508-688-5138.

ALWAYS ACQUIRING ANTIQUES Electronics, Musical Inst, Audio, Radios, Ham-EQ CB, 860-707-9350

Antiques/Collectibles/Old Items Jwlry, Art, Signs, Toys, Slvr, Gold Call about anything 203-828-8129

DOWNSIZING buying gold/silver coins jewelry diamonds, stamps, sterling silver, clocks, estates purchased/auctioned for over 34 yrs auctioneer. Tim Chapulis 860-459-0561 timsauction.com

OLD WOOD FILE CABINETS. Library, index card files. Map, architect cases. 203-723-1821

Wood & fuel

FIREWOOD 2 yr old, seasoned, $250/cord. Discounts for large quantities 203-232-6342

FIREWOOD 24 Mo. Seasoned. All hard-wood. Cut, split, delivered. Excellent quality Call 203-758-6570

FIREWOOD - SEASONED $265 a cord. Min. 2 cord delivery. Call 203-694-8713

Pets & Animals

Accessories/Services
Household Pets
Livestock

Household pets

ALL BREEDS PUPPIES KITTENS KITTENS KITTENS statewidepets.com Orange, CT 1-800-245-PETS

Household pets

BULLDOGS, Yorkies, Shihtzus, Ch'hua's, Bostons, Pdl X, Labs, Boxers, Rescues, $150+ 860.930.4001

Don't Miss Out Only 8 puppies left at great prices! Torrington Pet Cnter 860-482-3738

Great Dane pups Just in time for Christmas. Registered w/AKC, 3 Female puppies, black. Had shots and wormed. $500 (203) 232-4714

HIMALAYAN KITTENS 2 Seal Pt males, vet chk'd 1st shots, health guaranteed. 203-238-2844

KITTENS for Christmas 6 weeks. Adorable and healthy. Many colors $45. 203-758-8103

We have your Petmas Puppies! Torrington Pet Cnter 860-482-3738

Announcements

Absolutely free
Lost & found
Special notices

Absolutely free

CAT 7YR OLD male orange/white needs good home cant keep 203-525-7463

SHIH TSU FEMALE, 8 mos old moving can't keep. Friendly to good home 203-509-8154

SOFA Brown Leather with love seat free of charge! Contact Vinny at 203-597-8823

Lost & found

FOUND Dark tiger cat with white bib & paws. Nr Wtby/Naug. line 203-729-0568.

FOUND hand tools, flashlight, etc. in container, Bunker Hill & Daltonwood 203 755-1659

FOUND MAN'S RING Downtown Watertown. Call 203-525-9742. to describe and claim.

LOST CAT short red hair, male, goes by name Shadow, in Jersey St. area Call me 203-753-0225

LOST Watch, Cascio databank. Wtby Walmart, family restroom. Reward 203 879-9672.

Legals/ Public Notices

LEGAL NOTICE

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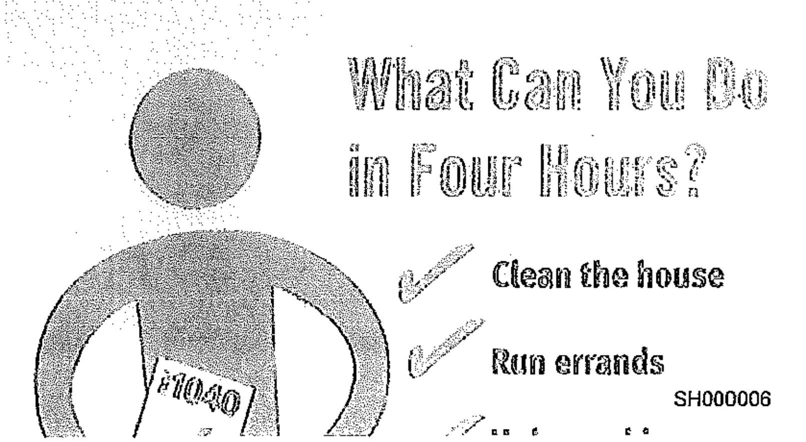
TOWN of WOLCOTT
INVITATION TO BID
#14-17

DO NOT CALL THE WOLCOTT TOWN HALL REGARDING THIS NOTICE The Town of Wolcott requests bids from qualified vendors to supply Apple iPads for the Wolcott Police Department in accordance with specifications contained in this bid package available by email request to aburrus@wolcottct.org or by fax request to Linda R. Bruce, Municipal Finance Officer at 203-879-8105. Please put "14-17 Apple iPads" in the subject line of email requests. Sealed bids, including mailing envelopes and/or shipping containers, will be clearly marked "14-17 Apple iPads", will show the name & address of the bidder, and will be delivered to Linda R. Bruce, Municipal Finance Officer, Wolcott Town Hall, 10 Kenea Ave, Wolcott, CT 06716 by 10:00 A.M., January 7th, 2014. Bids will be opened and read in public immediately following the bid closing time in the Council Chambers, Wolcott Town Hall. The Town of Wolcott reserves the right to reject any and all bids, waive any irregularities, omissions, excess verbiage or technical defects in the bids, and the Town need not necessarily award the contract to the firm submitting the lowest bid, if, in the opinion of the Town, it would be in the best interests of the Town of Wolcott to accept other than the lowest bid because of another firm's greater expertise and/or experience.
RA 12/15/2013 604921



AFFIDAVIT

Applicant: **Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital**

Project Title: **Discontinuance of Intensive Outpatient Psychiatric Program**

I, **Kimberly Lumia, President & CEO of Sharon Hospital** being duly sworn, depose and state that **Sharon Hospital's** information submitted in this Certificate of Need Application is accurate and correct to the best of my knowledge.

Kimberly A Lumia
Signature

1/6/14
Date

Subscribed and sworn to before me on January 6th, 2014

Notary Public/Commissioner of Superior Court

My commission expires: 7/31/2018

State of Connecticut
Office of Health Care Access
Certificate of Need Application

Instructions: Please complete all sections of the Certificate of Need ("CON") application. If any section or question is not relevant to your project, a response of "Not Applicable" may be deemed an acceptable answer. If there is more than one applicant, identify the name and all contact information for each applicant. OHCA will assign a Docket Number to the CON application once the application is received by OHCA.

Docket Number: To Be Assigned

Applicant: Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital

Contact Person: Kimberly Lumia

Contact Person's Title: President & CEO, Sharon Hospital

Contact Person's Address: 50 Hospital Hill Road, Sharon, CT 06069

Contact Person's Phone Number: (860) 364-4012

Contact Person's Fax Number: (860) 364-4011

Contact Person's Email Address: kimberly.lumia@sharonhospital.com

Project Town: Sharon

Project Name: Discontinuance of Intensive Outpatient Psychiatric Program

Statute Reference: Section 19a-638, C.G.S.

Estimated Total Capital Expenditure: $0

1. **Project Description: Service Termination (Behavioral Health/Substance Abuse)**

   a. Provide a narrative detailing the proposal.

RESPONSE:

This proposal involves discontinuance of the Intensive Outpatient Program ("IOP Service") at Sharon Hospital ("Sharon" or the "Hospital"), which occurred in April of 2012, due to a lack of patient volume.

Sharon is a duly licensed acute-care general hospital located in Sharon, Connecticut. A copy of Sharon's Department of Public Health ("DPH") license is attached as Exhibit A. The Hospital has offered inpatient behavioral health services to adults over the age of 50 (or younger adults who meet admissions criteria due to advanced-stage Alzheimer's, dementia, Parkinson's disease, or bi-polar disorder) since 1998 (the "Inpatient Service"). Inpatient geriatric behavioral health services are Sharon's "core" behavioral health services. Inpatient services are provided in a 12-bed locked unit on the Hospital's main campus and are overseen by a clinical team that is able to address both a patient's psychiatric and other medical conditions. As discussed in greater detail below, the Sharon Inpatient Service continues to treat a steady volume of patients on an annual basis. Due to the unique nature of this service, Sharon admits patients from towns across Connecticut, New York, Massachusetts, Rhode Island, and as far away as Florida.

In 2008, in an effort to supplement its core Inpatient Service, Sharon opened the IOP Service. The IOP targeted the same patient population – adults over the age of 50 – and was intended to provide complimentary behavioral health services for patients being discharged from the Inpatient Service or treatment for those who did not require an inpatient level of care. The IOP also operated out of the Senior Behavioral Health Center on the Hospital's main campus and like the Inpatient Service it was staffed, managed and administered under contract with Horizon Mental Health, LLC d/b/a Horizon Health Behavioral Health Services ("Horizon").

The Inpatient Service at Sharon served as the primary referral source for the IOP (97% of IOP patients came from the Inpatient Service), which functioned as a step-down level of care for discharged patients. In 2009, IOP discharges peaked at 128, which exceeded the discharges projected by Sharon in its CON for this service. However, beginning in 2010, Sharon began to see IOP volume decline. Discharges decreased from 106 in 2010 (8.8 discharges per month on average) to 92 in 2011 (7.7 discharges per month on average). Then in 2012, the decline in volume became more dramatic. From January through April, IOP discharges totaled only 17, or 4.3 discharges per month on average (51 discharges annualized).

There were several reasons for the marked decline in IOP volume at Sharon. First, the nature of the patients using Sharon's Inpatient Service changed with the hiring

of Sabooh Mubbashar, M.D. as Medical Director for Senior Behavioral Health in 2008. Dr. Mubbashar shifted the focus of the Inpatient Service to the treatment of older seniors with Alzheimer's or late-stage dementia and co-occurring behavioral disturbances. Approximately 92% of all patients who utilized the Inpatient Service between 2009 and 2012 had a primary diagnosis of organic behavioral disturbances such as dementia, psychosis or other degenerative nervous system disorder (see Exhibit B attached). These individuals were not candidates for the IOP Service because this form of outpatient treatment requires patients to be cognitively intact and able to participate in group therapy. The IOP Service was geared more towards individuals struggling with major mental illness (as opposed to dementia) who could not be adequately treated with once-weekly therapy, but who did not require an acute, locked inpatient psychiatric environment. Sharon has not had an IOP-eligible patient on its Inpatient Service in the 21 months since the IOP Service was discontinued.

In addition, approximately 67% of Inpatient Service admissions between 2009 and 2012 were of individuals between the ages of 76 and 103 years old (see Exhibit C attached). The IOP Service (like most IOPs) was geared towards "younger" seniors (ages 65 to 75) with the ability to travel to/from daily therapy and actively participate in the program. Aftercare options for those in the 76 to 100+ age cohort tend more towards long-term care or adult daycare.

IOP volume at Sharon also dropped due to a shift in discharge placements. Many patients are admitted to the Inpatient Service from skilled nursing facilities ("SNFs") and discharged to these facilities once treatment is complete. Approximately 62% of patients who used the Inpatient Service between 2009 and 2012 were discharged to SNFs (see Exhibit D attached). This included many patients from Sharon, who were residents at local SNFs including Sharon Health Care Center. Long-term care facilities have enhanced their aftercare options (including social work and individualized psychiatric care), which can make them a better choice for step-down care for geriatric patients leaving an acute behavioral health setting. Moreover, because Medicare Part B will not pay for IOP services and skilled nursing services on the same day, many patients are being steered away from IOPs post-hospitalization so that the SNFs in which they reside are not precluded from billing skilled services (such as PT and OT) while a patient is attending outpatient therapy 3 to 4 times per week.

In addition, another 9% of seniors on the Inpatient Service were discharged to other facilities or admitted to the Hospital for medical issues, which disqualified them as candidates for the IOP (see Exhibit D attached). Only 27% of all Inpatient Service admissions between 2009 and 2012 were discharged to home (with or without home health services) (see Exhibit D attached). These patients could arguably have utilized the IOP Service, if and only if they met admissions criteria (cognitively intact, etc.), which as previously mentioned was not the case with more than 90% of patients on the unit. Also, because the Inpatient Service draws from across the state

and Northeast region, Sharon was not a convenient location for outpatient therapy 3 to 4 days per week for many discharged-to-home patients.

Based on the foregoing, there were very few patients from the Inpatient Service eligible for discharge to the IOP, which was the model contemplated by Sharon when they sought approval for the service in 2007. Hospital staff made efforts to market the service in the community through local health groups and physicians, but discovered that there was actually very little need for an IOP service for geriatric patients in the Sharon area. Sharon estimated in its CON Application for the IOP Service that, based upon the overall population of the Hospital's service area (approximately 50,000) and certain mental health incidence data, there were as many as 700 individuals who could benefit from the program. However, this analysis was flawed in that it looked at the total population of the service area versus the "senior" population that was to be the target of the IOP Service. The 65-plus population residing within 20 miles of Sharon (which is a far more expansive service area than was originally contemplated in the CON, but is considered within a reasonable driving distance for an IOP) is approximately 15,500 (see Exhibit E attached).[1] Thus using the same incidence data, there would be just over 200 individuals within a 20 mile radius who might benefit from the program. Moreover, many of these individuals are concentrated in cities/towns near other programs, including Torrington, Winsted and New Milford.

The IOP Service at Sharon was discontinued on April 27, 2012 due to declining patient volume and, eventually, a complete lack of patients. Initially, the IOP Service was slated to operate 2 to 3 hours per day, 3 to 5 days per week, with additional individual/family therapy sessions as needed. However, by March of 2012, patient volume was so low that with the IOP Service operating 3 days per week there were only 2 patients per group session. By April of 2012, after the last of the IOP Service's patients completed the program and were discharged to long-term care or other community placements, the IOP had no patients. Sharon held the program open for another month, but there were no additional admissions.

Because of the complete lack of patient volume, Sharon moved forward with the steps required to officially discontinue the IOP Service. This included notification of Horizon staff (see Exhibit F attached). In the months prior to April 2012, Sharon met with Horizon representatives on several occasions to discuss the viability of the program. Horizon advised that, without a sufficient number of patients, it was impossible to conduct the group therapy sessions required for an IOP. Horizon agreed that the program should not be kept open without any patients. Moreover, in September of 2011, the IOP's Program Director resigned, citing a decline in patient volume and concerns about the program's future.

[1] Although the IOP Service was available to qualifying individuals over the age of 50, patients between 65 to 75 years of age accounted for approximately 49% of discharges. Because this age cohort was the primary market for the service, Sharon's most-recent demographic analyses were of patients over the age of 65.

Furthermore, an internal analysis showed that between 2011 and 2012, Sharon sustained significant financial losses in connection with the IOP. The service carried an annual fixed cost in excess of $120,000, but had very little revenue to support that cost. Discontinuance of the program freed up capital, which Sharon is now able to invest in staffing and other programs and services that benefit its community.

b. For each of the Applicant's programs, identify the location, population served, hours of operation, and whether the program is proposed for termination.

RESPONSE:

Sharon provides inpatient psychiatric services for geriatric patients, as well as emergency psychiatric services for patients of all ages through the Hospital's Emergency Department. Sharon provided IOP services for seniors until the program was discontinued in April of 2012, due to a complete lack of patient volume.

Geriatric inpatient psychiatric services have been offered at Sharon since 1998. The Inpatient Service targets individuals over the age of 50 experiencing acute psychiatric issues related to conditions such as depression, Alzheimer's, dementia, Parkinson's disease, and bi-polar disorder. Inpatient services are provided 24 hours per day in a 12-bed locked unit on the Hospital's main campus and are overseen by a clinical team that is able to address both a patient's psychiatric and medical conditions. A description of the Inpatient Service is attached as Exhibit G. Senior inpatient behavioral health services are the "core" behavioral health services offered at Sharon and they are not proposed for termination.

The IOP Service at Sharon was intended to supplement the Inpatient Service, offering a step-down level of care for patients being discharged from the Hospital's locked unit. It operated at the Hospital's main campus and targeted the same patient population, adults over the age of 50 who were either stepping down from an inpatient admission or did not require an inpatient level of care. The program was initially slated to operate 2 to 3 hours per day, 3 to 5 days per week, with additional individual/family therapy sessions as needed. The average length of stay for patients admitted to the IOP was 10 to 14 days. A description of the IOP is attached as Exhibit H. Eventually, declining patient volume resulted in limited hours and groups that were not of sufficient size to be therapeutic. In April of 2012, the IOP Service was discontinued due to a complete lack of patient volume.

Sharon also provides psychiatric services to patients of all ages who present in the Emergency Department on the Hospital's main campus. Emergency psychiatric services are available 24 hours per day and are not proposed for termination.

c. Describe the history of the services proposed for termination, including when they were begun and whether CON authorization was received.

RESPONSE:

The IOP Service was authorized by OHCA on January 2, 2008, under Docket No. 07-31006-CON. Sharon began providing IOP services on July 7, 2008. Services were provided until April 27, 2012, when they were discontinued due to a complete lack of patient volume.

d. Explain in detail the Applicant's rationale for this termination of services, and the process undertaken by the Applicant in making the decision to terminate.

RESPONSE:

The IOP Service was established to supplement Sharon's Inpatient Service by offering a step-down level of care for discharged patients. As the focus of the Inpatient Service shifted towards individuals with more significant dementia issues (making them IOP ineligible) and long-term care facilities enhanced their aftercare options, volume began to decline. Despite Sharon's efforts to market the service, the demand simply was not there given the small number of IOP-eligible seniors in the area.

In 2009, IOP discharges peaked at 128, which exceeded the discharges projected by Sharon in its CON for this service. However, beginning in 2010, Sharon began to see IOP volume decline. Discharges decreased from 106 in 2010 (8.8 discharges per month on average) to 92 in 2011 (7.7 discharges per month on average). Then in 2012, the decline in volume became more dramatic. From January through April, IOP discharges totaled only 17, or 4.3 discharges per month on average. In looking at census data, it became apparent that the IOP service was less feasible than anticipated when the CON was sought in 2007. The over-65 population in the service area is not significant and those within this population who need an IOP service appear to be getting the service from other providers, such as Charlotte-Hungerford Hospital ("CHH"), Danbury Hospital and Waterbury Hospital, which can be more accessible for those living in nearby towns within the greater Sharon area.

By the fall of 2011, the IOP Service was experiencing a significant decline in financial performance as a result of the decline in volume. In an environment of increasing healthcare costs and declining reimbursement, Sharon had to carefully consider the viability of all of its programs. Because there was virtually no demand for the IOP Service, the Hospital decreased hours and eliminated one of the IOP groups in an effort to control costs. Initially, the IOP was slated to operate 2 to 3 hours per day, 3 to 5 days per week, with additional individual/family therapy sessions as needed. However, by March of 2012 (around the same time the Hospital

underwent staff layoffs), patient volume was so low that with the IOP operating 3 days per week there were only 2 patients per group session. By April of 2012, after the last of the IOP Service's patients completed the program and were discharged to long-term care or other community placements, the IOP had no patients. Sharon held the program open for another month, but there were no additional admissions. What need there was, if any, for this service in the Sharon area was apparently being met by other providers.

For all intents and purposes, the IOP Service was non-operational by April of 2012. Sharon moved forward with the steps required to officially discontinue the IOP service. This included notification of Horizon staff. In the months prior to April 2012, Sharon met with Horizon representatives on several occasions to discuss the viability of the program. Horizon advised that, without a sufficient number of patients, it was impossible to conduct the group therapy sessions required for an IOP. Horizon agreed that the program should not be kept open without any patients. Moreover, in September of 2011, the IOP's director resigned, citing a decline in patient volume and concerns about the program's future.

In addition, an internal analysis showed that between 2011 and 2012, Sharon sustained significant financial losses in connection with the IOP. The service carried an annual fixed cost in excess of $120,000, but had very little revenue to support that cost. Discontinuance of the program freed up capital, which Sharon is now able to invest in other programs and services that benefit its community, as well as enhanced staffing to support these programs. With the money saved Sharon was able to enhance its IT and human resources staffs and avoid more significant reductions in force than those experienced by the Hospital in the spring of 2012.

e. Did the proposed termination require the vote of the Board of Directors of the Applicant? If so, provide copy of the minutes (excerpted for other unrelated material) for the meeting(s) the proposed termination was discussed and voted.

RESPONSE:

Discontinuance of the IOP Service at Sharon did not require a vote of the Board of Directors. The decision was made by senior management at Sharon (and its parent company RegionalCare Hospital Partners) in consultation with the Medical Director for Senior Behavioral Health and Horizon staff.

2. Termination's Impact on Patients and Provider Community

a. List all existing providers (name, address, services provided, hours and days of operation, and current utilization) of the services proposed for termination in the towns served by the Applicant, and in nearby towns.

RESPONSE:

Existing providers of adult IOP services in the greater Sharon area include:

Charlotte-Hungerford Hospital, 540 Litchfield Street, Torrington, CT

- **Dual-diagnosis (substance abuse & mental health) IOP meets Tuesday – Friday (4 days per week), 10:00 a.m. – 1:00 p.m. (3 hours per day).**
- **Utilization is not available to the public, however, representatives of Sharon were advised by representatives of CHH that the program has capacity and is currently accepting new patients.**
- **CHH also has a partial hospital program ("PHP") for mental health clients. PHP is a step up from an IOP. The CHH PHP operates 5 days per week, 4.5 hours per day. This program is accepting new patients.**

Waterbury Hospital, 64 Robbins Street, Waterbury, CT

- **Dual-diagnosis (substance abuse & mental health) IOP meets Monday, Wednesday and Friday (3 days per week), 10:00 a.m. – 1:00 p.m. (3 hours per day).**
- **Utilization is not available to the public, however, the attached letter of support from Waterbury Hospital CEO Darlene Stromstand indicates that the IOP has capacity for adults (see Exhibit I attached).**

Duchess County Mental Hygiene ("DCMH"), 230 North Road, Poughkeepsie, NY

- **DCMH has a PHP for patients with mental health diagnoses that operates 5 days per week with a full day of programming. This program is accepting new patients.**

b. Discuss what steps the Applicant has undertaken to ensure continued access to the services proposed for termination for the Applicant's patients.

RESPONSE:

The IOP Service had no active patients at the time operations ceased in April of 2012. All patients had been discharged in the ordinary course of treatment prior to April and Sharon has received no additional request for IOP services beyond March of 2012. Accordingly, there were no patients for whom it was necessary to ensure continued access.

Sharon did take steps to ensure that the final patients discharged from the program in March had access to appropriate follow-up care. This included discharging patients from the IOP Service to programs such as the Compass Program, a social model clubhouse for mentally ill adults in Lakeville. Other patients resided in SNFs and were referred back to those facilities for ongoing care coordination once they were no longer in need of an IOP level of care. The Hospital never provided post-IOP psychiatric care for patients discharged from its IOP service. This level of care was typically provided by other facilities, physicians and counselors in the community.

For all former IOP patients, Sharon maintains their records and will make these records available to any patient or providers to whom release is authorized. These records will be maintained as required by law and in accordance with Sharon's record retention policies.

For those patients who require IOP services, there are programs at CHH, Waterbury Hospital and other institutions mentioned above that have capacity to accommodate the small number of patients originating from the greater Sharon area. A significant percentage of the over-65 population within 20 miles of Sharon resides closer to CHH (see Exhibit E attached) and these individuals are likely seeking services at that facility already. Note, CHH can also treat substance abuse issues in its IOP, which Sharon could not. These factors contribute to the lack of demand for the IOP Service at Sharon, as documented above. Any future requests for IOP services will be directed to these other area providers, who have sufficient capacity to handle the minimal demand for IOP services in the greater Sharon area. Thus, discontinuance of the IOP at Sharon will avoid the unnecessary duplication of healthcare services in the area.

c. For each provider to whom the Applicant proposes to transfer or refer clients, provide the current available capacity, as well as the total capacity and actual utilization for the current year and last completed year.

RESPONSE:

The IOP had no active patients at the time operations ceased in April of 2012. All patients had been discharged in the ordinary course of treatment prior to April and Sharon received no additional request for IOP services beyond March of 2012. Accordingly, there were no patients to transfer or refer.

Notwithstanding the foregoing, as mentioned above, Sharon made an effort to arrange for appropriate follow-up care for all patients discharged from the IOP. It is important to note that these patients were discharged because they had finished treatment and were no longer in need of IOP-level services, not because the program was being discontinued.

In addition, Sharon will make any necessary referrals for IOP services to area providers, including CHH, Waterbury Hospital and other programs referenced above. As previously noted, both hospital have sufficient capacity to meet the needs of any Sharon-area IOP patients (Sharon has received no requests for IOP services in nearly 2 years) and are accepting new patients. Discontinuance of the IOP will, therefore, avoid the unnecessary duplication of healthcare services.

d. Identify any special populations that utilize the services and explain how these clients will continue to access this service after the service location closes.

RESPONSE:

The IOP Service at Sharon was tailored towards an over-50 population. These patients can all be treated in an adult IOP, including the programs at CHH and Waterbury Hospital, to the extent that they originate from the greater Sharon area, or at other adult programs in their respective communities.

e. Provide evidence (e.g. written agreements or memorandum of understanding) that other providers in the area are willing and able to absorb the displaced patients.

RESPONSE:

See Exhibit I attached. This letter of support for the proposal evidences a willingness on the part of Waterbury Hospital to take on any patients who might seek IOP services at Sharon in the future.

f. Describe how clients will be notified about the termination and transferred to other providers.

RESPONSE:

The IOP had no active patients at the time operations ceased in April of 2012. All patients had been discharged in the ordinary course of treatment prior to April and Sharon received no additional request for IOP services beyond March of 2012. Accordingly, there were no patients to notify or transfer when the service was discontinued.

Notwithstanding the foregoing, as mentioned above, Sharon made an effort to arrange for appropriate follow-up care for all patients discharged from the IOP. It is important to note that these patients were discharged because they had finished treatment and were no longer in need of IOP-level services, not because the program was being discontinued.

The Hospital's Medical Staff was notified of the discontinuance of the IOP Service. Regarding any inquiries for services that may come from members of the Medical

Staff, their patients or other community members, Sharon will make any necessary referrals for IOP services to area providers, including CHH, Waterbury Hospital and other programs mentioned above. As previously noted, these providers have sufficient capacity to meet the needs of any Sharon-area IOP patients (Sharon has received no requests for IOP services in nearly 2 years) and are accepting new patients. Discontinuance of the IOP at Sharon will, therefore, avoid the unnecessary duplication of healthcare services.

3. **Actual and Projected Volume**

   a. Provide volumes for the most recently completed FY by town.

RESPONSE:

See Exhibit J attached. This includes volume by ZIP code for 2009 through April of 2012. Note that approximately 30% of admissions to the IOP Service on an annual basis were of New York residents. Only 95 Connecticut residents utilized the program in 2009, 73 in 2010, 61 in 2011, and 12 from January through April of 2012.

   b. Complete the following table for the past three fiscal years ("FY") and current fiscal year ("CFY"), for both number of visits and number of admissions, by service.

Table 1: Historical and Current Visits & Admissions

	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	CY 2009	CY 2010	CY 2011	CY 2012 (Jan.-April)
IOP Service Admissions/ Visits	**128/904**	**106/901**	**91/659**	**17/59**
Total	**128/904**	**106/901**	**91/659**	**17/59**

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.
** Identify each service type and add lines as necessary. Provide both number of visits and number of admissions for each service listed.
*** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

c. Explain any increases and/or decreases in volume seen in the tables above.

RESPONSE:

As previously mentioned, the Inpatient Service at Sharon served as the primary referral source for the IOP (97% of IOP patients came from the Inpatient Service), which functioned as a step-down level of care for discharged patients. In 2009, IOP discharges peaked at 128, which exceeded the discharges projected by Sharon in its CON for this service. However, beginning in 2010, Sharon began to see IOP volume decline. Discharges decreased from 106 in 2010 (8.8 discharges per month on average) to 92 in 2011 (7.7 discharges per month on average). Then in 2012, the decline in volume became more dramatic. From January through April, IOP discharges totaled only 17, or 4.3 discharges per month on average. Annualized to 51 discharges for 2012, this represents a 60% decline in IOP volume between 2009 and 2012.

There were several reasons for the marked decline in IOP volume at Sharon. First, the nature of the patients using Sharon's Inpatient Service changed with the hiring of a new Medical Director in 2008. Dr. Mubbashar shifted the focus of the Inpatient Service to the treatment of older seniors with Alzheimer's or late-stage dementia and co-occurring behavioral disturbances. Approximately 92% of all patients who utilized the Inpatient Service between 2009 and 2012 had a primary diagnosis of organic behavioral disturbance such as dementia, psychosis or other degenerative nervous system disorder (see Exhibit B attached). These individuals were not candidates for the IOP Service because this form of outpatient treatment requires patients to be cognitively intact and able to participate in group therapy. The IOP Service was geared more towards individuals struggling with major mental illness (as opposed to dementia) who could not be adequately treated with once-weekly therapy, but who did not require an acute, locked inpatient psychiatric environment. Sharon has not had an IOP-eligible patient on its Inpatient Service in the 21 months since the IOP Service was discontinued.

In addition, approximately 67% of Inpatient Service admissions during this same timeframe were of individuals between the ages of 76 and 103 years old (see Exhibit C attached). The IOP Service (like most IOPs) was geared towards "younger" seniors with the ability to travel to/from daily therapy and actively participate in the program. Aftercare options for those in the 76 to 100+ age cohort tend more towards long-term care or adult daycare.

IOP volume at Sharon also dropped due to a shift in discharge placements. Many patients are admitted to the Inpatient Service from SNFs and discharged to these facilities once treatment is complete. Approximately 62% of patients who used the Inpatient Service between 2009 and 2012 were discharged to SNFs (see Exhibit D attached). This included many patients from Sharon, who were residents at local SNFs including Sharon Health Care Center. Long-term care facilities have enhanced their aftercare options (including social work and individualized

psychiatric care), which can make them a better choice for step-down care for geriatric patients leaving an acute behavioral health setting. Moreover, because Medicare Part B will not pay for IOP services and skilled nursing services on the same day, many patients are being steered away from IOPs post-hospitalization so that the SNFs in which they reside are not precluded from billing skilled services (such as PT and OT) while a patient is attending outpatient therapy 3 to 4 times per week.

In addition, another 9% of seniors on the Inpatient Service were discharged to other facilities or admitted to the Hospital for medical issues, which disqualified them as candidates for the IOP (see Exhibit D attached). Only 27% of all Inpatient Service admissions between 2009 and 2012 were discharged to home (with or without home health services) (see Exhibit D attached). These patients could arguably have utilized the IOP Service, if and only if they met admissions criteria (cognitively intact, etc.), which as previously mentioned was not the case with more than 90% of patients on the unit. Also, because the Inpatient Service draws from across the state and Northeast region, Sharon was not a convenient location for outpatient therapy 3 to 4 days per week for many discharged-to-home patients.

4. Quality Measures

a. Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.

RESPONSE:

Attached as Exhibit K are Curriculum Vitae for the following key personnel:

- Kimberly A. Lumia, MSN, MBA, President & CEO, Sharon Hospital
- Peter R. Cordeau, RN, BSN, MBA, Chief Nursing Officer, Sharon Hospital
- Jennifer Cox, MSW, LCSW, Clinical Social Worker, Horizon Health at Sharon Hospital
- Sabooh S. Mubbashar, M.D., Medical Director, Senior Behavioral Health, Sharon Hospital

b. Explain how the proposal contributes to the quality of health care delivery in the region.

RESPONSE:

The IOP Service had fixed fees owed to Horizon under the terms of its management agreement with Sharon, which included management fees and the Program Director's salary (in excess of $120,000 annually), and little to no revenue. Discontinuance of the program results in a cost savings to the Hospital, which frees

up resources that can be used to help enhance other programs and services that benefit the community. Sharon is no longer wasting resources on an unused service. With the money saved Sharon was able to budget additional money for "core" Hospital programs, services and personnel. This ultimately enhances the quality of healthcare being delivered in the Sharon region.

In addition, to the extent that patients in the area require IOP services, they remain available at other providers in closer proximity to the towns with high over-65 populations (i.e. Torrington) (see Exhibit E attached). Thus, quality and accessibility of care for this population are not compromised with this proposal.

c. Identify when the Applicants' funding and/or licensing agencies (e.g. DPH, DMHAS) were notified of the proposed termination, and when the Applicants' licenses will be returned.

RESPONSE:

Sharon is licensed by DPH as an acute-care general hospital (see Exhibit A attached). The IOP Service was provided under Sharon's general hospital license and was not separately licensed by DPH. Accordingly, there is no license to be returned to DPH and no separate notification is required.

No state agencies provided funding for the IOP Service at Sharon.

d. Describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

RESPONSE:

This proposal will have no adverse impact on consumers of healthcare services. The IOP Service had no active patients and, therefore, no patients are being denied access to these services at Sharon. Any individuals from the greater Sharon area who require IOP services are presumably receiving these services at other providers, such as CHH and Waterbury Hospital. These individuals will continue to be able to receive services at existing providers notwithstanding discontinuance of the Sharon IOP. The care provided at other programs is comparable and the rates paid for hospital-based IOP services do not differ substantially from hospital to hospital. Rates paid for non-hospital-based IOP services are often less. Thus, there will be no impact (or potentially a favorable impact) on consumers and/or payers if patients chose to obtain services at a different facility/provider.

In addition, depending upon the level of service and payer source, the cost of certain aftercare treatment options at long-term care facilities may be less than the cost of a

hospital-based IOP. This would also result in cost savings both for patients and payers.

5. Organizational and Financial Information

a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).

RESPONSE:

Sharon is owned and operated by Essent Healthcare of Connecticut, Inc., a Connecticut corporation

b. Does the Applicant have non-profit status?
☐ Yes (Provide documentation) ☒ No

c. Financial Statements

i. If the Applicant is a Connecticut hospital: Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this proposal.

ii. If the Applicant is not a Connecticut hospital (other health care facilities): Audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, in lieu of audited financial statements, provide other financial documentation (e.g. unaudited balance sheet, statement of operations, tax return, or other set of books.

RESPONSE:

Sharon's most-recent audited financial statements were submitted to OHCA on February 28, 2013 as part of its Annual Reporting.

d. Submit a final version of all capital expenditures/costs.

RESPONSE:

There are no capital expenditures associated with discontinuance of the IOP Service at Sharon. Rather, as previously mentioned, discontinuance of this service and termination of the management agreement with Horizon (and elimination of the one

FTE associated with the program) has resulted in a cost savings by the Hospital in excess of $120,000 annually.

e. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.

RESPONSE:

Not applicable.

f. Demonstrate how this proposal will affect the financial strength of the state's health care system.

RESPONSE:

This proposal will have a favorable impact on the financial strength of the state's healthcare system. It will result in cost savings for Sharon, which will no longer be expending healthcare resources on a program with no patient volume. This will allow Sharon to put resources into other program and staff and grow "core" services for the benefit of the community. These cost savings and resource reallocation will also help Sharon to fulfill its mission of serving the uninsured and Medicaid patients and functioning as a safety net offering free/reduced charge services to those in need.

In addition, to the extent that patients are opting to receive aftercare services at a long-term care facility, these placements can be more cost-effective than hospital-based IOP services. Controlling healthcare costs to any degree strengthens the healthcare delivery system.

6. **Financial Attachments I & II**

a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **Complete Financial Attachment I.** (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.

RESPONSE:

See Exhibit L attached.

b. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. **Complete Financial Attachment II.** The projections must include the first three full fiscal years of the project.

RESPONSE:

See Exhibit M attached.

c. Provide the assumptions utilized in developing **both Financial Attachments I and II** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

RESPONSE:

The following assumptions were utilized in developing Financial Attachments I and II:

- **The Total Facility actual results for FY 2012 on Financial Attachment I include 7 months of the IOP service (October through April).**
- **The IOP Service was assumed to have no patients and no revenue for FY 2013 through FY 2015, based upon the fact that it had no patients at the time it was discontinued in April of 2012.**
- **Continuation of the program would require a fixed fee payment to Horizon, which is listed under Professional/Contracted Services. This payment includes a Program Director salary of approximately $78,000 for FY 2013 and a management fee of approximately $45,000.**
- **Sharon assumed a 2.5% increase in the Program Director's salary year to year and no increase in the management fee.**
- **Elimination of the IOP Program Director position accounts for the incremental decrease in FTEs.**
- **The Medicare rate used in Financial Attachment II is based on the historic Medicare rate for the IOP service. This rate was not adjusted going forward because Sharon anticipated a 2% rate decrease due to sequestration, which would have negated any future rate increases for Medicare patients.**
- **Commercial insurance rates are based on an average of historic payments made by Cigna and BCBS. No increases were projected.**
- **Self-pay rates are based on historic actual rates. No increases were projected.**

d. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the proposed service(s).

RESPONSE:

See Response to Question 5.c. above.

e. Was the Applicant being reimbursed by payers for these services? Did reimbursement levels enter into the determination to terminate?

RESPONSE:

The primary payer for the Sharon IOP Service was Medicare (94% of discharges). A small percentage of patients were commercially insured (5% of discharges) or self-pay (1% of discharges). There were no Medicaid patients in the history of the IOP Service. Accordingly, this proposal will not result in reduced access to healthcare services for Medicaid recipients and indigent persons. See Exhibit N attached.

Reimbursement levels did not factor into the decision to discontinue the IOP Service. The program was discontinued due to a complete lack of patient volume.

f. Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.

RESPONSE:

The IOP Service had no active patients when it was discontinued in April of 2012. Based upon the most recent Medicare rate of $136.14 per visit, it would take 905 visits to cover the $123,189 in costs projected for FY 2013. It would take 919 visits to cover the $125,144 in costs associated with the IOP for FY 2014 and 934 visits to cover the $127,149 in costs associated with the IOP for FY 2015. Although Sharon came close to achieving these visit totals when the IOP first opened, annual volume for 2012 would have reached a mere 177 visits. This is far short of the number of visits required for the program to break even.

Sharon used the Medicare rate to calculate the minimum number of units/visits required to show an incremental gain because Medicare discharges accounted for 94% of discharges from the IOP. Sharon would have seen a 2% decrease in this rate due to sequestration, which would negate any anticipated rate increases in coming years, so the financials assume a flat rate going forward. In addition, rates for the IOP's small number of commercially insured patients (which tend to be

higher than average) would have been offset by rates for an even smaller number of self-pay patients (which tend to be lower than average).

g. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

RESPONSE:

There are no losses associated with discontinuance of the Sharon IOP Service. To the contrary, discontinuing this program – which had fixed costs including a management fee and Program Director salary expenses totaling in excess of $120,000 annually and no revenue – will help to avoid losses, control costs and strengthen the Hospital financially.

h. Describe how this proposal is cost effective.

RESPONSE:

Discontinuance of the Sharon IOP Service is cost-effective in that it has helped the Hospital avoid the significant financial losses associated with operating a program with no patient volume. As previously mentioned, there are fixed costs associated with operation of the IOP Service, including management and staffing costs, which are saved with discontinuance of the program. The monies previously spent on the IOP Service have been reallocated to other programs, services and personnel. Controlling costs in this way helps to ensure the long-term viability of the Hospital and its "core" community health programs.

In addition, to the extent that patients opt for aftercare in a long-term care setting in lieu of an IOP, depending upon the services provided there could be a cost savings to the patients and their payers.

TABLE OF EXHBITS

EXHIBIT A

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0071

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Essent Healthcare of Connecticut, Inc. of Sharon, CT d/b/a Sharon Hospital is hereby licensed to maintain and operate a General Hospital.

Sharon Hospital is located at 50 Hospital Hill Road, Sharon, CT 06069.

The maximum number of beds shall not exceed at any time:

16 Bassinets
78 General Hospital Beds

This license expires **March 31, 2014** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, April 1, 2012. RENEWAL.

Jewel Mullen, MD, MPH, MPA
Commissioner

EXHIBIT B

Senior Inpatient Behavioral Health Discharges by DRG (2009-2012)

DRG	Count of DRG
55	1
56	22
57	461
59	2
70	1
71	23
72	4
81	1
92	1
101	1
125	2
876	3
880	4
881	29
882	4
883	1
884	466
885	347
886	1
887	1
894	1
896	4
897	26
948	1
Grand Total	1407

DRGs 56 & 57 = Degenerative Nervous System Disorders With & Without MCC

DRG 884 = Organic Disturbances & Mental Retardation (includes Dementia)

DRG 885 = Psychoses

EXHIBIT C

Senior Inpatient Behavioral Health Discharges by Age (2009-2012)

Age	Count of Age
53	2
54	3
55	2
56	11
57	16
58	5
59	13
60	12
61	9
62	10
63	23
64	9
65	19
66	36
67	23
68	25
69	31
70	35
71	22
72	31
73	40
74	39
75	43
76	42
77	63
78	63
79	64
80	60
81	65
82	56
83	54
84	54
85	54
86	51
87	55
88	55
89	48
90	40
91	26
92	21
93	22

94	20
95	12
96	6
97	6
98	4
99	1
100	4
101	2
103	1
Grand Total	**1408**

EXHIBIT D

Senior Inpatient Discharges by Discharge Disposition (2009-2012)

Discharge Disposition	Count of Discharges	
AIP	2	ADMITTED
AMA	21	AGAINST MEDICAL ADVICE
EXP	4	EXPIRED
HHS	12	HOME HEALTH SERVICE
HOM	364	HOME OR SELF-CARE
HOS	1	TRANSFER TO ANOTHER HOSPITAL
ICF	1	TRANSFER TO ICF
OTH	15	TRANSFER TO OTHER TYPE OF FACILITY
SNF	878	TRANSFERED TO SKILLED NURSING FACILITY
STH	110	TRANSFERRED TO SHORT TERM HOSPITAL
Grand Total	**1408**	

EXHIBIT E

All consumers within 50 miles age 65+ (by distance)

ZIP Code	TOTALS	Distance
06069 SHARON	407	0.00 miles *
06039 LAKEVILLE	350	3.17 miles NW
06796 WEST CORNWALL	160	5.96 miles SE
06753 CORNWALL	32	6.21 miles SE
06031 FALLS VILLAGE	172	7.00 miles NE
06754 CORNWALL BRIDGE	94	7.38 miles SE
12546 MILLERTON	317	7.44 miles NW
12501 AMENIA	226	7.48 miles SW
06068 SALISBURY	254	7.92 miles NE
12592 WASSAIC	127	9.84 miles SW
06079 TACONIC	28	9.90 miles NE
06757 KENT	387	10.61 miles SW
06756 GOSHEN	386	11.00 miles SE
06024 EAST CANAAN	63	11.38 miles NE
06018 CANAAN	394	11.76 miles NE
12503 ANCRAMDALE	94	12.18 miles NW
06785 SOUTH KENT	96	12.84 miles SW
06058 NORFOLK	240	13.14 miles NE
12506 BANGALL	9	13.21 miles SW
12567 PINE PLAINS	342	13.35 miles NW
01222 ASHLEY FALLS	85	13.38 miles NE
12581 STANFORDVILLE	251	13.43 miles NW
06759 LITCHFIELD	890	14.32 miles SE
12522 DOVER PLAINS	565	14.88 miles SW
12545 MILLBROOK	652	15.04 miles SW
06750 BANTAM	192	15.46 miles SE
06777 NEW PRESTON MARBLE DALE	217	15.59 miles SE
06094 WINCHESTER CENTER	33	15.62 miles NE
12516 COPAKE	250	15.62 miles NW
01257 SHEFFIELD	361	15.80 miles NE
01259 SOUTHFIELD	63	15.86 miles NE
12514 CLINTON CORNERS	343	16.15 miles SW
01258 SOUTH EGREMONT	129	16.23 miles NW
12502 ANCRAM	170	16.57 miles NW
12517 COPAKE FALLS	53	16.94 miles NW
12594 WINGDALE	264	17.08 miles SW
06755 GAYLORDSVILLE	132	17.24 miles SW
06790 TORRINGTON	4,176	17.29 miles SE

06763 MORRIS	211	17.42 miles SE
01244 MILL RIVER	37	17.48 miles NE
06758 LAKESIDE	26	18.20 miles SE
12585 VERBANK	95	18.26 miles SW
06021 COLEBROOK	66	18.58 miles NE
06098 WINSTED	1,426	18.69 miles NE
06794 WASHINGTON DEPOT	223	18.75 miles SE
12578 SALT POINT	217	18.81 miles SW
06793 WASHINGTON	184	19.79 miles SE
01230 GREAT BARRINGTON	1,060	20.81 miles NE
06791 HARWINTON	694	20.90 miles SE
12541 LIVINGSTON	44	21.04 miles NW
06751 BETHLEHEM	432	21.21 miles SE
06776 NEW MILFORD	2,602	21.22 miles SE
06778 NORTHFIELD	136	21.30 miles SE
12523 ELIZAVILLE	230	21.65 miles NW
12521 CRARYVILLE	199	21.79 miles NW
01255 SANDISFIELD	108	21.83 miles NE
12529 HILLSDALE	390	22.02 miles NW
06057 NEW HARTFORD	694	22.11 miles SE
12569 PLEASANT VALLEY	983	22.11 miles SW
06065 RIVERTON	82	22.15 miles NE
12540 LAGRANGEVILLE	675	22.18 miles SW
12571 RED HOOK	1,112	22.36 miles NW
06784 SHERMAN	556	22.56 miles SW
12510 BILLINGS	14	22.81 miles SW
12572 RHINEBECK	1,420	22.86 miles NW
01245 MONTEREY	140	23.23 miles NE
12564 PAWLING	801	23.62 miles SW
12504 ANNANDALE ON HUDSON	1	23.64 miles NW
12570 POUGHQUAG	592	23.76 miles SW
06063 BARKHAMSTED	297	23.86 miles NE
12580 STAATSBURG	453	23.92 miles SW
06787 THOMASTON	870	24.21 miles SE
06061 PINE MEADOW	36	24.22 miles SE
06783 ROXBURY	370	24.72 miles SE
12583 TIVOLI	196	24.77 miles NW
06752 BRIDGEWATER	328	25.14 miles SE
12538 HYDE PARK	1,675	25.26 miles SW
12530 HOLLOWVILLE	15	25.32 miles NW
06091 WEST HARTLAND	26	25.44 miles NE
06795 WATERTOWN	1,690	25.51 miles SE
06059 NORTH CANTON	15	25.71 miles NE
12526 GERMANTOWN	515	25.80 miles NW
01236 HOUSATONIC	188	25.86 miles NE
12507 BARRYTOWN	22	25.92 miles NW
06022 COLLINSVILLE	24	25.97 miles SE

12513 CLAVERACK	189	26.21 miles NW
06782 PLYMOUTH	217	26.22 miles SE
06786 TERRYVILLE	981	26.44 miles SE
12574 RHINECLIFF	31	26.62 miles NW
06798 WOODBURY	1,414	26.66 miles SE
06020 CANTON CENTER	30	26.74 miles SE
12565 PHILMONT	159	27.00 miles NW
01264 TYRINGHAM	32	27.01 miles NE
06779 OAKVILLE	782	27.33 miles SE
12544 MELLENVILLE	24	27.40 miles NW
06013 BURLINGTON	830	27.45 miles SE
06019 CANTON	861	27.49 miles SE
06781 PEQUABUCK	6	27.52 miles SE
01229 GLENDALE	13	27.55 miles NE
01262 STOCKBRIDGE	216	27.59 miles NE
12429 ESOPUS	42	27.64 miles SW
12604 POUGHKEEPSIE	2	27.85 miles SW
12493 WEST PARK	33	27.88 miles SW
12603 POUGHKEEPSIE	4,541	27.90 miles SW
01266 WEST STOCKBRIDGE	190	27.93 miles NE
12466 PORT EWEN	337	27.95 miles NW
12487 ULSTER PARK	317	27.95 miles SW
01253 OTIS	121	27.97 miles NE
06027 EAST HARTLAND	134	28.12 miles NE
01029 EAST OTIS	108	28.24 miles NE
06812 NEW FAIRFIELD	1,543	28.31 miles SW
12601 POUGHKEEPSIE	3,282	28.33 miles SW
12432 GLASCO	68	28.35 miles NW
12417 CONNELLY	54	28.45 miles NW
12531 HOLMES	269	28.48 miles SW
12602 POUGHKEEPSIE	59	28.54 miles SW
01260 SOUTH LEE	30	28.57 miles NE
12582 STORMVILLE	374	28.58 miles SW
12533 HOPEWELL JUNCTION	2,076	28.84 miles SW
12017 AUSTERLITZ	54	29.03 miles NW
12449 LAKE KATRINE	353	29.13 miles NW
12402 KINGSTON	142	29.19 miles NW
12453 MALDEN ON HUDSON	34	29.20 miles NW
12563 PATTERSON	549	29.23 miles SW
12165 SPENCERTOWN	71	29.38 miles NW
01034 GRANVILLE	221	29.48 miles NE
06011 BRISTOL	84	29.50 miles SE
06090 WEST GRANBY	99	29.68 miles NE
06092 WEST SIMSBURY	402	29.74 miles SE
06010 BRISTOL	6,655	29.79 miles SE
12528 HIGHLAND	1,180	29.88 miles SW
01238 LEE	814	29.89 miles NE

12534 HUDSON	1,979	29.89 miles NW
06804 BROOKFIELD	1,936	29.95 miles SE
06762 MIDDLEBURY	982	29.96 miles SE
12490 WEST CAMP	40	30.13 miles NW
06001 AVON	2,365	30.18 miles SE
06710 WATERBURY	509	30.19 miles SE
06704 WATERBURY	1,840	30.25 miles SE
12401 KINGSTON	3,907	30.27 miles NW
06085 UNIONVILLE	718	30.29 miles SE
06708 WATERBURY	3,002	30.37 miles SE
12456 MOUNT MARION	85	30.52 miles NW
06488 SOUTHBURY	3,195	30.54 miles SE
12075 GHENT	357	30.67 miles NW
12477 SAUGERTIES	2,284	30.72 miles NW
06701 WATERBURY	2	30.78 miles SE
06720 WATERBURY	22	30.78 miles SE
06721 WATERBURY	17	30.78 miles SE
06722 WATERBURY	11	30.78 miles SE
06723 WATERBURY	6	30.78 miles SE
06724 WATERBURY	4	30.78 miles SE
06487 SOUTH BRITAIN	3	30.80 miles SE
06702 WATERBURY	319	30.86 miles SE
12475 RUBY	32	30.97 miles NW
06716 WOLCOTT	1,867	31.06 miles SE
12471 RIFTON	42	31.24 miles SW
12411 BLOOMINGTON	57	31.27 miles SW
06060 NORTH GRANBY	197	31.35 miles NE
06703 WATERBURY	8	31.37 miles SE
12172 STOTTVILLE	45	31.52 miles NW
01223 BECKET	242	31.68 miles NE
12590 WAPPINGERS FALLS	3,358	31.80 miles SW
06089 WEATOGUE	259	31.84 miles SE
12037 CHATHAM	533	31.88 miles NW
06070 SIMSBURY	1,778	32.11 miles SE
12547 MILTON	239	32.13 miles SW
06440 HAWLEYVILLE	25	32.16 miles SE
01242 LENOX DALE	43	32.25 miles NE
12443 HURLEY	547	32.25 miles NW
06706 WATERBURY	1,104	32.36 miles SE
12472 ROSENDALE	197	32.56 miles SW
06811 DANBURY	3,080	32.64 miles SW
12486 TILLSON	179	32.78 miles SW
12537 HUGHSONVILLE	22	32.82 miles SW
01008 BLANDFORD	135	32.90 miles NE
06035 GRANBY	857	32.93 miles NE
06705 WATERBURY	2,388	33.06 miles SE
06062 PLAINVILLE	2,101	33.20 miles SE

06034 FARMINGTON	49	33.30 miles SE
12414 CATSKILL	1,201	33.39 miles NW
06032 FARMINGTON	2,444	33.47 miles SE
01240 LENOX	968	33.48 miles NE
10512 CARMEL	2,466	33.48 miles SW
01254 RICHMOND	202	33.74 miles NE
06482 SANDY HOOK	954	33.78 miles SE
12015 ATHENS	439	33.96 miles NW
10509 BREWSTER	1,767	34.00 miles SW
12542 MARLBORO	590	34.10 miles SW
12419 COTTEKILL	84	34.23 miles SW
06470 NEWTOWN	1,661	34.24 miles SE
12524 FISHKILL	1,733	34.29 miles SW
06770 NAUGATUCK	2,896	34.34 miles SE
06081 TARIFFVILLE	127	34.42 miles NE
06030 FARMINGTON	1	34.80 miles SE
06444 MARION	50	34.85 miles SE
01071 RUSSELL	114	35.13 miles NE
06810 DANBURY	3,232	35.13 miles SW
12491 WEST HURLEY	317	35.22 miles NW
06801 BETHEL	1,853	35.22 miles SE
12561 NEW PALTZ	1,702	35.27 miles SW
06817 DANBURY	1	35.28 miles SW
12029 CANAAN	152	35.33 miles NE
12174 STUYVESANT FALLS	32	35.33 miles NW
06479 PLANTSVILLE	1,094	35.35 miles SE
06489 SOUTHINGTON	4,365	35.36 miles SE
06712 PROSPECT	1,056	35.36 miles SE
12050 COLUMBIAVILLE	23	35.57 miles NW
06411 CHESHIRE	2	35.58 miles SE
12527 GLENHAM	69	35.62 miles SW
12515 CLINTONDALE	148	35.71 miles SW
06467 MILLDALE	30	35.83 miles SE
12511 CASTLE POINT	9	35.85 miles SW
06813 DANBURY	74	35.89 miles SW
01011 CHESTER	110	35.99 miles NE
01077 SOUTHWICK	1,144	36.01 miles NE
06053 NEW BRITAIN	2,759	36.19 miles SE
12512 CHELSEA	29	36.24 miles SW
06117 WEST HARTFORD	1,921	36.30 miles SE
06137 WEST HARTFORD	10	36.33 miles SE
12060 EAST CHATHAM	211	36.35 miles NW
01097 WORONOCO	4	36.41 miles NE
12498 WOODSTOCK	1,007	36.41 miles NW
06052 NEW BRITAIN	878	36.52 miles SE
12463 PALENVILLE	168	36.55 miles NW
06002 BLOOMFIELD	3,488	36.64 miles SE

06107 WEST HARTFORD	2,235	36.66 miles SE
06026 EAST GRANBY	568	36.72 miles NE
06478 OXFORD	1,328	36.72 miles SE
12173 STUYVESANT	158	36.82 miles NW
06127 WEST HARTFORD	22	36.84 miles SE
12106 KINDERHOOK	343	37.17 miles NW
06093 WEST SUFFIELD	383	37.33 miles NE
06403 BEACON FALLS	602	37.34 miles SE
12433 GLENFORD	70	37.38 miles NW
06050 NEW BRITAIN	71	37.41 miles SE
06119 WEST HARTFORD	1,353	37.50 miles SE
06110 WEST HARTFORD	1,186	37.72 miles SE
06051 NEW BRITAIN	1,900	37.73 miles SE
12440 HIGH FALLS	290	37.86 miles SW
06404 BOTSFORD	28	37.95 miles SE
12136 OLD CHATHAM	146	38.11 miles NW
12051 COXSACKIE	387	38.14 miles NW
06410 CHESHIRE	3,092	38.15 miles SE
12568 PLATTEKILL	55	38.18 miles SW
12548 MODENA	145	38.22 miles SW
12484 STONE RIDGE	387	38.30 miles SW
12482 SOUTH CAIRO	120	38.32 miles NW
01243 MIDDLEFIELD	43	38.39 miles NE
01085 WESTFIELD	4,222	38.48 miles NE
01086 WESTFIELD	106	38.48 miles NE
12508 BEACON	1,616	38.56 miles SW
06112 HARTFORD	1,688	38.69 miles SE
12451 LEEDS	203	38.74 miles NW
06133 WEST HARTFORD	19	38.74 miles SE
06105 HARTFORD	1,250	38.80 miles SE
06131 NEWINGTON	31	38.88 miles SE
06132 HARTFORD	27	38.91 miles SE
06064 POQUONOCK	25	38.94 miles NE
12184 VALATIE	740	39.00 miles NW
06111 NEWINGTON	4,010	39.18 miles SE
12427 ELKA PARK	29	39.20 miles NW
06126 HARTFORD	22	39.23 miles SE
06160 HARTFORD	1	39.29 miles SE
10519 CROTON FALLS	67	39.30 miles SW
06156 HARTFORD	1	39.33 miles SE
06106 HARTFORD	1,948	39.37 miles SE
06037 BERLIN	2,180	39.45 miles SE
06095 WINDSOR	3,286	39.46 miles SE
01202 PITTSFIELD	128	39.59 miles NE
06115 HARTFORD	1	39.63 miles SE
10541 MAHOPAC	2,377	39.67 miles SW
10542 MAHOPAC FALLS	51	39.69 miles SW

10560 NORTH SALEM	473	39.72 miles SW
06483 SEYMOUR	1,749	39.73 miles SE
12130 NIVERVILLE	118	39.82 miles NW
10516 COLD SPRING	654	39.82 miles SW
01050 HUNTINGTON	253	39.83 miles NE
12436 HAINES FALLS	59	39.83 miles NW
01201 PITTSFIELD	6,070	39.90 miles NE
06120 HARTFORD	612	39.90 miles SE
12550 NEWBURGH	4,205	39.93 miles SW
06524 BETHANY	606	39.96 miles SE
12409 BEARSVILLE	177	39.98 miles NW
12125 NEW LEBANON	172	40.00 miles NE
06123 HARTFORD	19	40.03 miles SE
12473 ROUND TOP	92	40.08 miles NW
12058 EARLTON	147	40.10 miles NW
06102 HARTFORD	1	40.14 miles SE
06103 HARTFORD	92	40.18 miles SE
12551 NEWBURGH	62	40.18 miles SW
12552 NEWBURGH	12	40.18 miles SW
12115 MALDEN BRIDGE	23	40.20 miles NW
12470 PURLING	60	40.25 miles NW
06128 EAST HARTFORD	23	40.31 miles SE
06147 HARTFORD	16	40.32 miles SE
12525 GARDINER	333	40.32 miles SW
06451 MERIDEN	2,175	40.41 miles SE
06114 HARTFORD	1,223	40.51 miles SE
06140 HARTFORD	9	40.52 miles SE
06141 HARTFORD	8	40.52 miles SE
06142 HARTFORD	2	40.52 miles SE
06143 HARTFORD	6	40.52 miles SE
06144 HARTFORD	7	40.52 miles SE
06145 HARTFORD	2	40.52 miles SE
06146 HARTFORD	8	40.52 miles SE
06468 MONROE	2,027	40.54 miles SE
06078 SUFFIELD	1,250	40.59 miles NE
12192 WEST COXSACKIE	271	40.83 miles NW
06875 REDDING CENTER	16	40.87 miles SE
06096 WINDSOR LOCKS	1,583	40.90 miles NE
12448 LAKE HILL	30	40.92 miles NW
06877 RIDGEFIELD	2,584	40.96 miles SW
10578 PURDYS	72	40.97 miles SW
12195 WEST LEBANON	24	40.99 miles NW
12024 BRAINARD	17	41.09 miles NW
06896 REDDING	1,047	41.17 miles SE
10579 PUTNAM VALLEY	924	41.19 miles SW
06876 REDDING RIDGE	28	41.26 miles SE
10589 SOMERS	2,072	41.26 miles SW

12481 SHOKAN	207	41.42 miles NW
01030 FEEDING HILLS	1,404	41.43 miles NE
10505 BALDWIN PLACE	61	41.43 miles SW
12132 NORTH CHATHAM	60	41.47 miles NW
06109 WETHERSFIELD	3,930	41.57 miles SE
06134 HARTFORD	14	41.65 miles SE
12461 OLIVEBRIDGE	262	41.69 miles NW
06023 EAST BERLIN	157	41.70 miles SE
12042 CLIMAX	52	41.73 miles NW
12589 WALLKILL	974	41.74 miles SW
12404 ACCORD	401	41.78 miles SW
06491 STEVENSON	8	41.79 miles SE
10587 SHENOROCK	81	41.84 miles SW
01235 HINSDALE	314	41.88 miles NE
06129 WETHERSFIELD	16	41.93 miles SE
06450 MERIDEN	3,220	42.18 miles SE
12124 NEW BALTIMORE	59	42.24 miles NW
01227 DALTON	40	42.34 miles NE
10540 LINCOLNDALE	81	42.38 miles SW
10597 WACCABUC	94	42.38 miles SW
06493 WALLINGFORD	2	42.39 miles SE
01226 DALTON	837	42.45 miles NE
06401 ANSONIA	1,875	42.45 miles SE
12485 TANNERSVILLE	109	42.47 miles NW
12413 CAIRO	373	42.52 miles NW
12457 MOUNT TREMPER	110	42.71 miles NW
06108 EAST HARTFORD	1,762	42.78 miles SE
06088 EAST WINDSOR	640	42.79 miles NE
10526 GOLDENS BRIDGE	192	42.86 miles SW
10535 JEFFERSON VALLEY	55	42.94 miles SW
06028 EAST WINDSOR HILL	8	42.99 miles SE
12495 WILLOW	54	43.01 miles NW
06067 ROCKY HILL	2,386	43.05 miles SE
12156 SCHODACK LANDING	90	43.13 miles NW
06525 WOODBRIDGE	1,183	43.23 miles SE
12520 CORNWALL ON HUDSON	376	43.31 miles SW
06518 NEW HAVEN	2,052	43.36 miles SE
10518 CROSS RIVER	110	43.43 miles SW
01089 WEST SPRINGFIELD	3,296	43.45 miles NE
01084 WEST CHESTERFIELD	14	43.49 miles NE
06138 EAST HARTFORD	23	43.56 miles SE
10527 GRANITE SPRINGS	79	43.56 miles SW
01073 SOUTHAMPTON	717	43.58 miles NE
12087 HANNACROIX	137	43.58 miles NW
12431 FREEHOLD	141	43.58 miles NW
06418 DERBY	1,456	43.60 miles SE
12553 NEW WINDSOR	2,198	43.63 miles SW

01001 AGAWAM	2,370	43.68 miles NE
12412 BOICEVILLE	81	43.72 miles NW
06492 WALLINGFORD	5,309	43.72 miles SE
12123 NASSAU	519	43.77 miles NW
12176 SURPRISE	22	43.81 miles NW
06484 SHELTON	4,880	43.85 miles SE
01098 WORTHINGTON	145	43.96 miles NE
01224 BERKSHIRE	13	44.00 miles NE
10996 WEST POINT	28	44.07 miles SW
10588 SHRUB OAK	270	44.12 miles SW
12584 VAILS GATE	35	44.14 miles SW
06416 CROMWELL	1,488	44.15 miles SE
12045 COEYMANS	47	44.25 miles NW
06118 EAST HARTFORD	3,225	44.28 miles SE
12518 CORNWALL	681	44.29 miles SW
12062 EAST NASSAU	160	44.35 miles NW
10524 GARRISON	481	44.46 miles SW
12494 WEST SHOKAN	123	44.51 miles NW
06083 ENFIELD	74	44.88 miles NE
06514 NEW HAVEN	2,423	44.91 miles SE
01012 CHESTERFIELD	52	44.93 miles NE
12446 KERHONKSON	485	44.93 miles SW
10537 LAKE PEEKSKILL	160	44.95 miles SW
12586 WALDEN	987	44.97 miles SW
10598 YORKTOWN HEIGHTS	3,431	44.99 miles SW
01090 WEST SPRINGFIELD	43	45.10 miles NE
06082 ENFIELD	4,920	45.11 miles NE
12450 LANESVILLE	21	45.13 miles NW
06455 MIDDLEFIELD	359	45.14 miles SE
10501 AMAWALK	138	45.24 miles SW
06481 ROCKFALL	155	45.32 miles SE
06612 EASTON	872	45.36 miles SE
12424 EAST JEWETT	34	45.40 miles NW
12405 ACRA	84	45.45 miles NW
01107 SPRINGFIELD	611	45.47 miles NE
01101 SPRINGFIELD	101	45.52 miles NE
06041 MANCHESTER	2	45.52 miles SE
10590 SOUTH SALEM	623	45.53 miles SW
10547 MOHEGAN LAKE	578	45.59 miles SW
12143 RAVENA	519	45.60 miles NW
12168 STEPHENTOWN	204	45.63 miles NE
12033 CASTLETON ON HUDSON	882	45.65 miles NW
06074 SOUTH WINDSOR	2,956	45.67 miles SE
10928 HIGHLAND FALLS	449	45.70 miles SW
01115 SPRINGFIELD	8	45.73 miles NE
06611 TRUMBULL	4,521	45.75 miles SE
01144 SPRINGFIELD	3	45.77 miles NE

01103 SPRINGFIELD	193	45.84 miles NE
06016 BROAD BROOK	640	45.94 miles NE
01014 CHICOPEE	23	45.97 miles NE
10536 KATONAH	1,012	46.02 miles SW
06457 MIDDLETOWN	4,380	46.03 miles SE
01013 CHICOPEE	2,406	46.06 miles NE
06515 NEW HAVEN	1,363	46.12 miles SE
01106 LONGMEADOW	2,261	46.19 miles NE
06473 NORTH HAVEN	3,589	46.25 miles SE
12416 CHICHESTER	32	46.28 miles NW
01105 SPRINGFIELD	540	46.32 miles NE
06883 WESTON	1,007	46.39 miles SE
06517 HAMDEN	2,016	46.40 miles SE
10517 CROMPOND	59	46.51 miles SW
06459 MIDDLETOWN	1	46.54 miles SE
12454 MAPLECREST	34	46.56 miles NW
06033 GLASTONBURY	3,088	46.59 miles SE
01138 SPRINGFIELD	27	46.76 miles NE
01040 HOLYOKE	3,700	46.86 miles NE
01116 LONGMEADOW	13	46.86 miles NE
01027 EASTHAMPTON	1,970	46.87 miles NE
01270 WINDSOR	81	46.96 miles NE
12063 EAST SCHODACK	51	47.02 miles NW
06073 SOUTH GLASTONBURY	549	47.12 miles SE
01108 SPRINGFIELD	1,770	47.13 miles NE
01104 SPRINGFIELD	2,210	47.23 miles NE
06480 PORTLAND	1,121	47.27 miles SE
06829 GEORGETOWN	39	47.28 miles SE
01237 LANESBORO	298	47.30 miles NE
12169 STEPHENTOWN	30	47.31 miles NE
10507 BEDFORD HILLS	560	47.32 miles SW
01026 CUMMINGTON	119	47.36 miles NE
12577 SALISBURY MILLS	148	47.40 miles SW
10953 MOUNTAINVILLE	37	47.41 miles SW
01139 SPRINGFIELD	34	47.44 miles NE
12083 GREENVILLE	469	47.50 miles NW
06897 WILTON	1,558	47.56 miles SE
01041 HOLYOKE	49	47.61 miles NE
06040 MANCHESTER	3,195	47.61 miles SE
06042 MANCHESTER	2,258	47.64 miles SE
10567 CORTLANDT MANOR	1,697	47.74 miles SW
12575 ROCK TAVERN	177	47.76 miles SW
12464 PHOENICIA	144	47.82 miles NW
06511 NEW HAVEN	2,979	47.93 miles SE
10576 POUND RIDGE	584	47.93 miles SW
06045 MANCHESTER	48	47.97 miles SE
06477 ORANGE	1,978	48.02 miles SE

01109 SPRINGFIELD	2,352	48.15 miles NE
12007 ALCOVE	22	48.15 miles NW
06520 NEW HAVEN	13	48.19 miles SE
12439 HENSONVILLE	38	48.23 miles NW
10922 FORT MONTGOMERY	102	48.28 miles SW
01225 CHESHIRE	329	48.36 miles NE
10566 PEEKSKILL	1,939	48.41 miles SW
12566 PINE BUSH	597	48.42 miles SW
06510 NEW HAVEN	113	48.43 miles SE
12489 WAWARSING	56	48.45 miles SW
12046 COEYMANS HOLLOW	56	48.51 miles NW
06025 EAST GLASTONBURY	18	48.51 miles SE
06501 NEW HAVEN	3	48.52 miles SE
06502 NEW HAVEN	4	48.52 miles SE
06503 NEW HAVEN	5	48.52 miles SE
06504 NEW HAVEN	3	48.52 miles SE
06505 NEW HAVEN	3	48.52 miles SE
06507 NEW HAVEN	1	48.52 miles SE
06508 NEW HAVEN	3	48.52 miles SE
06509 NEW HAVEN	2	48.52 miles SE
06521 NEW HAVEN	3	48.52 miles SE
01062 NORTHAMPTON	1,029	48.53 miles NE
01118 SPRINGFIELD	1,631	48.54 miles NE
01096 WILLIAMSBURG	179	48.57 miles NE
01020 CHICOPEE	3,681	48.60 miles NE
06472 NORTHFORD	782	48.63 miles SE
12423 EAST DURHAM	124	48.65 miles NW
06422 DURHAM	677	48.77 miles SE
06606 BRIDGEPORT	3,351	48.77 miles SE
06519 NEW HAVEN	930	48.84 miles SE
01028 EAST LONGMEADOW	1,533	48.87 miles NE
12549 MONTGOMERY	752	48.98 miles SW
06506 NEW HAVEN	3	49.02 miles SE
06614 STRATFORD	3,554	49.02 miles SE
06072 SOMERSVILLE	21	49.06 miles NE
06530 NEW HAVEN	9	49.08 miles SE
06531 NEW HAVEN	4	49.08 miles SE
06532 NEW HAVEN	7	49.08 miles SE
06533 NEW HAVEN	2	49.08 miles SE
06534 NEW HAVEN	3	49.08 miles SE
06535 NEW HAVEN	2	49.08 miles SE
06536 NEW HAVEN	2	49.08 miles SE
12418 CORNWALLVILLE	66	49.15 miles NW
01053 LEEDS	189	49.16 miles NE
06516 WEST HAVEN	2,544	49.25 miles SE
10992 WASHINGTONVILLE	704	49.29 miles SW
01021 CHICOPEE	28	49.31 miles NE

12543 MAYBROOK	228	49.31 miles SW
01075 SOUTH HADLEY	1,355	49.58 miles NE
06513 NEW HAVEN	2,127	49.63 miles SE
06825 FAIRFIELD	1,578	49.63 miles SE
06461 MILFORD	1,492	49.71 miles SE
01032 GOSHEN	56	49.81 miles NE
12061 EAST GREENBUSH	343	49.85 miles NW
01022 CHICOPEE	336	50.00 miles NE
Grand Total	**384,905**	

EXHIBIT F

P.O. Box 789
50 Hospital Hill Road
Sharon, CT 06069
860-364-4000
FAX 860-364-4011

SHARON HOSPITAL

March 16, 2012

Victoria B. Anderson, Senior Vice President Operations
Horizon Health
2941 S. Lake Vista Drive
Lewisville, TX 75067

Dear Ms. Anderson:

Please accept this letter as formal notification of Sharon Hospital's intent to close the IOP program at Sharon Hospital. The last day of the program will be April 27th, 2012. As per our discussion with Michael Raisig, overall volume declines continue to be troubling to the success of the program.

Sincerely,

Kimberly A. Lumia, RN, MSN, MBA
President & CEO

KAL/al
cc: Kimberlee Richard, CNO
Jason Proctor, Interim Chief Financial Officer
Dawn Tree, Director of SBH
Michael Raisig, Vice President Operations, Horizon Health

EXHIBIT G

Sharon HOSPITAL
A RegionalCare Hospital Partners Facility

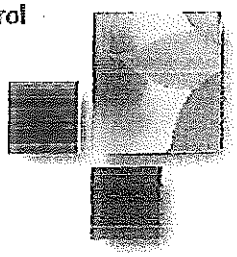
SENIOR BEHAVIORAL HEALTH AT SHARON HOSPITAL

Admissions Criteria

Admission to the Senior Behavioral Health Department at Sharon Hospital is available for patients above the age of 55 who meet at least one of the criteria listed below.

860.364.4288 PHONE | 860.364.4292 FAX

ADMISSION CRITERIA

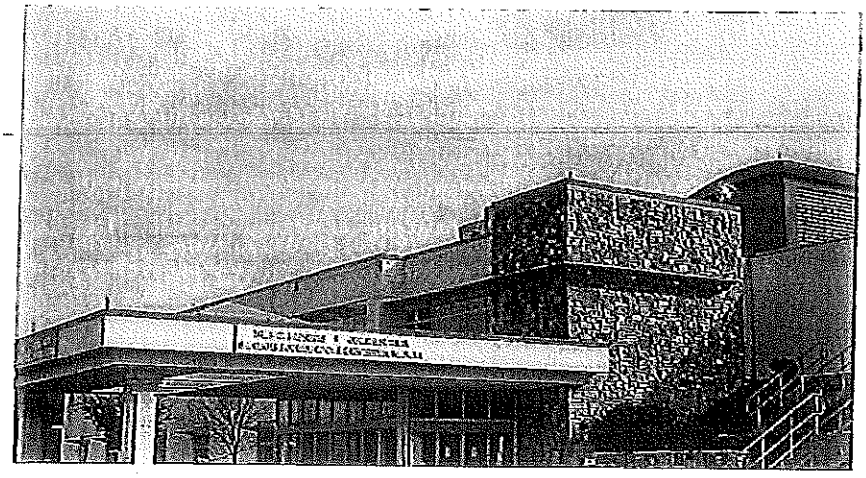


- > Suicide attempts or suicidal thoughts
- > Assaultive behavior or poor impulse control
- > Destructive behavior
- > Hallucinations
- > Delusions
- > Anxiety, agitation, and/or depression severe enough to interfere with activities of daily living
- > Disorientation, or memory impairment, severe enough to endanger welfare of self or others
- > Recurrent psychosis
- > Significant side effects of therapeutic psychotropic medication

Please remember that the admitting physician makes the final decision to determine if the patient meets the criteria for admission. These are just guidelines that we feel will be helpful to you.

Exclusionary Criteria:
> Patients with a substantial diagnosis of dementia with no acute behavioral change, or no known psychiatric disorder, and no expectation for a positive response to treatment > Patients with terminal diseases without a treatable psychiatric disorder > Patients who seek readmission but are determined to be inappropriate for the program > Patients who are bedfast or who cannot participate in the treatment program > Patients who require complex surgical procedures, require IV treatment or hydration, or require supplemental feeding > Patients who require a drug or alcohol withdrawal treatment

Medical Issues Which Can Be Managed by Our Nurses: Common medical conditions that include but are not limited to, and that will not interfere with activities, such as diabetes, hypertension, COPD, ambulation, gait issues, skin/wound care, physical & occupational therapy, heart arrhythmias and minor infections.



REFERRAL INFORMATION

After the need for treatment has been determined, please refer to this information for our admission requirements. This applies to all skilled nursing facilities, assisted living facilities and residential care facilities. This will help us to ensure we have the necessary information for a smooth transition of care for each individual admitted to The Senior Behavioral Health Department. If you have any questions, please call 860.364.4288.

Listed below are items that we require from your facility for any individual admitted to our department. Please fax this information to 860.364.4292 before admission if possible.

> Medication administration record (current as of date of admission)
> Face sheet (with accurate insurance)
> History and physical
> Diet upon admission
> Allergies (drug and food)
> Summary of recent events
> Advance health care directives
> Living will
> Durable power of attorney
> Letter of guardianship
> Accurate patient contact information
> Recent labs
> Past medical history
> Nurses notes

Thank you for choosing Sharon Hospital for your healthcare needs.

Sharon HOSPITAL
A RegionalCare Hospital Partners Facility

KEY PHONE NUMBERS			
Sharon Hospital:	860.364.4000	Health & Wellness Concierge:	877.364.4202
Advanced Therapy:	860.364.4065		860.364.4493
Birthing Suites:	860.364.4124	Outpatient Lab:	860.364.4267
Cardiology:	860.364.4237	Radiology:	860.364.4468
Emergency:	860.364.4111		

50 Hospital Hill Road | Sharon, CT 06069
Phone: 860.364.4000 | Fax: 860.364.4011
sharonhospital.com

EXHIBIT H

Sharon Hospital
Behavioral Health Center

Adult Intensive Outpatient Program

SHARON HOSPITAL
at the center of caring

860.364.4141 | sharonhospital.com

Intensive Outpatient Program

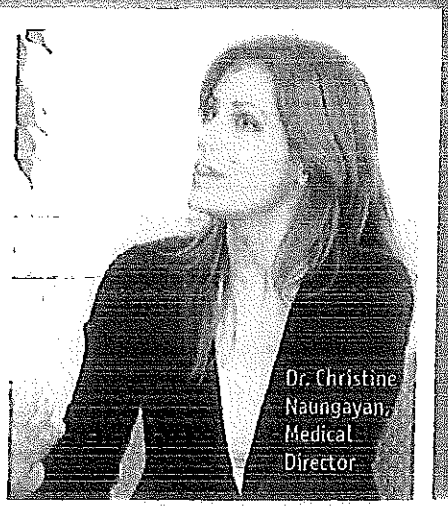
The Intensive Outpatient Program offers specialized treatment to individuals 50 and older who are coping with mental health and emotional issues.

How Can We Help?

Our clinical team conducts a thorough evaluation to determine the cause of the patient's distress and formulates a plan of care. Communication is maintained with the patient's doctors, therapists, and family members to facilitate optimum care with minimum disruption to the patient's life.

The Level of Care

This program is designed to provide intensive stabilization to avoid hospitalization when weekly outpatient treatment is not sufficient. This level of care also provides an interim step from hospitalization to home and outpatient services.



Dr. Christine Naungayan, Medical Director

For more information or to schedule an Intake Assessment, please

Services are provided by a licensed professional staff comprised of:

- Psychiatrists
- Licensed Clinical Social Workers
- Nurses

Intensive Outpatient Services

- Behavioral Health Assessments
- Medication Stabilization and Management
- Group Therapies
- Patient Education
- Coping Skills Development
- Discharge and Aftercare Planning

The Program is three hours per day, three days per week, Monday, Tuesday and Thursday from 9am to 12noon. A light breakfast is served.

Admission Process

Referrals may be made by physicians, psychologists, social workers, mental health professionals, social service agencies, and family members or friends.

There is no charge for pre-admission assessments and they are always confidential. The decision regarding the appropriateness of admission is made by our psychiatrist. The potential patient will then make his/her decision to participate.

call the Adult Intensive Outpatient Program at 860.364.4403.

You Are Not Alone

> One in four families has a member who will experience a mental illness

> Nineteen million people will suffer from depression at some point in their lives

> Higher rates of depression and anxiety correlate directly with an initial cardiac incident or cancer diagnosis

> Social isolation is a major cause of depression and substance abuse in older adults

> Many older adults' underlying emotional problems exacerbate existing physical conditions and contribute significantly to an increase in emergency room use and primary care physicians' visits

> Eighty percent of mental health problems can be effectively treated

SHARON HOSPITAL
at the center of caring

For more information or to schedule an Intake Assessment, please call the Behavioral Health Center's Adult Intensive Outpatient Program at 860.364.4403.

Sharon Hospital | At the center of caring.

EXHIBIT I

WATERBURY HOSPITAL

January 13, 2014

Kimberly A. Lumia, MSN, RN, MBA
President/CEO
Sharon Hospital
50 Hospital Hill Road
Sharon, CT 06069

Dear Kim:

The Greater Waterbury Health Network, as you know, has a large in and outpatient psychiatric program. We understand you are planning to close your Intensive Outpatient Program (IOP) and offer you our support. Our IOP service is available for adults, including adults with addictions.

Our IOP program is open Mondays, Wednesdays and Fridays from 10 a.m. to 1 p.m. We would be happy to meet with you or your designees to discuss how we may be helpful to your patients. We recognize the importance that IOPs provide to allow individuals to maintain independent living in their communities. Please call me directly at 203-573-7696 to discuss how we may be of service.

Best wishes in 2014.

Sincerely,

Darlene Stromstad, FACHE
President/CEO

EXHIBIT J

IOP Discharges by ZIP Code (2009–2012)

2009		
06018	3	
06039	2	
06068	21	
06069	37	
06488	5	
06756	5	
06757	8	
06783	4	
06790	10	
12501	15	
12522	7	
12545	2	
12546	5	
12567	1	
12572	2	
12592	1	
2010		
06018	1	
06039	2	
06058	3	
06068	11	
06069	44	
06756	1	
06757	4	
06790	7	
12501	12	
12522	13	
12546	2	
12564	5	
12585	1	
2011		
06018	10	
06068	15	
06069	29	
06754	1	
06756	1	
06757	3	
06777	2	
12501	13	
12522	6	
12546	3	
12564	5	
12567	3	

2012 (Jan.-Apr.)		
06018	5	
06058	1	
06069	2	
06754	2	
06790	2	
12501	2	
12567	1	
12581	2	
Grand Total	**342**	

EXHIBIT K

Kimberly A. Lumia

PO Box 6398, Wolcott, CT 07617
Lakebull@sbcglobal.net
(203) 879-7892 h (203) 525-7107

EDUCATION

University of Phoenix, Phoenix, AZ
Masters of Business Administration — **10/09**

University of Phoenix, Phoenix, AZ
Masters of Science – Nursing — **4/07**

Grand Canyon University, Phoenix, AZ
Bachelor of Science - Nursing — **5/02**

Glendale Community College, Glendale, AZ
Associate Degree - Nursing — **5/00**

AWARDS

Nightingale Award	**5/06**
Clinical Excellence Award GCC	**5/00**
Certificate of Recognition Waterbury Police Dept.	**12/03**
Hero Award SCCC AACN	**3/04**
Seton Award for Clinical Excellence	**11/05**

EXPERIENCE

Sharon Hospital Essent Healthcare, Sharon, CT
Chief Executive Officer and President — **10/1/10 - Present**

The President and Chief Executive Officer is responsible for managing the day-to-day operations of the hospital and its entities; establishing a system for assuring that high quality care is provided; assuring the sound fiscal operation of the hospital while promoting services that are produced in a cost-effective manner; ensuring compliance with regulatory agencies and accrediting bodies while continually monitoring the organization's service and delivery system; ensure optimal fulfillment of the institutions charter, mission and philosophy in response to the identified needs of the community. Responds to Medical Staff, employees and patients. In addition, the President and Chief Executive Officer will work closely with the Governing Board, Advisory Board and leadership of the organized Medical Staff in developing the strategic direction and major policies of the institution.

Sharon Hospital Essent Healthcare, Sharon, CT
Chief Nursing Officer/ Interim CEO — **3/30/09 – 9/10**

Acting Chief Executive Officer 7/10
Development of patient care programs, policies, and procedures that describe how patients' needs for nursing care, treatment, and services are assessed, evaluated, and met. Development and implementation of the plans for providing nursing care, treatment, and services including determination of the types and numbers of nursing personnel necessary to provide nursing care. Development of a patient focused, team oriented culture, working in conjunction with all other medical, clinical and therapeutic disciplines to ensure optimal service and superior outcomes. Development and

implementation of programs enhancing a culture of safety and accountability related to all aspects of patient care. Supervision and coordination of nursing personnel and the delivery of nursing care on a 24-hour basis. Active participation as a member of the hospital's Governing Body, Quality Council, Med Exec, Infection Control, Education, Ethics Committees and Chairperson of the Growth Team. Implementation of effective, ongoing programs to measure, assess, and improve nursing care, treatment, and services delivered to patients. Integration of complex data to formulate decisions, develop programs and plans that optimize health, promote wellness, manage illness, and prevent complications or secondary disabilities. Implementation of Joint Commission, CMS, and State hospital standards and in particular, the integration of rehabilitation nursing into these standards. Collaboration with nursing peers, the interdisciplinary team and others who influence healthcare. Creation of an environment and culture that enables the hospital to fulfill its mission by meeting or exceeding its goals, conveying the hospital mission to all staff, holding staff accountable for performance, motivating staff to improve performance and being responsible for the measurement, assessment and continuous improvement of the department.

Hospital of Saint Raphael (511 beds), New Haven, CT
Patient Care Manager – Surgical Intensive Care Unit **12/03 – 3/27/09**

Model behaviors for staff that is consistent with the organizational values. Oversee and manage human resource management (retention & recruitment), customer service (Reach for Excellence Initiative), compliance with financial projections (Operations Report/BVR) and performance improvement. Proficient with the KRONOS, RESQ, Scihealth, MYSIS, NASH, & Microsoft Office software. Facilitate shared governance model. Provide off-shift house supervisor coverage.

Hospital of Saint Raphael (511 beds), New Haven, CT
Nursing Care Coordinator **6/02 – 12/03**

Responsible for assisting the Patient Care Manager with the clinical aspects of unit operations; participates in care and management of patients; assists with orientation of new employees; involved in the evaluation process; assists with regulatory compliance and assumes responsibility of the unit in the absence of the Patient Care Manager.

John C. Lincoln Hospital (North Mountain 250 beds), Phoenix, AZ
Staff Nurse/Team Leader – Cardiovascular Intensive Care Unit **5/99 – 5/02**

Provide direct patient care of post-operative cardiovascular and general ICU patients. Perform as a mentor and role model to new staff in a preceptor role. Provide direct supervision of staff and a 20-bed unit as relief charge nurse (Team Leader). Serve as co-chair of the Pet Therapy Committee. Participate on the Operations Committee working towards improving daily operations within the unit and nursing concerns. Member of hospital documentation committee to improve nursing care plans and outcomes related to patients. Respond to all codes hospital wide.

Arizona Vulva Clinic, Dr. Gordon Davis, GYN, Phoenix, AZ
Front and BackOffice Assistant – Gynecology Clinic **5/96 – 5/99**

Responsible for organizing the day-to-day operations of the back office. Handle the clerical duties of the front office; billing, scheduling and any other related duties. Conduct monthly reports and work towards recovering delinquent accounts. Perform phlebotomy and transvaginal ultra sound. Assist with all other clinic procedures and surgeries. Act as a patient advocate and teach all treatment plans that may be needed.

LICENSURE

Arizona Nursing License (Inactive)

Connecticut Nursing License (Active)

CERTIFICATIONS

BLS
Basic Disaster Life Support
AVLS
Advance Disaster Life Support
CRRT (SLED/CVVH)
TNCC

BIOGRPHICAL DATA

Born September 13th, 1970 Bridgeport, Connecticut
Married with two children

COMMITTIEES/CONFRENCES/COMMUNITY SERVICE

Bioethics Committee
Organ Donation Committee
Co-Chair Nursing Ethics
Infectious Outbreak Management
Co-Chair Critical Care Committee
Nursing Leadership Academy
Surgical Bed Flow Team
SICU Renovation Project 6/03
Volunteer Madison School
President PTO 2007- 2008
U11 Wolcott Soccer Coach
Noise Reduction Program Chair
Patient Centered Care
Hand Off Task Force
Pediatric Action Committee
Hospital Pain Task Force
Magnet Management Task Force Co-Chair
CHA Nursing Leadership Forum
CCRN Review Course
Central Line Bundle Task Force
Chair PCA/PCEA Task Force
University of St. Raphael Management Courses
Board of Education Wolcott, CT
Studer Pillars of Excellence, CT
Speaker HFMA Annual Meeting, 2012
Northwest Workforce Investment Board of Directors
Northwest Chamber of Commerce Board of Directors

LANGUAGES

English – Native language
Spanish – speak, read and write

AFFILIATIONS

National Association of Hispanic Nurses
American Association of Critical Care Nurses
South Central Chapter of American Association of Critical Care Nurses
Sigma Theta Tao
AONE

PETER R. CORDEAU, RN, BSN, MBA

43 Rockwall Court • Goshen, Connecticut 06756
(860) 491-1190 • Peter.Cordeau@gmail.com

Exceptionally qualified healthcare administrator, with more than 24 years of experience managing and enhancing operations for reputable healthcare systems ranging from department startups to acute care hospitals with 1500+ employees, serving 200+ patients. Continuously improve performance and level of patient care through effective team leadership and superior clinical skills. Dynamic communicator and motivator, with demonstrated success in forging positive relationships with peers, subordinates, and general public. Key strengths include:

Hospital Administration • Critical & Acute Care Nursing • Staffing • Recruitment • Organizational Development
Case Management • Cross-Functional Team Leadership • Performance Management • Policy Development
Patient Relationship Management • Patient Advocacy • Regulatory Compliance • Training & Development
Grievance & Appeal Claims • Presentations • Emergency Preparedness • Home Care Coordination

PROFESSIONAL EXPERIENCE

SHARON HOSPITAL, Sharon, Connecticut • Chief Nursing Officer (October 2013 – Present)
78 bed for-profit, full service community hospital, servicing Connecticut, New York, and Massachusetts.

ST. MARY'S HOSPITAL, Waterbury, Connecticut • (June 2002 – October 2013)
200-bed non-profit acute care inner-city hospital, servicing greater Waterbury community; teaching hospital affiliated with the Yale School of Medicine.

Director Cardiac Service Line – (April 2012 – October 2013)

Director of Critical Care, CVU, and Telemetry (October 2008- April 2012)
Nursing Director for Critical Care, Telemetry and Cardiovascular Unit (CVU). Responsible for the management of a 14.8 million dollar budget, 120 clinical and non-clinical staff, 6 mid-level practitioners and 2 Clinical Managers.

- Co-chair Clinical Content and Process committee for EMR rollout.
- Received Gold Awards in both CHF and AMI from American Heart Association
- Increased voluntary retention from 80% to 95%.
- Improved staff satisfaction to 93rd percentile in recent 2011 Health Stream staff satisfaction survey.
- Created corrective action plans in response to Department of Public Health (DPH) and Centers for Medicaid and Medicare Services (CMS) audits.
- Created Cardiac Quality Workgroup to review all PCI and open heart surgery quality markers.
- Developed throughput analysis resulting in improved employee satisfaction, patient satisfaction, decreased ED wait times and increased throughput.
- Developed and championed the new "Falling Star" program which has reduced falls by greater than 40% over two years.
- Developed processes and procedures to eliminate central line associated blood stream infections (CLABSI's); effectively reducing CLABSI's to a median of zero over the past twelve months.

Clinical Nursing Supervisor (2004-2008)
Manage hospital administration during 16-hour period (3pm-7am); Managed 100+ employees daily, from ER doctors to housekeeping staff. Oversee staffing of entire hospital, balancing financial needs of hospital without sacrificing patient care. Directly supervise and manage "float pool," comprised of 7 RN's, 4 nurse aides, and 2 clerical staff. Maintain working relationship with state and local police, Connecticut Organ Bank, and State Medical Examiner.

- Garnered a Service Excellence Award for loyal and dedicated service in May 2008.

- Ensured preparation for any internal or external disaster.
- Interfaced with local media pertaining to sensitive patient information; ensured HIPPA regulations were adhered to accordingly.
- Collaborated with underprivileged families to assist with funeral arrangements and provide appropriate referrals and contacts on their behalf.

Staff Nurse, Intensive Care Unit (2002-2004)
Managed direct patient care for critically ill (ACLS certification required for position).
- Functioned as preceptor for new hires as well as nursing students.
- Served as patient advocate between patient, family, and medical team.
- Assisted families with coping and life changing decisions.

AETNA U.S. HEALTHCARE, Middletown, Connecticut • 1998-2002
One of the nation's leading healthcare companies.

Healthcare Consultant, Grievance & Appeals Unit (2000-2002)
Retroactively reviewed previously denied claims. Made determinations for authorization or denial of claims based on ISD and M&R guidelines .Collaborated frequently with Medical Directors and Department of Insurance.

Concurrent Review Nurse (1999-2000)
Reviewed clinical information on members' inpatient hospitalizations. Certified or denied days based on ISD and M&R guidelines.
- Served as valuable asset to organization as concurrent review nurse with critical care nursing experience.

Diabetes Disease Case Manager / Home Care Coordinator (1998-1999)
As Diabetes Disease Case Manager, reviewed cases by diagnostic set, i.e. a diagnosis of diabetes. Reviewed pharmacy records and hospital admissions, focused on disease prevention. Educated members and provided resources to them to avoid hospitalization. Conducted regular presentations of disease/case management program to participating home care agencies. As Home Care Coordinator, managed new home care department. Coordinated home care and durable medical equipment for states of Connecticut, Rhode Island, New York, New Hampshire, and Massachusetts.
- Facilitated development of new Home Care department from ground up in 6 months; encompassed implementation of new policies/procedures.

OMNI HOME HEALTH SERVICES, Wallingford, Connecticut • 1995-1998
Largest for-profit home health agency in State of Connecticut at the time (now defunct).

Case Manager, Corporate Office (1997-1998)
Served as Case Manager for all managed care contracts as part of corporate team. Contracts included MDHP, Oxford, Northeast Health Direct, Connecticut Health Plan, and Medspan.
- Obtained exclusive contract with Connecticut Health Plan.

Director of Patient Services (1995-1997)
Managed 40 licensed and non-licensed staff at agency's largest branch; encompassed hiring, firing, annual reviews, and licensure requirements. Also oversaw contract employees (Physical Therapy and Occupational Therapy were outsourced). Ensured appropriate allocation of staff to provide services to meet clients' needs daily; also maintained excess capacity in order to provide same-day service for unexpected referrals. Ensured compliance with state and federal regulations.
- Doubled census in first 3 months by marketing services to area hospitals and ECF's.

EARLY CAREER NOTES (full details on request)

INTERIM HEALTH CARE, Middlebury, Connecticut / Case Manager • Sales Representative

ST. MARY'S HOSPITAL, Waterbury, Connecticut / Intensive Care Unit Staff Nurse

EDUCATION

Master of Business Administration
University of Hartford, West Hartford, Connecticut

Bachelor of Science, Nursing (BSN)
University of Connecticut, Storrs, Connecticut

ADDITIONAL TRAINING

Advanced Cardiac Life Support

Baptist Leadership Training

PROFESSIONAL ACTIVITIES

Member ONE – CT (The Organization of Nurse Executives-Connecticut)
Chairman of Clinical Content and Process Committee for electronic health record transition 2010
Chairman SMH Cardiac Quality
Co-Chair Joint Quality Oversight Committee
Co-chair St. Mary's Employee Enrichment Grant Fund
Member of Infection Prevention, Safety, ICU, Patient Care Directors, SCIP, ED Transformation, and Nurse Executive Committees.
Member of Editorial Advisory Board for "The Compass" (Hospital Newsletter)
Executive Leader 2008-2009 Connecticut Hospital Association (CHA) Falls Collaborative
Executive Leader Blood Stream Infection Collaborative in conjunction with Johns Hopkins University 2009
Executive Champion CAUTI collaborative with Connecticut Hospital Association
Member 2008 United Way Committee
Former Member, Connecticut Thoracic Society

JENNIFER COX MSW, LCSW

9 Prospect St.
Lakeville, CT 06039

Phone: (847) 275-2803
jennifer.b.cox@gmail.com

SUMMARY OF QUALIFICATIONS

- LCSW with 6 years of experience in geriatric health care settings
- Graduate of a specialized program in geriatric clinical social work from Boston College
- Currently serving a 2 year term as a member of the Committee for Leadership in Aging Education, a program of the New York Academy of Medicine
- Excellent clinical and administrative skills, a broad range of experience in both direct care and managed care settings
- A passion for enhancing the quality of life of older adults

WORK EXPERIENCE

HORIZON HEALTH (AT SHARON HOSPITAL) — Sharon, CT
Clinical Social Worker — *October 2011-present, in various capacities*

- Write complete psychosocial assessments, treatment plans, and progress notes for inpatient population
- Lead group therapy on the inpatient unit
- Provide assistance, resources and counsel to patients and families throughout the hospitalization process
- Coordinate patient discharge plans, complying with NY and CT regulations for nursing facility placement
- Work collaboratively with the interdisciplinary team to optimize patient care
- Coordinate admissions and work closely with program director to maintain census
- Managed the Intensive Outpatient Program from October 2011 until closure of that program by the hospital in mid-March, 2012. Provided meticulous attention to detail in documentation, led 2 therapeutic groups daily, collaborated with the interdisciplinary team to provide individualized care plans, managed insurance authorization, and arranged aftercare for program participants.

BEACON HEALTH STRATEGIES — Woburn, MA
Utilization Management Clinician — *June 2010-present, in various capacities*

- Bottom-line clinical responsibility for authorizing mental health and substance abuse treatment for 9000 dually- eligible (Medicare/Medicaid) plan members
- Provide ongoing clinical consultation to onsite clinicians and plan nurse case managers to determine most appropriate and least restrictive level of care
- Coordinate and implement aftercare management plans
- Assist program director with reporting to the plan, including financial, utilization and sentinel event reporting in compliance with state and federal regulations
- Developed educational materials for clinical staff on topics related to geriatric clinical issues including advanced directives, guardianship and competency issues, and mental health issues in late life
- Authorize mental health and substance abuse services at point of service for members of 17 health plans nationwide (currently, in per diem capacity)

DAVITA DIALYSIS — Brookline, MA
Social Worker/Clinical Case Manager — *April 2009- June 2010, per diem until August 2011*

- Case manager for 146 patients in an outpatient dialysis setting
- Write thorough psychosocial assessments and provide clinical mental health services to dialysis patients
- Serve as primary source of insurance support, including advising with regard to Medicare and Medicaid
- Facilitate an open support group for patients living with renal failure
- Serve on the interdisciplinary care team with nursing, dietary and nephrology to write an individualized yearly care plan for each patient; attend physician rounds for every patient monthly
- Advise patients and families on living options throughout the disease progression process with the goal of maintaining least restrictive living environment and optimizing quality of life.

- Assist patients in meeting concrete needs including emergency financial assistance, utility protection, emergency food assistance, case management in the community and assistance paying insurance premiums and prescription copays.

HEBREW REHABILITATION CENTER — Roslindale, MA
Rehab Social Worker (hired from social work field placement) — *July 2007-April 2009*

- Case manager for 25 beds in a subacute rehabilitation setting, each bed averaging 2 patients per month
- Write psychosocial assessments and provide psychosocial support to rehab patients and their families
- Coordinate all discharges to various settings, including SNF, ALF and home.
- Provide resources and referrals to patients and their families upon discharge.
- Work closely with team including patients, PT, OT, medicine, nursing and psychiatry to optimize patient care
- Facilitate an open bereavement group for family members of deceased patients
- Provide meticulous attention to detail in care planning documentation in patient charts

Social Work Intern

- Led 2 therapeutic groups with Adult Day Health participants.
- Provided one on one, supervised ongoing weekly counseling to 7 individual clients.
- Provided psychosocial support services to residents on two long term care floors.
- Conducted admissions to long-term care, wrote psychosocial assessments and progress notes

FANNING LEARNING CENTER — Worcester, MA
Mathematics Teacher — *July 2005-June 2006*

- Taught seventh and eighth and ninth grade math
- Developed and implemented a financial literacy curriculum within the context of mathematics education
- Developed curriculum, lesson plans, and classroom management strategies to accommodate student needs

CHICAGO PUBLIC SCHOOLS (via Teach for America) — Chicago, IL
Mathematics Teacher — *June 2002-July 2005*

- Taught sixth, seventh and eighth grade math
- Obtained Mathematics endorsement from the IL Board of Education
- Developed curriculum, lesson plans, and classroom management strategies to accommodate student needs

EDUCATION

BOSTON COLLEGE GRADUATE SCHOOL OF SOCIAL WORK — Chestnut Hill, MA
MASTER OF SOCIAL WORK, GERIATRIC CLINICAL PRACTICE — *May 2008*

- Recipient of the "Hartford Partnership Program for Aging Education" Scholarship

UNIVERSITY OF PENNSYLVANIA — Philadelphia, PA
BACHELOR OF ARTS IN HISTORY — *May 2002*

- Graduate Magna cum Laude
- Member of Benjamin Franklin Scholars Program (University Honors Program, top 5% of students)
- Recipient of the Michael Lacovera Undergraduate Research Award

NATIONAL LOUIS UNIVERSITY — Chicago, IL

- Completed Illinois Teaching Certificate Program/Mathematics Endorsement — *May 2003*

LEADERSHIP

THE COMMITTEE FOR LEADERSHIP IN AGING EDUCATION — New York, NY

- Currently serving a 2 year term as a committee member — *January 2012-present*
- CLIA is the internal leadership board of the Hartford Partnership Program for Aging education, made up of alumni of the scholarship, to promote aspiring leaders in the field of geriatric social work and improve graduate education in the field. Committee members must apply and are chosen by the current committee, and serve 2 year terms.

Sabooh S. Mubbashar, M.D.
NEW ENGLAND PSYCHIATRIC ASSOCIATES, LLC
420 SOUTH MAIN STREET, UNIT 4
CHESHIRE, CT 06410
203-439 9155 / 203-809 9110
sabooh.mubbashar@yale.edu

CURRENT POSITIONS

Clinical Instructor, Yale School of Medicine, Department of Psychiatry, New Haven, CT

Associate Medical Director, Sr. Behavioral Health, Sharon Hospital. Sharon, CT

Medical Director, Children's Home of Cromwell, CT

EDUCATION

M.D. (1992-1997) Rawalpindi Medical College, Rwp. Pakistan
Connecticut Medical License July 2005. ECFMG certified.

Primary Fellowship Clinical Psychiatry (1998-1999) College of Physicians and Surgeons Karachi. Pakistan.

Post-doctoral Fellowship Neuro-pharmcology and Neurosciences (2001-2003)
Yale University School of Medicine, Department of Psychiatry.

Residency training Adult Psychiatry (July 2003-June 2006), Yale University School of Medicine, Department of Psychiatry. Board Eligible Adult Psychiatry.

Residency training Child and Adolescent Psychiatry (July 2006- June 2008)
Yale Child Study Center and Yale-New Haven hospital. Board Eligible Child and Adolescent Psychiatry.

PROFESSIONAL EXPERIENCE

July 06- June 2008 Clinical Fellow, Yale Child Study Center and Yale-New Haven Hospital, New Haven, CT

July 03- June 06 Resident Physician, Department of Psychiatry. Yale University School of Medicine.

July 03- Sep 03	In-patient psychiatry service. VAHCS, West Haven. CT
Oct 03	In-patient psychiatry service (Child and adolescent unit) Yale

	Psychiatric Hospital. New Haven, CT.
Nov 03- Dec 03	In-patient and out patient neurology service. Yale-New Haven Hospital, New Haven, CT.
Jan 04- June 04	Internal Medicine internship, Hospital of Saint Raphael, New Haven. CT.
July 04- Dec 04	Outpatient substance abuse and detoxification clinics. VAHCS, West Haven, CT.
Jan 05- March 05	Psychiatry ER, VAHCS, West Haven, CT. Consult-liaison service psychiatry, VA Medical Center, West Haven, CT.
April 05- June 05	In-patient psychiatry service, Yale Psychiatric Hospital, New Haven, CT.
July 05- June 06	Outpatient psychiatry clinics. VAHCS, West Haven, CT.

Dec 00-Jun 03 Post-doctoral Fellow, Departments of Psychiatry and Neuroscience, Yale University School of Medicine.

Effects of NMDA antagonists on cortical-sub cortical circuitry in animal model.
Previous work includes effects of typical and atypical anti-psychotics on prefrontal cortex and limbic regulation.
Reverse phase HPLC and micro-dialysis.

Jan 98-Dec 00 Resident Physician, Institute of Psychiatry and W.H.O. collaborating center, Rawalpindi General Hospital. Rawalpindi. Pakistan.

Residency training in Adult Psychiatry.
Principal Investigator for W.H.O funded epidemiological community trials revolving around symptomatology and drug treatments of mental illnesses.

HONORS AND AWARDS

"Ira R.Levine Award, Yale University, Department of Psychiatry, awarded to a physician each year *"for demonstrating clinical excellence, breadth of learning and devotion to care of patients with severe psychiatric illness".*

"Excellence Award" by President of Pakistan for record grades in pre-medical entrance exam.

BIBLIOGRAPHY

Original Articles:

- Sabooh Mubbashar, K Saeed."**An open non-comparative trial of Sertraline in a tertiary care setting"JPMRC.**Jun2000; 39(1):61-5
- I Rahman, K Saeed, Sabooh Mubbashar **"Prevalence of Personality disorders in a tertiary care setting" JCPSP.** Aug 2000; 10(8): 302-5

- D Goldberg, Malik M, Sabooh Mubbashar **"Development in Mental Health Services-A World View" International Review of Psychiatry.** Aug 2000,Volume: 12 Number: 3 Page: 240 -- 248
- M Achakzai, K Saeed, Sabooh Mubbashar **"Schizophrenia-Symptom profile in a tertiary care setting" JCPSP special mental health issue.** April 2001Vol 11, No.4 PP 257-259
- Sabooh Mubbashar, Richard Gater**" Reaching the un-reached-Evaluation of PHC physicians training in mental health" JCPSP special mental health issue.** April 2001 Vol. 11, No.4 PP 219-223
- K Saeed, Sabooh Mubbashar, and D Mumford **"A comparison of SRQ and BSI for screening psychiatric morbidity in a rural community" JCPSP special mental health issue.** April 2001 Vol. 11, No 4 PP 229-231.

Abstracts. (Presented at annual society for neuroscience meetings 2001-2003):

- Effects of NMDA antagonists on nucleus accumbens dopamine levels in response to pre-frontal cortex stimulation.
- Functional differences between orbito-frontal and medical prefrontal cortices.
- Effects of sustained activation of amygdala on PFC regulation of accumbal dopamine

EXHIBIT L

Total Facility: Description	FY 2012 Actual Results	FY 2013 Projected W/out CON	FY 2013 Projected Incremental	FY 2013 Projected With CON	FY 2014 Projected W/out CON	FY 2014 Projected Incremental	FY 2014 Projected With CON	FY 2015 Projected W/out CON	FY 2015 Projected Incremental	FY 2015 Projected With CON
NET PATIENT REVENUE										
Non-Government	$23,870,392	$25,370,392		$25,370,392	$25,877,800		$25,877,800	$26,395,356		$26,395,356
Medicare	$29,630,163	$31,130,163		$31,130,163	$31,752,766		$31,752,766	$31,752,766		$31,752,766
Medicaid and Other Medical Assistance	$5,878,529	$5,078,529		$5,078,529	$4,678,529		$4,678,529	$4,678,529		$4,678,529
Other Government				$0			$0			$0
Total Net Patient Patient Revenue	$59,379,084	$61,579,084	$0	$61,579,084	$62,309,095	$0	$62,309,095	$62,826,651	$0	$62,826,651
Other Operating Revenue	$482,704	$482,704		$482,704	$482,704		$482,704	$482,704		$482,704
Revenue from Operations	$59,861,788	$62,061,788	$0	$62,061,788	$62,791,799	$0	$62,791,799	$63,309,355	$0	$63,309,355
OPERATING EXPENSES										
Salaries and Fringe Benefits	$26,487,567	$27,387,567		$27,387,567	$27,798,381		$27,798,381	$28,215,356		$28,215,356
Professional / Contracted Services	$10,565,698	$12,165,698	($123,189)	$12,042,509	$12,223,147	($125,144)	$12,098,003	$12,279,473	($127,149)	$12,152,324
Supplies and Drugs	$6,837,410	$7,087,410		$7,087,410	$7,229,158		$7,229,158	$7,373,741		$7,373,741
Bad Debts	$3,224,489	$2,774,489		$2,774,489	$2,802,234		$2,802,234	$2,830,256		$2,830,256
Other Operating Expense	$8,885,455	$8,410,455		$8,410,455	$9,610,455		$9,610,455	$8,610,455		$8,610,455
Subtotal	$56,000,619	$57,825,619	($123,189)	$57,702,430	$59,663,374	($125,144)	$59,538,230	$59,309,281	($127,149)	$59,182,132
Depreciation/Amortization	$3,213,579	$3,413,579		$3,413,579	$3,613,579		$3,613,579	$3,813,579		$3,813,579
Interest Expense	$136,325	$0		$0			$0			$0
Lease Expense	$443,795	$528,795		$528,795	$528,795		$528,795	$528,795		$528,795
Total Operating Expenses	$59,794,318	$61,767,993	($123,189)	$61,644,804	$63,805,748	($125,144)	$63,680,604	$63,651,655	($127,149)	$63,524,506
Income (Loss) from Operations	$67,470	$293,795	$123,189	$416,984	($1,013,949)	$125,144	($888,805)	($342,300)	$127,149	($215,151)
Non-Operating Income	$0	$0		$0	$0		$0	$0		$0
Income before provision for income taxes	$67,470	$293,795	$123,189	$416,984	($1,013,949)	$125,144	($888,805)	($342,300)	$127,149	($215,151)
Provision for income taxes	$88,071	$ 114,389	$ 47,964	$162,353	$ (394,781)	$ 48,725	($346,456)	$ (133,275)	$ 49,505	($83,866)
Net Income	($20,601)	$179,406	$75,225	$254,631	($619,168)	$76,419	($542,349)	($209,026)	$77,644	($131,285)
Retained earnings, beginning of year	$16,722,716	$16,702,115	$0	$16,702,115	$16,881,521	$75,225	$16,956,746	$16,262,353	$151,645	$16,414,397
Retained earnings, end of year	$16,702,115	$16,881,521	$75,225	$16,956,746	$16,262,353	$151,645	$16,414,397	$16,053,327	$229,288	$16,283,112
FTEs	290.7	311.8	-1	310.8	314.8	-1	313.8	314.8	-1	313.8

SH0000076

EXHIBIT M

Type of Service Description IOP
Type of Unit Description: (2) one hour segments
# of Months in Operation 12

FY 2013 FY Projected Incremental Total Incremental Expenses: $123,189	(1)	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Total Facility by Payer Category:										
Medicare		$136	0	$0	$0	$0	$0	$0	$123,189	($123,189)
Medicaid		$110		$0				$0	$0	$0
CHAMPUS/TriCare		$192		$0				$0	$0	$0
Total Governmental			0	$0	$0	$0	$0	$0	$123,189	($123,189)
Commericial Insurers		$192		$0				$0	$0	$0
Uninsured		$125		$0				$0	$0	$0
Total NonGovernment		$136	0	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$136	0	$0	$0	$0	$0	$0	$123,189	($123,189)

SH000081

Type of Service Description IOP
Type of Unit Description: (2) one hour segments
# of Months in Operation 12

FY 2014 FY Projected Incremental Total Incremental Expenses: $125,144	(1)	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Total Facility by Payer Category:										
Medicare		$136	0	$0	$0	$0	$0	$0	$125,144	($125,144)
Medicaid		$110		$0				$0	$0	$0
CHAMPUS/TriCare		$192		$0				$0	$0	$0
Total Governmental			0	$0	$0	$0	$0	$0	$125,144	($125,144)
Commericial Insurers		$192		$0				$0	$0	$0
Uninsured		$125		$0				$0	$0	$0
Total NonGovernment		$136	0	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$136	0	$0	$0	$0	$0	$0	$125,144	($125,144)

SH000082

Type of Service Description: IOP
Type of Unit Description: (2) one hour segments
# of Months in Operation: 12

FY 2015 FY Projected Incremental Total Incremental Expenses: $127,149 Total Facility by Payer Category:	(1)	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Medicare		$136	0	$0	$0	$0	$0	$0	$127,149	($127,149)
Medicaid		$110		$0				$0	$0	$0
CHAMPUS/TriCare		$192		$0				$0	$0	$0
Total Governmental			0	$0	$0	$0	$0	$0	$127,149	($127,149)
Commericial Insurers		$192		$0				$0	$0	$0
Uninsured		$125		$0				$0	$0	$0
Total NonGovernment		$136	0	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$136	0	$0	$0	$0	$0	$0	$127,149	($127,149)

EXHIBIT N

IOP Discharges by Payer (2009-2012)

Payer	Count of Discharges
BC	11
HMO	6
MCM	1
MCR	321
SP	3
Grand Total	**342**

BC, HMO = Commercial Insurance

MCM, MCR = Medicare

SP = Self-pay

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

February 21, 2014

VIA FAX ONLY

Jennifer G. Fusco
Updike, Kelly & Spellacy, P.C.
One Century Tower
265 Church Street
New Haven, CT 06510

RE: Certificate of Need Application, Docket Number 14-31892-CON
Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital
Termination of Sharon's Intensive Outpatient Program in Sharon, CT

Dear Ms. Fusco:

On January 24, 2014, the Office of Health Care Access ("OHCA") received your initial Certificate of Need ("CON") application filing on behalf of Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital ("Applicant") for the termination of Sharon's Intensive Outpatient Program ("IOP") in Sharon, CT, with no associated capital expenditure.

OHCA has reviewed the CON application pursuant to Section 19a-639a(c) and requests the following additional information:

1. On pages 9 and 10 of the CON Application, the Applicant states one of the reasons for the marked decline in IOP volume at Sharon Hospital was the shift in focus of the Inpatient Service to the treatment of older seniors with Alzheimer's or late-stage dementia and co-occurring behavioral disturbances by the newly hired Dr. Mubbashar. Also on page 9, the Applicant indicates that in 2009, IOP discharges peaked at 128, which exceeded the discharges projected by Sharon in its CON for this service. Please address the following:

    a. Provide a discussion as the reasons why Dr. Mubbashar shifted the focus of the Inpatient Service to the treatment of older seniors with Alzheimer's or late-stage dementia and co-occurring behavioral disturbances.
    b. Please explain where patients of the Inpatient Service at Sharon Hospital that did not fit the above criteria were getting treatment.

2. Please explain how the Applicant fulfilled the original intent of the CON authorized by OHCA on January 2, 2008, under Docket No. 07-31006-CON.

3. On page 13 of the CON Application, the Applicant states that despite Sharon's efforts to market the service, the demand simply was not there given the small number of IOP-eligible seniors in the area. Please provide evidence to support the above statement.

4. Please report the patient/payer mix for FY 2008- FY 2013.

5. Please address the following regarding the Applicant's Medicaid population:

    a. Provide evidence as to how the Applicant has demonstrated how this proposal will improve or maintain quality, accessibility and cost effectiveness of health care delivery in the region, including but not limited to:

        i. Provision of any change in the access to services for Medicaid recipients and indigent persons, and

        ii. The impact upon the cost effectiveness of providing access to services provided under the Medicaid program.

6. Provide the Applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons.

7. If the Applicant has failed to provide or reduced access to services to Medicaid recipients or indigent persons, demonstrate how the Applicant has done this due to good cause or demonstrate that it was not solely on the basis of differences in reimbursement rates between Medicaid and other health care payers.

8. Please explain why the Applicant has filed a CON for the termination of IOP services at Sharon Hospital on January 24, 2014 when services were eliminated in April 2012?

In responding to the questions contained in this letter, please repeat each question before providing your response. Paginate and date your response, i.e., each page in its entirety. Information filed after the initial CON application submission (e.g., completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please begin your submission using Page 86 and reference "Docket Number: 14-31892-CON." Submit one (1) original and two (2) hard copies of your response. In addition, please submit a scanned copy of your response, in an Adobe format (.pdf) including all attachments on CD. If available, a copy of the response in MS Word should also be copied to the CD.

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information not later than sixty days after the date that this request was transmitted. Therefore, please provide your written responses to OHCA no later than April 22, 2014, otherwise your application will be automatically considered withdrawn. If you have any questions concerning this letter, please feel free to contact me by email or at (860) 418-7035.

Sincerely,

Paolo Fiducia
Associate Health Care Analyst

* * * COMMUNICATION RESULT REPORT (FEB. 21. 2014 2:28PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FEB. 21. 2014 2:27PM

FILE	MODE	OPTION	ADDRESS	RESULT	PAGE
113	MEMORY TX		912037722037	OK	4/4

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: JENNIFER G. FUSCO

FAX: 12037722037

AGENCY: UPDIKE, KELLY & SPELLACY, P.C.

FROM: PAOLO FIDUCIA

DATE: 02/21/2014 **Time:** 2:30 pm

NUMBER OF PAGES: 4
(including transmittal sheet

Comments:
14-31892-
CON
Completeness
Letter for
Essent
Healthcare of
Connecticut

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

Greer, Leslie

From: Fiducia, Paolo
Sent: Tuesday, April 22, 2014 9:54 AM
To: Greer, Leslie; Riggott, Kaila
Subject: FW: Sharon Hospital IOP -- Docket No. 14-31892-CON
Attachments: Sharon Hospital.pdf

FYI

From: Jennifer Groves Fusco [mailto:jfusco@uks.com]
Sent: Tuesday, April 22, 2014 9:37 AM
To: Fiducia, Paolo
Cc: User, OHCA; Deb Alexa
Subject: Sharon Hospital IOP -- Docket No. 14-31892-CON

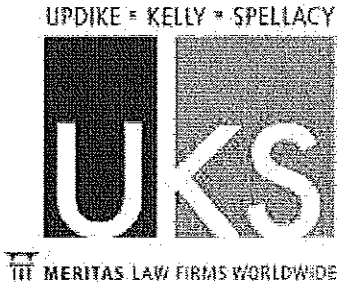
Good Morning, Paolo.

Attached are Sharon's responses to OHCA's Completeness Questions. The responses are being faxed/mailed from my office as well (along with a CD). Please let me know if we need to have the original couriered today or if the scan/fax copies are sufficient to meet the filing deadline.

Feel free to call me on my cell phone at (203) 927-8122 with any questions. I am on leave until May 27th, but am responding to calls and emails.

Thanks,
Jen

Jennifer Groves Fusco, Esq.
Principal
Updike, Kelly & Spellacy, P.C.
One Century Tower
265 Church Street
New Haven, CT 06510
Office (203) 786.8316
Cell (203) 927.8122
Fax (203) 772.2037
www.uks.com



UKS

MERITAS LAW FIRMS WORLDWIDE

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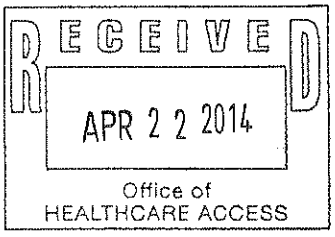
(203) 786-8316



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TO: Paolo Fiducia FACSIMILE: (860) 418-7053

From: Jennifer Groves Fusco, Esq. Number of Pages: 28 (Including Cover Sheet)

Subject: **Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital Termination of Sharon's Intensive Outpatient Program Docket No. 14-31892-CON**

Message:

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April 22, 2014

Paolo Fiducia
Associate Health Care Analyst
State of Connecticut
Department of Public Health
Office of Health Care Access Division
410 Capitol Avenue, P.O. Box 34038
MS #13HCA
Hartford, CT 06134-0308

Re: Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital
Termination of Sharon's Intensive Outpatient Program
Docket No. 14-31892-CON

Dear Mr. Fiducia,

This office represents Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital ("Sharon") in connection with the above-referenced docket. We are in receipt of your February 21, 2014 correspondence requesting additional information in connection with the Certificate of Need ("CON") Application filed on January 24, 2014. Responses to your questions are set forth below:

1. On pages 9 and 10 of the CON Application, the Applicant states one of the reasons for the marked decline in IOP volume at Sharon Hospital was the shift in focus of the Inpatient Service to the treatment of older seniors with Alzheimer's or late-stage dementia and co-occurring behavioral disturbances by the newly hired Dr. Mubashar. Also on page 9, the Applicant indicates that in 2009, IOP discharges peaked at 128, which exceeded the discharges projected by Sharon in its CON for this service. Please address the following:

    a. Provide a discussion as the reasons why Dr. Mubbashar shifted the focus of the Inpatient Service to the treatment of older seniors with Alzheimer's or late-stage dementia and co-occurring behavioral disturbances.

RESPONSE: ***The geriatric inpatient behavioral health service (the "Inpatient Service") at Sharon Hospital ("Sharon" or the "Hospital") has been the "core" psychiatric service offered by the Hospital since it was established in 1998. The intensive outpatient program for seniors (the "IOP Service") was intended to***

compliment the Inpatient Service and to function primarily as a step-down level of care for eligible patients.

The decision to shift the focus of the Inpatient Service was made by Dr. Mubbashar based upon the needs of the geriatric population in the Sharon area and across the state and region. There are currently only four (4) programs in the State of Connecticut that provide inpatient psychiatric services to geriatric patients suffering from dementia or other cognitive impairment.[1] This population requires highly specialized treatment and presents unique challenges for healthcare providers. Very few providers have been willing to take on these patients, but Sharon has and the volume of patients using the Inpatient Service over the course of the last several years has shown that there is a need for a service tailored to cognitively impaired individuals. See Exhibit A attached. As noted at page 31 of the CON Application, a significant percentage of patients who utilized the inpatient service between 2009 and 2012 had a primary diagnosis consistent with cognitive impairment.

Prior to the shift in focus of the Inpatient Services, the Hospital was treating fewer cognitively impaired seniors because it was difficult, from a clinical perspective, to have a program that mixed these patients with patients with severe psychiatric disorders and appropriate cognitive function.[2] Although this shift in focus had an impact on IOP referrals, the Hospital and Dr. Mubbashar believed that a program tailored to cognitively impaired individuals better served the needs of the community. This has proven to be an accurate assessment, given the growing volume of patients utilizing the Inpatient Service from across the state and region (see Exhibit A attached). The Sharon Inpatient Service, as previously mentioned, is unique and highly specialized and it meets a proven demand within the geriatric population.

b. Please explain where patients of the Inpatient Service at Sharon Hospital that did not fit the above criteria were getting treatment.

RESPONSE: ***Despite the shift in focus of the Inpatient Service, Sharon does not refuse treatment to individuals over the age of 55 based solely upon primary diagnosis, whether the individual suffers from cognitive impairment (i.e. dementia) or a serious psychiatric impairment (i.e. depression). If an individual without cognitive impairment want to be treated at Sharon and otherwise meet admissions criteria, they will be admitted to the Inpatient Service. However, the Hospital's clinical staff believes that cognitively intact geriatric psychiatric patients fit better into the therapeutic milieu of traditional adult units than those units, like Sharon's, that provide services to cognitively impaired, significantly older adults. Both Charlotte-Hungerford Hospital***

[1] To the best of the Hospital's knowledge, the only other providers of inpatient geriatric psychiatric services are Bridgeport Hospital, the Institute of Living at Hartford Hospital and Masonicare.
[2] For example, the number of patients with a primary diagnosis of Degenerative Nervous System Disorders with or without MCC (DRGs 56 & 57 – both cognitive impairment diagnoses) increased from 19 in 2007 to 133 in 2013. See Exhibit B attached.

in Torrington, Connecticut and St. Francis Hospital in Poughkeepsie, New York have adult inpatient units that can accommodate these individuals, and Sharon often refers patients to these units for treatment. Note that patients under the age of 55 who are cognitively intact are always referred out because their needs are not appropriately served in the Sharon Inpatient Service, which as previously noted is focused primarily on individuals over 65 years of age with significant cognitive impairment.

2. Please explain how the applicant fulfilled the original intent of the CON authorized by OHCA on January 2, 2008, under Docket No. 07-31006-CON.

RESPONSE: ***The intent of the CON authorized by OHCA under Docket No. 07-31066-CON was to establish an IOP to complement Sharon's "core" Inpatient Service (CON Application, Docket No. 07-31066-CON, p. 2). The IOP Service was intended to serve patients with significant psychiatric symptoms and sufficient cognitive function, per the Letter of Intent submitted in the underlying CON proceeding. The IOP Service opened in 2008 and served this patient population until it was discontinued, due to a complete lack of volume, in April of 2012.***

As previously mentioned, the shift in focus of the Inpatient Service to meet the needs of the community, state and region resulted in less patients being eligible for discharge to the IOP Service. Once the Inpatient Service began serving more cognitively impaired individuals, there were fewer patients in need of the IOP Services that Sharon was providing. This resulted in a decline in volume, beginning in 2010, and a complete lack of IOP patients by 2012. The Hospital attempted to secure IOP referrals from elsewhere in the community, but was unsuccessful. Contrary to Sharon's understanding at the time the original CON was filed, there was no clear public need for the IOP Service independent of the need that once existed to "step down" cognitively intact patients with significant psychiatric issues from the Inpatient Service.

The Hospital also attempted to secure transportation for IOP patients, as it indicated it would do in the CON Application (CON Application, Docket No. 07-31066-CON, p. 5). However, in reality it was nearly impossible to provide transportation for these patients in a cost-effective manner. Shuttle services from New York would not cross state lines to deliver patients to Sharon and local nursing homes would not provide transportation to and from the IOP for their residents. The Hospital considered purchasing a van and providing its own transportation, but liability issues made this option cost-prohibitive.

3. On page 13 of the CON Application, the Applicant states that despite Sharon's efforts to market the service, the demand simply was not there given the small number of IOP-eligible seniors in the area. Please provide evidence to support the above statement.

RESPONSE: ***The best evidence that there was no demand for IOP Services in the Sharon area is the fact that, once the Inpatient Service no longer functioned as a "feeder" of IOP-eligible patients, IOP volume declined steadily to the point that there were no patients in the IOP at Sharon. Nor have there been any requests for admission to the IOP Service since it was discontinued due to lack of patient volume in April of 2012.***

In addition, based upon population statistics and incidence data included in the CON Application, there are just over 200 individuals over the age of 65 who reside within 20 miles of Sharon Hospital and who would potentially be eligible for the IOP Service (see CON Application, p. 11). Looking at individuals over the age of 50 in order to broaden the target population, there are only 27,000 individuals in this age cohort who reside within 20 miles of Sharon (see Exhibit C attached). Based on incidence data used in the initial CON Application (p. 3), this translates to only 400 individuals who might benefit from an IOP service. This does not take into account the fact that many of these individuals do not qualify for IOP based on cognitive status. Nor does it take into account the fact that a significant percentage of area residents are transient, meaning their homes in the Sharon area are second homes. Many of these individuals have their primary residences in New York City and would seek any necessary psychiatric care in the city's many hospitals and facilities.

With respect to the Hospital's efforts to market the IOP Service, this included visits to area nursing homes and networking events. Program staff learned from these visit and events that there were few, if any, individuals in the area in need of this service.

4. Please report the patient/payer mix for FY 2008-FY 2013.

RESPONSE: ***Below is the payer mix for the IOP Service for FYs 2008 through 2012. The program was discontinued in April of 2012, so there is no payer mix data for 2013. Note that a vast majority of patients using the IOP Service were Medicare beneficiaries, with a small percentage of commercially insured and self-pay clients. The percentages for FY 2012 appear inconsistent with prior years due to the smaller number of total patients treated prior to discontinuance of the program. In FY 2012, 17 patients received IOP Services, 12 of whom were Medicare beneficiaries and 5 of whom were commercially insured.***

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Medicare*	91%	95%	96%	95%	71%
Medicaid*	0%	0%	0%	0%	0%
CHAMPUS & TriCare	0%	0%	0%	0%	0%
Total Government	**91%**	**95%**	**96%**	**95%**	**71%**
Commercial Insurers*	6%	5%	1%	5%	29%
Uninsured/Self-Pay	3%	0%	3%	0%	0%
Workers Compensation	0%	0%	0%	0%	0%
Total Non-Government	**9%**	**5%**	**4%**	**5%**	**29%**
Total Payer Mix	**100%**	**100%**	**100%**	**100%**	**100%**

5. Please address the following regarding the Applicant's Medicaid population:

   a. Provide evidence as to how the Applicant has demonstrated how this proposal will improve or maintain quality, accessibility and cost effectiveness of health care delivery in the region, including but not limited to:

      i. Provision of any change in the access to services for Medicaid recipients and indigent persons, and

RESPONSE: ***Discontinuance of the IOP Service at Sharon has resulted in cost savings to the Hospital that will improve the quality, accessibility and cost-effectiveness of healthcare in the region. As mentioned in the CON Application, discontinuance of the IOP Service resulted in a savings of approximately $120,000 in annual fixed costs (CON Application, p. 26). Sharon has been able to reallocate this money to programs, services and personnel for the benefit of the entire Sharon community, including Medicaid recipients and indigent persons. Note that approximately 11% of Sharon's total facility payer mix in FY 2013 was Medicaid. This is in addition to the approximately $3.2 million in charity care and bad debt expenses incurred by the Hospital on an annual basis in recent years.***

The IOP Service served primarily Medicare beneficiaries. As you can see from the payer mix statistics above, the program did not treat any Medicaid patients in its four

years of operation.[3] Nor did the Hospital ever receive a request to treat a Medicaid patient during this time or at any time since the IOP Service was discontinued. Accordingly, there is no change in access for Medicaid patients with discontinuance of the IOP Service because this program did not serve this patient population. Moreover, to the best of Sharon's knowledge, Charlotte-Hungerford treats Medicaid patients in its adult IOP, and they will continue to do so despite discontinuance of the Sharon IOP Service, thus ensuring access for this patient population.

ii. The impact upon the cost effectiveness of providing access to services provided under the Medicaid program.

RESPONSE: ***Discontinuance of the IOP Service at Sharon will not have a negative impact on the cost-effectiveness of proving access to services under the Medicaid program. The IOP Service was in operation for nearly four years and never provided services to, or had a request for services from, a Medicaid recipient. Accordingly, discontinuance of this program will have no impact on the Medicaid program or its beneficiaries.***

Patients in need of IOP services can obtain these services at other area hospitals, including Charlotte-Hungerford. The cost to Medicaid recipients of obtaining IOP services at Charlotte-Hungerford versus Sharon would be the same, thus discontinuance of the IOP Service at Sharon will not impact the cost-effectiveness of this service for area residents.

In addition, as previously mentioned, discontinuance of the IOP Service allowed Sharon to reallocate substantial funds to programs and services that benefit the entire community, including Medicaid recipients and indigent persons. Therefore, the discontinuance of the IOP has had a positive impact on the cost-effectiveness of care for these patient populations.

6. Provide the Applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons.

RESPONSE: ***The payer mix for the IOP Service is set forth in response to Question 4. above. As you can see, the program served primarily Medicare beneficiaries. The IOP Service also served a small percentage of commercially insured and self-pay patients. The IOP never provided services to, or received any requests for services from, any Medicaid recipients.***

Note, however, that Sharon provides a significant amount of care to Medicaid recipients and indigent persons. Medicaid represented 11% of the Hospital's total 2013

[3] The statutory CON requirements around provision and maintenance of access for Medicaid recipients and indigent persons did not exist when the CON for the IOP Service was approved in 2008.

payer mix. In addition, Sharon has incurred approximately $3.2 million in charity care and bad debt expenses on an annual basis in recent years.

With respect to the IOP Service, there is no "proposed" provision of healthcare services. The program was discontinued in April of 2012, due to a complete lack of patient volume. There have been no requests for IOP services at Sharon since the program was discontinued two years ago. To the extent that there are patients in need of these services, whether Medicaid recipients, indigent persons or otherwise, they have been requesting and receiving services at other providers in the area or elsewhere in the state (and likely have been since before the Sharon IOP Service was discontinued).

7. If the Applicant has failed to provide or reduced access to services to Medicaid recipients or indigent persons, demonstrate how the Applicant has done this due to good cause or demonstrate that it was not solely on the basis of differences in reimbursement rates between Medicaid and other health care payers.

RESPONSE: ***Sharon has not failed to provide or reduced access to services for Medicaid recipients or indigent persons. First, with respect to providing access, Sharon has never received a request for IOP services from a Medicaid recipient or indigent person. Note that when the CON was approved in 2008, the law did not require Sharon to demonstrate that it would provide services to this patient population as a condition of CON approval.***

Moreover, because there were no Medicaid recipients or indigent persons who received IOP services between 2008 and 2012, discontinuance of the program has not reduced access to services for this patient population.

8. Please explain why the Applicant has filed a CON for the termination of IOP services at Sharon Hospital on January 24, 2014 when services were eliminated in April 2012?

RESPONSE: ***Sharon discontinued its IOP Service in April of 2012, due to a complete lack of patient volume. The Hospital had a good faith belief that, given the absence of patient volume, a CON was not required for discontinuance of the program.***

Sharon disclosed the closure of the IOP Service in its Report 450, filed with OHCA in 2013. This resulted in an inquiry regarding whether a CON was required to discontinue the service. On September 23, 2013, Sharon responded to OHCA's inquiry, providing details on the closure of the program and explaining why the Hospital believed no CON was required to discontinue a service with no patients (see Exhibit D attached).

OHCA thereafer determined that a CON was required to discontinue the IOP Service and requested that Sharon submit a CON Application (see Report No. 13-31872-DTR).

The CON Application was subsequently prepared, noticed and submitted to OHCA on January 24, 2014.

We trust that this information addresses your concerns. Should you require anything further, please feel free to contact me.

Very truly yours

Jennifer G. Fusco

JGF/dla

cc: Kimberly Lumia
Stephen Page, Esq.

EXHIBIT A

Senior Inpatient Behavioral Health Discharges (2007-2013)

Fiscal Year	Number of Discharges
2007	179
2008	260
2009	280
2010	283
2011	262
2012	300
2013	296

EXHIBIT B

Senior Inpatient Behavioral Health Discharges for DRGs 56 & 57 (2009-2013)

DRG	Count of DRG 2007	Count of DRG 2008	Count of DRG 2009	Count of DRG 2010	Count of DRG 2011	Count of DRG 2012	Count of DRG 2013	Grand Total
56	3	8	3	6	3	4	5	32
57	16	73	66	102	49	116	128	550
Total	19	81	69	108	52	120	133	582

DRGs 56 & 57 = Degenerative Nervous System Disorders With & Without MCC

EXHIBIT C

Horizon Health - 50 Miles

All consumers within 50 miles age 50+ (by distance)

ZIP Code	Town/ City / Place	Distance	Population Ages 50+
06069	Sharon, CT	0.00	805
12501	Amenia, NY	4.71	1428
12546	Millerton, NY	5.49	597
06039	Lakeville, CT	5.79	1246
06031	Falls Village, CT	8.47	614
12522	Dover Plains, NY	10.83	1391
12567	Pine Plains, NY	12.02	996
12545	Millbrook, NY	12.80	680
06018	Canaan, CT	13.21	455
06750	Bantam, CT	15.84	842
06058	Norfolk, CT	16.39	787
12578	Salt Point, NY	17.00	706
06759	Litchfield, CT	17.20	1132
06790	Torrington, CT	18.00	13940
12516	Copake Lake, NY	18.98	1418
12569	Pleasant Valley, NY	20.32	1925
06098	Winsted, CT	21.00	3896
06791	Northwest Harwinton, CT	21.26	2365
06751	Bethlehem Village, CT	21.49	1617
12540	Freedom Plains, NY	22.09	810
12571	Red Hook, NY	22.36	789
12564	Pawling, NY	22.56	782
01230	Great Barrington, MA	22.65	1918
12572	Rhinebeck, NY	22.74	1331
12538	Haviland, NY	23.27	1888
12580	Staatsburg, NY	23.51	483
12590	Hillside Lake, NY	24.29	572
12574	Rhinecliff, NY	24.54	989
12538	Hyde Park, NY	24.64	1156
06787	Thomaston, CT	24.71	1687
10603	Fairview, NY	24.77	1829
12603	Titusville, NY	24.86	365
12603	Arlington, NY	25.24	1296
12583	Tivoli, NY	25.79	350
12603	Red Oaks Mill, NY	25.80	1651
01236	Housatonic, MA	26.10	696
12466	Port Ewen, NY	26.15	1881
12604, 12603, 12601, 12602	Poughkeepsie, NY	26.21	9883
12401	East Kingston, NY	26.28	427

06795	Watertown, CT	26.39	2658
12533	Hopewell Junction, NY	26.83	1353
06798	Woodbury Center, CT	26.84	1118
12565	Philmont, NY	27.15	769
12432	Glasco, NY	27.25	827
12601	Spackenkill, NY	27.25	2002
12402, 12401	Kingston, NY	27.31	8531
12528	Highland, NY	27.48	2053
12513	Claverack-Red Mills, NY	27.49	1876
12477	Saugerties South, NY	27.56	890
06786	Terryville, CT	27.64	2211
12449	Lake Katrine, NY	27.69	1909
102401	Lincoln Park, NY	27.81	1039
12526	Germantown, NY	27.91	842
10509	Putnam Lake, NY	28.09	1320
12477	Saugerties, NY	28.10	2207
12453	Malden-on-Hudson, NY	28.13	479
12590	Myers Corner, NY	28.18	3450
06779	Oakville, CT	28.25	3517
12601	Crown Heights, NY	28.59	1035
06022	Collinsville, CT	28.82	1588
12590	Hillside, NY	28.91	547
12471	Rifton, NY	29.21	751
06019	Canton Valley, CT	29.69	966
06488	Heritage Village, CT	29.72	5511
12590	Wappingers Falls, NY	29.85	1699
12547	Milton, NY	29.89	550
10512	Lake Carmel, NY	30.09	2969
12443	Hurley, NY	30.30	1837
12524	Brinckerhoff, NY	30.44	1792
06010-06011	Bristol, CT	30.55	21810
12486	Tillson, NY	30.57	724
12534	Hudson, NY	30.57	2236
12414	Catskill, NY	30.87	1973
12472	Rosendale Hamlet, NY	30.94	684
12534	Lorenz Park, NY	31.08	971
12524	Merritt Park, NY	31.19	876

		31.57	34060
06710, 06704, 06708, 06701, 06720, 06721, 06722, 06723, 06724, 06702, 06703, 06706, 06705	Waterbury, CT		
01238	Lee, MA	31.97	822
12075	Ghent, NY	32.01	1055
12515	Clintondale, NY	32.08	1011
10509	Brewster Hill, NY	32.11	803
12542	Marlboro, NY	32.12	1856
12015	Athens, NY	32.15	1046
12524	Fishkill, NY	32.18	1095
12172	Stottville, NY	32.20	739
06092	West Simsbury, CT	32.34	2029
12414	Jefferson Heights, NY	32.56	654
12401, 12498	Zena, NY	33.06	708
06089	Weatogue, CT	33.06	1787
06470	Newtown, CT	33.11	709
06811, 06810, 06817, 06813	Danbury, CT	33.28	24111
12440	High Falls, NY	33.59	428
06060	North Granby, CT	33.61	701
12451	Leeds, NY	33.77	226
10509	Brewster, NY	33.87	512
10512	Carmel Hamlet, NY	33.95	2293
12491	West Hurley, NY	34.08	1293
06070	Simsbury Center, CT	34.13	2355
12037	Chatham, NY	34.17	1967
06770	Naugatuck, CT	34.51	10352
01240	Lenox, MA	34.70	1250
06801	Bethel, CT	34.96	4175
12409, 12498	Woodstock, NY	35.09	2690
12463	Palenville, NY	35.15	421
12568	Plattekill, NY	35.17	1494
12484	Stone Ridge, NY	35.20	1548

06035	Salmon Brook, CT	35.32	1349
01008	Blandford, MA	35.35	544
10509	Peach Lake, NY	35.58	1379
12508	Beacon, NY	36.13	5062
06081	Tariffville, CT	36.36	461
12550	Balmville, NY	37.20	1477
12525	Gardiner, NY	37.24	1047
12051	Coxsackie, NY	37.40	1945
10541	Mahopac, NY	37.48	3085
12106	Kinderhook, NY	37.55	1136
06117, 06137, 06107, 06127, 06119, 06110, 06133, 06091	West Hartford, CT	37.71	24154
06053, 06052, 06050, 06051,	New Britain, CT	37.84	21369
01011	Chester, MA	37.92	550
12550	Gardnertown, NY	38.28	1550
12550, 12551	Newburgh, NY	38.33	6252
01071	Russell, MA	38.34	616
12184	Valatie, NY	38.69	1294
12481	Shokan, NY	38.75	987
10589	Heritage Hills, NY	38.96	4306
01050	Huntington, MA	39.31	836
06411	Cheshire Village, CT	39.38	4320
10516	Nelsonville, NY	39.44	222
12404	Accord, NY	39.51	1243
12550	Orange Lake, NY	39.63	3163
10540	Lincolndale, NY	39.73	843
12553	New Windsor, NY	39.96	3237
06037	Kensington, CT	40.00	6115
06002	Blue Hills, CT	40.15	1976
12589	Wallkill, NY	40.18	1387
10516	Cold Spring, NY	40.22	1037
10587	Shenorock, NY	40.33	874
12413	Cairo, NY	40.37	1172
06131, 06111	Newington, CT	40.41	12293
12130	Niverville, NY	40.46	1181

		40.48	14323
01085, 01086	Westfield, MA		
12485	Tannersville, NY	40.58	698
		41.17	17527
10201, 01202	Pittsfield, MA		
12520	Cornwall-on-Hudson, NY	41.24	1335
		41.52	31069
06112, 06105, 06132, 06126, 06160, 06156, 06106, 06115, 06120, 06123, 06102, 06103, 06147, 06114, 06140, 06141, 06142, 06143, 06144, 06145, 06146, 06134	Hartford, CT		
12584	Vails Gate, NY	41.58	1194
		41.80	20014
06451, 06450	Meriden, CT		
12518	Firthcliffe, NY	41.88	2428
06877	Ridgefield, CT	42.13	3170
10535	Jefferson Valley-Yorktown,	42.18	5970
06096	Windsor Locks, CT	42.20	5206
06401	Ansonia, CT	42.30	6343
10526	Golden's Bridge, NY	42.31	1205
06484	Shelton, CT	42.51	16401
10588	Shrub Oak, NY	42.53	810
12446	Kerhonkson, NY	42.77	831
12586	Walden, NY	42.88	1944
06418	Derby, CT	43.02	4568
06078	Suffield Depot, CT	43.26	2330
10547	Lake Mohegan, NY	43.33	1998
06829	Georgetown, CT	43.41	2888
		43.55	11481
06109, 06129	Wethersfield, CT		

10928	Highland Falls, NY	43.79	1330
12589	Watchtower, NY	43.91	869
10536	Katonah, NY	44.27	916
01001	Agawam Town, MA	44.40	12070
10517	Crompond, NY	44.48	1054
06493, 06492	Wallingford Center, CT	44.57	6388
12442	Hunter, NY	44.58	543
12123	Nassau, NY	44.64	402
06128, 06108, 06138, 06118, 06027	East Hartford, CT	44.70	16996
10598	Yorktown Heights, NY	44.73	1821
12577	Beaver Dam Lake, NY	44.74	864
06611	Trumbull, CT	44.74	14447
12464	Phoenicia, NY	44.97	1255
10996	West Point, NY	45.03	146
12062	East Nassau, NY	45.15	1511
12577	Salisbury Mills, NY	45.17	1065
12143	Ravena, NY	45.36	1528
10922	Fort Montgomery, NY	45.45	683
10507	Bedford Hills, NY	45.67	1935
06897	Cannondale, CT	45.73	634
06082	Thompsonville, CT	45.77	2504
01089, 01090	West Springfield Town, MA	45.99	10634
12566	Pine Bush, NY	46.33	795
06473	North Haven, CT	46.42	10346
12549	Montgomery, NY	46.47	1283
12083	Greenville, NY	46.48	654
06033	Glastonbury Center, CT	46.50	4470
06082	Southwood Acres, CT	46.55	3929
12543	Maybrook, NY	46.82	1606
10992	Washingtonville, NY	46.82	2404
10566	Peekskill, NY	46.88	7575
06477	Orange, CT	47.09	5977
12458	Napanoch, NY	47.15	1061
12420	Ellenville, NY	47.53	2458
12033	Castleton-on-Hudson, NY	47.55	528
06897	Wilton Center, CT	47.62	593
06082	Sherwood Manor, CT	47.65	2982
06016	Broad Brook, CT	47.68	1677
10576	Scotts Corners, NY	47.81	632
01106	Longmeadow, MA	47.92	6714

06457, 06459	Middletown, CT	47.95	15352
10506	Bedford, NY	47.97	980
10950	Mountain Lodge Park, NY	48.23	665
10549	Mount Kisco, NY	48.32	3496
06480	Portland, CT	48.54	3152
01027	Easthampton Town, MA	48.69	6366
06518, 06501, 06502, 06503,06504, 06505,06506, 06507, 06508, 06509, 06510, 06511, 06513, 06514, 06515, 06519, 06520, 06521, 06530, 06531, 06532, 06533, 06534, 06535, 06536,	New Haven, CT	48.84	31197
06082	Hazardville, CT	48.87	2418
10511	Buchanan, NY	48.97	780
01040, 01041	Holyoke, MA	49.02	12787
12420	Cragsmoor, NY	49.45	254
06422	Durham, CT	49.47	2773
12566	Walker Valley, NY	49.48	1075
06516	West Haven, CT	49.49	17858
06614	Stratford, CT	49.58	19806
06041, 06040, 06042, 06045	Manchester, CT	49.63	9869
10548	Verplanck, NY	49.69	606
10520	Montrose, NY	49.71	1087
06798	Woodbury, NY	49.78	3068
06606	Bridgeport, CT	49.79	37556

12496	Windham, NY	49.80	350
06410	Cheshire, MA	49.90	935
06461	Milford city (balance), CT	49.98	20297
10918	South Blooming Grove, NY	50.31	2068
01107, 01101, 01115, 01144, 01103, 01105, 01138, 01108, 01108, 01104, 01139, 01109, 011118	Springfield, MA	50.32	43324
01014, 01013, 01020, 01021, 01022,	Chicopee, MA	50.59	20592
10520	Crugers, NY	50.66	1615
06473	East Haven, CT	50.76	11223
06880	Westport, CT	51.00	10711
10520	Croton-on-Hudson, NY	51.96	3123
01062	Northampton, MA	52.02	10575
06850	Norwalk, CT	52.78	27543
06831, 06901, 06902, 06903, 06905, 06906 , 06907	Stamford, CT	54.00	38634
All consumers within 50 miles age 50+			1028992

EXHIBIT D

F

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September 23, 2013

Karen Roberts
Principal Health Care Analyst
State of Connecticut
Department of Public Health
Office of Health Care Access Division
410 Capitol Avenue, MS #1 HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: Sharon Hospital Outpatient Psychiatric Program

Dear Ms. Roberts:

Please be advised that this office represents Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital ("Sharon" or the "Hospital"). We are in receipt of your September 10, 2013 letter regarding the discontinuance of Sharon's outpatient psychiatric program in 2012. This response to your request for information is submitted on behalf of the Hospital.

Sharon is a duly licensed acute-care general hospital located in Sharon, Connecticut. The Hospital has historically provided inpatient behavioral health services to adults over the age of 55 (or younger adults who meet admissions criteria due to advanced-stage Alzheimer's, dementia or Parkinson's disease). In 2008, Sharon added an intensive outpatient program ("IOP") for this same patient population. These programs are staffed, managed and administered under contract with Horizon Mental Health, LLC d/b/a Horizon Health Behavioral Health Services ("Horizon"). Both programs operated out of the Senior Behavioral Health Center at the Hospital's main campus in Sharon and the inpatient behavioral health service continues to operate at this location.

As discussed in more detail below, Sharon's IOP ceased operations in April 2012 due to a complete lack of patient volume. The Hospital experienced a steady decline in IOP volume during 2010 and 2011, and by April of 2012, the program had no patients. This de facto discontinuance of the IOP was noted by Sharon in its OHCA Report 450 to explain the decline in Psychiatric Clinic Visits during FY 2012.

In response to OHCA's questions, Sharon offers the following:

1. Provide a full description of the psychiatric clinic and each specific service offered within the clinic prior to its closing.

RESPONSE: Sharon has offered inpatient behavioral health services for geriatric patients since 1998. These services are targeted at older individuals experiencing acute psychiatric issues related to conditions such as depression, Alzheimer's, dementia, Parkinson's disease and bi-polar disorder. Inpatient services are provided in a 12-bed unit on the Hospital's main campus and are overseen by a clinical team that is able to address both a patient's psychiatric issues and other medical conditions. Senior inpatient behavioral health services are the core behavioral health services offered by Sharon and they will continue to be offered, notwithstanding discontinuance of the IOP.

In 2008, in an effort to supplement its core inpatient behavioral health services, Sharon opened an IOP. The IOP targeted the same patient population – adults over the age of 55 – and was intended to provide complimentary behavioral health services for patients who were stepping down from an inpatient program, or who did not require an inpatient level of care.

Sharon also provides psychiatric services to patients of all ages who present in the Emergency Department. Sharon will continue to provide these emergency services notwithstanding discontinuance of the IOP.

The "Psychiatric Clinic Visits" noted on the Report 450 refer to IOP services only. The geriatric IOP service at Sharon included outpatient therapy groups and psychiatric care. The average length of stay for patients admitted to the IOP was 10 to 14 days. Initially, the IOP was slated to operate 2-3 hours per day, 3-5 days per week, with additional individual/family therapy sessions as necessary. However by March of 2012, patient volume was so low that with the IOP operating three (3) days per week there were only two (2) patients per group session. At five (5) days per week the IOP would have had only one (1) patient per group session. By April of 2012, the IOP had no patients.

Given the age of the patient population in the IOP, the primary payer for these services was Medicare. A very small percentage of patients were commercially insured and there were no Medicaid patients in the program.

2. At what address was this clinic located?

RESPONSE: IOP services were provided at the Senior Behavioral Health Center, located on the Sharon Hospital main campus, 50 Hospital Hill Road, Sharon, Connecticut. Like Sharon's inpatient psychiatric service (which continues to operate at the main campus), the IOP service was provided under the Hospital's DPH license.

3. On what date did this clinic close and what was the rationale behind the closure?

RESPONSE: The IOP service at Sharon was discontinued effective April 27, 2012. As previously mentioned, the Hospital discontinued the program because there were no active patients and the program was, for all intents and purposes, non-operational.

The IOP opened in 2008 to supplement Sharon's core inpatient behavioral health services for seniors. The inpatient unit served as the primary referral source for the IOP (97% of IOP patients came from the inpatient service), which functioned as a step-down level of care for discharged patients. Despite the Hospital's best efforts to market the service, it was not able to sustain the patient volume that had been projected. Beginning in 2010, Sharon began to see IOP volume decline. Discharges decreased from 106 in 2010 (8.8 discharges per month on average) to 92 in 2011 (7.7 discharges per month on average). Then in 2012, the decline in volume became more dramatic. From January through April, IOP discharges totaled only 16, or four (4) per month on average. The primary reason for this decline was a change in discharge placements. Many patients discharged from the inpatient unit began returning to long-term care facilities, which had enhanced their aftercare options making them a better choice for step-down care for some psychiatric patients.

The Sharon IOP discharged its last patient in March of 2012, and held the program open for another month in anticipation of additional patient admissions. In April 2012, there were no admissions to the IOP. Sharon physicians and staff continued their efforts to market the program during this time, but the shift in discharge placements made it extremely difficult to attract patients. There was simply no demand for the service.

Because of the complete lack of patient volume, Sharon moved forward with the steps required to discontinue the IOP service. This included notification of, and discussions with, Horizon. Horizon agreed that the program should not be kept open without any patients. In the months prior to April 2012, Sharon met with Horizon on several occasions to discuss the viability of the program. Horizon advised that, without a sufficient number of patients, it was impossible to conduct the group therapy sessions required for an IOP. Moreover, in September of 2011, the IOP's director (and sole staff member) resigned, citing a decline in patient volume and concerns about the program's future.

Sharon was also advised, independently, that compensating Horizon for a program that had no patient volume or revenue could create compliance issues. In addition, an analysis showed that between 2011 and 2012, Sharon sustained significant financial losses in connection with the IOP, which carried a fixed service cost but had very little revenue. Accordingly, the program (which had been defunct since the last patient was discharged in March of 2012) was officially discontinued on April 27th.

Sharon considered the need for a CON to discontinue the IOP, however because there were no active patients and the service was non-operational, the Hospital did not believe that a CON was required. The IOP ceased to exist by virtue of its inability to attract patients,

circumstances that were beyond the Hospital's control. Note also that the decision not to seek CON approval was based, in part, on the fact that Sharon continues to provide other behavioral health services, including senior inpatient and emergency psychiatric services. Therefore, Sharon has not terminated its behavioral health services completely. Based on the foregoing, Sharon had (and continues to have) a good faith belief that no CON was required for the IOP to be discontinued.

4. Were all services provided by the Hospital and recorded for utilization and financial purposes as hospital services on its books? If not, provide the name of the provider of services and explain the relationship to the Hospital.

RESPONSE: IOP services were provided under the Hospital's license and were recorded on the Hospital's books for utilization and financial purposes. However, the staffing, administration, management and operation of the IOP were outsourced to Horizon, which was paid a monthly fee in connection with its services.

5. Was the ownership and control of this clinic transferred to another legal entity during FY 2012 and continues in the same location by this other provider? If so, please identify the new provider and its relationship or affiliation with the Hospital?

RESPONSE: The ownership and control of the IOP was not transferred to another legal entity because there were no active patients (and therefore no IOP service) to transfer.

6. At the time of the closing, were these patients transferred elsewhere within the Sharon Hospital system of care? If so, please describe such transfer of patients and their records?

RESPONSE: The IOP had no active patients at the time operations ceased in April of 2012. All patients had been discharged in the ordinary course of treatment prior to April 2012, and Sharon has received no additional requests for IOP services beyond March of 2012. Accordingly, there were no patients to transfer to other programs. There are, however, other IOP services in the area, including a program at Charlotte-Hungerford Hospital in Torrington, that accept patients in need of these services.

Regarding post-IOP psychiatric care, this level of service has never been offered by the Hospital. After discharge from the IOP, patients are typically seen for follow-up by community physicians and counselors.

The records of former IOP patients have been maintained by Sharon and are available to these patients and any providers to whom they authorize the release of health information. These records will be maintained as required by law and in accordance with Sharon's record retention

policies. The process of maintaining records and providing these records to patients and their subsequent care providers is the same regardless of whether the IOP service continues to operate.

***

It is Sharon's good faith belief that discontinuance of the IOP, which occurred due to a complete lack of patient volume, did not require OHCA approval. Sharon continues to provide inpatient behavioral health services for seniors, which for the last 15 years has been the Hospital's core behavioral health service offering. While Sharon believes that no CON was required to discontinue the IOP, if OHCA disagrees the Hospital is willing to reactivate the service as necessary pending OHCA approval to close.

We trust that we have answered all of your questions and are willing to provide you with any additional information necessary for your review.

Very Truly Yours,

Jennifer Groves Fusco

/jfg

cc: Ms. Kimberly Lumia

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April 22, 2014

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State of Connecticut
Department of Public Health
Office of Health Care Access Division
410 Capitol Avenue, P.O. Box 34038
MS #13HCA
Hartford, CT 06134-0308

Re: Essent Healthare of Connecticut, Inc. d/b/a Sharon Hospital
Termination of Sharon's Intensive Outpatient Program
Docket No. 14-31892-CON

Dear Mr. Fiducia,

This office represents Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital ("Sharon") in connection with the above-referenced docket. We are in receipt of your February 21, 2014 correspondence requesting additional information in connection with the Certificate of Need ("CON") Application filed on January 24, 2014. Responses to your questions are set forth below:

1. On pages 9 and 10 of the CON Application, the Applicant states one of the reasons for the marked decline in IOP volume at Sharon Hospital was the shift in focus of the Inpatient Service to the treatment of older seniors with Alzheimer's or late-stage dementia and co-occurring behavioral disturbances by the newly hired Dr. Mubashar. Also on page 9, the Applicant indicates that in 2009, IOP discharges peaked at 128, which exceeded the discharges projected by Sharon in its CON for this service. Please address the following:

    a. Provide a discussion as the reasons why Dr. Mubbashar shifted the focus of the Inpatient Service to the treatment of older seniors with Alzheimer's or late-stage dementia and co-occurring behavioral disturbances.

RESPONSE: ***The geriatric inpatient behavioral health service (the "Inpatient Service") at Sharon Hospital ("Sharon" or the "Hospital") has been the "core" psychiatric service offered by the Hospital since it was established in 1998. The intensive outpatient program for seniors (the "IOP Service") was intended to***

compliment the Inpatient Service and to function primarily as a step-down level of care for eligible patients.

The decision to shift the focus of the Inpatient Service was made by Dr. Mubbashar based upon the needs of the geriatric population in the Sharon area and across the state and region. There are currently only four (4) programs in the State of Connecticut that provide inpatient psychiatric services to geriatric patients suffering from dementia or other cognitive impairment.[1] This population requires highly specialized treatment and presents unique challenges for healthcare providers. Very few providers have been willing to take on these patients, but Sharon has and the volume of patients using the Inpatient Service over the course of the last several years has shown that there is a need for a service tailored to cognitively impaired individuals. See Exhibit A attached. As noted at page 31 of the CON Application, a significant percentage of patients who utilized the inpatient service between 2009 and 2012 had a primary diagnosis consistent with cognitive impairment.

Prior to the shift in focus of the Inpatient Services, the Hospital was treating fewer cognitively impaired seniors because it was difficult, from a clinical perspective, to have a program that mixed these patients with patients with severe psychiatric disorders and appropriate cognitive function.[2] Although this shift in focus had an impact on IOP referrals, the Hospital and Dr. Mubbashar believed that a program tailored to cognitively impaired individuals better served the needs of the community. This has proven to be an accurate assessment, given the growing volume of patients utilizing the Inpatient Service from across the state and region (see Exhibit A attached). The Sharon Inpatient Service, as previously mentioned, is unique and highly specialized and it meets a proven demand within the geriatric population.

b. Please explain where patients of the Inpatient Service at Sharon Hospital that did not fit the above criteria were getting treatment.

RESPONSE: ***Despite the shift in focus of the Inpatient Service, Sharon does not refuse treatment to individuals over the age of 55 based solely upon primary diagnosis, whether the individual suffers from cognitive impairment (i.e. dementia) or a serious psychiatric impairment (i.e. depression). If an individual without cognitive impairment want to be treated at Sharon and otherwise meet admissions criteria, they will be admitted to the Inpatient Service. However, the Hospital's clinical staff believes that cognitively intact geriatric psychiatric patients fit better into the therapeutic milieu of traditional adult units than those units, like Sharon's, that provide services to cognitively impaired, significantly older adults. Both Charlotte-Hungerford Hospital***

[1] To the best of the Hospital's knowledge, the only other providers of inpatient geriatric psychiatric services are Bridgeport Hospital, the Institute of Living at Hartford Hospital and Masonicare.

[2] For example, the number of patients with a primary diagnosis of Degenerative Nervous System Disorders with or without MCC (DRGs 56 & 57 – both cognitive impairment diagnoses) increased from 19 in 2007 to 133 in 2013. See Exhibit B attached.

in Torrington, Connecticut and St. Francis Hospital in Poughkeepsie, New York have adult inpatient units that can accommodate these individuals, and Sharon often refers patients to these units for treatment. Note that patients under the age of 55 who are cognitively intact are always referred out because their needs are not appropriately served in the Sharon Inpatient Service, which as previously noted is focused primarily on individuals over 65 years of age with significant cognitive impairment.

2. Please explain how the applicant fulfilled the original intent of the CON authorized by OHCA on January 2, 2008, under Docket No. 07-31006-CON.

RESPONSE: ***The intent of the CON authorized by OHCA under Docket No. 07-31066-CON was to establish an IOP to complement Sharon's "core" Inpatient Service (CON Application, Docket No. 07-31066-CON, p. 2). The IOP Service was intended to serve patients with significant psychiatric symptoms and sufficient cognitive function, per the Letter of Intent submitted in the underlying CON proceeding. The IOP Service opened in 2008 and served this patient population until it was discontinued, due to a complete lack of volume, in April of 2012.***

As previously mentioned, the shift in focus of the Inpatient Service to meet the needs of the community, state and region resulted in less patients being eligible for discharge to the IOP Service. Once the Inpatient Service began serving more cognitively impaired individuals, there were fewer patients in need of the IOP Services that Sharon was providing. This resulted in a decline in volume, beginning in 2010, and a complete lack of IOP patients by 2012. The Hospital attempted to secure IOP referrals from elsewhere in the community, but was unsuccessful. Contrary to Sharon's understanding at the time the original CON was filed, there was no clear public need for the IOP Service independent of the need that once existed to "step down" cognitively intact patients with significant psychiatric issues from the Inpatient Service.

The Hospital also attempted to secure transportation for IOP patients, as it indicated it would do in the CON Application (CON Application, Docket No. 07-31066-CON, p. 5). However, in reality it was nearly impossible to provide transportation for these patients in a cost-effective manner. Shuttle services from New York would not cross state lines to deliver patients to Sharon and local nursing homes would not provide transportation to and from the IOP for their residents. The Hospital considered purchasing a van and providing its own transportation, but liability issues made this option cost-prohibitive.

3. On page 13 of the CON Application, the Applicant states that despite Sharon's efforts to market the service, the demand simply was not there given the small number of IOP-eligible seniors in the area. Please provide evidence to support the above statement.

RESPONSE: ***The best evidence that there was no demand for IOP Services in the Sharon area is the fact that, once the Inpatient Service no longer functioned as a "feeder" of IOP-eligible patients, IOP volume declined steadily to the point that there were no patients in the IOP at Sharon. Nor have there been any requests for admission to the IOP Service since it was discontinued due to lack of patient volume in April of 2012.***

In addition, based upon population statistics and incidence data included in the CON Application, there are just over 200 individuals over the age of 65 who reside within 20 miles of Sharon Hospital and who would potentially be eligible for the IOP Service (see CON Application, p. 11). Looking at individuals over the age of 50 in order to broaden the target population, there are only 27,000 individuals in this age cohort who reside within 20 miles of Sharon (see Exhibit C attached). Based on incidence data used in the initial CON Application (p. 3), this translates to only 400 individuals who might benefit from an IOP service. This does not take into account the fact that many of these individuals do not qualify for IOP based on cognitive status. Nor does it take into account the fact that a significant percentage of area residents are transient, meaning their homes in the Sharon area are second homes. Many of these individuals have their primary residences in New York City and would seek any necessary psychiatric care in the city's many hospitals and facilities.

With respect to the Hospital's efforts to market the IOP Service, this included visits to area nursing homes and networking events. Program staff learned from these visit and events that there were few, if any, individuals in the area in need of this service.

4. Please report the patient/payer mix for FY 2008-FY 2013.

RESPONSE: ***Below is the payer mix for the IOP Service for FYs 2008 through 2012. The program was discontinued in April of 2012, so there is no payer mix data for 2013. Note that a vast majority of patients using the IOP Service were Medicare beneficiaries, with a small percentage of commercially insured and self-pay clients. The percentages for FY 2012 appear inconsistent with prior years due to the smaller number of total patients treated prior to discontinuance of the program. In FY 2012, 17 patients received IOP Services, 12 of whom were Medicare beneficiaries and 5 of whom were commercially insured.***

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Medicare*	91%	95%	96%	95%	71%
Medicaid*	0%	0%	0%	0%	0%
CHAMPUS & TriCare	0%	0%	0%	0%	0%
Total Government	**91%**	**95%**	**96%**	**95%**	**71%**
Commercial Insurers*	6%	5%	1%	5%	29%
Uninsured/Self-Pay	3%	0%	3%	0%	0%
Workers Compensation	0%	0%	0%	0%	0%
Total Non-Government	**9%**	**5%**	**4%**	**5%**	**29%**
Total Payer Mix	**100%**	**100%**	**100%**	**100%**	**100%**

5. Please address the following regarding the Applicant's Medicaid population:

   a. Provide evidence as to how the Applicant has demonstrated how this proposal will improve or maintain quality, accessibility and cost effectiveness of health care delivery in the region, including but not limited to:

      i. Provision of any change in the access to services for Medicaid recipients and indigent persons, and

RESPONSE: ***Discontinuance of the IOP Service at Sharon has resulted in cost savings to the Hospital that will improve the quality, accessibility and cost-effectiveness of healthcare in the region. As mentioned in the CON Application, discontinuance of the IOP Service resulted in a savings of approximately $120,000 in annual fixed costs (CON Application, p. 26). Sharon has been able to reallocate this money to programs, services and personnel for the benefit of the entire Sharon community, including Medicaid recipients and indigent persons. Note that approximately 11% of Sharon's total facility payer mix in FY 2013 was Medicaid. This is in addition to the approximately $3.2 million in charity care and bad debt expenses incurred by the Hospital on an annual basis in recent years.***

The IOP Service served primarily Medicare beneficiaries. As you can see from the payer mix statistics above, the program did not treat any Medicaid patients in its four

years of operation.[3] Nor did the Hospital ever receive a request to treat a Medicaid patient during this time or at any time since the IOP Service was discontinued. Accordingly, there is no change in access for Medicaid patients with discontinuance of the IOP Service because this program did not serve this patient population. Moreover, to the best of Sharon's knowledge, Charlotte-Hungerford treats Medicaid patients in its adult IOP, and they will continue to do so despite discontinuance of the Sharon IOP Service, thus ensuring access for this patient population.

ii. The impact upon the cost effectiveness of providing access to services provided under the Medicaid program.

RESPONSE: ***Discontinuance of the IOP Service at Sharon will not have a negative impact on the cost-effectiveness of proving access to services under the Medicaid program. The IOP Service was in operation for nearly four years and never provided services to, or had a request for services from, a Medicaid recipient. Accordingly, discontinuance of this program will have no impact on the Medicaid program or its beneficiaries.***

Patients in need of IOP services can obtain these services at other area hospitals, including Charlotte-Hungerford. The cost to Medicaid recipients of obtaining IOP services at Charlotte-Hungerford versus Sharon would be the same, thus discontinuance of the IOP Service at Sharon will not impact the cost-effectiveness of this service for area residents.

In addition, as previously mentioned, discontinuance of the IOP Service allowed Sharon to reallocate substantial funds to programs and services that benefit the entire community, including Medicaid recipients and indigent persons. Therefore, the discontinuance of the IOP has had a positive impact on the cost-effectiveness of care for these patient populations.

6. Provide the Applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons.

RESPONSE: ***The payer mix for the IOP Service is set forth in response to Question 4. above. As you can see, the program served primarily Medicare beneficiaries. The IOP Service also served a small percentage of commercially insured and self-pay patients. The IOP never provided services to, or received any requests for services from, any Medicaid recipients.***

Note, however, that Sharon provides a significant amount of care to Medicaid recipients and indigent persons. Medicaid represented 11% of the Hospital's total 2013

[3] The statutory CON requirements around provision and maintenance of access for Medicaid recipients and indigent persons did not exist when the CON for the IOP Service was approved in 2008.

payer mix. In addition, Sharon has incurred approximately $3.2 million in charity care and bad debt expenses on an annual basis in recent years.

With respect to the IOP Service, there is no "proposed" provision of healthcare services. The program was discontinued in April of 2012, due to a complete lack of patient volume. There have been no requests for IOP services at Sharon since the program was discontinued two years ago. To the extent that there are patients in need of these services, whether Medicaid recipients, indigent persons or otherwise, they have been requesting and receiving services at other providers in the area or elsewhere in the state (and likely have been since before the Sharon IOP Service was discontinued).

7. If the Applicant has failed to provide or reduced access to services to Medicaid recipients or indigent persons, demonstrate how the Applicant has done this due to good cause or demonstrate that it was not solely on the basis of differences in reimbursement rates between Medicaid and other health care payers.

RESPONSE: ***Sharon has not failed to provide or reduced access to services for Medicaid recipients or indigent persons. First, with respect to providing access, Sharon has never received a request for IOP services from a Medicaid recipient or indigent person. Note that when the CON was approved in 2008, the law did not require Sharon to demonstrate that it would provide services to this patient population as a condition of CON approval.***

Moreover, because there were no Medicaid recipients or indigent persons who received IOP services between 2008 and 2012, discontinuance of the program has not reduced access to services for this patient population.

8. Please explain why the Applicant has filed a CON for the termination of IOP services at Sharon Hospital on January 24, 2014 when services were eliminated in April 2012?

RESPONSE: ***Sharon discontinued its IOP Service in April of 2012, due to a complete lack of patient volume. The Hospital had a good faith belief that, given the absence of patient volume, a CON was not required for discontinuance of the program.***

Sharon disclosed the closure of the IOP Service in its Report 450, filed with OHCA in 2013. This resulted in an inquiry regarding whether a CON was required to discontinue the service. On September 23, 2013, Sharon responded to OHCA's inquiry, providing details on the closure of the program and explaining why the Hospital believed no CON was required to discontinue a service with no patients (see Exhibit D attached).

OHCA thereafer determined that a CON was required to discontinue the IOP Service and requested that Sharon submit a CON Application (see Report No. 13-31872-DTR).

The CON Application was subsequently prepared, noticed and submitted to OHCA on January 24, 2014.

We trust that this information addresses your concerns. Should you require anything further, please feel free to contact me.

Very truly yours

Jennifer G. Fusco

JGF/dla

cc: Kimberly Lumia
Stephen Page, Esq.

EXHIBIT A

Senior Inpatient Behavioral Health Discharges (2007-2013)

Fiscal Year	Number of Discharges
2007	179
2008	260
2009	280
2010	283
2011	262
2012	300
2013	296

EXHIBIT B

Senior Inpatient Behavioral Health Discharges for DRGs 56 & 57 (2009-2013)

DRG	Count of DRG 2007	Count of DRG 2008	Count of DRG 2009	Count of DRG 2010	Count of DRG 2011	Count of DRG 2012	Count of DRG 2013	Grand Total
56	3	8	3	6	3	4	5	**32**
57	16	73	66	102	49	116	128	**550**
Total	**19**	**81**	**69**	**108**	**52**	**120**	**133**	**582**

DRGs 56 & 57 = Degenerative Nervous System Disorders With & Without MCC

EXHIBIT C

Horizon Health - 50 Miles

All consumers within 50 miles age 50+ (by distance)

ZIP Code	Town/ City / Place	Distance	Population Ages 50+
06069	Sharon, CT	0.00	805
12501	Amenia, NY	4.71	1428
12546	Millerton, NY	5.49	597
06039	Lakeville, CT	5.79	1246
06031	Falls Village, CT	8.47	614
12522	Dover Plains, NY	10.83	1391
12567	Pine Plains, NY	12.02	996
12545	Millbrook, NY	12.80	680
06018	Canaan, CT	13.21	455
06750	Bantam, CT	15.84	842
06058	Norfolk, CT	16.39	787
12578	Salt Point, NY	17.00	706
06759	Litchfield, CT	17.20	1132
06790	Torrington, CT	18.00	13940
12516	Copake Lake, NY	18.98	1418
12569	Pleasant Valley, NY	20.32	1925
06098	Winsted, CT	21.00	3896
06791	Northwest Harwinton, CT	21.26	2365
06751	Bethlehem Village, CT	21.49	1617
12540	Freedom Plains, NY	22.09	810
12571	Red Hook, NY	22.36	789
12564	Pawling, NY	22.56	782
01230	Great Barrington, MA	22.65	1918
12572	Rhinebeck, NY	22.74	1331
12538	Haviland, NY	23.27	1888
12580	Staatsburg, NY	23.51	483
12590	Hillside Lake, NY	24.29	572
12574	Rhinecliff, NY	24.54	989
12538	Hyde Park, NY	24.64	1156
06787	Thomaston, CT	24.71	1687
10603	Fairview, NY	24.77	1829
12603	Titusville, NY	24.86	365
12603	Arlington, NY	25.24	1296
12583	Tivoli, NY	25.79	350
12603	Red Oaks Mill, NY	25.80	1651
01236	Housatonic, MA	26.10	696
12466	Port Ewen, NY	26.15	1881
12604, 12603, 12601, 12602	Poughkeepsie, NY	26.21	9883
12401	East Kingston, NY	26.28	427

06795	Watertown, CT	26.39	2658
12533	Hopewell Junction, NY	26.83	1353
06798	Woodbury Center, CT	26.84	1118
12565	Philmont, NY	27.15	769
12432	Glasco, NY	27.25	827
12601	Spackenkill, NY	27.25	2002
12402, 12401	Kingston, NY	27.31	8531
12528	Highland, NY	27.48	2053
12513	Claverack-Red Mills, NY	27.49	1876
12477	Saugerties South, NY	27.56	890
06786	Terryville, CT	27.64	2211
12449	Lake Katrine, NY	27.69	1909
102401	Lincoln Park, NY	27.81	1039
12526	Germantown, NY	27.91	842
10509	Putnam Lake, NY	28.09	1320
12477	Saugerties, NY	28.10	2207
12453	Malden-on-Hudson, NY	28.13	479
12590	Myers Corner, NY	28.18	3450
06779	Oakville, CT	28.25	3517
12601	Crown Heights, NY	28.59	1035
06022	Collinsville, CT	28.82	1588
12590	Hillside, NY	28.91	547
12471	Rifton, NY	29.21	751
06019	Canton Valley, CT	29.69	966
06488	Heritage Village, CT	29.72	5511
12590	Wappingers Falls, NY	29.85	1699
12547	Milton, NY	29.89	550
10512	Lake Carmel, NY	30.09	2969
12443	Hurley, NY	30.30	1837
12524	Brinckerhoff, NY	30.44	1792
06010-06011	Bristol, CT	30.55	21810
12486	Tillson, NY	30.57	724
12534	Hudson, NY	30.57	2236
12414	Catskill, NY	30.87	1973
12472	Rosendale Hamlet, NY	30.94	684
12534	Lorenz Park, NY	31.08	971
12524	Merritt Park, NY	31.19	876

		31.57	34060
06710, 06704, 06708, 06701, 06720, 06721, 06722, 06723, 06724, 06702, 06703, 06706, 06705	Waterbury, CT		
01238	Lee, MA	31.97	822
12075	Ghent, NY	32.01	1055
12515	Clintondale, NY	32.08	1011
10509	Brewster Hill, NY	32.11	803
12542	Marlboro, NY	32.12	1856
12015	Athens, NY	32.15	1046
12524	Fishkill, NY	32.18	1095
12172	Stottville, NY	32.20	739
06092	West Simsbury, CT	32.34	2029
12414	Jefferson Heights, NY	32.56	654
12401, 12498	Zena, NY	33.06	708
06089	Weatogue, CT	33.06	1787
06470	Newtown, CT	33.11	709
		33.28	24111
06811, 06810, 06817, 06813	Danbury, CT		
12440	High Falls, NY	33.59	428
06060	North Granby, CT	33.61	701
12451	Leeds, NY	33.77	226
10509	Brewster, NY	33.87	512
10512	Carmel Hamlet, NY	33.95	2293
12491	West Hurley, NY	34.08	1293
06070	Simsbury Center, CT	34.13	2355
12037	Chatham, NY	34.17	1967
06770	Naugatuck, CT	34.51	10352
01240	Lenox, MA	34.70	1250
06801	Bethel, CT	34.96	4175
12409, 12498	Woodstock, NY	35.09	2690
12463	Palenville, NY	35.15	421
12568	Plattekill, NY	35.17	1494
12484	Stone Ridge, NY	35.20	1548

06035	Salmon Brook, CT	35.32	1349
01008	Blandford, MA	35.35	544
10509	Peach Lake, NY	35.58	1379
12508	Beacon, NY	36.13	5062
06081	Tariffville, CT	36.36	461
12550	Balmville, NY	37.20	1477
12525	Gardiner, NY	37.24	1047
12051	Coxsackie, NY	37.40	1945
10541	Mahopac, NY	37.48	3085
12106	Kinderhook, NY	37.55	1136
06117, 06137, 06107, 06127, 06119, 06110, 06133, 06091	West Hartford, CT	37.71	24154
06053, 06052, 06050, 06051,	New Britain, CT	37.84	21369
01011	Chester, MA	37.92	550
12550	Gardnertown, NY	38.28	1550
12550, 12551	Newburgh, NY	38.33	6252
01071	Russell, MA	38.34	616
12184	Valatie, NY	38.69	1294
12481	Shokan, NY	38.75	987
10589	Heritage Hills, NY	38.96	4306
01050	Huntington, MA	39.31	836
06411	Cheshire Village, CT	39.38	4320
10516	Nelsonville, NY	39.44	222
12404	Accord, NY	39.51	1243
12550	Orange Lake, NY	39.63	3163
10540	Lincolndale, NY	39.73	843
12553	New Windsor, NY	39.96	3237
06037	Kensington, CT	40.00	6115
06002	Blue Hills, CT	40.15	1976
12589	Wallkill, NY	40.18	1387
10516	Cold Spring, NY	40.22	1037
10587	Shenorock, NY	40.33	874
12413	Cairo, NY	40.37	1172
06131, 06111	Newington, CT	40.41	12293
12130	Niverville, NY	40.46	1181

01085, 01086	Westfield, MA	40.48	14323
12485	Tannersville, NY	40.58	698
10201, 01202	Pittsfield, MA	41.17	17527
12520	Cornwall-on-Hudson, NY	41.24	1335
06112, 06105, 06132, 06126, 06160, 06156, 06106, 06115, 06120, 06123, 06102, 06103, 06147, 06114, 06140, 06141, 06142, 06143, 06144, 06145, 06146, 06134	Hartford, CT	41.52	31069
12584	Vails Gate, NY	41.58	1194
06451, 06450	Meriden, CT	41.80	20014
12518	Firthcliffe, NY	41.88	2428
06877	Ridgefield, CT	42.13	3170
10535	Jefferson Valley-Yorktown,	42.18	5970
06096	Windsor Locks, CT	42.20	5206
06401	Ansonia, CT	42.30	6343
10526	Golden's Bridge, NY	42.31	1205
06484	Shelton, CT	42.51	16401
10588	Shrub Oak, NY	42.53	810
12446	Kerhonkson, NY	42.77	831
12586	Walden, NY	42.88	1944
06418	Derby, CT	43.02	4568
06078	Suffield Depot, CT	43.26	2330
10547	Lake Mohegan, NY	43.33	1998
06829	Georgetown, CT	43.41	2888
06109, 06129	Wethersfield, CT	43.55	11481

10928	Highland Falls, NY	43.79	1330
12589	Watchtower, NY	43.91	869
10536	Katonah, NY	44.27	916
01001	Agawam Town, MA	44.40	12070
10517	Crompond, NY	44.48	1054
06493, 06492	Wallingford Center, CT	44.57	6388
12442	Hunter, NY	44.58	543
12123	Nassau, NY	44.64	402
06128, 06108, 06138, 06118, 06027	East Hartford, CT	44.70	16996
10598	Yorktown Heights, NY	44.73	1821
12577	Beaver Dam Lake, NY	44.74	864
06611	Trumbull, CT	44.74	14447
12464	Phoenicia, NY	44.97	1255
10996	West Point, NY	45.03	146
12062	East Nassau, NY	45.15	1511
12577	Salisbury Mills, NY	45.17	1065
12143	Ravena, NY	45.36	1528
10922	Fort Montgomery, NY	45.45	683
10507	Bedford Hills, NY	45.67	1935
06897	Cannondale, CT	45.73	634
06082	Thompsonville, CT	45.77	2504
01089, 01090	West Springfield Town, MA	45.99	10634
12566	Pine Bush, NY	46.33	795
06473	North Haven, CT	46.42	10346
12549	Montgomery, NY	46.47	1283
12083	Greenville, NY	46.48	654
06033	Glastonbury Center, CT	46.50	4470
06082	Southwood Acres, CT	46.55	3929
12543	Maybrook, NY	46.82	1606
10992	Washingtonville, NY	46.82	2404
10566	Peekskill, NY	46.88	7575
06477	Orange, CT	47.09	5977
12458	Napanoch, NY	47.15	1061
12420	Ellenville, NY	47.53	2458
12033	Castleton-on-Hudson, NY	47.55	528
06897	Wilton Center, CT	47.62	593
06082	Sherwood Manor, CT	47.65	2982
06016	Broad Brook, CT	47.68	1677
10576	Scotts Corners, NY	47.81	632
01106	Longmeadow, MA	47.92	6714

06457, 06459	Middletown, CT	47.95	15352
10506	Bedford, NY	47.97	980
10950	Mountain Lodge Park, NY	48.23	665
10549	Mount Kisco, NY	48.32	3496
06480	Portland, CT	48.54	3152
01027	Easthampton Town, MA	48.69	6366
06518, 06501, 06502, 06503,06504, 06505,06506, 06507, 06508, 06509, 06510, 06511, 06513, 06514, 06515, 06519, 06520, 06521, 06530, 06531, 06532, 06533, 06534, 06535, 06536,	New Haven, CT	48.84	31197
06082	Hazardville, CT	48.87	2418
10511	Buchanan, NY	48.97	780
01040, 01041	Holyoke, MA	49.02	12787
12420	Cragsmoor, NY	49.45	254
06422	Durham, CT	49.47	2773
12566	Walker Valley, NY	49.48	1075
06516	West Haven, CT	49.49	17858
06614	Stratford, CT	49.58	19806
06041, 06040, 06042, 06045	Manchester, CT	49.63	9869
10548	Verplanck, NY	49.69	606
10520	Montrose, NY	49.71	1087
06798	Woodbury, NY	49.78	3068
06606	Bridgeport, CT	49.79	37556

12496	Windham, NY	49.80	350
06410	Cheshire, MA	49.90	935
06461	Milford city (balance), CT	49.98	20297
10918	South Blooming Grove, NY	50.31	2068
01107, 01101, 01115, 01144, 01103, 01105, 01138, 01108, 01108, 01104, 01139, 01109, 011118	Springfield, MA	50.32	43324
01014, 01013, 01020, 01021, 01022,	Chicopee, MA	50.59	20592
10520	Crugers, NY	50.66	1615
06473	East Haven, CT	50.76	11223
06880	Westport, CT	51.00	10711
10520	Croton-on-Hudson, NY	51.96	3123
01062	Northampton, MA	52.02	10575
06850	Norwalk, CT	52.78	27543
06831, 06901, 06902, 06903, 06905, 06906 , 06907	Stamford, CT	54.00	38634
All consumers within 50 miles age 50+			**1028992**

EXHIBIT D

F

Jennifer Groves Fusco
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jfusco@uks.com

MERITAS LAW FIRMS WORLDWIDE

September 23, 2013

Karen Roberts
Principal Health Care Analyst
State of Connecticut
Department of Public Health
Office of Health Care Access Division
410 Capitol Avenue, MS #1 HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: Sharon Hospital Outpatient Psychiatric Program

Dear Ms. Roberts:

Please be advised that this office represents Essent Healthcare of Connecticut, Inc. d/b/a Sharon Hospital ("Sharon" or the "Hospital"). We are in receipt of your September 10, 2013 letter regarding the discontinuance of Sharon's outpatient psychiatric program in 2012. This response to your request for information is submitted on behalf of the Hospital.

Sharon is a duly licensed acute-care general hospital located in Sharon, Connecticut. The Hospital has historically provided inpatient behavioral health services to adults over the age of 55 (or younger adults who meet admissions criteria due to advanced-stage Alzheimer's, dementia or Parkinson's disease). In 2008, Sharon added an intensive outpatient program ("IOP") for this same patient population. These programs are staffed, managed and administered under contract with Horizon Mental Health, LLC d/b/a Horizon Health Behavioral Health Services ("Horizon"). Both programs operated out of the Senior Behavioral Health Center at the Hospital's main campus in Sharon and the inpatient behavioral health service continues to operate at this location.

As discussed in more detail below, Sharon's IOP ceased operations in April 2012 due to a complete lack of patient volume. The Hospital experienced a steady decline in IOP volume during 2010 and 2011, and by April of 2012, the program had no patients. This de facto discontinuance of the IOP was noted by Sharon in its OHCA Report 450 to explain the decline in Psychiatric Clinic Visits during FY 2012.

In response to OHCA's questions, Sharon offers the following:

1. Provide a full description of the psychiatric clinic and each specific service offered within the clinic prior to its closing.

RESPONSE: Sharon has offered inpatient behavioral health services for geriatric patients since 1998. These services are targeted at older individuals experiencing acute psychiatric issues related to conditions such as depression, Alzheimer's, dementia, Parkinson's disease and bi-polar disorder. Inpatient services are provided in a 12-bed unit on the Hospital's main campus and are overseen by a clinical team that is able to address both a patient's psychiatric issues and other medical conditions. Senior inpatient behavioral health services are the core behavioral health services offered by Sharon and they will continue to be offered, notwithstanding discontinuance of the IOP.

In 2008, in an effort to supplement its core inpatient behavioral health services, Sharon opened an IOP. The IOP targeted the same patient population – adults over the age of 55 – and was intended to provide complimentary behavioral health services for patients who were stepping down from an inpatient program, or who did not require an inpatient level of care.

Sharon also provides psychiatric services to patients of all ages who present in the Emergency Department. Sharon will continue to provide these emergency services notwithstanding discontinuance of the IOP.

The "Psychiatric Clinic Visits" noted on the Report 450 refer to IOP services only. The geriatric IOP service at Sharon included outpatient therapy groups and psychiatric care. The average length of stay for patients admitted to the IOP was 10 to 14 days. Initially, the IOP was slated to operate 2-3 hours per day, 3-5 days per week, with additional individual/family therapy sessions as necessary. However by March of 2012, patient volume was so low that with the IOP operating three (3) days per week there were only two (2) patients per group session. At five (5) days per week the IOP would have had only one (1) patient per group session. By April of 2012, the IOP had no patients.

Given the age of the patient population in the IOP, the primary payer for these services was Medicare. A very small percentage of patients were commercially insured and there were no Medicaid patients in the program.

2. At what address was this clinic located?

RESPONSE: IOP services were provided at the Senior Behavioral Health Center, located on the Sharon Hospital main campus, 50 Hospital Hill Road, Sharon, Connecticut. Like Sharon's inpatient psychiatric service (which continues to operate at the main campus), the IOP service was provided under the Hospital's DPH license.

3. On what date did this clinic close and what was the rationale behind the closure?

RESPONSE: The IOP service at Sharon was discontinued effective April 27, 2012. As previously mentioned, the Hospital discontinued the program because there were no active patients and the program was, for all intents and purposes, non-operational.

The IOP opened in 2008 to supplement Sharon's core inpatient behavioral health services for seniors. The inpatient unit served as the primary referral source for the IOP (97% of IOP patients came from the inpatient service), which functioned as a step-down level of care for discharged patients. Despite the Hospital's best efforts to market the service, it was not able to sustain the patient volume that had been projected. Beginning in 2010, Sharon began to see IOP volume decline. Discharges decreased from 106 in 2010 (8.8 discharges per month on average) to 92 in 2011 (7.7 discharges per month on average). Then in 2012, the decline in volume became more dramatic. From January through April, IOP discharges totaled only 16, or four (4) per month on average. The primary reason for this decline was a change in discharge placements. Many patients discharged from the inpatient unit began returning to long-term care facilities, which had enhanced their aftercare options making them a better choice for step-down care for some psychiatric patients.

The Sharon IOP discharged its last patient in March of 2012, and held the program open for another month in anticipation of additional patient admissions. In April 2012, there were no admissions to the IOP. Sharon physicians and staff continued their efforts to market the program during this time, but the shift in discharge placements made it extremely difficult to attract patients. There was simply no demand for the service.

Because of the complete lack of patient volume, Sharon moved forward with the steps required to discontinue the IOP service. This included notification of, and discussions with, Horizon. Horizon agreed that the program should not be kept open without any patients. In the months prior to April 2012, Sharon met with Horizon on several occasions to discuss the viability of the program. Horizon advised that, without a sufficient number of patients, it was impossible to conduct the group therapy sessions required for an IOP. Moreover, in September of 2011, the IOP's director (and sole staff member) resigned, citing a decline in patient volume and concerns about the program's future.

Sharon was also advised, independently, that compensating Horizon for a program that had no patient volume or revenue could create compliance issues. In addition, an analysis showed that between 2011 and 2012, Sharon sustained significant financial losses in connection with the IOP, which carried a fixed service cost but had very little revenue. Accordingly, the program (which had been defunct since the last patient was discharged in March of 2012) was officially discontinued on April 27th.

Sharon considered the need for a CON to discontinue the IOP, however because there were no active patients and the service was non-operational, the Hospital did not believe that a CON was required. The IOP ceased to exist by virtue of its inability to attract patients,

circumstances that were beyond the Hospital's control. Note also that the decision not to seek CON approval was based, in part, on the fact that Sharon continues to provide other behavioral health services, including senior inpatient and emergency psychiatric services. Therefore, Sharon has not terminated its behavioral health services completely. Based on the foregoing, Sharon had (and continues to have) a good faith belief that no CON was required for the IOP to be discontinued.

4. Were all services provided by the Hospital and recorded for utilization and financial purposes as hospital services on its books? If not, provide the name of the provider of services and explain the relationship to the Hospital.

RESPONSE: IOP services were provided under the Hospital's license and were recorded on the Hospital's books for utilization and financial purposes. However, the staffing, administration, management and operation of the IOP were outsourced to Horizon, which was paid a monthly fee in connection with its services.

5. Was the ownership and control of this clinic transferred to another legal entity during FY 2012 and continues in the same location by this other provider? If so, please identify the new provider and its relationship or affiliation with the Hospital?

RESPONSE: The ownership and control of the IOP was not transferred to another legal entity because there were no active patients (and therefore no IOP service) to transfer.

6. At the time of the closing, were these patients transferred elsewhere within the Sharon Hospital system of care? If so, please describe such transfer of patients and their records?

RESPONSE: The IOP had no active patients at the time operations ceased in April of 2012. All patients had been discharged in the ordinary course of treatment prior to April 2012, and Sharon has received no additional requests for IOP services beyond March of 2012. Accordingly, there were no patients to transfer to other programs. There are, however, other IOP services in the area, including a program at Charlotte-Hungerford Hospital in Torrington, that accept patients in need of these services.

Regarding post-IOP psychiatric care, this level of service has never been offered by the Hospital. After discharge from the IOP, patients are typically seen for follow-up by community physicians and counselors.

The records of former IOP patients have been maintained by Sharon and are available to these patients and any providers to whom they authorize the release of health information. These records will be maintained as required by law and in accordance with Sharon's record retention

policies. The process of maintaining records and providing these records to patients and their subsequent care providers is the same regardless of whether the IOP service continues to operate.

***

It is Sharon's good faith belief that discontinuance of the IOP, which occurred due to a complete lack of patient volume, did not require OHCA approval. Sharon continues to provide inpatient behavioral health services for seniors, which for the last 15 years has been the Hospital's core behavioral health service offering. While Sharon believes that no CON was required to discontinue the IOP, if OHCA disagrees the Hospital is willing to reactivate the service as necessary pending OHCA approval to close.

We trust that we have answered all of your questions and are willing to provide you with any additional information necessary for your review.

Very Truly Yours,

Jennifer Groves Fusco

/jfg

cc: Ms. Kimberly Lumia

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

May 15, 2014 VIA FACSIMILE ONLY

Jennifer G. Fusco
Updike, Kelly & Spellacy, P.C.
One Century Tower
265 Church Street
New Haven, CT 06510

RE: Certificate of Need Application, Docket Number 14-31892-CON
Essent Healthcare of Connecticut, Inc. d/b/a/ Sharon Hospital
Termination of Sharon Hospital's Intensive Outpatient Program
Certificate of Need Application Deemed Complete

Dear Ms. Fusco,

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of May 15, 2014.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7035.

Sincerely,

Paolo Fiducia
Associate Health Care Analyst

* * * COMMUNICATION RESULT REPORT (MAY. 15. 2014 8:59AM) * * *

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E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: JENNIFER G. FUSCO

FAX: 12037722037

AGENCY: UPDIKE, KELLY & SPELLACY, P.C.

FROM: PAOLO FIDUCIA

DATE: 05/15/2014 **Time:** 9:00 am

NUMBER OF PAGES: 2
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Complete
Letter

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134