



**State of Connecticut
Office of Health Care Access
CON Determination Form
Relocation of a Health Care Facility**

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. 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	Gilead Community Services, Inc.	
Doing Business As	Gilead Community Services, Inc.	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	P.O. Box 1000, Middletown, CT. 06457 OR 230 Main St. Ext., Middletown, CT. 06457	
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	Linda Walsh, LMSW Director of Contracts and	

correspondence in this matter.	Licensing	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	P.O. Box 1000, Middletown, CT. 06457 OR 230 Main St. Ext., Middletown, CT. 06457	
Contact Person's Telephone Number	860-343-5300 ext. 3426	
Contact Person's Fax Number	860-347-8070	
Contact Person's e-mail Address	lwalsh@gilead cs.org	

SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, 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.

Name of the Health Care Facility: Gilead House II

Current Location: 436 Washington St., Middletown, CT. 06457

Proposed Location: 68 Farm Hill Rd., Middletown, CT. 06457

Current Population Served: Adults with a primary diagnosis of mental illness

Proposed Population Served: Same

Current Payor Mix: Medicaid

Proposed Payor Mix: Medicaid

Any other information that the Petitioner deems relevant:

Gilead Community Services, Inc. proposes to move a licensed Mental Health Residential Living Center from 436 Washington St., Middletown to 68 Farm Hill Rd., Middletown. I reviewed the list of projects that require a CON and our project was not on that list.

However, the guide states that a CON may be needed for a re-location of a health care facility so I am sending in this request to get a determination from your department. There will be no change in licensed capacity (remaining at 8). The same clients will live there. There will be no change in staffing, programming, hours, ownership or management. After the residents move out, 436 Washington St. will not be operated as a Mental Health Residential Living Center.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Dan Osborne, Chief Executive Officer

Project Title: Relocation of Gilead House II

I, Daniel E. Osborne, CEO
(Name) (Position – CEO or CFO)

of Gilead Community Services 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.

D. E. Osborne 6/9/16
Signature Date

Subscribed and sworn to before me on June 9, 2016

Kimberly H. Earles
Notary Public/Commissioner of Superior Court

**KIMBERLY H. EARLES
NOTARY PUBLIC
MY COMMISSION EXPIRES
SEPT. 30, 2019**

My commission expires: 9/30/19



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

June 15, 2016

VIA FACSIMILE ONLY

Linda Walsh, LMSW
Director of Contracts and Licensing
Gilead Community Services, Inc.
230 Main St. Ext.
Middletown, CT 06457

RE: Certificate of Need Determination Report Number 16-32092-DTR
Relocation of Facility

Dear Ms. Walsh:

On June 9, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Gilead Community Services, Inc. ("Petitioner") with respect to the relocation of its facility.

The Petitioner operates a licensed Mental Health Residential Living Center at 436 Washington Street, Middletown, Connecticut. The Petitioner is proposing to relocate the facility to 68 Farm Hill Road, Middletown, Connecticut. The licensed capacity is currently eight and will remain at eight at the new location. The new location is within the same town and will house the same eight individuals currently being served.

Pursuant to Conn. Gen. Stat. § 19a-639c, the Petitioner has satisfactorily demonstrated that the population and payer mix currently served by the Petitioner will not substantially change as a result of the proposed relocation. Therefore, ***no CON is required.***

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. 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 (JUN. 15. 2016 12:37PM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUN. 15. 2016 12:36PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

650 MEMORY TX

98603478070

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: LINDA WALSH
FAX: 860 347-8070
AGENCY: GILEAD COMMUNITY SERVICES, INC.
FROM: OHCA
DATE: 6/15/16 Time: _____
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
Attached is the determination for Report Number: 16-32092-DTR for Relocation of Facility

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