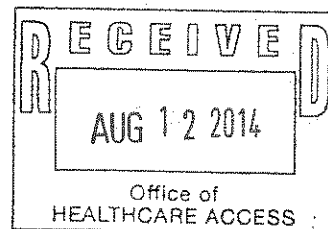


GARFUNKEL WILD, P.C.

ATTORNEYS AT LAW

111 GREAT NECK ROAD • GREAT NECK, NEW YORK 11021
TEL (516) 393-2200 • FAX (516) 466-5964



ROBERT ANDREW WILD *
FREDRICK I. MILLER *
JUDITHA. HISEN *
LEONARD M. ROSENBERG *
JEFFREY S. BROWN ***
ANDREW E. BLUSTEIN ***
BURTON S. WESTON *
MICHAEL J. KEANE **
HAYDEN S. WOOL *
GREG E. BLOOM **
ROY W. BRITENBACH **
LOURDES MARTINEZ **
STEVEN R. ANTICO **
JEFFRY ADEST ***
STEVEN J. CHANANIE *
PETER M. HOFFMAN *
ANDREW L. ZWERLING **
DORIS L. MARTIN **
BARRY B. CEPELEWICZ, M.D. ***
SEAN P. LEYDEN **
DEBRA A. SILVERMAN *

LARA JEAN ANCONA **
SUZANNE M. AVENA *
ROBERT A. DEL GIORNO *
KEVIN G. DONOGHUE *
STEVEN D. GOREBLICK **
STACEY L. GULICK **
B. SCOTT HIGGINS *
BARBARA D. KNOTHE **
EVE GREEN KOOPERSMITH *
JOHN P. KRALJIC *
LAUREN M. LEVINE **
JOHN G. MARTIN *
MARIANNE MONROY **
ALAN H. PERZLEY **
KAREN L. RODGERS *
ROBERT E. SCHILLER *
ANDREW J. SCHULSON *
AFSHEEN A. SHAH *
GREGORY R. SMITH *
CHRISTINA VAN VORT *

DENNIS D. BARRETT **
ZACHARY B. COHEN **
MICHAEL G. DIFIORE *
JONATHAN J. DREYFUSS *
MICHAEL S. ENG **
JASON Y. HSI *
TRACY D. HUBBELL **
MICHAEL J. KEANE, JR. **
KIMBERLY KEMPTON-SHERRA ***
RYAN R. KIRK *
STACEY P. KLEIN **
ROBERT B. KOONIN **
LAUREN A. RIEDERS **
COURTNEY A. ROGERS *
THRENCE A. RUSSO **
MICHELLE LEWIS SALZMAN *
ALEXANDER C. SANTER *
MATTHEW M. SHATZKES ***
MARC A. SITTENREICH **
DAYNA B. TANN **
COLLEEN M. TARPHY *
DAVID E. ZABELL *
MADELIN L. ZWERLING *

SENIOR ATTORNEYS
JOHN BECKER *
ADAM T. BERKOWITZ *
JACQUELINE H. FINNEGAN *
SALVATORE PUCCIO *
MOLLY M. RUSH *
PAUL D. SQUIRE *
JUSTIN M. VOGEL *

OF COUNSEL
GEORGE M. GARFUNKEL *
STUART M. HOCHRON, M.D. †

* LICENSED IN NEW YORK
* LICENSED IN NEW JERSEY
LICENSED IN CONNECTICUT
† RESPONSIBLE PARTNERS FOR
NEW JERSEY OFFICE

FILE NO.: 50143.01
REPLY TO: New York

WRITER'S EMAIL: bknothe@garfunkelwild.com
WRITER'S DIRECT DIAL: (516) 393-2219

August 7, 2014

By Overnight Mail

Director of the Office of Health Care Access
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: CIRCLE CARE Center - CON Determination Form 2020

Dear Sir/Madam:

On behalf of our client, The World Health Clinicians, Inc., d/b/a CIRCLE CARE Center, enclosed please find a CON Determination Form 2020.

If you have any questions or need additional information, please call me at any time. We look forward to hearing from you.

Sincerely,

Barbara D. Knothe



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	The World Health Clinicians, Incorporated	
Doing Business As	CIRCLE CARE Center	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	618 West Avenue Norwalk, CT 06850	
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.	Scott Gretz, Executive Director	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	CIRCLE CARE Center 618 West Avenue Norwalk, CT 06850	
Contact Person's Telephone Number	203-610-1444	
Contact Person's Fax Number	203-854-0371	
Contact Person's e-mail Address	sgretz@whcccc.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: CIRCLE CARE Center
- b. Estimated Total Project Cost: \$ N/A
- c. Location of proposal, identifying Street Address, Town and Zip Code:
618 West Avenue, Norwalk, CT, 06850
- d. List each town this project is intended to serve:
Norwalk and all towns in Fairfield County
- e. Estimated starting date for the project: August 15, 2014

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: The World Health Clinicians, Incorporated, dba CIRCLE CARE Center

Project Title: CIRCLE CARE Center

I, Scott Gretz, Chief Executive Officer
(Name) (Position – CEO or CFO)

of The World Health Clinicians, Incorporated, dba CIRCLE CARE Center,
(Organization Name)

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.

[Signature] 6/25/14
Signature Date

Subscribed and sworn to before me on June 25, 2014

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: _____

GLORIA BLICK
NOTARY PUBLIC
State of Connecticut
My Commission Expires
September 30, 2016

PROPOSAL DESCRIPTION

As described below, The World Health Clinicians, Incorporated, dba CIRCLE CARE Center ("CCC"), is seeking a determination as to whether establishment approval is needed to provide Buprenorphine outpatient treatment services.

CCC provides primary care services for patients with HIV and other sexually transmitted diseases, as well as testing and counseling services. Pursuant to a grant through the State of Connecticut Department of Public Health Sexually Transmitted Diseases Control Program, CCC receives state support including STD/HIV test kits and in return CCC provides data concerning HIV and other STD treatment and screening activities.

As an adjunct to these services, CCC's Medical Director, Gary Blick, MD, has received a waiver under the Drug Addiction Treatment Act of 2000 (DATA 2000) for the provision of medication-assisted opioid therapy. Dr. Blick prescribes, but does not administer, Suboxone to patients who may have their prescriptions filled at the related on-site CIRCLE CARE Center Pharmacy. CCC and Dr. Blick do not provide chemical maintenance treatment.

To enhance its services, CCC is working closely with the Facility Licensing & Investigations Section of the Department of Public Health in applying for an Outpatient Clinic/Primary Care license. CCC is looking to continue the outpatient treatment services (Suboxone) without interruption. As part of this process, CCC has been advised by DPH to submit this form for a determination as to whether establishment approval is necessary. CCC is not seeking to expand its substance abuse treatment services beyond outpatient treatment.

Following is a list of services provided by CCC, all of which CCC anticipates continuing to provide following receipt of its Outpatient Clinic/Primary Care license:

- Comprehensive primary medical care
- HIV/AIDS and chronic Hepatitis specialty care
- Cutting edge clinical research opportunities
- On-site HIV/STD testing, prevention, and treatment
- Phlebotomy services for commercial labs
- High-resolution endoscopy (HRSA), laser ablation therapy (HIP)
- Facial restorative services for HIV-associated facial lipoatrophy
- Mental health and substance abuse outpatient treatment services
- Transgender counseling, support, and therapy
- Social services (LCSW) and case management
- Support of social, cultural, and educational services, with unique programs for seniors, families, and youth
- On-site pharmacy

Since no construction or other expenditures are involved, this proposal is not expected to have any costs associated with it.

CCC serves about 1,200 patients, about 450 to 500 of them with HIV/AIDS at any given time. Most patients are members of the LGBTQ community, predominantly from the tri-state area.



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

August 26, 2014

VIA FACSIMILE ONLY

Scott Gretz
Executive Director
The World Health Clinicians, Inc.
d/b/a CIRCLE CARE Center
618 West Avenue
Norwalk, CT 06850

RE: Certificate of Need Determination Report Number 14-31931-DTR
Establishment of Health Care Facility

Dear Mr. Gretz:

On August 12, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of The World Health Clinicians, Inc. d/b/a CIRCLE CARE Center ("Petitioner") with respect to the establishment of an outpatient clinic.

The Petitioner is a not for profit corporation that provides primary care services for patients with HIV and other sexually transmitted diseases, as well as testing and counseling services. The Petitioner is currently in the process of obtaining its Outpatient Clinic/Primary care license from the State of Connecticut Department of Public Health. The Petitioner seeks to continue providing its services as a not for profit outpatient clinic upon receipt of its license.

Connecticut General Statutes §19a-638(b)(12) provides an exemption from the CON requirement for "School-based health centers, community health centers, as defined in section 19a-490a, not-for-profit outpatient clinics licensed in accordance with the provisions of chapter 368v and federally qualified health centers." Upon receipt of its license, the Petitioner will be a not-for-profit outpatient clinic subject to this exception. Therefore, OHCA hereby determines that a **CON is not required** for the Petitioner's proposal.

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 (AUG. 26. 2014 2:33PM) * * *

FAX HEADER:

TRANSMITTED/STORED : AUG. 26. 2014 2:32PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

578 MEMORY TX

912038540371

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: SCOTT GRETZ
FAX: 203 854-0371
AGENCY: CIRCLE CARE CENTER
FROM: OHCA
DATE: 8/26/14 Time: _____
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Determination is attached.

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