

**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 | 56 Church Street, Waterbury, CT 06702 | |
| 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: _Consolidation of Hartford Adult Outpatient Behavioral Health offices
- b. Estimated Total Project Cost: \$0
- c. Location of proposal, identifying Street Address, Town and Zip Code: Current program for adults at 896 Asylum Avenue, Hartford will be consolidated with our site at 45 Wadsworth Street, Hartford.
- d. List each town this project is intended to serve:
Greater Hartford
- e. Estimated starting date for the project:
7/15/16

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. **The agency is currently licensed by DPH as a Psychiatric Outpatient Clinic for Adults and as a Facility for the Care and Treatment of Substance Abusive or Dependent Persons. 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 decreased United Way funding, the cost of providing**

services and the low reimbursement rates, we are no longer able to cover the fiscal loss associated with maintaining two sites for the program. We are moving our adult services at 896 Asylum Avenue to 45 Wadsworth Street. We anticipate this transition to be complete by 7/15/16. Our Outpatient Psychiatric Clinic for Children, licensed by DCF, will continue at both sites.

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: Consolidation of Hartford Adult Outpatient Behavioral Health offices

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.

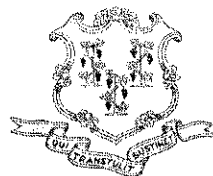
Marek Kukulka 7/8/16
Signature Date

Subscribed and sworn to before me on July 8, 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



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Raul Pino, M.D., M.P.H.
Commissioner

Office of Health Care Access

July 14, 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 16-32103-DTR
Termination of Outpatient Behavioral Health Clinic

Dear Ms. Hawley:

On July 13, 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 Outpatient Behavioral Health Clinic.

The Petitioner operates a licensed Psychiatric Outpatient Clinic for Adults at 896 Asylum Avenue, Hartford, Connecticut. The Petitioner is proposing the consolidation of this clinic into and within its Psychiatric Outpatient Clinic for Adults located at 45 Wadsworth Street, Hartford, Connecticut.

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,

A handwritten signature in black ink, appearing to read "Kim Martone".

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 (JUL. 14. 2016 2:24PM.) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 14. 2016 2:23PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

691 MEMORY TX

912037733626

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 CHARITES, INC. - ARCHDIOCESES OF HARTFORD

FROM: OHCA

DATE: 7/14/16 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Attached is the determination for Report Number: 16-32103-DTR for the termination of outpatient behavioral health 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