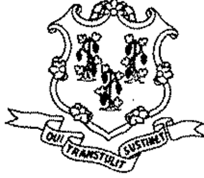

# STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

July 14, 2009

Cynthia Roessler
Administrator
University Skilled Nursing and Rehabilitation Center
915 Ella T. Grasso Blvd.
New Haven, CT 06519

Re: CON Determination Report Number 09-31397-DTR
NE Operations Holdings, LLC d/b/a University Skilled Nursing and Rehabilitation Center
Establishment of Outpatient Rehabilitation Services

Dear Ms Roessler:

On June 27, 2009, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") completed Determination request on behalf of NE Operations Holdings, LLC d/b/a University Skilled Nursing and Rehabilitation Center ("Petitioner") to establish outpatient rehabilitation services. OHCA has reviewed your request and makes the following findings:

1. Petitioner is a for-profit facility located at 915 Ella T. Grasso Boulevard, New Haven, Connecticut.

2. Petitioner is a skilled nursing and short-term rehabilitation facility with a total of 30 beds.

3. The Petitioner currently offers physical, occupational, speech and respiratory therapy services to its inpatient residents.

4. The Petitioner is seeking to provide outpatient rehabilitation physical, occupational, speech and respiratory therapy services.

5. The proposed outpatient services will be offered to the outside community and to its employees for work related injuries.

6. The Petitioner will also be responsible for the billing of the proposed 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 NE Operations Holdings, LLC d/b/a University Skilled Nursing and Rehabilitation Center 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) 418-7012.

Sincerely,

Cristine A. Vogel
Commissioner

Attachment

C: Rose McClellan, Licensing Examination Assistant, DHSR, DPH

CAV:swl

**STATE OF CONNECTICUT**
**OFFICE OF HEALTH CARE ACCESS**
**CON-Exempt Agencies Registry**

Pursuant to Section 19a-639a of the Connecticut General Statutes ("C.G.S."), eleven categories of health care facilities are now exempted from most types of certificate of need (CON) review. These include the following:

- Outpatient clinics operated exclusively by or contracted to be operated for a municipality or municipal agency, a health district or a board of education
- Residential facilities for the mentally retarded (ICFMR)
- Outpatient rehabilitation services existing on January 1, 1998 that are eligible to receive reimbursement under Section 17b-243 C.G.S.
- Clinical laboratories
- Assisted living services agencies
- Outpatient chronic dialysis centers
- Ambulatory services programs offered by an HMO
- Home health agencies
- Americares Foundation clinics
- Nursing homes
- Rest homes

Some of these providers had been exempt for some time; others are newly exempted from many CON requirements. **However, all facilities or institutions listed are now required by law to annually register information with the Office of Health Care Access (OHCA).** The information to be filed is the same as that filed for a CON Letter of Intent. OHCA is also hereby required to maintain a registry of information filed by these exempted agencies and has instituted such registry as of October 1998.

**Exempt agencies that intend to change or alter services offerings, scope or location(s) must submit prior notice of that intended change to OHCA.** A blank form for any proposed change is provided below.

**STATE OF CONNECTICUT**
**OFFICE OF HEALTH CARE ACCESS**
**CON-Exempt Facility Registration Form**

☐ NEW FACILITY

☐ EXISTING FACILITY
Registry #____________

**FACILITY CATEGORY: (please check applicable category)**

- ☐ Outpatient clinics operated exclusively by or contracted to be operated for a municipality or municipal agency, a health district or a board of education
- ☐ Residential facilities for the mentally retarded (ICFMR)
- ☐ Outpatient rehabilitation services existing on January 1, 1998 that are eligible to receive reimbursement under Section 17b-243 C.G.S.
- ☐ Clinical laboratories
- ☐ Assisted living services agencies
- ☐ Outpatient chronic dialysis centers
- ☐ Ambulatory services programs offered by an HMO
- ☐ Home health agencies
- ☐ Americares Foundation clinics
- ☐ Nursing homes
- ☐ Rest homes

***If your facility does not fall into one of the categories above, it does not qualify as a CON Exempt facility. Please refer to the Certificate of Need application forms at:*** ***http://www.ct.gov/ohca/cwp/view.asp?a=1732&q=276934***

CERTIFICATION OF COMPLIANCE – FILING REQUIREMENTS PURSUANT TO SECTION 19a-639a OF THE CONNECTICUT GENERAL STATUTES - AN ACT CONCERNING CERTIFICATE OF NEED

| Facility Name | | | |
|---|---|---|---|
| Contact Person/Title | | | |
| Address | | | |
| Phone Number | | | |
| Facility Type | | Total number of Beds / Living Units/Stations | |
| E-Mail Address | | Web page | |

Please provide a brief narrative of new proposal:

This is to certify that the information provided to the Office of Health Care Access is true to the best of my ability.

______________________ ______________________ ____________
Print Name and Title Signature Date

Return to:
Office of Health Care Access, 410 Capitol Avenue, MS #13HCA, Hartford, CT 06134-0308
**FAX: (860) 418-7053**