



**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
Full Legal Name	<b>St. Vincent's Medical Center</b>
Doing Business As	<b>St. Vincent's Medical Center</b>
Name of Parent Corporation	<b>Ascension Health</b>
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	<b>2800 Main Street Bridgeport, Connecticut 06606</b>
What is the Petitioner's Status: P for profit and NP for Nonprofit	<b>NP</b>
<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.	<b>Peter H. Struzzi, Esq. Vice President/General Counsel</b>

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	<b>2800 Main Street Bridgeport, Connecticut 06606</b>
Contact Person's Telephone Number	<b>(203) 576-5584</b>
Contact Person's Fax Number	<b>(203) 576-5345</b>
Contact Person's e-mail Address	<b>Peter.Struzzi@stvincents.org</b>

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **St. Vincent's Medical Mission**
- b. Estimated Total Project Cost: \$ **approximately \$20,000**
- c. Location of proposal, identifying Street Address, Town and Zip Code:  
**Geraldine Johnson School, 475 Lexington Avenue, Bridgeport, CT 06604**
- d. List each town this project is intended to serve:  
**Bridgeport, CT**
- e. Estimated starting date for the project: **One day: October 15, 2016, from 8:30 a.m. to 3:00 p.m.**

## 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: St. Vincent's Medical Center

Project Title: St. Vincent's Medical Mission

I, Stuart Marcus, M.D., President and CEO  
(Name) (Position – CEO or CFO)

of St. Vincent's Medical Center 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] 7/12/16  
Signature Date

Subscribed and sworn to before me on July 12, 2016

[Signature]  
Notary Public/Commissioner of Superior Court

My commission expires: May 31, 2021

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.

Not applicable. This is a one day program, to be held on October 15, 2016, from 8:30 a.m. to 3:00 p.m.

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

On Saturday, October 15, 2016, St. Vincent's Medical Center ("Medical Center") will provide its second Medical Mission at Home, designed to deliver basic healthcare, social and support services to individuals in need in the Bridgeport community. The goal of the Medical Mission is to serve members of the community that may not have access to necessary medical and social services, including in particular the homeless and underserved population in Bridgeport.

The medical services to be offered at the Medical Mission include:

- (i) screening for cholesterol and glucose;
- (ii) checking blood pressure, pulse and temperature;
- (iii) checking height, weight, waist size and body mass index (BMI);
- (iv) provide flu/pneumovax vaccines;
- (v) performing basic physical assessments;
- (vi) foot washing/podiatry care;
- (vii) mammography screening;
- (viii) basic behavioral health consultations; and
- (ix) making referrals for follow-up where indicated.

All services provided will be free, and no insurance will be required.

3. Identify the current population served and the target population to be served.

The Medical Center will be providing services to the population of Bridgeport, Connecticut, in particular the homeless and underserved population in the vicinity of the Geraldine Johnson School, where this event will be held.

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.

Not applicable. This is a one day program, to be held on October 15, 2016, from 8:30 a.m. to 3:00 p.m.

A copy of the Department of Public Health license for St. Vincent's Medical Center is attached.

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

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STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0057

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

St. Vincent's Medical Center of Bridgeport, CT d/b/a St. Vincent's Medical Center is hereby licensed to maintain and operate a General Hospital.

St. Vincent's Medical Center is located at 2800 Main Street, Bridgeport, CT 06606-4201.

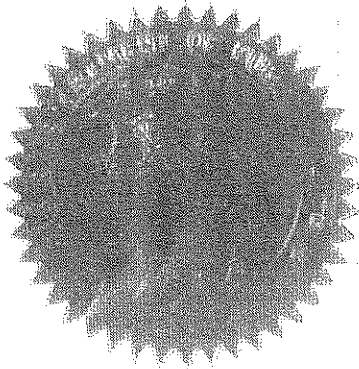
The maximum number of beds shall not exceed at any time:

47 Bassinets  
473 General Hospital Beds

This license expires September 30, 2017 and may be revoked for cause at any time.  
Dated at Hartford, Connecticut, October 1, 2015. RENEWAL.

Satellites:

Family Health Center, 760-762 Lindley Street, Bridgeport, CT  
The St. Vincent's Center for Wound Healing, 115 Technology Drive, Trumbull, CT  
St. Vincent's Behavioral Health Center-Westport, 47 Long Lots Road, Westport, CT  
St. Vincent's Outpatient Behavioral Health-Bridgeport, 2400 Main Street, Bridgeport, CT  
St. Vincent's Outpatient Behavioral Health-Norwalk, 1 Lois Street, Norwalk, CT  
St. Vincent's Center for Wound Healing-Stratford, 3272 Main Street, Stratford, CT



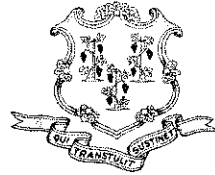
*Jewel Mullen*

Jewel Mullen, MD, MPH, MPA  
Commissioner

# 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

July 27, 2017

Peter H. Struzzi, Esq.  
Vice President/General Counsel  
St. Vincent's Medical Center  
2800 Main Street  
Bridgeport, CT 06606

RE: Certificate of Need Determination Report Number 16-32106-DTR  
St. Vincent's Medical Mission

Dear Attorney Struzzi:

On July 19, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of St. Vincent's Medical Center ("Petitioner") with respect to the St. Vincent's Medical Mission.

The Petitioner will hold a one-day medical mission in Bridgeport, Connecticut on October 15, 2016. The medical mission is designed to deliver basic healthcare, social and support services to individuals in need in the Bridgeport community. The medical mission will serve the homeless and underserved population and all services will be provided at no charge.

The proposed medical mission does not meet any of the criteria outlined in Connecticut General Statutes § 19a-638(a) that would necessitate a CON. Accordingly, OHCA hereby determines that a CON *is not required* for the proposed medical mission.

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](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

\* \* \* COMMUNICATION RESULT REPORT ( JUL. 27. 2016 11:14AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUL. 27. 2016 11:13AM

FILE MODE	OPTION	ADDRESS	RESULT	PAGE
708	MEMORY TX	912035765345	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:** PETER STRUZZI, ESQ.

**FAX:** 203 576-5345

**AGENCY:** ST. VINCENT'S MEDICAL CENTER

**FROM:** OHCA

**DATE:** 7/27/16 **Time:** \_\_\_\_\_

**NUMBER OF PAGES:** \_\_\_\_\_  
*(including transmittal sheet)*

**Comments:**  
 Attached is the Determination for Report Number: 16-32106-DTR for St. Vincent's Medical Mission

**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**