



**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	St. Vincent's Medical Center
Doing Business As	St. Vincent's Medical Center
Name of Parent Corporation	St. Vincent's Health Services Corporation
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	2800 Main Street Bridgeport, Connecticut 06606
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.	Peter H. Struzzi, Esq. Vice President/General Counsel

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	2800 Main Street Bridgeport, Connecticut 06606
Contact Person's Telephone Number	(203) 576-5584
Contact Person's Fax Number	(203) 576-5345
Contact Person's e-mail Address	Peter.Struzzi@stvincents.org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **St. Vincent's Medical Mission**
- b. Estimated Total Project Cost: \$ **approximately \$20,000**
- c. Location of proposal, identifying Street Address, Town and Zip Code:
Cesar Batalla School, 606 Howard Avenue, Bridgeport, CT 06605
- d. List each town this project is intended to serve:
Bridgeport, CT
- e. Estimated starting date for the project: **One day: October 17, 2015, from 9:30 a.m. to 3:00 p.m.**

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: St. Vincent's Medical Center

Project Title: _____

I, Stuart Marcus, M.D., President and CEO
(Name) (Position – CEO or CFO)

of St. Vincent's Medical Center 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.

 8/31/15
Signature Date

Subscribed and sworn to before me on August 31, 2015


Notary Public/Commissioner of Superior Court

My commission expires: May 31, 2016

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. This is a one day program, to be held on October 17, 2015, from 9:30 a.m. to 3:00 p.m.

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

On Saturday, October 17, 2015, St. Vincent's Medical Center ("Medical Center") will provide its first Medical Mission at Home, designed to deliver basic healthcare, social and support services to individuals in need in the Bridgeport community. The goal of the Medical Mission is to serve members of the community that may not have access to necessary medical and social services, including in particular the homeless and underserved population in Bridgeport.

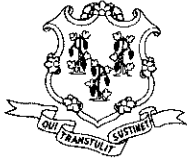
The medical services to be offered at the Medical Mission include:

- (i) screening for cholesterol and glucose;
- (ii) checking blood pressure, pulse and temperature;
- (iii) checking height, weight, waist size and body mass index (BMI);
- (iv) provide flu/pneumovax vaccines;
- (v) performing basic physical assessments;
- (vi) foot washing/podiatry care;
- (vii) mammography screening information will be provided;
- (viii) basic behavioral health consultations; and
- (ix) making referrals for follow-up where indicated.

All services provided will be free, and no insurance will be required.

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

The Medical Center will be providing services to the population of Bridgeport, Connecticut, in particular the homeless and underserved population in the vicinity of the Cesar Battala School, where this event will be held.



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

September 9, 2015

VIA FACSIMILE ONLY

Peter H. Struzzi, Esq.
Vice President/General Counsel
St. Vincent's Medical Center
2800 Main Street
Bridgeport, CT 06606

RE: Certificate of Need Determination Report Number 15-32025-DTR
St. Vincent's Medical Mission

Dear Attorney Struzzi:

On September 2, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of St. Vincent's Medical Center ("Petitioner") with respect to the St. Vincent's Medical Mission.

The Petitioner will hold a one-day medical mission in Bridgeport, Connecticut on October 17, 2015. The medical mission is designed to deliver basic healthcare, social and support services to individuals in need in the Bridgeport community. The medical mission will serve the homeless and underserved population and all services will be provided at no charge.

The proposed medical mission does not meet any of the criteria outlined in Connecticut General Statutes § 19a-638(a) that would necessitate a CON. Accordingly, OHCA hereby determines that a CON *is not required* for the proposed medical mission.

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

* * * COMMUNICATION RESULT REPORT (SEP. 9. 2015 8:54AM) * * *

FAX HEADER:

TRANSMITTED/STORED : SEP. 9. 2015 8:53AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

268 MEMORY TX

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OK

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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: PETER STRUZZI
FAX: 203 576-5345
AGENCY: ST. VINCENTS MEDICAL CENTER
FROM: OHCA
DATE: 9/9/15 Time: _____
NUMBER OF PAGES: _____
(including transmittal sheet)

Comments:
Attached is the determination for Report Number: 15-32025-DTR
St. Vincent's Medical Mission

PLEASE PHONE Barbara K. Olejarz 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