

# 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

January 5, 2017

Gayle Cappozalo  
Bridgeport Hospital  
267 Grant Street  
Bridgeport, CT 06610

RE: Relocation of 3 Satellites

Dear Ms. Cappozalo:

The Office of Health care Access ("OHCA") has been informed by the Department of Public Health Facility Licensing and Investigations Section that there has been a change of address for Bridgeport Hospital's Geriatric Partial Hospital, Child Partial Hospital and Psychiatric Adult Partial Hospital Program from 305 Boston Avenue, Stratford, Connecticut to 1558 Barnum Avenue, Bridgeport, Connecticut as of November 28, 2016.

Please be advised that, pursuant to Connecticut General Statutes § 19a-639c, Bridgeport Hospital was required to file a Determination Request with OHCA prior to relocating the facilities. OHCA's records do not reflect any such Determination Request filed by Bridgeport Hospital. Please submit the aforementioned compliance on or before the close of business on January 13, 2017.

Sincerely,

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

Kimberly R. Martone  
Director of Operations



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

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**Olejarz, Barbara**

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**From:** Microsoft Outlook  
**To:** Gayle.Capozzalo@ynhh.org  
**Sent:** Thursday, January 05, 2017 10:43 AM  
**Subject:** Relayed: Bridgeport Hospital inquiry

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

[Gayle.Capozzalo@ynhh.org](mailto:Gayle.Capozzalo@ynhh.org) ([Gayle.Capozzalo@ynhh.org](mailto:Gayle.Capozzalo@ynhh.org))

Subject: Bridgeport Hospital inquiry

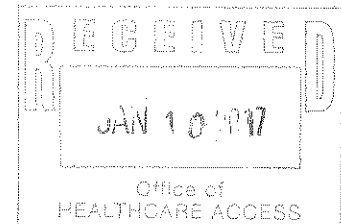
## Olejarz, Barbara

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**From:** Martone, Kim  
**Sent:** Tuesday, January 10, 2017 11:26 AM  
**To:** Hansted, Kevin  
**Cc:** Olejarz, Barbara  
**Subject:** FW: CON - REACH Determination Request  
**Attachments:** REACH Determination Form Relocation 1 6 17 (Sent to OHCA 011017).pdf

**Kimberly R. Martone**

Director of Operations, Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue, MS #13 CMN, Hartford, Connecticut 06134  
Phone: 860-418-7029 Fax: 860-418-7053  
Email: [Kimberly.Martone@ct.gov](mailto:Kimberly.Martone@ct.gov) Website: [www.ct.gov/ohca](http://www.ct.gov/ohca)



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**From:** Capozzalo, Gayle [mailto:Gayle.Capozzalo@ynhh.org]  
**Sent:** Tuesday, January 10, 2017 10:36 AM  
**To:** Martone, Kim  
**Cc:** Salsgiver, Carolyn  
**Subject:** CON - REACH Determination Request

Kim,

As requested, please find a determination request about the move of the REACH program office in Bridgeport. Because the location was moving only a half mile away to a much improved office location, the clinical leaders believed that this did not constitute a "relocation" requiring a CON determination. We are, of course, happy to provide any information that OHCA needs in evaluating this move. Thanks.

Gayle

Gayle Capozzalo, FACHE  
Chief Strategy Officer  
789 Howard Avenue  
New Haven, CT 06519  
**Phone:** 203-688-2605  
**Fax:** 203-688-3472  
[gayle.capozzalo@ynhh.org](mailto:gayle.capozzalo@ynhh.org)

YaleNewHavenHealth

This message originates from the Yale New Haven Health System. 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.

Yale  
NewHaven  
Health  
Bridgeport  
Hospital

January 6, 2017

**VIA EMAIL**

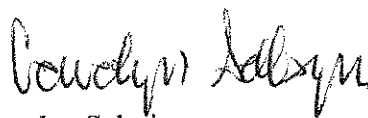
Ms. Kimberly Martone  
Director of Operations  
Office of Health Care Access (OHCA)  
410 Capitol Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134

Re: Relocation of Reach Program

As requested by your letter dated January 5, 2017, please find enclosed a Determination Request regarding the relocation of the Bridgeport Hospital REACH Program from 305 Boston Avenue, Stratford, Connecticut to 1558 Barnum Avenue, Bridgeport, Connecticut, which is approximately 0.5 miles away. This site will serve the same patient population and payer mix, and is a newer, safer location for our patients.

Thank you for your attention to this matter.

Sincerely,



Carolyn Salsgiver  
Vice President  
Strategic Planning  
Yale New Haven Health

Strategic Planning  
2 Howe Street  
New Haven, CT 06511  
Phone: 203-384-3946

[bridgeporthospital.org](http://bridgeporthospital.org)



**State of Connecticut  
Office of Health Care Access  
CON Determination Form  
Relocation of a Health Care Facility**

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. 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
Full Legal Name	Bridgeport Hospital
Doing Business As	Bridgeport Hospital
Name of Parent Corporation	Yale New Haven Health Service Corp.
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	267 Grant Street Bridgeport, CT 06610
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.	Carolyn Salsgiver Vice President 267 Grant Street Bridgeport, CT 06610

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	
Contact Person's Telephone Number	203-384-3289
Contact Person's Fax Number	N/A
Contact Person's e-mail Address	<u><a href="mailto:Carolyn.Salsgiver@bpthosp.org">Carolyn.Salsgiver@bpthosp.org</a></u>

## SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, 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.

**Name of the Health Care Facility:** Bridgeport Hospital REACH Program

**Current Location:** 305 Boston Avenue, Stratford, CT 06614

**Proposed Location:** 1558 Barnum Avenue, Bridgeport, CT 06610

**Current Population Served:** Geriatric Partial Hospital, Child Partial Hospital and Psychiatric Adult Partial Hospital Program

**Proposed Population Served:** Geriatric Partial Hospital, Child Partial Hospital and Psychiatric Adult Partial Hospital Program

**Current Payor Mix:** The current payer mix by visit volume at the overall REACH program is 62.7% Medicaid, 12.4% HMO, 11.4% Medicare, 8.2% Blue Cross, 3.6% Managed Medicare, 1.1% Commercial, 0.6% Self Pay.

**Proposed Payor Mix:** Same as current.

**Any other information that the Petitioner deems relevant:** This relocation is 0.5 miles away from the existing site to a newer, safer site a few blocks away. The same patients and the same payor mix will be served at the new site.

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: Bridgeport Hospital

Project Title: Relocation of Reach Program

I, Williams Jennings, CEO  
(Name) (Position – CEO or CFO)

of Bridgeport 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.

[Signature] 01-06-17  
Signature Date

Subscribed and sworn to before me on January 6, 2017

[Signature]  
Notary Public/Commissioner of Superior Court

My commission expires: MARCH 31, 2017



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

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

Office of Health Care Access

January 11, 2017

VIA EMAIL ONLY

Carolyn Salsgiver  
Vice President  
Bridgeport Hospital  
267 Grant Street  
Bridgeport, CT 06610

RE: Certificate of Need Determination Report Number 17-32144-DTR  
Relocation of REACH Program

Dear Ms. Salsgiver:

On January 10, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Bridgeport Hospital ("Petitioner") with respect to the relocation of its REACH Program.

The Petitioner operates the REACH Program consisting of a Geriatric Partial Hospital, Child Partial Hospital and Psychiatric Adult Partial Hospital Program. The REACH Program is currently located at 305 Boston Avenue, Stratford, Connecticut and serves 62.7% Medicaid, 12.4% HMO, 11.4% Medicare, 8.2% Blue Cross, 3.6% Managed Medicare, 1.1% Commercial, and 0.6% self-pay. The Petitioner plans to relocate the REACH Program to 1558 Barnum Avenue, Bridgeport, Connecticut, which is 0.5 miles away from its current location. The payor mix and population served will remain the same after the relocation is completed.

Pursuant to Conn. Gen. Stat. § 19a-639c, the Petitioner has satisfactorily demonstrated that the population and payer mix currently served by the Petitioner will not substantially change as a result of the proposed relocation. Therefore, a **CON is not required** for the proposed relocation.

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  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

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## Olejarz, Barbara

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**From:** Olejarz, Barbara  
**Sent:** Wednesday, January 11, 2017 3:51 PM  
**To:** Carolyn Salsgiver  
**Cc:** Martone, Kim; Hansted, Kevin; Riggott, Kaila; McLellan, Rose; Bauer, Sandra  
**Subject:** Determination  
**Attachments:** 32144.pdf

<b>Tracking:</b>	<b>Recipient</b>	<b>Delivery</b>	<b>Read</b>
	Carolyn Salsgiver		
	Martone, Kim	Delivered: 1/11/2017 3:51 PM	Read: 1/11/2017 3:59 PM
	Hansted, Kevin	Delivered: 1/11/2017 3:51 PM	
	Riggott, Kaila	Delivered: 1/11/2017 3:51 PM	
	McLellan, Rose	Delivered: 1/11/2017 3:51 PM	
	Bauer, Sandra	Delivered: 1/11/2017 3:51 PM	

1/11/17

Please see attached Determination for e relocation of REACH Program.

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](mailto:Barbara.Olejarz@ct.gov)



**Olejarz, Barbara**

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**From:** Microsoft Outlook  
**To:** Carolyn Salsgiver  
**Sent:** Wednesday, January 11, 2017 3:51 PM  
**Subject:** Relayed: Determination

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

[Carolyn Salsgiver \(Carolyn.Salsgiver@bpthosp.org\)](mailto:Carolyn.Salsgiver@bpthosp.org)

Subject: Determination

## Olejarz, Barbara

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**From:** Salsgiver, Carolyn <Carolyn.Salsgiver@bpthosp.org>  
**Sent:** Wednesday, January 11, 2017 3:56 PM  
**To:** Olejarz, Barbara  
**Subject:** Read: Determination  
**Attachments:** Read: Determination

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