

# ACTIONS AND SERVICES CURRENTLY SUBJECT TO AND EXEMPT FROM CON

**Purpose of Worksheet:** This tool is meant to guide the CON Task Force through the process of determining what services should be subject to CON in order to meet program goals.

## Summary of Categories<sup>1</sup>:

### 1. Acquiring Equipment

Applies to....	Acquiring ....
All health care entities <sup>2</sup>	CT, MRI, PET, and PET-CT scanners <i>Exceptions:</i> (1) equipment is used exclusively for scientific research not conducted on humans and (2) scanner is a replacement for one previously acquired through a CON or determination
All health care entities	Equipment utilizing technology that has not previously been used in the state

### 2. Initiating Services or Increasing Capacity

Applies to....	Planning to...
All health care entities	Establish a new health care facility
All health care entities	Establish cardiac services, including catheterization, interventional cardiology and cardiovascular surgery
All DPH-licensed facilities	Increase licensed bed capacity of a health care facility
All health care entities	Establish an outpatient surgical facility
Outpatient surgical facilities, short-term acute care general hospital	An increase of two or more operating rooms within any three-year period

### 3. Terminating Services

Applies to....	Planning to terminate...
Hospitals	Mental health or substance abuse services
Hospitals	Inpatient or outpatient services
Outpatient surgical facility	Surgical services <i>Exception:</i> Service is terminated due to insufficient patient volume or termination of a subspecialty, in which case notification to OHCA is required
Short-term acute care general hospital	An emergency department
Hospitals operated by the state that are eligible for reimbursement under the Social Security Act	Inpatient or outpatient services

### 4. Changes in Ownership

Applies to....	Planning to...
All health care entities	Transfer ownership of a large group practice, one which is comprised of eight or more full-time equivalent physicians, unless transfer is to a physician or a group of physicians
All health care entities	Transfer of ownership of a health care facility
Not-for-profit hospitals	Transfer a material amount of its assets or change control of operations to a for-profit entity.

<sup>1</sup> These charts are for general overview purposes only, and do not include all exemptions or exceptions to CON review.

<sup>2</sup> Health care entities include hospitals licensed by DPH, specialty hospitals, freestanding EDs, outpatient surgical facilities, central service facilities, mental health facilities, substance abuse treatment facilities, and other hospitals and facilities operated by the state that provide services eligible for reimbursement under the Social Security Act.

## ACTIONS AND SERVICES CURRENTLY SUBJECT TO AND EXEMPT FROM CON

### 5. Actions Subject to DSS CON Review

Applies to....	Planning to ...
Nursing Homes  Residential Care Homes  Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IDD)	<ul style="list-style-type: none"> <li>• Make a capital expenditure exceeding \$2 million.</li> <li>• Make a capital expenditure exceeding \$1 million, which increases facility square footage by five thousand square feet or five percent of existing square footage.</li> <li>• Make an acquisition of major medical equipment in excess of \$400,000</li> <li>• Introduce or expand any new or additional function or service.</li> <li>• Terminate a health service including facility closure or a substantial decrease in total bed capacity by a facility or institution.</li> <li>• Transfer all or part of ownership or control prior to being initially licensed</li> </ul>
Nursing Homes	<ul style="list-style-type: none"> <li>• Build a new facility associated with a continuing care facility provided such beds do not participate in the Medicaid program.</li> <li>• Relocate Medicaid certified beds from one licensed nursing facility to another licensed nursing facility to meet a priority need identified in the strategic plan developed pursuant to subsection (c) of section 17b-369 of the Connecticut General Statutes.</li> <li>• Add nursing home beds restricted to use by patients with AIDS or requiring neurological rehabilitation</li> <li>• Add nursing home beds associated with a continuing care facility which guarantees life care</li> <li>• Relocate Medicaid beds from a licensed facility to a newly licensed facility, provided at least one currently licensed facility is closed in the transaction, and the new facility bed total is not less than 10% lower than total number of beds relocated</li> </ul>
Residential Care Homes  Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IDD)	Request a license for a new facility

## ACTIONS AND SERVICES CURRENTLY SUBJECT TO AND EXEMPT FROM CON

Category 1: Acquiring Equipment	Does requiring CON review of this equipment acquisitions achieve CT's CON goals?		If <b>no</b> , should this acquisition be (1) modified, (2) regulated by another mechanism, or (3) not subject to state regulation?			<i>If (2), does an alternate regulatory mechanism exist or need to be created?</i>
Equipment currently <u>subject</u> to CON	YES	NO	Modified	Other Regulation	No Regulation	
1. Computed tomography (CT) scanner	Y	N	1	2	3	
2. Magnetic resonance imaging (MRI) scanners	Y	N	1	2	3	
3. Positron emission tomography (PET) scanners	Y	N	1	2	3	
4. Positron emission tomography-computed tomography (PET-CT) scanners	Y	N	1	2	3	
5. Equipment utilizing technology that has not previously been used in the state	Y	N	1	2	3	
6. The acquisition of nonhospital based linear accelerators	Y	N	1	2	3	

Category 1: Acquiring Equipment	Does exempting this equipment acquisition from CON review achieve CT's CON goals?		If <b>no</b> , should this acquisition be (1) modified, (2) regulated by another mechanism, or (3) added to CON review?			<i>If (2), does an alternate regulatory mechanism exist or need to be created?</i>
Equipment currently <u>exempt</u> from CON	YES	NO	Modified	Other Regulation	No Regulation	
1. Replacement of existing imaging equipment with that was acquired through the CON process or a CON determination	Y	N	1	2	3	
2. Replacement of existing imaging equipment if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider, physician or person notifies the office of the date on which the equipment is replaced and the disposition of the replaced equipment	Y	N	1	2	3	
3. Acquisition of cone-beam dental imaging equipment that is to be used exclusively by a dentist licensed pursuant to chapter 379	Y	N	1	2	3	
4. Acquisition of any equipment by any person that is to be used exclusively for scientific research that is not conducted on humans	Y	N	1	2	3	

## ACTIONS AND SERVICES CURRENTLY SUBJECT TO AND EXEMPT FROM CON

Category 2: Initiating Services or Increasing Capacity	Does requiring CON review of this action achieve CT's CON goals?		If <b>no</b> , should this action be (1) modified, (2) regulated by another mechanism, or (3) not subject to state regulation?			<i>If (2), does an alternate regulatory mechanism exist or need to be created?</i>
	YES	NO	Modified	Other Regulation	No Regulation	
<b>Actions currently <u>subject</u> to CON</b>						
1. Establishment of a new health care facility <sup>3</sup> which includes:						
a. Hospitals licensed by the Department of Public Health under chapter 368v	Y	N	1	2	3	
b. Specialty hospitals	Y	N	1	2	3	
c. Freestanding emergency departments	Y	N	1	2	3	
d. Outpatient surgical facilities as defined in §19a-493b and licensed under chapter 368v	Y	N	1	2	3	
e. A hospital or other facility or institution operated by the state that provides service that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended	Y	N	1	2	3	
f. A central service facility	Y	N	1	2	3	
g. Mental health facilities	Y	N	1	2	3	
h. Substance abuse treatment facilities	Y	N	1	2	3	
2. The establishment of cardiac services, including inpatient and outpatient cardiac catheterization, interventional cardiology and cardiovascular surgery	Y	N	1	2	3	
3. Increase in licensed bed capacity of a health care facility	Y	N	1	2	3	
4. Establishment of a freestanding emergency department	Y	N	1	2	3	
5. Establishment of an outpatient surgical facility, as defined in §19a-493b, or as established by a short-term acute care general hospital	Y	N	1	2	3	
6. An increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010, by an outpatient surgical facility, as defined in §19a-493b, or by a short-term acute care general hospital	Y	N	1	2	3	

<sup>3</sup> The term "health care facility" applies to any parent company, subsidiary, affiliate, joint venture or any combination thereof, of any such facility.

## ACTIONS AND SERVICES CURRENTLY SUBJECT TO AND EXEMPT FROM CON

Category 2: Initiating Services or Increasing Capacity	Does exempting this action from CON review achieve CT's CON goals?		If <b>no</b> , should this action be (1) modified, (2) regulated by another mechanism, or (3) added to CON review?			<i>If (2), does an alternate regulatory mechanism exist or need to be created?</i>
	YES	NO	Modified	Other Regulation	CON Review	
<b>Actions currently <u>exempt</u> from CON</b>						
1. Health care facilities owned and operated by the federal government	Y	N	1	2	3	
2. The establishment of offices by a licensed private practitioner, whether for individual or group practice, except otherwise required pursuant to §19a-493b or §19a-638(a)(3), (10) or (11)	Y	N	1	2	3	
3. Health care facility operated by a religious group that exclusively relies upon spiritual means through prayer for healing	Y	N	1	2	3	
4. Residential care homes, nursing homes and rest homes, as defined §19a-490(c)	Y	N	1	2	3	
5. An assisted living services agency, as defined in §19a-490	Y	N	1	2	3	
6. Home health agencies, as defined in §19a-490	Y	N	1	2	3	
7. Hospice services, as described in §19a-122b	Y	N	1	2	3	
8. Outpatient rehabilitation facilities	Y	N	1	2	3	
9. Outpatient chronic dialysis services	Y	N	1	2	3	
10. Transplant services	Y	N	1	2	3	
11. Free clinics, as defined in §19a-630	Y	N	1	2	3	
12. School-based health centers, community health centers, as defined in §19a-490a, not-for-profit outpatient clinics licensed in accordance with the provisions of chapter 368v and federally qualified health centers	Y	N	1	2	3	
13. A program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility	Y	N	1	2	3	
14. Residential facility for persons with intellectual disability licensed pursuant to §17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disabilities	Y	N	1	2	3	

## ACTIONS AND SERVICES CURRENTLY SUBJECT TO AND EXEMPT FROM CON

Category 2: Initiating Services or Increasing Capacity	Does exempting this action from CON review achieve CT's CON goals?		If <b>no</b> , should this action be (1) modified, (2) regulated by another mechanism, or (3) added to CON review?			<i>If (2), does an alternate regulatory mechanism exist or need to be created?</i>
<b>Actions currently <u>exempt</u> from CON</b>	<b>YES</b>	<b>NO</b>	<b>Modified</b>	<b>Other Regulation</b>	<b>CON Review</b>	
15. Any nonprofit facility, institution or provider that has a contract with, or is certified or licensed to provide a service for, a state agency or department for a service that would otherwise require a certificate of need. The provisions of this subdivision shall not apply to a short-term acute care general hospital or children's hospital, or a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended	Y	N	1	2	3	
16. A health care facility operated by a nonprofit educational institution exclusively for students, faculty and staff of such institution and their dependents	Y	N	1	2	3	
17. An outpatient clinic or program operated exclusively by or contracted to be operated exclusively by a municipality, municipal agency, municipal board of education or a health district, as described in §19a-241	Y	N	1	2	3	

## ACTIONS AND SERVICES CURRENTLY SUBJECT TO AND EXEMPT FROM CON

Category 3: Terminating Services	Does requiring CON review of this action achieve CT's CON goals?		If <b>no</b> , should this action be (1) modified, (2) regulated by another mechanism, or (3) not be subject to state regulation?			<i>If (2), Does an alternate regulatory mechanism exist or need to be created?</i>
Actions currently <u>subject</u> to CON	Yes	No	Modified	Other Regulation	No Regulation	
1. The termination of inpatient or outpatient services offered by a hospital, including, but not limited to, the termination by a short-term acute care general hospital or children's hospital of inpatient and outpatient mental health and substance abuse services	Y	N	1	2	3	
2. The termination of surgical services by an outpatient surgical facility, as defined in section 19a-493b, or a facility that provides outpatient surgical services as part of the outpatient surgery department of a short-term acute care general hospital, provided termination of outpatient surgical services is due to (A) insufficient patient volume, or (B) the termination of any subspecialty surgical service	Y	N	1	2	3	
3. The termination of an emergency department by a short-term acute care general hospital	Y	N	1	2	3	
4. The termination of inpatient or outpatient services offered by a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended.	Y	N	1	2	3	
Category 3: Terminating Services	Does exempting this action from CON review achieve CT's CON goals?		If <b>no</b> , should this action be (1) modified, (2) regulated by another mechanism, or (3) added to CON review?			<i>If (2), does an alternate regulatory mechanism exist or need to be created?</i>
Actions currently <u>exempt</u> from CON	YES	NO	Modified	Other Regulation	CON Review	
1. The partial or total elimination of services provided by an outpatient surgical facility, as defined in §19a-493b, except as provided §19a-638(a)(6) and §19a-639e	Y	N	1	2	3	
2. The termination of services for which the Department of Public Health has requested the facility to relinquish its license	Y	N	1	2	3	

## ACTIONS AND SERVICES CURRENTLY SUBJECT TO AND EXEMPT FROM CON

Category 4: Changes in Ownership	Does requiring CON review of this action achieve CT's CON goals?		If <b>no</b> , should this action be (1) modified, (2) regulated by another mechanism, or (3) not be subject to state regulation?			<i>If (2), Does an alternate regulatory mechanism exist or need to be created?</i>
	Yes	No	Modified	Other Regulation	No Regulation	
<b>Actions currently <u>subject</u> to CON</b>						
1. A transfer of ownership of a health care facility						
a. Hospitals licensed by the Department of Public Health under chapter 368v	Y	N	1	2	3	
b. Specialty hospitals	Y	N	1	2	3	
c. Freestanding emergency departments	Y	N	1	2	3	
d. Outpatient surgical facilities as defined in §19a-493b and licensed under chapter 368v	Y	N	1	2	3	
e. A hospital or other facility or institution operated by the state that provides service that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended	Y	N	1	2	3	
f. A central service facility	Y	N	1	2	3	
g. Mental health facilities	Y	N	1	2	3	
h. Substance abuse treatment facilities	Y	N	1	2	3	
2. A transfer of ownership of a large group practice (8 or more full-time equivalent physicians) to any entity other than a (A) physician, or (B) a group of two or more physicians	Y	N	1	2	3	
3. For non-profit hospitals, a transfer of a material amount of its assets or change of control of operations to a for-profit entity <sup>4</sup>	Y	N	1	2	3	

<sup>4</sup> Connecticut General Statutes §19a-486 has additional requirements for these types of actions.

## ACTIONS AND SERVICES CURRENTLY SUBJECT TO AND EXEMPT FROM CON

Category 5: Actions Subject to DSS CON Review	Does requiring CON review of this action achieve CT's CON goals?		If <b>no</b> , should this action be (1) modified, (2) regulated by another mechanism, or (3) not subject to state regulation?			<i>If (2), does an alternate regulatory mechanism exist or need to be created?</i>
	YES	NO	Modified	Other Regulation	No Regulation	
<b>Actions currently <u>subject</u> to CON</b>						
<i>For nursing homes, residential care homes, and intermediate care facilities for individuals with intellectual disabilities (ICF-IDD):</i>						
1. Capital expenditure exceeding \$2 million	Y	N	1	2	3	
2. Capital expenditure exceeding \$1 million, which increases facility square footage by five thousand square feet or five percent of existing square footage	Y	N	1	2	3	
3. Acquisition of major medical equipment in excess of \$400,000	Y	N	1	2	3	
4. Introduction of any new or additional function or service	Y	N	1	2	3	
5. Termination of a health service including facility closure or a substantial decrease in total bed capacity by a facility or institution	Y	N	1	2	3	
6. Transfer all or part of ownership or control prior to being initially licensed	Y	N	1	2	3	
<i>For nursing homes:</i>						
7. Build a new facility associated with a continuing care facility provided such beds do not participate in the Medicaid program.	Y	N	1	2	3	
8. Relocate Medicaid certified beds from one licensed nursing facility to another licensed nursing facility to meet a priority need identified in the strategic plan developed pursuant to subsection (c) of section 17b-369 of the Connecticut General Statutes	Y	N	1	2	3	
9. Add nursing home beds restricted to use by patients requiring neurological rehabilitation	Y	N	1	2	3	
10. Add nursing home beds restricted to use by patients with AIDS	Y	N	1	2	3	
11. Add nursing home beds associated with a continuing care facility which guarantees life care	Y	N	1	2	3	
12. Relocate Medicaid beds from a licensed facility to a newly licensed facility, provided at least one currently licensed facility is closed in the transaction, and the new facility bed total is not less than 10% lower than total number of beds relocated.	Y	N	1	2	3	
<i>For residential care homes and ICF-IDDs:</i>						
13. Requests to license a new residential care facility or intermediate care facility for the intellectually disabled	Y	N	1	2	3	

## ACTIONS AND SERVICES CURRENTLY SUBJECT TO AND EXEMPT FROM CON

Category 6: New Actions or Services Currently Not Subject to CON	Does requiring CON review of these actions achieve CT's CON goals?		If <b>no</b> , should this action be (1) modified, (2) regulated by another mechanism, or (3) not subject to state regulation?			<i>If (2), does an alternate regulatory mechanism exist or need to be created?</i>
	YES	NO	Modified	Other Regulation	No Regulation	
1.	Y	N	1	2	3	
2.	Y	N	1	2	3	
3.	Y	N	1	2	3	
4.	Y	N	1	2	3	
5.	Y	N	1	2	3	
6.	Y	N	1	2	3	