

## 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	Fair Haven Community Health Center at 50 Grand	
Doing Business As	Fair Haven Community Health Center at 50 Grand	
Name of Parent Corporation	Fair Haven Community Health Clinic Inc.	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	374 Grand Avenue New Haven, CT 06513	
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP	
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Jeannette DeJesus, Chief Operating Officer	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	374 Grand Avenue New Haven, CT 06513	
Contact Person's Telephone Number	203-752-5134	
Contact Person's Fax Number	203-777-8506	
Contact Person's e-mail Address	j.dejesus@fhchc.org	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Fair Haven Community Health Clinic, Inc—satellite at 50 Grand Avenue New Haven**
- b. Estimated Total Project Cost: **\$ 1.9MM**
- c. Location of proposal, identifying Street Address, Town and Zip Code:  
**50 Grand Avenue New Haven CT 06513**
- d. List each town this project is intended to serve:  
**Mainly New Haven and East Haven, but also low income residents of adjacent towns.**
- e. Estimated starting date for the project: **Site opened to dental and medical patients Sept 28, 2015. Plan to begin providing Behavioral Health Services (pending license) Dec 1, 2015**

## 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. **See attached**
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable. **See attached**

3. Identify the current population served and the target population to be served.  
**See Attached**

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner Suzanne Lagarde

Project Title: Fair Haven Community Health Clinic, Inc-satellite at 50 Grand Avenue New Haven

I, Suzanne Lagarde, Chief Executive Officer  
(Name) (Position – CEO or CFO)

of Fair Haven Community Health Clinic, Inc 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.

Suzanne Lagarde 11/16/23  
Signature Date

Subscribed and sworn to before me on November 16, 2015

Vivian Y. Acevedo Rivas  
Notary Public/Commissioner of Superior Court

My commission expires: VIVIAN Y. ACEVEDO RIVAS  
NOTARY PUBLIC  
MY COMMISSION EXPIRES APRIL 30, 2019

In September 2015, Fair Haven Community Health Clinic, Inc, opened a 6000 square foot satellite at 50 Grand Avenue New Haven Ct. The expansion took place due to lack of capacity at our main clinic site at 374 Grand Avenue New Haven. The new site houses 10 medical exam rooms, 3 dental operatories, 2 Behavioral Health offices and a large meeting room for patient group meetings.

The new site opened September 28, 2015. We anticipate that because of this new resource, an additional 3000-4000 patients will be served over the next two to three years. We anticipate that the patient population will mirror our current population: 72% Hispanic, 46% African American. Fair Haven Community Health Clinic serves a low income patient population –in 2014, 75% of our patients were at or below the Federal Poverty Level and 95% were at or below 200% of FPL. Despite the provisions of the Affordable Care Act, 25% of our patients remain uninsured, most of whom are uninsurable due to their immigration status.

Fair Haven Community Health Clinic provides full life cycle primary care, from newborns through to the elderly. We provide pediatric, women's health, pre and post natal care and adult primary care. We provide full spectrum of dental care including hygiene, restorative, extractions and endodontistry. We run an active HIV program, provide podiatric and optometric services, and offer a variety of specialty services including gastroenterology, endocrinology and infectious diseases.

We are seeking to provide Behavioral Health Services at our new satellite at 50 Grand Avenue. We will be providing one on one counselling as well as group therapy.

**Greer, Leslie**

---

**Subject:** FW: Fair Haven Community Health Center CON Determination

---

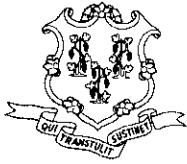
**From:** Rose Pudlin [<mailto:r.pudlin@fhchc.org>]  
**Sent:** Monday, November 23, 2015 9:58 AM  
**To:** Lazarus, Steven  
**Cc:** Sue Lagarde; [j.dejesus@fhchc.org](mailto:j.dejesus@fhchc.org); [e.cumberbatch@fhchc.org](mailto:e.cumberbatch@fhchc.org)  
**Subject:** Fair Haven Community Health Center CON Determination

Dear Mr. Lazarus,

I wanted to follow up with you regarding Fair Haven Community Health Center's CON determination form which you should have received last week. As I mentioned in our original communication, we are a Federally Qualified Health Center in New Haven applying for a Psychiatric Outpatient Adult Clinic DPH license for a new site (we already have one at our existing site). DPH requires an OCHA CON as part of the license application, but my understanding is that we are exempt as a Community Based Health Center (non-profit) according to Conn. Gen. Stat. § 19-638(b). Could you give me an approximation as to when a determination will be made by OHCA? We are eager to start offering services to address the needs of our community and the only remaining hurdle at this point is supplying your determination to DPH.

All the best,

Rose Beatriz Pudlin, MA  
Director of Community Programs  
Fair Haven Community Health Center  
203-777-7411 x5111  
[r.pudlin@fhchc.org](mailto:r.pudlin@fhchc.org)  
[www.fhchc.org](http://www.fhchc.org)



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

November 24, 2015

Jeanette DeJesus  
Chief Operating Officer  
Fair Haven Community Health Center at 50 Grand  
374 Grand Avenue  
New Haven, CT 06513

RE: Certificate of Need Determination Report Number 15-32043-DTR  
Addition of Behavioral Health Services at Fair Haven Community Health Center at 50 Grand

Dear Ms. DeJesus:

On November 23, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Fair Haven Community Health Center at 50 Grand ("Petitioner") with respect to the addition of Behavioral Health Services.

The Petitioner is a Federally Qualified Health Center located at 50 Grand Avenue, New Haven, Connecticut that provides full life cycle primary care, from newborns through to the elderly. The Petitioner is seeking licensure from the State of Connecticut Department of Public Health as Psychiatric Outpatient Adult Clinic in order to provide behavioral health services.

Conn. Gen. Stat. § 19a-638(b)(12) exempts "[s]chool-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" from CON requirements. The Petitioner is a Federally Qualified Health Center. Therefore, a **CON is not required** for the Petitioner's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim M.", written over a horizontal line.

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 ( NOV. 24. 2015 2:01PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	NOV. 24. 2015 2:00PM OPTION	ADDRESS	RESULT	PAGE
391 MEMORY TX		912037778506	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:** Jeanette DeJesus

**FAX:** 203 777-8506

**AGENCY:** Fair Haven Community Health Center at 50 Grand

**FROM:** OHCA

**DATE:** 11/24/15 **Time:** \_\_\_\_\_

**NUMBER OF PAGES:** 2  
*(including transmittal sheet)*

**Comments:**  
 Determination regarding Report Number 15-32043-DTR, Addition of Behavioral Health Services at Fair Haven Community Health Center at 50 Grand

**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 340308Hartford, CT 06134**