



**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	Catholic Charities, Inc. – Archdiocese of Hartford	
Doing Business As	Catholic Charities	
Name of Parent Corporation	Catholic Charities, Inc. – Archdiocese of Hartford	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	839 Asylum Ave, Hartford, CT 06105	
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.	Robyn Hawley, Director of Behavioral Health	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	61 Colony Street, Meriden, CT 06451	
Contact Person's Telephone Number	203-376-1413	
Contact Person's Fax Number	203-773-3626	
Contact Person's e-mail Address	<u>Rhawley@ccao</u> <u>h.org</u>	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Closure of Meriden Outpatient Behavioral Health office
- b. Estimated Total Project Cost: \$0 _____
- c. Location of proposal, identifying Street Address, Town and Zip Code:
61 Colony Street, Meriden, CT 06451
- d. List each town this project is intended to serve:
Meriden, Wallingford
- e. Estimated starting date for the project:
6/30/16

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. **The agency is currently licensed by DPH as a Psychiatric Outpatient Clinic for Adults. We offer individual and group therapy. We have provided services at this location for many years. Our clientele have been primarily those who pay on a sliding scale rate or Medicaid insurance. Due to the cost of providing services and the low reimbursement rates, we are no longer able to cover the fiscal loss associated with the program. We are moving out of our 61 Colony Street location on 7/1/16. We will not be relocating the behavioral health program.**

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable. **Not applicable**
3. Identify the current population served and the target population to be served. **Not applicable**

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Catholic Charities, Inc. – Archdiocese of Hartford

Project Title: Closure of Meriden Outpatient Behavioral Health office

I, Marek Kukulka, CEO
(Name) (Position – CEO or CFO)

of Catholic Charities, Inc. – Archdiocese of Hartford 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.

Marek Kukulka 6/14/16
Signature Date

Subscribed and sworn to before me on June 14, 2016

Susan N. Diaz
Notary Public/Commissioner of Superior Court

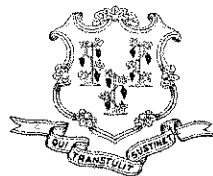
My commission expires: _____

SUSAN N. DIAZ
NOTARY PUBLIC
State of Connecticut
My Commission Expires
July 31, 2016



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

June 17, 2016

VIA FACSIMILE ONLY

Robyn Hawley
Director of Behavioral Health
Catholic Charities, Inc.-Archdiocese of Hartford
839 Asylum Avenue
Hartford, CT 06105

RE: Certificate of Need Determination Report Number 16-32094-DTR
Termination of Psychiatric Outpatient Clinic

Dear Ms. Hawley:

On June 15, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Catholic Charities, Inc.-Archdiocese of Hartford ("Petitioner") with respect to the closure of its Psychiatric Outpatient Clinic.

The Petitioner operates a licensed Psychiatric Outpatient Clinic at 61 Colony Street, Meriden, Connecticut. The Petitioner is proposing the closure of the Psychiatric Outpatient Clinic due to the cost of providing the services coupled with the low reimbursement rates.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(5), a CON is required for "[t]he 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;". However, the Petitioner is not a hospital. Therefore, **no CON is required** for the Petitioner's proposal.

Sincerely,

Handwritten signature of Kimberly R. Martone in black ink.

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, MS#13HCA
Hartford, Connecticut 06134-0308

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* * * COMMUNICATION RESULT REPORT (JUN. 17. 2016 1:41PM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUN. 17. 2016 1:41PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

655 MEMORY TX

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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: Robyn Hawley
FAX: 203 773-3626
AGENCY: Catholic Charities, Inc.-Archdiocese of Hartford
FROM: OHCA
DATE: 6/17/16 **Time:** _____
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
Attached is the Determination for Report Number: 16-32094-DTR,
Termination of Psychiatric Outpatient Clinic

PLEASE PHONE Barbara K. Olejrz 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**