



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

January 29, 2010

VIA FACSIMILE ONLY

Susan A. Vinal
Administrator
New Horizons, Inc.
d/b/a Cherry Brook Health Care Center
102 Dyer Ave.
Canton, CT 06019

Re: CON Determination Report Number 10-31525-DTR
New Horizons, Inc. d/b/a Cherry Brook Health Care Center
Establishment of Outpatient Rehabilitation Services in Canton

Dear Ms. Vinal:

On January 14, 2010 the Office of Health Care Access ("OHCA") received your Determination request on behalf of New Horizons, Inc. d/b/a Cherry Brook Health Care Center ("Applicant") to establish outpatient rehabilitation services in Canton. OHCA has reviewed your request and makes the following findings:

1. The Applicant is a not for profit facility located at 102 Dyer Ave., Canton, Connecticut.
2. The Applicant is as a 100 bed skilled nursing facility, specializing in long term care and short term rehabilitation services.
3. The Applicant contends that Cherry Brook is the only nursing home in Canton and has long term care residents from Canton, New Hartford, Barkhamsted, Unionville and other surrounding towns.
4. The Applicant is seeking to provide outpatient rehabilitation, including physical, occupational and speech therapy services for pre-surgery needs, post acute stays, and preventative therapies.
5. The target population for the proposed outpatient rehabilitation services will be residents from Canton, New Hartford, Barkhamsted, Unionville and other surrounding towns.
6. The Applicant will be responsible for the billing of the proposed outpatient rehabilitation services.

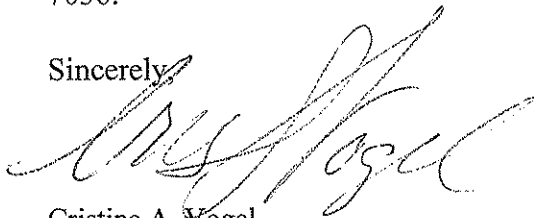
An Equal Opportunity Employer
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

7. The proposed services will be provided through the Applicant's existing staff members. Additional staff will be added as the program expands.
8. The total capital expenditure associated with the proposal is \$39,125.
9. The anticipated payer sources for the proposed outpatient rehabilitation services include Medicaid, Medicare, Private Pay, and the following Managed care plans: Healthnet, Aetna, Connecticare, Evercare, and Anthem Blue Cross & Blue Shield.
10. 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 New Horizons, Inc. d/b/a Cherry Brook Health Care Center to proceed with its proposal to establish rehabilitation services. Please be advised that according to Section 19a-639a, C.G.S., you must register this service with OHCA ten to sixty days prior to initiating services. A copy of the registration form is attached for your convenience.

If you have any questions concerning this letter, please contact Carmen G. Cotto at (860) 418-7036.

Sincerely,



Cristine A. Vogel
Deputy Commissioner

CAV: MD: cgc

Attachment

CC: Rose McClellan, DPH

**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)

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

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:

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