

M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

August 6, 2009

Peter Belval
Administrator
Sharon Health Care Center
P.O. Box 1268
27 Hospital Hill Road
Sharon, CT06069

VIA FACSIMILE ONLY

Re: CON Determination Report Number 09-31401-DTR
United Methodist Homes of Sharon, Inc. d/b/a Sharon Health Care Center
Establishment of Outpatient Rehabilitation Services

Dear Mr. Belval:

On July 13, 2009, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") completed Determination request on behalf of United Methodist Homes of Sharon, Inc. d/b/a Sharon Health Care Center ("Petitioner" or "Center") to establish outpatient rehabilitation services. OHCA has reviewed your request and makes the following findings:

1. The Center is a for-profit facility located at 27 Hospital Hill Road, Sharon, Connecticut.
2. The Center is a licensed as a Chronic and Convalescent Nursing Home.
3. The Petitioner currently provides short-term rehabilitation and long-term care services.
4. The Petitioner is seeking to provide outpatient rehabilitation, including physical, occupational and speech therapy services.
5. The target population under the outpatient rehabilitation license will be short-term rehabilitation patients at the Center who will require ongoing therapy after returning home.

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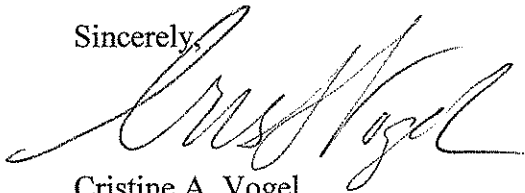
410 Capitol Ave., MS#13HCA, P.O. Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

6. The entity providing the proposed outpatient rehabilitation services will be the current contracted rehabilitation company: Alliance Rehab of Connecticut ("Alliance").
7. The Petitioner will also be responsible for the billing of the proposed outpatient rehabilitation services.
8. Alliance is responsible for hiring the therapy staff and paying their salary and benefits.
9. There is no capital expenditure associated with the proposal.
10. The anticipated payer sources for the proposed outpatient rehabilitation services include Medicare Part B, Managed Care (private insurance), Medicaid and Private Pay.
11. According to Section 19a-639a of the Connecticut General Statutes, Residential Care Homes and Nursing Homes are exempt from Certificate of Need review by OHCA.

Based on these findings, OHCA has determined that Certificate of Need approval is not required from OHCA for United Methodist Homes of Sharon, Inc. and Sharon Health Care Center to proceed with its proposal to establish outpatient rehabilitation services. Please be advised that according to Section 19a-639a, C.G.S., 10 to 60 days prior to initiating services, you must register this service with OHCA. A copy of the registration form is attached for your convenience.

If you have any questions concerning this letter, please contact Steven W. Lazarus at (860) 418-7012.

Sincerely,



Cristine A. Vogel
Commissioner

Attachment

C: Rose McClellan, Licensing Examination Assistant, DHSR, DPH

CAV:swl