

## STATE OF CONNECTICUT

#### OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL COMMISSIONER

September 10, 2009

Via Facsimile Only

Jean Ahn System Director Yale-New Haven Hospital 20 York Street New Haven, CT 06504

Re:

CON Determination Report Number 09-31419-DTR

Yale-New Haven Hospital

Establishment of an Outpatient Pediatric and Adult Dental Clinic in Hamden,

Pursuant to Public Act 09-232, Connecticut General Statues

#### Dear Ms. Ahn:

On July 30, 2009, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Yale-New Haven Hospital ("YNHH") to establish outpatient pediatric and adult dental clinic in Hamden, Connecticut. OHCA has reviewed your request and makes the following findings:

- 1. YNHH is an acute care hospital located at 20 York Street in New Haven, Connecticut.
- 2. YNHH currently offers and will continue to offer pediatric and adult dental services on an outpatient basis at YNHH's main campus.
- 3. The Petitioner is seeking to establish a pediatric and adult dental clinic to be located at 2560 Dixwell Avenue in Hamden, Connecticut.
- 4. The Petitioner contends that the target population for the proposed clinic will include YNHH's primary service area towns, including the town of Hamden.
- 5. YNHH will lease the physical space for the proposed service and be responsible for billing for the services related to this proposal.

- 6. The Petitioner contends that the capital expenditure associated with the proposal includes \$545,939 for medical equipment and \$20,945 for non-medical equipment, for a total capital expenditure of \$566,883.
- 7. Pursuant to Public Act 09-232 of the Connecticut General Statutes ("C.G.S.):
  - "Each short-term acute care general or children's hospital, chronic disease hospital or hospital for the mentally ill that on July 1, 2009, is providing outpatient services, .....that thereafter proposes to provide such services at an alternative location within the primary service area of the health care facility or institution, shall be exempt from the certificate of need requirements prescribed in subsection (a) of section 19a-638, as amended by this act, ..."
- 8. OHCA finds that YNHH currently offers pediatric and adult dental services on an outpatient basis and that the town of Hamden is within YNHH's primary service area.

Based on these findings, OHCA has determined that Yale-New Haven Hospital's proposal to establish pediatric and adult dental clinic in Hamden, Connecticut meets the exemption requirements under Public Act 09-232 and therefore, a Certificate of Need is not required.

If you have any questions concerning this letter, please contact Steven W. Lazarus at (860) 418-7012.

Sincerek

Cristine A. Nogo

Commissioner

Attachment

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

CAV:swl

TRANSMISSION OK

TX/RX NO

0584

RECIPIENT ADDRESS

912036885013

DESTINATION ID

09/10 15:07

ST. TIME TIME USE

02'11

PAGES SENT

3

RESULT

OK



# STATE OF CONNECTICUT OFFICE OF HEALTH CARE ACCESS

### FAX SHEET

| TO:       | 203 688-5013            |                                |                 |
|-----------|-------------------------|--------------------------------|-----------------|
| FAX:      |                         |                                |                 |
| AGENCY:   | YALE-NEW HAVEN HOSPITAL |                                |                 |
| FROM:     | STEVEN LAZARUS          |                                |                 |
| DATE:     | 9/10/09                 | Time:                          |                 |
| NUMBER O  | F PAGES:                | 3 (including transmittal sheet |                 |
|           |                         |                                |                 |
|           | ·                       |                                |                 |
|           |                         |                                |                 |
| Comments: |                         |                                |                 |
|           | Please se               | e attached Determination for   | or DN; 09-31419 |
|           |                         |                                |                 |