



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

JOHN G. ROWLAND
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

April 20, 2004

Pat Rehmer
Assistant to the Commissioner
Department of Mental Health and Addiction Services
410 Capitol Avenue
Hartford, CT 06106

Re: CON Determination Report Number 04-30278-DTR
Capital Region Mental Health Center
Transition of Beds at Capital Regional Mental Health Center from Sub-acute to Acute

Dear Ms. Rehmer:

On April 2, 2004, the Office of Health Care Access ("OHCA") received your letter regarding the transition of sub-acute beds to acute beds at the Capital Region Mental Health Center located at 500 Blue Hills Avenue, Hartford. OHCA has reviewed the information contained in the request and makes the following findings:

1. The Department of Mental Health and Addiction Services ("DMHAS") operates and funds the Capital Region Mental Health Center ("CRMHC"), the local mental health authority for Region 4. CRMHC is located at 500 Blue Hills Avenue, Hartford. CRMHC primarily serves residents of Avon, Canton, Farmington, Hartford, Simsbury, and West Hartford.
2. DMHAS currently operates 16 sub-acute beds at CRMHC. Due to the emergent need of acute care beds, DMHAS proposes to transition the sub-acute beds to acute beds and add an additional four (4) acute care beds.
3. The Acute Care Unit at CRMHC will provide care for clients who are experiencing an acute phase of their illness. The major functions of the Unit will be to stabilize, supervise, education and support its clients.
4. Sub-acute care programs primarily provide for acute symptom stabilization and transition from inpatient care to a community setting. These programs also manage and treat clients with behavioral challenges requiring considerable support or who present an especially difficult placement process.

5. The average length of stay in an acute care unit is 7 to 30 days; the average length of stay in sub-acute care units is between 30 and 90 days.
6. Additional services provided at CRMHC include:
 - Mobile crisis Team/Intake/Brief Treatment
 - Homeless Services and Outreach
 - Forensic Services
 - General Psychiatry Unit
 - Co-occurring Disorders Unit
 - Community assertive Team
 - Assisted Living Program
 - Nursing Services/Medication Management Team
7. With the transition to acute care, CRMHC can accommodate patients waiting in local emergency departments with the next appropriate level of care.
8. The transition of beds is part of a system-wide reconfiguration of services designed in response to patient needs. Cedarcrest Hospital in Newington will convert one of its 18-bed de-certified units to accommodate patients requiring sub-acute care services.
9. The estimated capital expenditure for the proposal is \$356,566. Renovations will require \$250,000, and the remaining dollars will be used to purchase non-medical equipment.
10. Section 19a-630, Connecticut General Statutes (“C.G.S.”), states that a state health care facility is defined as “a hospital or other such facility or institution operated by the state providing services which are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act.”
11. Section 19a-638, C.G.S. states that “Each health care facility or institution or state health care facility, including any inpatient rehabilitation facility, which intends to introduce any additional function or service into its program of health care shall submit to the office, prior to the proposed date of the institution of such function or service, a request for permission to undertake such function or service.”
12. Section 19a-639, C.G.S. states, in part, that “Each health care facility or institution or any state health care facility or institution proposing a capital expenditure exceeding one million dollars shall submit a request for approval of such expenditure to the office.”

According to the above definitions, DMHAS is a state health care facility for certificate of need purposes. The proposal to transition 16 sub-acute care beds to acute care beds and add an additional four (4) acute care beds does not represent the introduction of a new function or service, and does not exceed the one million dollars threshold pursuant to Sections 19a-638 and 19a-639, C.G.S. The transition of beds is part of a system-wide reconfiguration of services designed in response to patient needs. The overall bed capacity of the system will not decrease

and all levels of care currently provided will continue to be provided. Therefore, a CON is not required for DMHAS to proceed with the proposal.

If you have any questions regarding this letter, please contact Laurie Greci at 418-7001.

Sincerely,

Cristine A. Vogel
Commissioner

CAV/lkg