



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	Windham Community Memorial Hospital	
Doing Business As	Windham Hospital	
Name of Parent Corporation	Hartford HealthCare	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	112 Mansfield Avenue, Willimantic, CT 06226	
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.	Jason Laabs Director of Planning & Communication	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	112 Mansfield Avenue, Willimantic, CT 06226	
Contact Person's Telephone Number	860-817-4139	
Contact Person's Fax Number		
Contact Person's e-mail Address	Jason.Laabs@hh chealth.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Hebron Mammography**
- b. Estimated Total Project Cost: **\$0**
- c. Location of proposal, identifying Street Address, Town and Zip Code: **21A Liberty Drive, Hebron, CT 06248**
- d. List each town this project is intended to serve: **Not Applicable**
- e. Estimated starting date for the project: **August 1, 2016**

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:

As of August 1, 2016 the Windham Hospital mammography services will no longer be offered at 21A Liberty Drive, in Hebron. The lease associated with this location will terminate on August 1, 2016 and we have been notified by the landlord that a new tenant will be moving into this space.

Unlike MRI, CT and PET, mammography is not a regulated imaging modality. The Hospital would like clarification as to whether or not Certificate of Need approval is required to discontinue this service at this location.

Access to mammography services will be available to patients at the following locations:

- **Backus Health Center, 163 Broadway Street, Colchester, CT 06415**
 - **This location is 6.8 miles from 21A Liberty Drive**

- **Windham Hospital, 112 Mansfield Ave, Willimantic, CT 06226**
 - This location is 9.5 miles from 21A Liberty Drive
- **Windham Hospital Center for Women's Health at Mansfield, 7A Ledgebrook Drive, Mansfield Center, CT 06250**
 - This location is 10.4 miles from 21A Liberty Drive
- **Jefferson Radiology, 704 Hebron Avenue, Glastonbury, CT 06033**
 - This location is 13.7 miles from 21A Liberty Drive

Hebron residents will continue to have close access to mammography services as detailed above. The mammography unit at Hebron was underutilized, largely because there are five mammography sites within 13.7 miles of one another in this community.

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.

Not Applicable.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

Not Applicable

3. Identify the current population served and the target population to be served.

82.5% of the current population served reside in the towns of Columbia, Hebron, Amston, Exeter, Colchester, Andover, East Hampton and Coventry.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: **Windham Hospital**

Project Title: **Hebron Mammography**

I, **Bimal Patel, SVP Hartford HealthCare & President of the East Region**
(Name) (Position – CEO or CFO)

of **Windham Hospital** being duly sworn, depose and state that the
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my
knowledge.

Bimal Patel

8/01/2014

Signature

Date

Subscribed and sworn to before me on *8/01/2014*

Cynthia A. Habeeb

Notary Public/Commissioner of Superior Court

CYNTHIA A. HABEEB
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 3/31/2021

My commission expires: _____

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

August 9, 2016

VIA EMAIL ONLY

Jason Laabs
Director of Planning & Communication
Windham Community Memorial Hospital
112 Mansfield Avenue
Willimantic, CT 06226

RE: Certificate of Need Determination Report Number 16-32112-DTR
Termination of Mammography Services

Dear Mr. Laabs:

On August 4, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Windham Community Memorial Hospital ("Petitioner") with respect to the termination of mammography services.

The Petitioner provided mammography services at 21A Liberty Drive, Hebron, Connecticut. The Petitioner stopped providing mammography services as of August 1, 2016 due to the termination of its lease at this location. The Petitioner operated this site as a hospital outpatient service.

Connecticut General Statutes § 19a-638(a)(5) requires a CON for the "termination of inpatient or outpatient services offered by a hospital...". Since the mammography services provided by the Petitioner at the 21A Liberty Drive, Hebron, Connecticut location were operated as a hospital outpatient service, a **CON is required**.

Sincerely,

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

Kimberly R. Martone
Director of Operations

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



Phone: (860) 418-7001 • Fax: (860) 418-7053
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Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Olejarz, Barbara

From: Microsoft Outlook
To: jason.laabs@hhchealth.org
Sent: Tuesday, August 09, 2016 3:58 PM
Subject: Relayed: CON Determination

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

jason.laabs@hhchealth.org (jason.laabs@hhchealth.org)

Subject: CON Determination

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Tuesday, August 09, 2016 3:58 PM
To: 'jason.laabs@hhchealth.org'
Cc: Hansted, Kevin
Subject: CON Determination
Attachments: 32112-1.pdf

Tracking:	Recipient	Delivery
	'jason.laabs@hhchealth.org'	
	Hansted, Kevin	Delivered: 8/9/2016 3:58 PM

8/9/16

Jason,

Please see attached Determination regarding the termination of mammography services

Barbara K. Olejarz
Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
Phone: (860) 418-7005
Email: Barbara.Olejarz@ct.gov

