

October 3, 2012

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

**Re: Certificate of Need Determination Form
 Hartford Hospital
 Provision of First Aid Services at Hartford Marathon Event**

Dear Ms. Martone,

On behalf of Hartford Hospital, enclosed please find Form 2020, a Certificate of Need Determination Form. We have filled out this form as Hartford Hospital will be providing first aid care for minor needs at the Hartford Marathon event, held on October 13, 2012.

First aid care will be delivered at three tents located throughout the course of the marathon, in Hartford and West Hartford. These clinics will only be open for the duration of the marathon, a one day event, on October 13, 2012. We expect to have the facilities staffed from 7a to approximately 3p on that day. First aid will be available to runners, spectators and volunteers.

Please note: we are submitting this form initially via fax; the original copy is forthcoming in the mail.

Please do not hesitate to contact me at 860-545-4658 if you have any questions.

Sincerely,

Michaela O. Donnelly

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	Petitioner
Full Legal Name	Hartford Hospital	
Doing Business As	Hartford Hospital	
Name of Parent Corporation	Hartford HealthCare	
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.	Michaela O. Donnelly Business Systems Analyst	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	80 Seymour Street Hartford, CT 06102	
Contact Person's Telephone Number	860-545-4658	
Contact Person's Fax Number	860-545-2127	
Contact Person's e-mail Address	Mdonnelly@harthosp .org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Hartford Marathon Medical Tent
- b. Estimated Total Project Cost: There are no capital expenditures associated with this project.
- c. Location of proposal, identifying Street Address, Town and Zip Code:
3 Medical Tents:
 - Bushnell Park (marathon finish line): 1 Jewell Street, Hartford, CT 06103
 - Bushnell Park (east of the carousel): 1 Jewell Street, Hartford, CT 06103
 - Intersection of Steele Road and Asylum Street, West Hartford, CT 06117
- d. List each town this project is intended to serve:
The Hartford Marathon Medical Tent will serve runners, volunteers and spectators at the Hartford Marathon. The event is held in Hartford, yet runners from across the state and beyond have registered to participate in the event.
- e. Estimated starting date for the project: This is a one-day event, Saturday, Oct. 13, 2012 – which will be staffed from 7 am to approximately 3 pm.

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. – Please see attached.

- 2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable. – Please see attached.
- 3. Identify the current population served and the target population to be served. – Please see attached.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Hartford Hospital

Project Title: Hartford Marathon Medical Tent

I, Jeffrey A. Flaks CEO
 (Name) (Position – CEO or CFO)

Of Hartford 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.

Jeffrey A. Flaks October 4, 2012
 Signature Date

Subscribed and sworn to before me on October 4, 2012

Diana Niro
 Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2012

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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.**

Not applicable.

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

At the annual Hartford Marathon event in Bushnell Park, Hartford Hospital will be providing first aid services to runners, spectators and volunteers. These first aid services will address non-acute care needs, including: minor dehydration, blisters, cuts and scrapes, and leg cramps. No additional DPH licenses are being sought; the medical tents will simply be added to Hartford Hospital's existing license for the one day of the event.

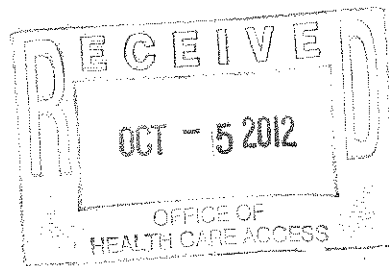
For acute care needs, several ambulances (from various providers, which are not Hartford Hospital employed or owned) are stationed and are on standby throughout the marathon's course to transport those who need more acute or complete care.

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

Hartford Hospital will be providing first aid services to runners, spectators and volunteers at the event. The Hartford Marathon attracts more than 16,000 competitors and another 35,000 fans to the downtown area each year. Historically, the number of individuals seeking first aid services during the event ranges from 35-100.

Hartford Hospital

A Hartford HealthCare Partner



October 3, 2012

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

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Project Title: Hartford Marathon Medical Tent

I, Jeffrey A. Flaks CEO
(Name) (Position – CEO or CFO)

Of Hartford 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.

Jeffrey A. Flaks October 4, 2012
Signature Date

Subscribed and sworn to before me on October 4, 2012

Diana Niro
Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2012

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- 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.**

Not applicable.

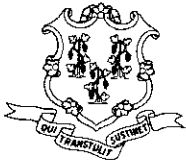
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

October 9, 2012

VIA FACSIMILE ONLY

Michaela O. Donnelly
Business Systems Analyst
Hartford Hospital
80 Seymour Street
Hartford, CT 06103

RE: Certificate of Need Determination Report Number 12-31792-DTR
Hartford Hospital
Establishment of Three Temporary Satellite (Urgent) Medical Care Clinic Tents to Serve
the Hartford Marathon in Hartford

Dear Ms. Donnelly:

On October 4, 2012, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") determination request on behalf of Hartford Hospital ("Hospital") with respect to whether a CON is required for the establishment of a temporary satellite medical care clinic to serve the Hartford Marathon in Hartford on October 13, 2012.

OHCA has determined that CON approval is not required for the proposal since a temporary satellite urgent care clinic is not a health care facility as defined by Connecticut General Statutes §19a-630. If you have any questions regarding this letter, please contact Steven W. Lazarus, Associate Health Care Analyst, at (860) 418-7012.

Sincerely,

Kimberly R. Martone
Director of Operations, OHCA

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

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 3085
RECIPIENT ADDRESS 918605452127
DESTINATION ID
ST. TIME 10/09 15:21
TIME USE 00'22
PAGES SENT 2
RESULT OK



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

FAX SHEET

TO: Michaela D Donnelly
FAX: (860) 545-2127
AGENCY: _____
FROM: Steven Lazarus
DATE: 10/9/12 TIME: 3:15 pm
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Cons Deterministic Report # 12-31792-
DTA
Enclosed.

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.