

**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	Hartford Hospital
Doing Business As	N/A
Name of Parent Corporation	Hartford HealthCare Corporation
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	80 Seymour Street, Hartford, CT 06102
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.	Barbara A. Durdy, Director, Strategic Planning, Hartford HealthCare

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	181 Patricia M. Genova Boulevard, Newington, CT 06111
Contact Person's Telephone Number	860-972-4231
Contact Person's Fax Number	860-972-9025
Contact Person's e-mail Address	Barbara.Durdy@hhchealth.org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Adding a Second Base for Operations for One of Hartford Hospital's LIFE STAR Air Ambulances**
- b. Estimated Total Project Cost: **\$1.5 million**
- c. Location of proposal, identifying Street Address, Town and Zip Code: **MidState Medical Center, 135 Lewis Avenue, Meriden, CT 06451**
- d. List each town this project is intended to serve: **The LIFE STAR program currently serves all of Connecticut. There is no change in the towns currently served associated with this Proposal.**
- e. Estimated starting date for the project: **Summer 2015**

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:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

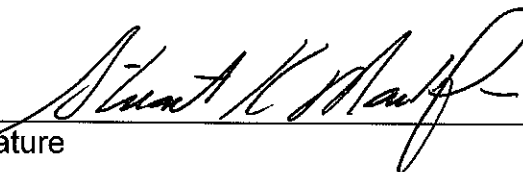
Petitioner: **Hartford Hospital**

Project Title: **Adding a Second Base for Operations for One of Hartford Hospital's LIFE STAR Air Ambulances**

I, Stuart K. Markowitz, M.D., President
(Name) (Position – CEO or CFO)

of Hartford Region of Hartford HealthCare being duly sworn, depose and state that
(Organization Name)

the information provided in this CON Determination form is true and accurate to the best of my knowledge.

 6-19-15
Signature Date

Subscribed and sworn to before me on June 19, 2015

MARTHA SANTILLI
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 5/31/2019


Notary Public/Commissioner of Superior Court

My commission expires: 5/31/19

Proposal Description

Hartford Hospital (the "Hospital") currently operates two air ambulance helicopters as part of its LIFE STAR program: one is based at the Hospital in Hartford and one is based at The William Backus Hospital in Norwich, an affiliated hospital of the Hartford HealthCare Corporation ("HHC"). At OHCA's request, this Certificate of Need Determination is being filed by the Hospital to determine whether the air ambulance stationed in Hartford under the LIFE STAR program may establish a second base of operations at MidState Medical Center in Meriden ("MidState"), another HHC-affiliated hospital. For the reasons set forth below, the Hospital respectfully submits that establishing a second base of operations for the LIFE STAR air ambulance currently stationed in Hartford does not require CON approval.

Establishing a second base of operations (i.e., where the aircraft will be parked, serviced and the LIFESTAR personnel will be stationed between calls when it is not based at Hartford Hospital) at MidState does not trigger any of the enumerated reasons for CON approval set forth at Sections 19a-638 or 19a-639c of the Connecticut General Statutes (CGS). With respect to the latter, CGS §19a-639c, applies only to the relocation of "facilities," as defined in CGS §19a-630(11). Neither air ambulances nor ambulances of any kind fall within that definition. Ambulance services are also not covered by any of the CON requirements enumerated at CGS §19a-638(a). Specifically, the Hospital's air ambulance service under the LIFE STAR program is not an inpatient or outpatient service offered by a hospital under CGS §19a-638(a)(5), but rather an emergency medical service that functions under the purview of the Department of Public Health's Office of Emergency Medical Services ("OEMS"), which is being separately notified of this proposal. The OEMS license for the Hospital's two air ambulances under the LIFE STAR program is attached.

As will be made clear to OEMS, the Hospital is not terminating any part of its current air ambulance service under the LIFE STAR program, but merely adding another, more geographically-balanced, base of operations at MidState for HHC patients requiring this method of emergency transport. The LIFE STAR program will continue to offer emergency air ambulance services to the entire state of Connecticut and, through its association with the North East Air Alliance, eastern New York and neighboring New England states. The services outside Connecticut will continue to be provided on a back-up "as-needed" basis.

For the reasons set forth above, OHCA should determine that establishing an additional base of operations for one of the Hospital's two air ambulances under the LIFE STAR program does not require CON approval. The Hospital also notes that OHCA's CON requirements were significantly amended as of October 1, 2010 to remove capital expenditure thresholds and other provisions that may have subjected the LIFE STAR program to OHCA's jurisdiction in the past. For the sake of clarity in the future, the Hospital further respectfully requests that OHCA confirm in its determination letter that, barring any change in current law, it does not have continuing jurisdiction over the Hospital's air ambulance service.



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

June 25, 2015

VIA FACSIMILE ONLY

Barbara A. Durdy
Director, Strategic Planning
Hartford HealthCare Corporation
80 Seymour Street
Hartford, CT 06102

RE: Certificate of Need Determination Report Number 15-32008-DTR
Addition of LIFE STAR Base for Operations

Dear Ms. Durdy:

On June 19, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Hartford Hospital ("Petitioner") with respect to the addition of a second base for operations for its LIFE STAR air ambulance program.

The Petitioner currently operates two air ambulance helicopters as part of its LIFESTAR program: one based at Hartford hospital and the other based at The William Backus Hospital in Norwich, Connecticut. The Petitioner seeks to add another base of operations at Midstate medical Center in Meriden, Connecticut. The Petitioner is not terminating any part of its current air ambulance service under the LIFE STAR program.

The Petitioner's proposal does not constitute an action that would require CON authorization pursuant to Connecticut General Statutes § 19a-638(a). Consequently, *no CON is required* for the Petitioner's proposal. In addition, pursuant to the Petitioner's request, this Determination will serve as confirmation that OHCA does not currently have jurisdiction over the LIFE STAR program under existing law. The Petitioner is advised that this confirmation only pertains to OHCA and not to any other agency that may or may not have jurisdiction over this proposal.

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)

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

* * * CO MUNICATION RESULT REPORT (JUN. 25. 2015 2:46PM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUN. 25. 2015 2:45PM	ADDRESS	RESULT	PAGE
FILE MODE OPTION			
142 MEMORY TX	98609729025	OK	2/2

REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER

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



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

FAX SHEET

TO: BARBARA DURDY

FAX: (860) 972-9025

AGENCY: HARTFORD HEALTHCARE CORPORATION

FROM: OHCA

DATE: 6/25/15

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: DN: 15-32008-DTR

PLEASE PHONE 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