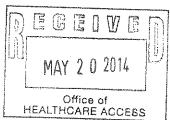




YALE NEW HAVEN HEALTH REGEREN

Planning 2 Howe Street, 3rd Floor New Haven, CT 06519 Phone: (203) 863-3908 Fax: (203) 863-4736



Fax Transmission Sheet

TO:

Office of Health Care Access

FROM:

Nancy Rosenthal, SR. VP Health Systems Development

DATE:

May 20, 2014

RE:

Determination Request



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Office of HEALTHCARE ACCESS

May 20, 2014

VIA FACSIMILE & REGULAR MAIL

Ms. Kimberly Martone Director of Operations Office of Health Care Access 410 Capitol Avenue, MS #13HCA P.O. Box 340308 Hartford, CT 06134

RE: Yale-New Haven Hospital

Dear Ms. Martone:

Please find enclosed a CON Determination Form from Yale-New Haven Hospital regarding the proposed acquisition of a cone-beam scanner for dental purposes under the direction of a licensed DMD/MD. A hard copy of the CON Determination Form is also being delivered to OHCA by regular mail.

Please contact me at 203-863-3908 with any questions. Thank you for your prompt consideration.

Sincerely,

Nancy Rosenthal

Sr. VP, Health Systems Development

Enclosures



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner
Full Legal Name	Yale-New Haven Hospital
Doing Business As	Yale-New Haven Hospital
Name of Parent Corporation	Yale-New Haven Health Services Corporation
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06510
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP
Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Nancy Rosenthal Senior VP Health System Development

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06510
Contact Person's Telephone Number	(203) 863-3908
Contact Person's Fax Number	(203) 863-4736
Contact Person's e-mail Address	nancy.rosenthal@greenwichhospital.org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: <u>Acquisition of a Planmeca Promax 3D Cone Beam</u>
 Scanner for Dental Use Under the Direction of a Licensed DMD/MD
- b. Estimated Total Project Cost: \$154,000
- c. Location of proposal, identifying Street Address, Town and Zip Code: Yale-New Haven Hospital Radiology Department, which is located within the Yale Physicians Building at 800 Howard Avenue, New Haven, CT 06510
- d. List each town this project is intended to serve: The Y-NHH service area includes the towns of Ansonia, Bethany, Branford, Cheshire, Clinton, Deep River, Derby, East Haven, Essex, Guilford, Hamden, Killingworth, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Old Saybrook, Orange, Oxford, Seymour, Wallingford, Westbrook, West Haven and Woodbridge.
- e. Estimated starting date for the project: Upon confirmation from OHCA.

Page 3 of 5

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

 If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.

Yale-New Haven Hospital (Y-NHH) is a 1,541 bed (including bassinets) teaching hospital with two integrated campuses located in New Haven and a pediatric campus in Bridgeport. Y-NHH includes the Yale-New Haven Children's Hospital, the Smilow Cancer Hospital, the Yale-New Haven Psychiatric Hospital, and is the primary teaching hospital of the Yale School of Medicine. Y-NHH provides primary, secondary, tertiary and many quaternary acute care services. A copy of the Department of Public Health license for YNHH is attached in Exhibit A.

The Y-NHH Radiology Department offers a variety of imaging services that range from general diagnostic radiology (such as x-ray, ultrasound, and mammography) to more advanced imaging (such as MRI, CT, and PET/CT). The department offers radiology services at various locations, including the Yale Physicians Building in New Haven, and is led by a team of board-certified radiologists. The imaging services provided by Y-NHH within the Yale Physicians Building include x-ray and ultrasound. The radiology exam utilizing this equipment is performed by a radiology technician and read by a radiologist associated with the Y-NHH.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

Y-NHH proposes to acquire a Planmeca Promax 3D Cone Beam scanner to be used for dental purposes including reconstruction of the mouth and jaw under the direction of a licensed DMD/MD. Y-NHH does not currently own a cone-beam scanner. The proposed equipment will be located in the Yale Physicians Building in New Haven. As described in Exhibit B, this equipment is limited to providing images of the mouth and jaw, and will be used primarily for capturing images in preparation for dental reconstructive surgery.

As with all the other imaging modalities at this site, the cone beam scans will be performed by a radiology technician. Y-NHH has recruited a DMD/MD who specializes in Plastic & Reconstructive Surgery and Oral & Maxillofacial Surgery, and who, along with a team of like physicians, require advanced cone beam scanning capabilities for their dental patients. The Planmeca Promax 3D Cone Beam scanner is the most state-of-the-art equipment suitable for this type of patient care. These licensed dentists are also located within the Yale Physicians Building. The exam will be read by a radiologist associated with Y-NHH, and then provided to the ordering DMD.

Page 4 of 5

It is our understanding that pursuant to Sec. 19a-638(b)(19) of the Connecticut General Statutes, a Certificate of Need is not required for the acquisition of cone beam dental imaging equipment that is to be used exclusively by a dentist licensed pursuant to Chapter 379.

With this Determination Request, Y-NHH seeks confirmation from the Office of Health Care Access, that the hospital's acquisition of a Planmeca Promax 3D Cone Beam scanner to be used for dental purposes such as reconstruction of the mouth and jaw does not require Certificate of Need approval.

3. Identify the current population served and the target population to be served.

Y-NHH does not currently own a cone-beam scanner. Patients in need of reconstructive surgery related to the mouth and jaw may receive a traditional CT scan at Y-NHH. Importantly, the cone-beam scanner is better suited to imaging of the mouth and jaw, and involves less radiation than traditional CT. The target population to be served under this proposal includes patients in need of various dental services such as reconstructive surgery of the mouth and jaw.

SECTION V. AFFIDAVIT

(Each Petitioner must submit	a completed Affidavit.)	
Petitioner: Yale-New Haven Ho	ospital	
Project Title: Acquisition of a l	Planmeca Promax 3D Cone Bear	n Scanner for
Dental Use Under the Direction	on of Licensed a DMD/MD	200000000000000000000000000000000000000
I, <u>Nancy Rosentha</u> l	, Sr. VP Health S	<u>vstems Devl</u> eopmen
(Name)		- CEO or CFO)
(Organization Name)	h System being duly sworn, deposite N Determination form is true and a Date	
Subscribed and sworn to before	me on May 20, 2014	•
Notary Public/Sommissioner of	Supariae Court	
My commission expires:	AMY E ROZMUS Notary Public My Commission Expires Oct. 31, 2018	•
- January Oxpirodi		

<u>ExhibltA</u>

Department of Public Health License

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0044

General Hospital

In accordance with the provisions of the General Statutes of Connection Section 19a-495:

Yale-New Haven Hospital, Inc. of New Haven, CT d/b/a Yale-New Haven Hospital, Inc. is hereby licensed to maintain and operate a General Hospital.

Yale-New Haven Hospital, Inc. is located at 20 York Street, New Haven, CT 08510-3220.

The maximum number of beds shall not exceed at any time:

134 Ressincts 1407 General Hospital Beds

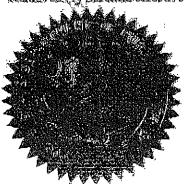
This license expires September 30, 2015 and may be revoked for cause at any time. Dated at Hartford, Connecticut, October 1, 2013.

BATELLES

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License Revised to Reflect:

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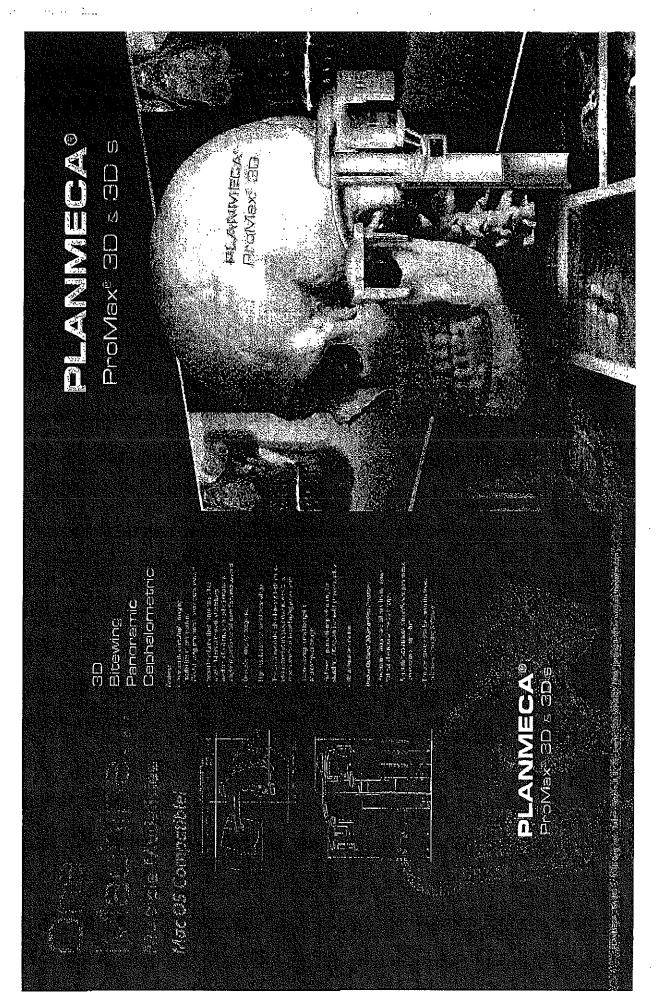


Spend Photles 110

Jewel Mullen, MD, MPH, MPA Commissioner

<u>ExhibitB</u>

Description of Cone-BeamDental Equipment



The unique PLANNECA Proliber 3D / 1D s puruloct lamify offers equipment for all maximizers in ways. Notime sizes regulge from the smakest special cases to large leds of views are available. The intelligent and must purpose X-ray units we designed to table in complate thomation on patient anishmay in the minutest detail.

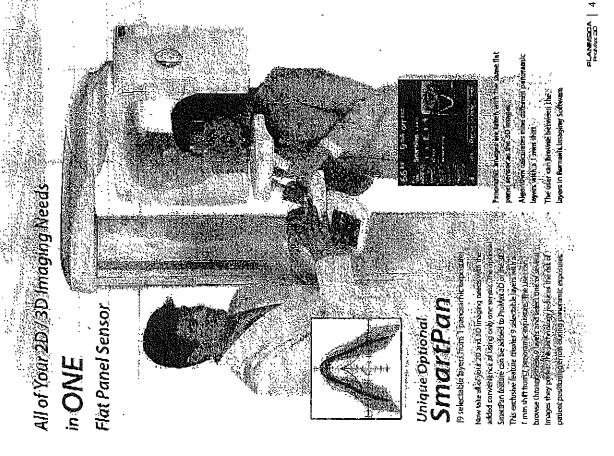
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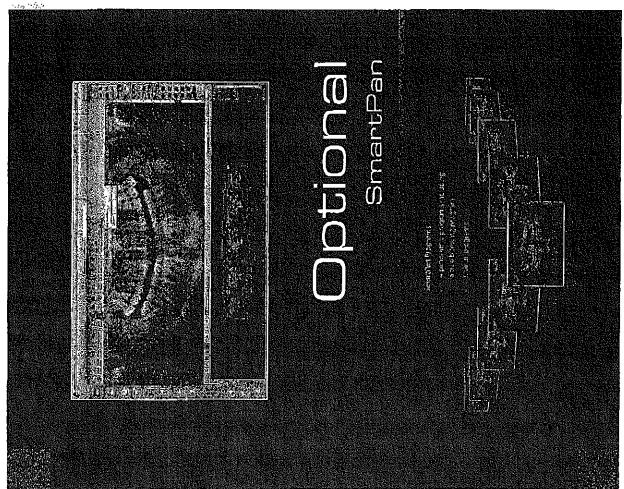
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3D s Focusing on your clinical needs

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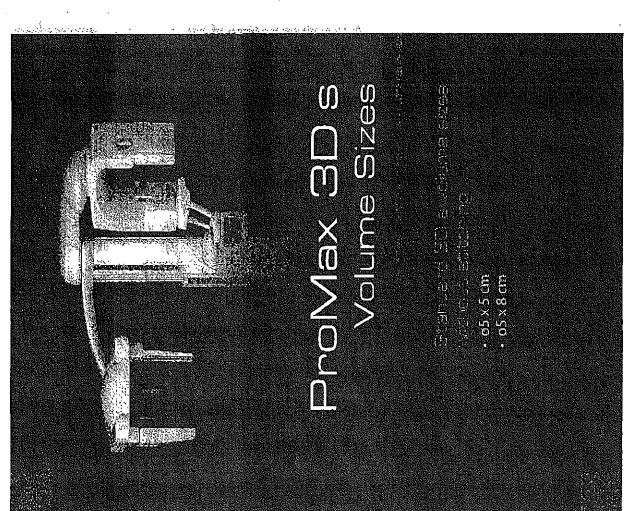
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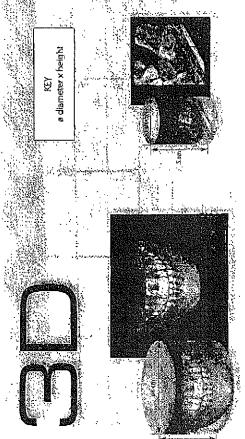
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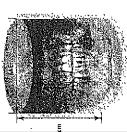
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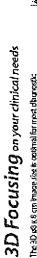








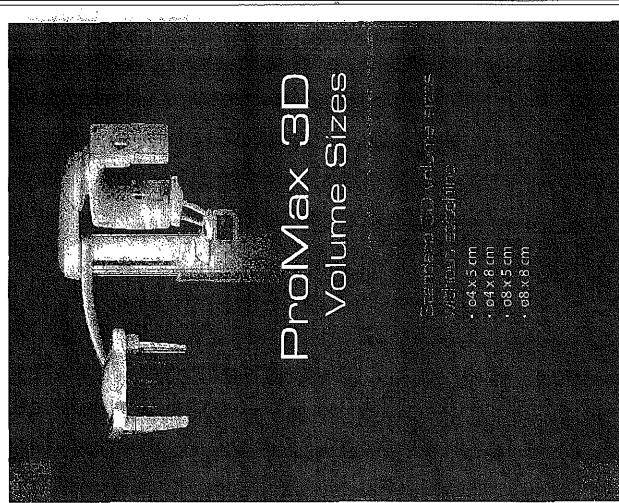
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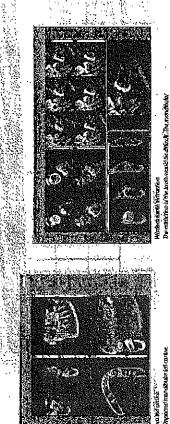
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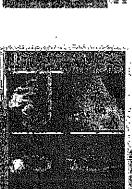
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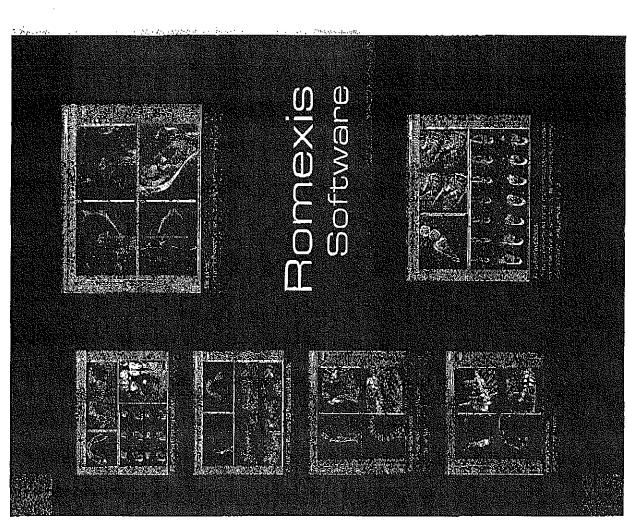


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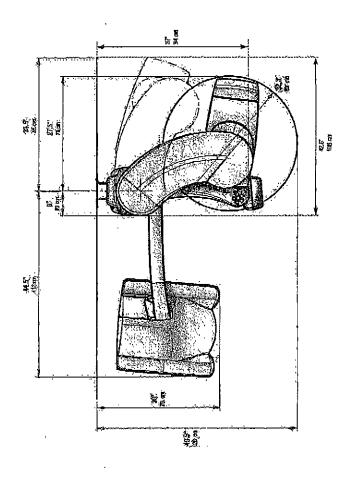
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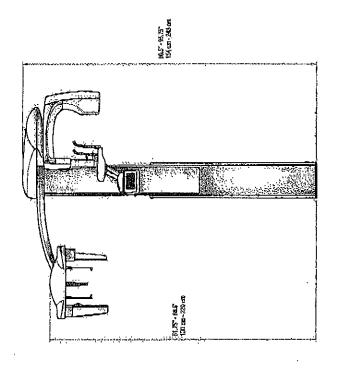
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH Office of Health Care Access

May 23, 2014

VIA FACSIMILE ONLY

Ms. Nancy Rosenthal Senior Vice President Health System Development Yale-New Haven Health Services Corporation 20 York Street New Haven, CT 06510

RE:

Certificate of Need Determination Report Number 14-31915-DTR

Acquisition of a Cone Beam Scanner for Dental Purposes

Dear Ms. Rosenthal:

On May 20, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Yale-New Haven Health Services Corporation ("Petitioner") with respect to the acquisition of a Cone Beam Scanner for dental purposes.

The Petitioner is a 1,541 bed teaching hospital located in New Haven, Connecticut. The Petitioner plans to acquire a Planmeca Promax 3D Cone Beam scanner to be used for dental purposes including reconstruction of the mouth and jaw under the direction of a licensed DMD/MD. The proposed equipment will be located in the Yale Physicians Building in New Haven. The Petitioner has recruited a DMD/MD who specializes in Plastic & Reconstructive Surgery & Oral & Maxillofacial Surgery and who, along with a team of like physicians, require advanced cone beam scanning capabilities for their dental patients. These licensed dentists are also located within the Yale Physicians Building.

Connecticut General Statutes § 19a-638(b)(19) provides an exemption from CON authorization for the "acquisition of cone-beam dental imaging equipment that is to be used exclusively by a dentist licensed pursuant to chapter 379". The Petitioner has represented that the cone-beam scanner it is proposing to acquire will only be used by a licensed DMD/MD. This falls under the CON exception provided in Connecticut General Statutes § 19a-638(b)(19). Therefore, OHCA hereby determines that a *CON is not required* for the proposed acquisition.

Sincerely,

Kimberly R. Martone Director of Operations

Kind Marton

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)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

* * COMMUNICATION RESULT REPORT (MAY. 23. 2014 2:06PM) * * *

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E-2) BUSY E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO:	NANCY ROS	ENTHAL
FAX:	203 863-4736	
AGENCY:	YALE NEW	HAVEN
FROM:	ОНСА	
DATE:	5/23/14	Time:
NUMBER O		(including transmittal sheet
Comments:	Determinatio for Dental Pu	on for DN: 14-31915 Acquisition of a Cone Beam Scanner imposes.

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA P.O.Box 340308 Hartford, CT 06134