

Thomas P. Gullotta, M.A., M.S.W. Chief Executive Officet



255 Hempstead Street New London, CT 06320

Phone: 860,443,2896 Fax: 860,442,5909

www.cfapress org childrenthamly@chapressorg

Administrative Offices

255 Hempstead Street New Landon, CT 06320 860,443 2896 Fax 860,442,5909

B.P. Learned Mission 40 Show Street

New Landon, CT 06320 360.442.1798 Fax 860.442.8097

Child Guidance Clinic of Southeastern CT

75 Granite Street New Landon, CF 06320 840.437.4550 Fax 860.437.4552

Essex Child Guidance Clinic 190 Westbrook Road Essex, CT 06426 860,767.0147 Fax 860,767.0148

Groton/Mystle Compus Early Childhood Davelopment Center 591 Poquonnock Road Groton, CT 06340. 860,449,8217 Fax 860;449,8323.

New London Day Nursery Smith-Bent Campus: 7 Vauxhall Street New Landon, CF 06320 860,442;2797 Fox 860,701,3776

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TO: G	OHCA			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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PHONE NUMBER: (860) 437-4555 FAX NUMBER: (860) 437-4552

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RECEIVED

<u> 2010 SEP -8 P 4:06</u>

STATE OF CONNECTICUT OFFICE OF HEALTH CARE ACCESSION OFFICE OF APPLICATION FOR EXEMPTION FROM CON PROCESS Form 2010

All persons who are requesting an exemption from the Certificate of Need process under the requirements of Connecticut General Statutes, Sections 19a-639(d), 19a-639(e), 19a-639b and 17a-678 must complete this form. Please submit the completed forms to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

1 4 Mailton (Applicant One	Applicant Two
Full Legal Name	Grasso Technical High School Based Health Center	
Doing Business As	SAME	
Name of Parent Corporation	CHILD & FAMILY Agency of Southers CT., INC.	tern
Applicant's Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	SBHC Administration 75 Granik St. CT	on 06320
What is the Applicant's Status: P for Profit or NP for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	Yes No	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	JoAnn M. Eaccarii M.S., FN	P-BC
Contact Person's mailing address, if PO Box, include a street mailing address for Certified Mail	3BHC Administ 75 Granite St. New Low Dow, C	ration T06320

Page 5 of 5

SECTION V. EXEMPTION AFFIDAVIT

To be completed by each Applicant

Applicant: CHILD & FAMILY Agency of Southeastern CT., In
Project Title: Grasso Technical High School Based Healt Center
1, Thomas P. Gullotta , C.E.O. , Name of the authorized representative Title
of CHILD & FAMILY Agency of Southeastern, being duly sworn, depose and Facility Name CT, INC.
state that said facility complies with all of the criteria: (Check One Only)
Stated in 19a-639a, Connecticut General Statutes ("C.G.S."), as amended by Public Act 08-14 (Non-clinical, capital expenditure not exceeding \$20 million)
Stated in 19a-639(d), C.G.S. (FQHC/CHC)
Stated in 19a-639(e), C.G.S. (School-based clinic)
Stated in 19a-639a(d), C.G.S. (Health care facility or institution)
Stated in 19a-639b, C.G.S. (Non-Profit)
Stated in 17a-678, C.G.S. (DMHAS)
Stated in 19a-639c, C.G.S. (Replacement equipment Waiver)
Signature Date // / 8
Subscribed and sworn to before me on September 7, 2010
Notary Public/Commissioner of Superior Court
Trotally i ablication of Superior Count
My commission expires: <u>Ppr: 1 30, 2014</u>

Form 2010

Revised 06/2008....

Page 2 of 5

Contact Person's Telephone Number	860-437-4555x322
Contact Person's Fax Number	860-437-4552
Contact Person's e-mail Address	eaccarino j Q cfa press, org

SECTION II. GENERAL PROPOSAL INFORMATION

a.	Proposal/Project Title (i.e. use applicable state licensure categories): Outputient CLINIC for School Based
	OUTPATIENT CLINIC TOR SCHOOL Basea
	Health Center
b.	Location of proposal, identifying Street Address, Town, and Zip Code: 189 FORT HILL Rd., @roton, CT 06340
	189 TOKI HILL Na, OTOLON, 9 06310
C.	List each town that this project is intended to serve:
	Students attending Grasso from Groton + Surrounding towns (New Landon, Norwictt, Ledyard, Stonington) Estimated starting date for the project: Sept 15, 2010
	towns (New CONDON, NORWICH, Ledyard, Stonington)
d.	Estimated starting date for the project: Sept 15, 2010

 e. Provide a brief description of the proposal in the box below. Use an additional sheet if necessary.

The clinic at Grasso Tech High in Groton will initially be linked to Fitch High and Connected to all the school based health Connected to all the school based health Custers in Groton. It will initially be Staffed two mormings/week by an APRN, Staffed two mormings/week by an APRN, who will be on-call the rest of the time who will be on-call the rest of the time school is in session. With increasing enrollment and clemand for services, the hours of the Clinic will be increased.

Page 3 of 5

SECTION III. E	STIMATED CAPITAL EXPENDITURE INFORMATION
Estimated Tota	Project Cost: \$
SECTION IV. I	EXEMPTION INFORMATION
	e for an exemption from the Certificate of Need process because of the se check the boxes that apply.)
Certificates The prop for a acqui	a-639a, C.G.S., as amended by Public Act No. 08-14, "An Act Concerning of Need Issued by the Office of Health Care Access" bosed capital expenditures is: parking lot, garage, information and/or communication system, office space, isition of land for nonclinical purposes or acquisition of non-medical equipment loes not exceed \$20 million.
☐This is a ☐ is	Community Health Center which: proposing a capital expenditure which does not exceed three million dollars rovides only primary care or dental services <u>and</u> either 1/3 rd or more of the cost is financed by the State of Connecticut (supporting documentation attached); is receiving funds from the Department of Public Health (supporting documentation attached); or provides services in a medically underserved area or in a health professional shortage area with proof attached.
☐ is	Federally Qualified Health Center Satellite which: part of a federally qualified health center (Supporting Documents Attached) ovides only primary care or dental services provides services in a medically underserved area or a health professional shortage area with proof attached.
This is a lice are so	a-639(e), C.G.S. school-based clinic, which is: sensed or will be licensed by the Department of Public Health (DPH) sproved by the DPH as meeting a standard model for a comprehensive shool-based health clinic soposing a capital expenditure not exceeding three million dollars cated entirely on the property of an existing school site.
☐ This purch	e-639a(d), C.G.S. proposal is intended for a health care facility or institution that proposes to ase or operate an electronic medical records system (Supporting ments Attached).

09/08/2010 13:17 8604374552 SBHC ADMIN 03 PAGE 06/06

Section 19a	-639b, C.G.S. Page 4 of 5
This p	proposal is intended for a non-profit facility, institution or provider that is currently contract with a state agency or department where: the activity meets a specific service need; the activity is the relocation of services; the activity is a termination of service/function; has a capital expenditure that does not exceed three million dollars, and has received an endorsement from the Commissioner, executive director, chairman or chief court administrator of the state agency or department confirming the service need. (Supporting Documents Attached)
	-678, C.G.S.
This is abuse	s a proposal to close a service delivery system gap in the statewide substance service delivery plan which:
	is a community agency operating a program in a state institution or facility is a nonprofit community agency operating a program in a state institution or facility and is receiving funds from the Department of Mental Health and
	Addiction Services (DMHAS) is a nonprofit substance abuse facility and is receiving funds from DMHAS is submitting a letter from the Commissioner of DMHAS (Supporting Documents Attached) with proof of DMHAS funding and confirming the above



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH Office of Health Care Access

September 16,2010

VIA FACSIMILE ONLY

JoAnn Eaccarino, M.S., FNP-BC Assistant Director SBHC Administration 75 Granite Street New London, CT 06320

Re:

Certificate of Need Exemption Report Number: 10-31664-EXM Child & Family Agency of Southeastern CT, Inc. Grasso Technical High School Based Health Center in Groton

Dear Ms. Eaccarino:

On September 8, 2010, the Office of Health Care Access ("OHCA") received your application for exemption from the Certificate of Need ("CON") process for the establishment of a school based health center at the Grasso Technical High School ("GTHS") located at 189 Fort Hill Road, Groton, Connecticut.

GTHS provided the following information with respect to this request:

- 1. Child & Family Agency of Southeastern CT, Inc. ("CFAS") is a private, non-profit child service provider at various locations in Connecticut.
- 2. CFAS proposes to establish a school based health center ("clinic") at GTHS in Groton.
- 3. The clinic will serve students attending GTHS from Groton and surrounding towns (New London, Norwich, Ledyard, Stonington).
- 4. The clinic will initially be staffed two mornings per week by an APRN, who will be oncall the rest of the time school is in session.
- 5. The clinic will be located entirely on the property of the GTHS site.
- 6. There is no proposed capital expenditure associated with this proposal.

- 7. The operation of the clinic will begin September 15, 2010.
- 8. CFAS will seek licensure by Department of Public Health ("DPH") as an outpatient clinic.

Based on the above findings, OHCA determines that the proposal of the Child & Family Agency of Southeastern CT, Inc. to establish a school-based health clinic at Grasso Technical High School located at 189 Fort Hill Road, Groton, Connecticut meets the requirements of Section 19a-639(e) of the Connecticut General Statutes, and, therefore, is exempt from OHCA's Certificate of Need process.

Thank you for advising OHCA of your plans. If you have any questions concerning this letter, please contact Paolo Fiducia, Associate Health Care Analyst at (860) 418-7001.

Sincerely,

Norma D. Gyle, R.N., Ph/D. OHCA Deputy Commissioner

Cc: Rose McLellan, DPH

NDG:pf

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STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO:	SOANN EACCARINO
FAX:	860 437 4552
AGENCY:	CHILD + FAMILY AGENCY OF SE, CT.
FROM:	PAOLO FIDUCIA
DATE:	9/16/10 TIME: 245pm
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Comments:	
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