



M. JODI RELL  
GOVERNOR

**STATE OF CONNECTICUT**  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

November 19, 2008

Mary G. Butler  
Assistant Administrator  
Bethel Health & Rehabilitation Center, LLC  
13 Parklawn Drive  
Bethel, CT 06801

Re: CON Determination Report Number 08-31261-DTR  
Bethel Health & Rehabilitation Center, LLC  
Establishment of Outpatient Rehabilitation Therapy Services

Dear Ms. Butler:

On November 18, 2008 the Office of Health Care Access ("OHCA") received your completed Certificate of Need ("CON") Determination request on behalf of Bethel Health & Rehabilitation Center, LLC ("Center") to establish outpatient rehabilitation therapy services. OHCA has reviewed your request and makes the following findings:

1. Bethel Health & Rehabilitation Center, LLC ("Center") is a for-profit facility located at 13 Parklawn Drive, Bethel, Connecticut.
2. The Center is a skilled nursing center with a total of 161 beds and 42 apartment Assisted Living Facility.
3. The Center currently offers long term and short term nursing care, physical, occupational and speech therapies to its inpatient residents.
4. The Center is seeking to provide outpatient rehabilitation therapy services including physical therapy, occupational therapy and speech therapy.
5. The proposed outpatient rehabilitation therapy services will be offered by Alliance Rehabilitation.

6. The Center will be responsible for billing of the outpatient rehabilitation services.
7. There is no capital expenditure associated with the proposal.
8. According to Section 19a-639a of the Connecticut General Statutes, Residential Care Homes and Nursing Homes are exempt from Certificate of Need review by OHCA.

Based on these findings, OHCA has determined that Certificate of Need approval is not required from OHCA for Bethel Health & Rehabilitation Center, LLC, to proceed with its proposal to establish outpatient rehabilitation services. Please be advised that according to Section 19a-639a, C.G.S., 10 to 60 days prior to initiating services, you must register this service with OHCA. A copy of the registration form is attached for your convenience.

If you have any questions concerning this letter, please contact Steven W. Lazarus at (860) 418-7001.

Sincerely,

*Signed by Commissioner Vogel on November 19, 2008*

Cristine A. Vogel  
Commissioner

Attachment

c: Rose McLellan, Licensing Examination Assistant, DHSR, DPH

CAV:swl