



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

July 14, 2011

Mark Cesaro  
Director, Strategic Planning and Business Development  
Hartford Hospital  
80 Seymour Street  
P.O. Box 5037  
Hartford, CT 06102-2127

Re: Certificate of Need Determination; Report Number: 11-31704-DTR  
Hartford Hospital  
Relocate Hartford Hospital/Institute of Living's Child and Adolescent Partial Hospital  
Program from Bloomfield to Hartford

Dear Mr. Cesaro:

On June 15, 2011, the Office of Health Care Access ("OHCA") received your determination request on behalf of Hartford Hospital ("Hospital"), a subsidiary of Hartford HealthCare Corporation ("HHC"), with respect to whether a certificate of need ("CON") is required for the Hospital to relocate its Child and Adolescent Partial Hospital Program ("Program") from Bloomfield to HHC's Institute of Living in Hartford.

The Program offers partial hospital, intensive outpatient and traditional outpatient psychiatric services to children and adolescents between the ages of 8 and 17. During FY 2010, 36% of its patients came from Hartford compared to 6% from Bloomfield. The only other town with greater than 10% patient population during FY 2010 was the town of West Hartford with 11%. The Program's current payer mix is 43% commercial insurance and 57% Medicaid. Since the Program's current patient population is primarily from Hartford and the surrounding towns, the Applicant does not expect a change in the patient population or the payer mix.

Based upon the foregoing, it appears that the proposed relocation of the Program from Bloomfield to Hartford will not result in a significant change in population or payer mix; therefore, a CON is not required for this proposal pursuant to General Statutes § 19a-639c.

Thank you for informing OHCA of your plans and if you have any questions regarding this letter, please contact Steven W. Lazarus, Associate Health Care Analyst at (860) 418-7012.

Sincerely,



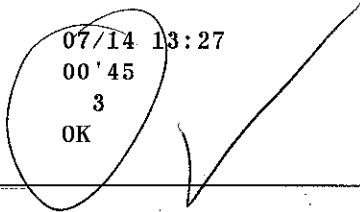
Kimberly R. Martone  
Director of Operations, OHCA

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

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\*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

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OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: MARK CESARO  
FAX: (860) 545-2127  
AGENCY: \_\_\_\_\_  
FROM: Steven Lazarus  
DATE: 7/14/11 TIME: 1:25 pm  
NUMBER OF PAGES: (3)  
(including transmittal sheet)

Comments:  
Con Determination, Report +  
11-31704-DTA enclosed

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.