



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

June 6, 2012

VIA FACSIMILE ONLY

Michele M. Volpe
Attorney
Bershtein, Volpe & McKeon, P.C.
105 Court Street
Third Floor
New Haven, CT 06511

RE: Certificate of Need Determination Report Number 12-31754-DTR
The Hand Center of Western Connecticut, LLC
Proposal to Admit Additional Members

Dear Attorney Volpe:

On April 9, 2012, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") determination request on behalf of The Hand Center of Western Connecticut, LLC ("Practice" or "petitioner") with respect to whether a CON is required to admit additional members to the Practice. The Practice is a licensed outpatient surgical facility located at 226 White Street in Danbury and provides orthopedic surgical procedures.

Information provided by the petitioner in the CON determination request includes, in part, the following: the Practice is currently owned by Lionel Brown, M.D. and John Lunt, M.D.; Drs. Brown and Lunt seek to sell and Drs. Angelo Ciminiello, John Dunleavy, Frank Hermantin, John Mullen, Randolph Sealey and Robert Yaghoubian seek to purchase membership into the Practice; a minority ownership interest in the Practice will be sold to Merrit Healthcare, which will act as the third party management firm for the Practice; after admission of the new members, persons licensed pursuant to Connecticut General Statutes 20-13 will continue to own and control the Practice in excess of sixty percent (60%); there are no anticipated changes in the Practice's service area or payer mix; and the billing will continue under the Practice's existing tax identification number.

Based on the representations and information provided to OHCA by the petitioner, Connecticut General Statutes § 19a-493b(c) is applicable to this matter and a CON is not required for the proposal set forth in the determination request.

If you have any questions regarding this letter, please contact Steven W. Lazarus, Associate Health Care Analyst, at (860) 418-7012.

Sincerely,



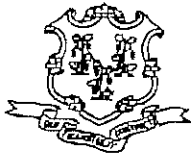
Kimberly R. Martone
Director of Operations

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

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2944
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FAX SHEET

TO: Michelle Volpe
FAX: (203) 777-5806
AGENCY: _____
FROM: Steven Ligenza
DATE: 6/6/12 TIME: 2:20pm
NUMBER OF PAGES: 3
(including transmittal sheet)

Comments:

Care Determination re: The
Hart Center of Weston CT

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.