

Olejarz, Barbara

From: Martone, Kim
Sent: Wednesday, September 06, 2017 1:38 PM
To: Hansted, Kevin
Cc: Olejarz, Barbara
Subject: FW: OHCA CON Determination Form 2020 regarding Hospital for Special Care outpatient dental services
Attachments: 20170906123923559.pdf

Kimberly R. Martone

Director of Operations, Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 CMN, Hartford, Connecticut 06134
Phone: 860-418-7029 Fax: 860-418-7053
Email: Kimberly.Martone@ct.gov Website: www.ct.gov/ohca



From: Felicia DeDominicis [mailto:FDeDominicis@hfsc.org]
Sent: Wednesday, September 06, 2017 12:46 PM
To: Martone, Kim
Subject: OHCA CON Determination Form 2020 regarding Hospital for Special Care outpatient dental services

September 6, 2017

Dear Kim:

As we discussed last week, Hospital for Special Care, which is licensed by the State of Connecticut as a chronic disease hospital, operates a very small outpatient dental clinic at its main campus in New Britain. That clinic serves mostly patients with developmental disabilities but has found that low patient volumes and the scarcity of dentists available to provide services at the hospital's clinic has made continuation of those services untenable. In accordance with your suggestion, the hospital hereby submits a Form 2020 to OHCA seeking a determination as to whether the hospital will need to pursue a CON in order to discontinue those outpatient services.

Should you have any questions regarding the attached submission or concerning any other aspects of our plans related to outpatient dental services offered by Hospital for Special Care, please don't hesitate to contact me at your convenience. Thank you for your assistance. [Kindly confirm receipt of this message via reply email.](#)

Sincerely,

Felicia DeDominicis, J.D.

Senior Vice President, Chief Legal Officer
& Corporate Compliance Officer
Hospital for Special Care & affiliates
2150 Corbin Avenue
New Britain, CT 06053
860/827-4807 (direct dial)
Compliance Hotline 1-800-273-8452



This message originates from an operating entity of Center of Special Care, Inc. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.

**Hospital for
Special Care**

2150 Corbin Avenue
New Britain
Connecticut 06053

860-223-2761

We Rebuild Lives.

Received by OHCA 9/6/2017

September 6, 2017

Ms. Kimberly Martone
Director of Operations
Department of Public Health
Office of Health Care Access
410 Capitol Avenue,
MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Termination of Outpatient Dental Clinic Services by Hospital for Special Care

SENT VIA ELECTRONIC MAIL

^{Kim}
Dear Ms. Martone:

In accordance with CGS 19a-638(c), we respectfully request that OCHA consider the attached CON Determination Request Form 2020 and confirm that a Certificate of Need is not required for termination of outpatient dental clinic services at Hospital for Special Care (HSC).

HSC is licensed by the Department of Public Health as a chronic disease hospital (CDH), and for many years has been providing preventive and routine dental services, on an outpatient basis, primarily to individuals living with physical disabilities.

We are asking for clarification of the requirements of Connecticut General Statutes § 19a-638(a) related to "termination of hospital outpatient services." HSC is not licensed as a short-term acute general or children's hospital; therefore we would appreciate confirmation of whether or not a certificate of need is required for this proposed termination of outpatient services.

Please contact me if you have any questions at (860) 827-4807 or fdedominicis@hfsc.org.

Sincerely,



Felicia DeDominicis
Senior Vice President & Chief Legal Officer

Enclosure: CON Determination Form



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	Petitioner
Full Legal Name	Hospital for Special Care	
Doing Business As	N/A	
Name of Parent Corporation	Center of Special Care, Inc.	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	2150 Corbin Avenue New Britain, CT 06053	
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.	Felicia DeDominicis Senior Vice President & Chief Legal Officer	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Legal Affairs Hospital for Special Care 2150 Corbin Avenue New Britain, CT 06053	

Contact Person's Telephone Number	(860) 827-4807	
Contact Person's Fax Number	(860) 827-4736	
Contact Person's e-mail Address	fdedominicis@hfsc.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Termination of Services – Hospital for Special Care Outpatient Dental Clinic**
- b. Estimated Total Project Cost: **There is no cost to the project.**
- c. Location of proposal, identifying Street Address, Town and Zip Code:
2150 Corbin Avenue, New Britain, CT 06053
- d. List each town this project is intended to serve: **73% of patients served currently come from the towns of Bristol, New Britain, Newington, Unionville, Middletown, Plainville, and Manchester. There are a number of other outlying towns from which an average of 2-3 patients per town are served.**
- e. Estimated starting date for the project:
Termination of Services in the outpatient dental clinic would be effective on or about October 23, 2017.

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:

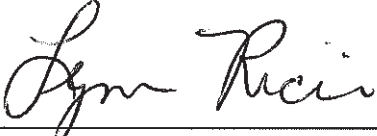
1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current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

SECTION V. AFFIDAVIT

Petitioner: **Hospital for Special Care**

Project Title: **Termination of Services – Hospital for Special Care Outpatient
Dental Clinic**

I, **Lynn Ricci, President and Chief Executive Officer, of Hospital for Special Care**, being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

	<u>Sept. 6, 2017</u>
Signature	Date

Subscribed and sworn to before me on Sept. 6, 2017


Notary Public/Commissioner of Superior Court

My commission expires: _____

SECTION IV. PROPOSAL DESCRIPTION

1. Copies of the licenses issued by the Department of Public Health to Hospital for Special Care are attached.
2. **Description of Types of Services Currently Provided**

Hospital for Special Care (HSC) has historically provided routine and general dental services to adult outpatients, in support of its primary mission of providing rehabilitation for significant, often traumatic, injuries or surgeries and chronic disease care. HSC offers specialized therapies and interventions on an inpatient and outpatient basis for patients with serious pulmonary, neuromuscular, spinal cord, neurological or autism spectrum disorder diagnoses.

The outpatient dental clinic is inspected by the Department of Public Health as part of HSC's licensure as a chronic disease hospital (CDH). As HSC has been providing these services for over 45 years as part of the hospital's overall clinical operations, a specific certificate of need (CON) was never obtained for this clinic.

The scope of services provided by the HSC outpatient dental clinic includes basic dental care consisting of comprehensive exams, dental prophylaxis, x-rays, fillings, dental prostheses, dental appliances, patient education, dental consultations and referrals.

Professional dentistry services have been provided through a part-time dentist that is a member of the medical staff. However, that dentist is relocating out of state, and HSC has experienced significant difficulty over the past several years retaining dentists to provide these services on a part-time basis.

3. **Description of the Current Population Served**

73% of patients served currently come from the towns of Bristol (22%), New Britain (20%), Newington (9%), Unionville (8%), Middletown (5%), Plainville (5%), and Manchester (4%). There are a number of other outlying towns from which an average of 2-3 patients per town are served. There are approximately 130 patients on the clinic's patient list that are currently receiving treatment during FY 2017.

The majority of patients served are individuals served by the Department of Developmental Disabilities (DDS) or otherwise living with physical disabilities and/or chronic medical conditions. However, DDS has confirmed that these patients will be able to receive dental care at other facilities and dental providers that already have a working relationship with DDS. The state Department of Social Services (DSS)/Connecticut Dental Health Partnership (CDHP) has also provided a list of dental providers that accept HUSKY for adults with special needs. This includes clinics operated by University of Connecticut Health Center (UConn), Saint Francis Hospital and Medical Center, and Community Health Center (CHC).

Also note that many of the patients that receive services at this clinic are eligible for transportation that is paid for by Medicaid or is otherwise arranged for by the group home in which they reside. This substantially negates any hardship with respect to access to services for these individuals.

4. **Description of Proposed Termination**

Several large providers and dental clinics in nearby towns provide a full range of dental services on a full-time basis. In competition with these larger providers, HSC has determined that it is unable to maintain sufficient patient volume to support an efficient system for effective delivery of care.

HSC has identified several other dental providers in the surrounding area that are qualified and accept HUSKY for adults with special needs. We have contacted UConn and CHC directly, and these outpatient clinics confirmed that they are willing to accept new patients.

HSC staff will provide each patient with instructions regarding how to transfer records to a new dental provider of his/her choice, and will assist in making referrals and setting up appointments as requested.

As you are aware, a CON Determination Form 2020 was recently submitted on behalf of HSC Community Services, Inc. d/b/a Special Care Dental Services to OHCA. In light of OHCA's finding with respect to that determination request that the definition of "hospital" in the CON statutes regarding termination of outpatient services does not include a chronic disease hospital, we respectfully request that you confirm that a CON is not required for the closure of this clinic at Hospital for Special Care.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 03CD

Chronic Disease Hospital

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

Hospital for Special Care of New Britain, CT d/b/a Hospital for Special Care is hereby licensed to maintain and operate a Chronic Disease Hospital.

Hospital for Special Care is located at 2150 Corbin Avenue, New Britain, CT 06053-2266.

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

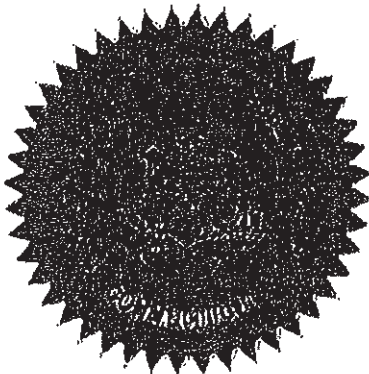
228 General Hospital Beds

This license expires **March 31, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2016. RENEWAL.

Satellites:

Hospital for Special Care, 500 Blue Hills Avenue, Hartford, CT
Autism Center at Hospital for Special Care: South Campus, 370 Osgood Avenue, New Britain, CT



A handwritten signature in cursive script, appearing to read 'Raul Pino'.

Raul Pino, MD, MPH
Acting Commissioner

STATE OF CONNECTICUT

Department of Public Health

Registration and Approval

Registration No. HP-0306

Approved Public Health Laboratory

In accordance with the provisions of the General Statutes of Connecticut Section 19a-30:

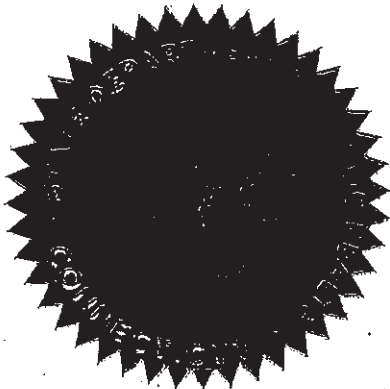
HOSPITAL FOR SPECIAL CARE is hereby REGISTERED to maintain and operate an Approved Public Health Laboratory.

THE HOSPITAL FOR SPECIAL CARE BLOOD GAS LABORATORY is located at **2150 CORBIN AVENUE, NEW BRITAIN, CT 06053** with:

Lynn Ricci as Licensee/Registrant.

This license expires **MARCH 31, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, **APRIL 1, 2016**



A handwritten signature in cursive script that reads "Raul Pino".

Raul Pino, MD, MPH
Commissioner.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

September 7, 2017

VIA ELECTRONIC MAIL ONLY

Felicia DeDominicis, Esq.
Senior Vice President and Chief Legal Officer
Hospital for Special Care
2150 Corbin Avenue
New Britain, CT 06053

RE: Certificate of Need Determination Report Number 17-32188-DTR
Termination of Services at Outpatient Dental Clinic

Dear Attorney DeDominicis:

On September 6, 2017 the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Hospital for Special Care ("Petitioner") with respect to the closure of its outpatient dental clinic.

The Petitioner is licensed by the State of Connecticut as a chronic disease hospital. The Petitioner operates an outpatient dental clinic at 2150 Corbin Avenue, New Britain, Connecticut. The Petitioner intends to close the dental clinic due to a lack of sustainable patient volume.

Connecticut General Statutes § 19a-638(a)(5) requires CON authorization for the "termination of inpatient or outpatient services offered by a hospital..." Connecticut General Statutes § 19a-659(2) defines "hospital" as "any hospital licensed as a short-term acute care general or children's hospital by the Department of Public Health, including John Dempsey Hospital of The University of Connecticut Health Center;" The Petitioner does not meet the definition of a "hospital" since it is not licensed as a short-term acute care general or children's hospital. Accordingly, *a CON is not required* for the Petitioner's proposal.

Sincerely,

Handwritten signature of Kimberly R. Martone in black ink.

Digitally signed by Kimberly
Martone
Date: 2017.09.07 09:37:27 -04'00'

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR.



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Olejarz, Barbara

From: Microsoft Outlook
To: fdedominicis@hfsc.org
Sent: Thursday, September 07, 2017 9:44 AM
Subject: Relayed: Determination

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

fdedominicis@hfsc.org (fdedominicis@hfsc.org)

Subject: Determination

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Thursday, September 07, 2017 9:44 AM
To: 'fdedominicis@hfsc.org'
Subject: Determination
Attachments: 17-32188-DTR CON not required.pdf

Tracking:	Recipient	Delivery
	'fdedominicis@hfsc.org'	
	Hansted, Kevin	Delivered: 9/7/2017 9:44 AM
	Riggott, Kaila	Delivered: 9/7/2017 9:44 AM
	Martone, Kim	
	McLellan, Rose	Delivered: 9/7/2017 9:44 AM
	Kimberly.Martone@ct.gov	Delivered: 9/7/2017 9:44 AM

9/7/17

Felicia DeDominicis,

Please see attached Determination for Report Number: 17-32188-DTR for the termination of services of a dental clinic at Hospital for Special Care.

Barbara K. Olejarz
Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
Phone: (860) 418-7005
Email: Barbara.Olejarz@ct.gov

