

Greer, Leslie

From: Roberts, Karen
Sent: Tuesday, October 27, 2015 11:52 AM
To: Hansted, Kevin
Cc: Martone, Kim; Greer, Leslie
Subject: FW: PDF of CON Determination Form from Hospital for Special Care, faxed at 11:35AM, 10-27-2015
Attachments: 20151027114425952.pdf

Kevin

Please see attached the CON determination from Hospital for Special Care regarding their autism unit, as we have been discussing. Karen

From: Felicia DeDominicis [<mailto:FDeDominicis@hfsc.org>]
Sent: Tuesday, October 27, 2015 11:49 AM
To: Roberts, Karen
Cc: Laurie Whelan
Subject: PDF of CON Determination Form from Hospital for Special Care, faxed at 11:35AM, 10-27-2015

Dear Ms. Roberts:

In response to your emailed inquiry of Oct. 20 to Laurie Whelan, our hospital's CFO, regarding the hospital's plan to open an in-patient autism unit, the attached CON Determination Form was completed and faxed to your attention at OHCA this morning. We are sending this email message and PDF copy for your convenience. Please let us know if you have any questions or need additional information. With kind regards ~

Felicia DeDominicis, J.D.

Senior Vice President, Chief Legal Officer & Corporate Compliance Officer
Hospital for Special Care & its affiliates
2150 Corbin Avenue
New Britain, CT 06053
860/827-4807 (p)
860/827-4979 (f)



This message originates from an operating entity of Center of Special Care, Inc. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.

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message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.

Date/Time: Oct. 27. 2015 11:34AM

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 E. 2) Busy
 E. 4) No facsimile connection

Hospital for Special Care 2150 Corbin Avenue New Britain, CT 06053

Legal Affairs

FAX

Date: October 27, 2015
 Number of pages including cover sheet: 7

To: Karen Roberts,
Principal Health Care Analyst
OHCA/DPH

 Phone: _____
 Fax phone: 860-418-7053
 CC: _____

From: Felicia DeDomenico
Sr. VP, Legal Affairs, Chief
Legal Officer

 Phone: 860-427-4807
 Fax phone: _____

REMARKS: Urgent For your review Reply ASAP Please comment

Re Recipient: Hospital for Special Care, Project Title: In-Patient Autism Unit

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure. If the reader of this message is not the intended recipient(s) or an employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form 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 this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

| | Petitioner | Petitioner |
|--|---|------------|
| Full Legal Name | Hospital for Special Care | |
| Doing Business As | Hospital for Special Care | |
| Name of Parent Corporation | Center of Special Care, Inc. | |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail | 2150 Corbin Avenue, New Britain, CT 06053 | |
| What is the Petitioner's Status: P for profit and NP for Nonprofit | NP | |
| Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter. | Felicia DeDominicis, Sr. Vice President, Chief Legal Officer | |

| | | |
|--|---|--|
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | 2150 Corbin Avenue, New Britain, CT 06053 | |
| Contact Person's Telephone Number | 860-827-4807 | |
| Contact Person's Fax Number | 860-827-4736 | |
| Contact Person's e-mail Address | fdedominicis@hfsc.org | |

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: _In-Patient Autism Unit
- b. Estimated Total Project Cost: \$500,000
- c. Location of proposal, identifying Street Address, Town and Zip Code: __2150 Corbin Avenue, New Britain, CT 06053
- d. List each town this project is intended to serve: All 169 towns in Connecticut
- e. Estimated starting date for the project: _November 30, 2015

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: __Hospital for Special Care

Project Title: _ In-Patient Autism Unit

I, Lynn Ricci, President & Chief Executive Officer
(Name) (Position – CEO or CFO)

of Hospital for Special Care being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

Lynn Ricci October 27, 2015
Signature Date

Subscribed and sworn to before me on October 27, 2015

Felicia DeDominicis
~~Notary Public~~/Commissioner of Superior Court

Felicia DeDominicis
My commission expires: _____

Response to SECTION IV. Proposal Description for Hospital for Special Care (Petitioner)
In-Patient Autism Unit

Introduction:

It is the mission of the Petitioner, Hospital for Special Care (HSC), to anticipate and be responsive to the changing needs of the communities it serves and to a changing healthcare environment by creating an innovative, fiscally-sound, cost-effective system of care. In keeping with this mission, HSC responded to a Request for Proposal (RFP) issued by the Connecticut Department of Developmental Services (DDS) in the spring of 2015. The RFP sought proposals for the establishment of at least three in-patient beds in Connecticut for children diagnosed with Autism Spectrum Disorder (ASD). Through this RFP process, DDS selected HSC to receive up to \$500,000 in grant funds to support the establishment of an in-patient unit, of at least three beds, for children diagnosed with ASD. In connection with this selection by DDS, HSC proposes to develop and operate an eight bed in-patient autism unit at its New Britain campus to support the needs of this patient population.

(1) HSC is licensed by the Connecticut Department of Public Health (DPH) as a chronic disease hospital with 228 beds located on two separate campuses, one in New Britain and one in Hartford; the hospital provides both in-patient and out-patient services. (Current license is attached.) Please refer to item (3) below for further description of the types of services HSC provides.

(2) The services being proposed are an eight bed in-patient unit for children ages 10 to 21 with an established diagnosis of Autism Spectrum Disorder (ASD) or a related diagnosis. These children display self-injury, or other behaviors that severely impair functioning and/or threaten their or others' safety in the community. As is the case on all of HSC's in-patient units, treatment will be interdisciplinary to meet the complex needs of these patients. Children younger than age 10 will be considered for admission on an individual basis and must fit the current milieu on the unit. Average length of stay is estimated to be 30-45 days based on a review of data from in-patient programs treating the most complex children on the autism spectrum. Children admitted to this in-patient unit will enter the program with an established discharge plan and be medically stable.

The autism inpatient unit would be located in a unit that previously accommodated neurobehavioral patients (who are cared for in a different in-patient location at this time) and is already equipped with the safety features necessary for this patient population. HSC would renovate the unit to create an age appropriate milieu. Interactive technology, including iPads, will be used for individualized plans of care when indicated. The aquatic center located on site will also be used for this patient population as it is for other appropriate populations served by HSC.

No additional licensed beds nor other DPH licensure category will be sought.

(3) HSC currently serves:

- On both an in-patient and out-patient basis, chronically medically complex adult and pediatric patients, including, but not limited to, patients living with ventilator or other

technology dependence, paraplegia, tetraplegia, degenerative neurological diseases (such as amyotrophic lateral sclerosis, muscular dystrophy, and Parkinson's Disease), chronic obstructive pulmonary disorder and other serious pulmonary disorders;

- On an in-patient basis, stable yet acutely ill adult and pediatric patients affected by acquired brain injury and other neurobehavioral conditions, spinal cord injury, or other trauma requiring complex rehabilitation with physician oversight, severe congestive heart failure, including after heart transplant surgery or placement of a left ventricular assist device in an acute care hospital; and
- On an out-patient basis, adult and pediatric patients requiring a variety of physical, occupational and/or speech therapy services, and pediatric patients with an existing ASD diagnosis or who have been referred to HSC by primary care or other community-based providers for assessment of possible ASD. Out-patient services for ASD patients include psychiatric and psychological care, developmental pediatric care, speech pathology, occupational and physical therapy, family and patient counseling, and nursing care. The HSC out-patient ASD clinic has been recognized as the nation's first Patient Centered Specialty Practice for ASD by the National Council of Quality Assurance.

The target population to be served is children up to age 21 with an ASD or related diagnosis who require in-patient hospitalization to treat acute symptoms associated with their diagnosis as more particularly described above.

Att. – Copy of DPH license held by HSC (Petitioner)

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 03CD

Chronic Disease Hospital

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

Hospital for Special Care of New Britain, CT d/b/a Hospital for Special Care is hereby licensed to maintain and operate a Chronic Disease Hospital.

Hospital for Special Care is located at 2150 Corbin Avenue, New Britain, CT 06053-2263.

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

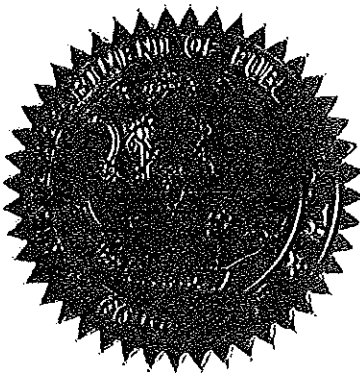
228 General Hospital Beds

This license expires **March 31, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2014. RENEWAL.

Satellites:

Hospital for Special Care, 500 Blue Hills Avenue, Hartford, CT
Autism Center at Hospital for Special Care: South Campus, 370 Osgood Avenue,
New Britain, CT



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

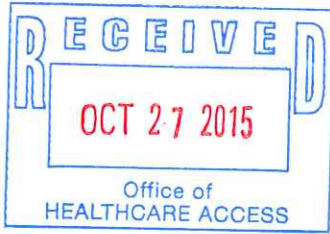
Hospital for Special Care

2150 Corbin Avenue

New Britain, CT 06053

Legal Affairs

FAX



Date: October 27, 2015

Number of pages including cover sheet: 7

To:

Karen Roberts,

Principal Health Care Analyst

OHCA/DPH

Phone: _____

Fax phone: 860-418-7053

CC: _____

From:

Felicia DeDominicis

Sr. VP, Legal Affairs, Chief
Legal Officer

Phone: 860-827-4807

Fax phone: _____

REMARKS: Urgent For your review Reply ASAP Please comment

Re Petitioner: Hospital for Special Care; Project Title: In-Patient Autism Unit

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| | Petitioner | Petitioner |
|--|---|------------|
| Full Legal Name | Hospital for Special Care | |
| Doing Business As | Hospital for Special Care | |
| Name of Parent Corporation | Center of Special Care, Inc. | |
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| What is the Petitioner's Status: P for profit and NP for Nonprofit | NP | |
| Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter. | Felicia DeDominicis, Sr. Vice President, Chief Legal Officer | |

| | | |
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Project Title: In-Patient Autism Unit

I, Lynn Ricci, President & Chief Executive Officer
(Name) (Position – CEO or CFO)

of Hospital for Special Care being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

Lynn Ricci Signature October 27, 2015 Date

Subscribed and sworn to before me on October 27, 2015

Felicia DeDominicis
~~Notary Public/Commissioner of Superior Court~~

Felicia DeDominicis
~~My commission expires:~~

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- On an out-patient basis, adult and pediatric patients requiring a variety of physical, occupational and/or speech therapy services, and pediatric patients with an existing ASD diagnosis or who have been referred to HSC by primary care or other community-based providers for assessment of possible ASD. Out-patient services for ASD patients include psychiatric and psychological care, developmental pediatric care, speech pathology, occupational and physical therapy, family and patient counseling, and nursing care. The HSC out-patient ASD clinic has been recognized as the nation's first Patient Centered Specialty Practice for ASD by the National Council of Quality Assurance.

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Department of Public Health

LICENSE

License No. 03CD

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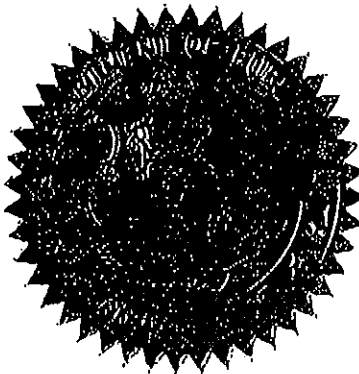
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Dated at Hartford, Connecticut, April 1, 2014. RENEWAL.

Satellites:

Hospital for Special Care, 500 Blue Hills Avenue, Hartford, CT
Autism Center at Hospital for Special Care: South Campus, 370 Osgood Avenue,
New Britain, CT



A handwritten signature in cursive script that reads 'Jewel Mullen MD'.

Jewel Mullen, MD, MPH, MPA
Commissioner



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

October 28, 2015

VIA FACSIMILE ONLY

Felicia DeDominicis, Esq.
Senior Vice President, Chief Legal Officer
Hospital for Special Care
2150 Corbin Avenue
New Britain, CT 06053

RE: Certificate of Need Determination Report Number 15-32037-DTR
Establishment of Autism Unit

Dear Attorney DeDominicis:

On October 27, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Hospital for Special Care ("Petitioner") with respect to the establishment of an autism unit.

The Petitioner is licensed as a chronic disease hospital with 228 beds located on two separate campuses, one in New Britain and one in Hartford. The Petitioner provides both in-patient and out-patient services. The Petitioner is proposing to establish an eight-bed inpatient unit for children ages 10 to 21 with an established diagnosis of Autism Spectrum Disorder or a related diagnosis. The autism unit will be located in a space that previously accommodated neurobehavioral patients. The neurobehavioral patients are currently being treated by the Petitioner in a different inpatient location. No additional licensed beds nor other licensure category is being sought.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(12), a certificate of need is required for an "increase in the licensed bed capacity of a health care facility". Conn. Gen. Stat. § 19a-630(11) defines a health care facility as "(A) hospitals licensed by the Department of Public Health under chapter 368v; (B) specialty hospitals;..." The Petitioner is a health care facility but is not seeking to increase its licensed bed capacity. Therefore, a **CON is not required** for the Petitioner's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Martone".

Kimberly R. Martone
Director of Operations

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

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

* * * COMMUNICATION RESULT REPORT (OCT. 28. 2015 12:08PM) * * *

FAX HEADER:

| TRANSMITTED/STORED : FILE MODE | OCT. 28. 2015 12:08PM OPTION | ADDRESS | RESULT | PAGE |
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REASON FOR ERROR
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E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: Felicia DeDominicis, Esq.

FAX: 860 827-4736

AGENCY: Hospital for Special Care

FROM: OHCA

DATE: 10/28/15 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Please see attached determination for Report Number 15-32037

PLEASE PHONE Barbara K. Olejarz 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