



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

September 6, 2013

VIA FACSIMILE ONLY

Sally F. Herlihy
Vice President, Planning
Danbury Hospital
24 Hospital Avenue
Danbury, CT 06810

RE: Certificate of Need Determination Report Number 13-31847-DTR
Danbury Hospital
Discontinuation of Services at the Danbury Hospital Sleep Disorder Center
located in Southbury, CT

Dear Ms. Herlihy:

On July 10, 2013, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") determination request on behalf of Danbury Hospital ("Applicant") with respect to whether a CON is required for the discontinuation of services at the Danbury Hospital Sleep Center located in Southbury, CT.

The Applicant, a member of the Western Connecticut Health Network, is a non-profit entity that has been offering diagnostic sleep services at the Hospital campus and at the Sleep Disorder Center located at the Heritage Hotel on 522 Heritage Road in Southbury, CT. The Hospital's Sleep Center program that is located in Southbury accounts for 7.7% of the Hospital's total volume at both sites.

Over the past three years Danbury Hospital's diagnostic sleep service experienced a 34.5% decline in volume due to new technology for diagnostic sleep apnea and the rise of home studies. The Applicant is proposing to discontinue services at the Danbury Hospital Sleep Center located in Southbury.

The cessation of services at the Danbury Hospital Sleep Center in Southbury is a termination of inpatient or outpatient services offered by a hospital, as referenced in Connecticut General Statutes § 19a-638(a)(4). Based upon the foregoing, OHCA concludes that a CON is required.

If you have any questions regarding this letter, please contact Alla Veyberman, Health Care Analyst, at (860) 418-7007.

Sincerely,

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR
An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
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OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: SALLY F. HEFLIHY

FAX: 203.739.1974

AGENCY: DANBURY HC SPITAL

FROM: OHCA

DATE: 09/06/13 Time: _____

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(including transmittal sheet)



Comments: Docket Number 13-31847

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IF THERE ARE ANY