

May 25, 2016

Ms. Kimberly Martone
Director of Operations
State of Connecticut Department of Public Health
Office of Health Care Access Division
410 Capital Avenue
P.O. Box 340308
Hartford, CT 06134-0308


***RE: A Request for Certificate of Need Modification
Docket Number 12-31788-CON***

Ms. Martone:

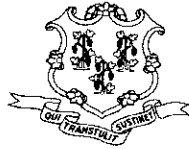
On behalf of Backus Corporation, Inc. and Hartford HealthCare, Corporation, Inc. enclosed please find a Request for Modification of the Certificate of Need authorized under DN 12-31788- CON.

Please feel free to contact me directly at 860-972-4231 with questions or if you need additional information. Thank you for your consideration of this matter.

Sincerely,


Barbara Durdy
Director, Strategic Planning
Hartford HealthCare

Enclosure



State of Connecticut Office of Health Care Access Form for Modification of a Previously Authorized Certificate of Need

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	The William W. Backus Hospital	Hartford HealthCare
Doing Business As	The William W. Backus Hospital	Hartford HealthCare Corporation
Name of Parent Corporation	Hartford HealthCare Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	326 Washington Street, Norwich, CT 06360	1 State Street, Hartford, CT 06105
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	NP
Name of Contact person, including title	Janette Edwards, Regional Director, Planning & Business Development	Janette Edwards, Regional Director, Planning & Business Development
Contact person's street mailing address	326 Washington Street, Norwich, CT 06360	326 Washington Street, Norwich, CT 06360

Contact person's phone, fax
and e-mail address

Phone: 860-425-3872
Fax: 860-892-2796

Phone: 860-425-3872
Fax: 860-892-2796

SECTION II. GENERAL PROPOSAL INFORMATION

a. Title of Previously Authorized Project and Associated Docket Number(s):

*Affiliation of Backus Corporation with Hartford HealthCare Corporation,
DN 12-31788-CON*

b. Location of proposal (Town including street address):

326 Washington Street, Norwich, CT 06360

c. Type of Modification Request:

Change in the Scope of the Authorized Certificate of Need Project

Extension of CON Expiration Date

Change in a CON Order Condition (*other than to extend expiration date*)

Other – Describe: _____

SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:

a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

SECTION IV. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:

a. Certificate of Need expiration date per CON Final Decision: _____

b. Requested revised CON expiration date: _____

c. Rationale for increased time to fully complete and implement the authorized project:

**SECTION V. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

Conditions to be vacated: Conditions 5 and 6

- b. Provide the rationale for such requested change:

As demonstrated within the requested filings, submitted May 30, 2014, July 15, 2014, November 24, 2014, May 31, 2015, July 18, 2015, and November 30, 2015 to the Office of Health Care Access, the integration benefits enumerated in findings 24 and 28, as well as all anticipated cost savings associated with affiliation, have been achieved and surpassed. Reporting conditions 2, 3, and 4 have been satisfied per OHCA's specifications in the Final Agreed Settlement.

Hartford HealthCare respectfully requests that the CON Reporting Condition 5 in the Final Agreed Settlement dated July 19, 2013 are vacated by the Office of Health Care Access.

SECTION VI. OTHER

- a. Submit a completed CON Modification Affidavit.
- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification.
- c. Identify what has been accomplished to date in terms of full project implementation.

CON MODIFICATION AFFIDAVIT

Applicant: The William W. Backus Hospital

Project Title: Modification of the Final Agree Settlement for DN12-31788-CON, Affiliation of Backus Corporation with Hartford HealthCare Corporation

I, Bimal Patel, President of The William W. Backus Hospital being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.


Signature

5/26/16
Date

Subscribed and sworn to before me on 5/26/16


Notary Public/Commissioner of Superior Court

My commission expires: 9/30/17

JULIE L. VIGIL
NOTARY PUBLIC
MY COMMISSION EXPIRES SEP. 30, 2017

CON MODIFICATION AFFIDAVIT

Applicant: Hartford HealthCare, Corp.

Project Title: Modification of the Final Agree Settlement for DN12-31788-CON, Affiliation of Backus Corporation with Hartford HealthCare Corporation

I, Elbert Joseph, being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.


Signature

5/26/16
Date

Subscribed and sworn to before me on 5/26/16


Notary Public/Commissioner of Superior Court

My commission expires: 9/30/17

JULIE L. VIGIL
NOTARY PUBLIC
MY COMMISSION EXPIRES SEP. 30, 2017