

Olejarz, Barbara

From: Greer, Leslie on behalf of User, OHCA
Sent: Tuesday, June 21, 2016 12:50 PM
To: Olejarz, Barbara
Subject: FW: CON Determination Application
Attachments: image2016-06-20-154356.pdf

For processing.

From: Cecilia Lorenzo [mailto:Cecilia.Lorenzo@clinisanitas.com]
Sent: Monday, June 20, 2016 3:58 PM
To: User, OHCA
Subject: CON Determination Application

Good afternoon Sirs,

Attached please find a CON Determination Application for three health care clinics we would like to open in Connecticut.

All three locations will require demolition and then build out. This would commence on 7/12/16. Grand opening would be 10/15/16.

Kindly review the application and advise if further information is needed in order to make your determination.

Thank you,

Cecilia Lorenzo
Risk and Compliance Manager
GuideWell Sanitas
8400 NW 33 Street Suite 100
Miami, Florida 33122
(786) 408-8487 Office
(786) 678-2541 Cell
(305) 921-7355 Fax



"LEGAL NOTICE: The information transmitted via this email is confidential and exclusively directed to use their (s) recipient (s). Reproduction, read or use is prohibited to any person or entity other, without prior written permission. If you have received it in error, please notify the sender immediately and delete it from your system. Any use, disclosure, copying, distribution, printing or action arising from the total or partial knowledge of the sender's message without approval shall be punished in accordance with legal regulations. Opinions, conclusions and other information in this message not related to the official business of the CliniSanitas Organization, should be understood as personal and in no way are guaranteed by the company. Although

CliniSanitas has done their best to ensure that this message and its attachments are free of viruses and defects that could potentially affect the computers or systems that receive it are, it is not responsible for the possible transmission of viruses or malicious programs through this channel, and therefore the responsibility of the recipient to confirm the existence of such elements when received and opened. Neither CliniSanitas or any of its divisions or departments accept responsibility for any damage or alterations arising from the receipt or use of this message. "



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	GWS - CHS I I, LLC	
Doing Business As	CliniSanitas	
Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	8400 NW 33rd Street Doral, FL 33122 Suite 201	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
Contact Person at Facility , including Title/Position: <i>Risk & Compliance Manager</i> This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Cecilia Lorenzo	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	8400 NW 33 rd St. Suite 201 Doral, FL 33122	
Contact Person's Telephone Number	(786) 678 2541	
Contact Person's Fax Number	305 921 7355	
Contact Person's e-mail Address	lorenzo.cecilia @clinisanitas.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: CliniSanitas Medical Centers
- b. Estimated Total Project Cost: \$ \$7 million
- c. Location of proposal, identifying Street Address, Town and Zip Code:
100 Boston Post Road Orange, CT
- d. List each town this project is intended to serve:
Orange Bridgeport New Haven
- e. Estimated starting date for the project: 10/15/16

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.
2. Identify the types of services that are being proposed and what DPH licensure categories

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Fernando Fonseca

Project Title: CliniSanitas Medical Centers

I, FERNANDO FONSECA, CEO
(Name) (Position – CEO or CFO)

of GWS - CMSILLC being duly sworn, depose and state that the
(Organization Name)

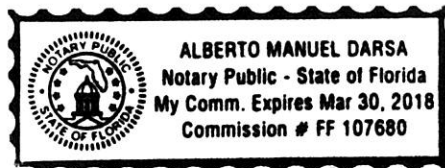
information provided in this CON Determination form is true and accurate to the best of my knowledge.

[Signature] 06/20/2016
Signature Date

Subscribed and sworn to before me on JUNE 20TH 2016.

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: 3/30/2018.



GWS-CMSI I, LLC was born from the union of two main leaders of the healthcare industry; an alliance of recognized organizations which offer comprehensive solutions and innovative health in North and South America. Sanitas International (OSI) is a leading provider of comprehensive health services of high quality in South America. GuideWell is a family of companies focused on transforming the health sector in the U.S.

With over 80 years of combined experience and leadership, we are transforming health care. Today, CliniSanitas has three fully operational medical centers in South Florida. CliniSanitas would like to take its culturally relevant approach, personalized care and emphasis on preventive health care into Connecticut, by opening three medical centers at the locations listed below.

Our modern facilities will feature the latest technology and offer a comfortable and welcoming atmosphere. Most importantly, CliniSanitas will employ medical teams and support staff who will be truly exceptional at providing safe, quality care.

Locations will be:

100 Boston Post Road Orange, CT New Haven county 12,000 Sq. ft.	172 – 206 Kitts Lane Newington, CT Hartford county 13,300 Sq. ft.	4543 Main Street Bridgeport, CT Fairfield county 8,636 Sq. ft.
--	--	---

Services that will be provided include:

- Geriatrics
- Pediatrics (Well Child)
- Primary Care
- Urgent Care w/Observation area (up to 4 hours max)
- Laboratory
- Ultrasound
- Radiology
- Nutrition Services

Hours of Operation:

Monday to Friday
7:00 AM to 8:00 PM
Saturdays
8:00 AM to 1:00 PM

As of today, GWS-CMSI I, LLC d/b/a CliniSanitas, holds no DPH licenses in the state of Connecticut.

All health care providers, including physicians, mid-levels, nurses, and diagnostic team, will be required to hold clear, active professional licenses in the state of Connecticut prior to being offered employment.

All physicians and mid-levels are or will be enrolled in the Medicaid/Medicare program.

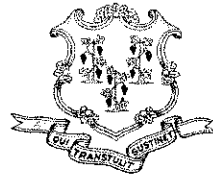
Once underway, the following licenses/permits will be sought in order to operate the health care clinic in compliance with state and federal laws:

- Health Care Clinic license
- DEA license
- Drug, Pharmacy, Cosmetics License
- Fire Safety Permit
- DEEP registration
- CLIA waiver license
- Biomedical Waste contracted vendor

CliniSanitas target population will be members of Connecticare as well as self-pay patients/patrons of the communities where the medical centers will be located.

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 24, 2016

VIA FACSIMILE ONLY

Cecilia Lorenzo
Risk and Compliance Manager
GWS-CHS II, LLC d/b/a CliniSanitas
8400 NW 33rd Street, Suite 201
Doral, FL 33122

RE: Certificate of Need Determination Report Number 16-32096-DTR
Establishment of Health Care Clinic

Dear Ms. Lorenzo:

On June 21, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of GWS-CHS II, LLC d/b/a CliniSanitas ("Petitioner") with respect to the establishment of three new medical clinics in Connecticut.

The Petitioner is a for-profit entity that is not currently licensed in Connecticut. The Petitioner seeks to establish medical clinics in Orange, Newington, and Bridgeport, Connecticut and will seek licensure as a Health Care Clinic. The Petitioner will provide the following services: geriatrics, pediatrics, primary care, urgent care, laboratory, ultrasound, radiology, and nutrition. The Petitioner will not acquire any imaging equipment for its clinics.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a CON is required for "[T]he establishment of a new health care facility;". Conn. Gen. Stat. § 19a-630(11) defines a health care facility as "(A) hospitals licensed by the Department of Public Health under chapter 368v; (B) specialty hospitals; (C) freestanding emergency departments; (D) outpatient surgical facilities, as defined in section 19a-493b and licensed under chapter 368v; (E) 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; (F) a central service facility; (G) mental health facilities; (H) substance abuse treatment facilities; and (I) any other facility requiring certificate of need review pursuant to subsection (a) of section 19a-638. "Health care



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

facility” includes any parent company, subsidiary, affiliate or joint venture, or any combination thereof, of any such facility.” The Petitioner’s facility does not meet the definition of a health care facility as defined by Conn. Gen. Stat. § 19a-630(11). Therefore, ***no CON is required*** for the Petitioner’s proposal.

Sincerely,



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

www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

* * * COMMUNICATION RESULT REPORT (JUN. 24. 2016 12:01PM) * * *

FAX HEADER:

TRANSMITTED/STORED :	JUN. 24. 2016 11:53AM	ADDRESS	RESULT	PAGE
FILE MODE	OPTION			
666	MEMORY TX	913059217355	OK	3/3

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: CECILIA LORENZO

FAX: 305- 921-7355

AGENCY: GWS-CHS II, LLC D/B/A CLINISANITAS

FROM: OHCA

DATE: 6/24/16 Time: _____

NUMBER OF PAGES: 3
(including transmittal sheet)

Comments: Attached is the Determination for Report Number: 16-32096-DTR Establishment of Health Care Clinic

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