



**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	Lawrence + Memorial Hospital, Inc.
Doing Business As	Lawrence + Memorial Hospital, Inc.
Name of Parent Corporation	Lawrence + Memorial Healthcare
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	365 Montauk Avenue New London, CT 06320
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Shraddha Patel Director, Business Development & Planning

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	365 Montauk Avenue New London, CT 06320
Contact Person's Telephone Number	(860) 912-5324
Contact Person's Fax Number	(860) 444-3741
Contact Person's e-mail Address	spatel@lmhosp.org

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Reduction in Diagnostic Testing Rooms at L+M Sleep Center
- b. Estimated Total Project Cost: \$150,000
- c. Location of proposal, identifying Street Address, Town and Zip Code:  
224 Gold Star Highway, Groton, CT 06340
- d. List each town this project is intended to serve: East Lyme, Groton, Ledyard, Lyme, Montville, New London, North Stonington, Old Lyme, Stonington, and Waterford
- e. Estimated starting date for the project: November 1, 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.

***Please refer to Attachment A for Proposal Description***

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**


Petitioner: Lawrence + Memorial Hospital

Project Title: Reduction in Diagnostic Testing Rooms at L+M Sleep Center

I, Bruce D. Cummings, President & CEO  
(Name) (Position – CEO or CFO)

of Lawrence + Memorial Hospital being duly sworn, depose and state that the  
(Organization Name)

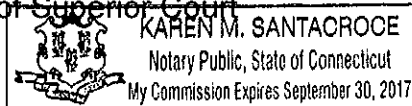
information provided in this CON Determination form is true and accurate to the best of my  
knowledge.

 7/9/15  
Signature Date

Subscribed and sworn to before me on 7.9.15



Notary Public/Commissioner of Superior Court



My commission expires: \_\_\_\_\_

## **Attachment A**

Lawrence + Memorial Hospital (“L+M”) is a 308-bed acute care community hospital located at 365 Montauk Avenue, New London, Connecticut. A copy of the Department of Public Health license for L+M is attached as Attachment B. L+M operates outpatient sleep services (the “Sleep Center”) which provides diagnostic testing services for patients with sleep disorders. L+M is proposing to reduce the number of diagnostic testing rooms at the Sleep Center located at the Hilton Garden Inn, 224 Gold Star Highway, Groton, Connecticut, due to declining in-lab sleep study volumes. Although a reduction, the Sleep Center services will remain at the same location and will continue to be provided under the L+M hospital license.

Advances in technology have increased the quality and use of home sleep testing, an alternative sleep disorder diagnostic tool which occurs at the patient’s home. Due to these advances, portable monitor equipment for home sleep studies has been approved for use by many insurance providers and Medicare. The impact of the growth in home sleep testing has been a reduction in the volume of Sleep Center’s in-lab studies from a high of 1,635 studies in FY 2012 to 968 studies in FY 2014 (please refer to table below).

	FY 2012	FY 2013	FY 2014	FY 2015
L+M Sleep Lab Volume	1,635	1,571	968	474*

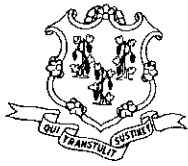
\* FY 2015 volume through 5/31/15 (FY 2015 annualized volume = 711)

Reviewing full year FY 2014 data, the Sleep Center’s average daily census was 3.2 patients. L+M proposes to adjust the number available rooms in the Sleep Center by reducing the number of diagnostic testing rooms from 8 rooms currently, to 4 rooms. This reduction will maintain adequate capacity for existing and future patient volume. This change will have no impact on the service area or patient population as the current location and scope of services will be maintained. Because there will be no change to patient population or service area, there is no anticipated change in payor mix. There are no changes in services and no DPH licensure categories are being sought with this proposal.

L+M is seeking a determination that no CON is required for the reduction in the number of diagnostic testing rooms of the Sleep Center. The proposal is not a termination of service of inpatient or outpatient services defined by CGS §19a-638(a)(4) and therefore no Certificate of Need is required.

Thank you for your time and attention to this Determination Request.

## **Attachment B**



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

July 15, 2015

VIA FACSIMILE ONLY

Shraddha Patel  
Director, Business Development and Planning  
Lawrence + Memorial Hospital, Inc.  
365 Montauk Avenue  
New London, CT 06320

RE: Certificate of Need Determination Report Number 15-32013-DTR  
Reduction in Diagnostic Testing Rooms at L+M Sleep Center

Dear Ms. Patel:

On July 14, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Lawrence + Memorial Hospital, Inc. ("Petitioner") with respect to a reduction in the number of testing rooms at its sleep center.

The Petitioner is a 308-bed acute care community hospital located at 365 Montauk Avenue, New London, Connecticut. The Petitioner operates a sleep center at 224 Gold Star Highway, Groton, Connecticut that provides diagnostic testing services for patients with sleep disorders. The sleep center currently has eight (8) testing rooms. The Petitioner seeks to reduce that number to four (4) testing rooms due to a decline in volume. This reduction will maintain adequate capacity for existing and future patient volume.

Pursuant to Connecticut General Statutes § 19a-638(a)(5), a CON is required for the termination of inpatient or outpatient services offered by a hospital. Since the Petitioner will continue offering sleep services at the same location, albeit in a reduced capacity, there is no termination of services occurring. Therefore, *no CON is required* for the proposal.

Sincerely,

A handwritten signature in black ink that reads "Kim Martone".

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

\* \* \* COMMUNICATION RESULT REPORT ( JUL. 15. 2015 3:23PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUL. 15. 2015 3:22PM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

178 MEMORY TX

98604443741

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: SHRADDDHA PATEL  
FAX: (860) 444-3741  
AGENCY: LAWRENCE + MEMORIAL HOSPITAL  
FROM: OHCA  
DATE: 7/15/15  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

Comments: DN: 15-32013-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



**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0047**

**General Hospital**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Lawrence and Memorial Hospital, Inc. of New London, CT d/b/a Lawrence and Memorial Hospital is hereby licensed to maintain and operate a General Hospital.

**Lawrence and Memorial Hospital** is located at 365 Montauk Avenue, New London, CT 06320.

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

28 Bassinets  
280 General Hospital Beds

This license expires **March 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2015. RENEWAL.

**Satellites:**

Outpatient Surgery Center, 52 Hazelnut Hill Road, 2<sup>nd</sup> Floor, Groton, CT  
Pequot Health Center, 52 Hazelnut Hill Road, 1<sup>st</sup> Floor, Groton, CT  
L&M Cancer Center, 230 Waterford Parkway South, Waterford, CT  
Wound & Hyperbaric Center, 40 Boston Post Road, Waterfall Plaza, Waterford, CT



*Jewel Mullen, MD*

Jewel Mullen, MD, MPH, MPA  
Commissioner