



**GILEAD**

COMMUNITY SERVICES, INC. • Serving Middlesex County

Improving Lives, Building Futures

Various programs  
accredited by:



Office of Health Care Access  
410 Capitol Ave.  
Hartford, CT. 06134

August 11, 2017

To Whom It May Concern,



I have enclosed two completed 2020 Forms in regards to Gilead Community Services, Inc. request to add a substance abuse license to our two licensed Psychiatric Out-Patient Clinics for adults.

Based on the regulations, our attorney believes that we are except from the CON process but we are sending these forms in for confirmation on your part. Please feel free to contact me at the number listed below (extension 3426) if you need more information.

Sincerely,

Linda Walsh, LMSW  
Director of Billable Services

Funded in part by:

The Department of  
Mental Health &  
Addiction Services



The Department of  
Children & Families



The Middlesex  
United Way, Inc.





A  
32183



# 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	Gilead Community Services, Inc.	
Doing Business As	Gilead Community Services, Inc.	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	P.O. Box 1000 Middletown, CT. 06457 222 Main St. Extension, Middletown, CT. 06457	
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	Linda Walsh, Director of Billable Services	

correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	P.O. Box 1000 Middletown, CT. 06457 222 Main St. Extension, Middletown, CT. 06457	
Contact Person's Telephone Number	860-343-5300 Ext. 3426	
Contact Person's Fax Number	860-347-8070	
Contact Person's e-mail Address	lwalsh@ gileadcs.org	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Substance Abuse License
- b. Estimated Total Project Cost: N/A
- c. Location of proposal, identifying Street Address, Town and Zip Code: 230 Main St. Extension, Middletown, CT. 06457
- d. List each town this project is intended to serve:  
Middletown, Portland, Cromwell, Middlefield, Durham and East Hampton
- e. Estimated starting date for the project: 9/1/17

## 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.
  - Behavioral health out-patient services including prescribing medications and dual diagnosis group, family and individual therapy.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
  - Proposed services are substance abuse services. Seeking substance abuse license from DPH.
  
3. Identify the current population served and the target population to be served.
  - Our current population is adults with psychiatric and co-occurring disorders.
  - Target population to be served is adults with psychiatric, co-occurring and substance use disorders.

2020  
08/11

**SECTION V. AFFIDAVIT**

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

Petitioner: Gilead Community Services

Project Title: Substance Abuse License

I, Daniel Osborne, CEO  
(Name) (Position – CEO or CFO)

of Gilead Community Services 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.

Daniel Osborne 8/7/17  
Signature Date

Subscribed and sworn to before me on 8/7/17

Kimberly H. Earles  
Notary Public/Commissioner of Superior Court

KIMBERLY H. EARLES  
NOTARY PUBLIC  
MY COMMISSION EXPIRES  
SEPT. 30, 2019

My commission expires: 9/30/19

# 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

August 22, 2017

VIA ELECTRONIC MAIL ONLY

Linda Walsh  
Director of Billable Services  
Gilead Community Services, Inc.  
PO Box 1000  
Middletown, CT 06457

RE: Certificate of Need Determination Report Number 17-32183-DTR  
Establishment of Substance Abuse Clinic

Dear Ms. Walsh:

On August 18, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Gilead Community Services, Inc. ("Petitioner") with respect to the addition of a substance abuse license.

The Petitioner is a non-profit agency that currently provides behavioral health outpatient services including prescribing medications and dual diagnosis group, family, and individual therapy. The Petitioner seeks to add a substance abuse license to treat adults with psychiatric and co-occurring and substance use disorders at its facility located at 230 Main Street Extension, Middletown, Connecticut. The Petitioner is funded in part by the State of Connecticut Department of Mental Health and Addiction Services and The Department of Children and Families.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a certificate of need is required for "[T]he establishment of a new health care facility". Conn. Gen. Stat. § 19a-630(11) defines a health care facility as "... (H) substance abuse treatment facilities...". However, Conn. Gen. Stat. § 19a-638(b)(13) provides an exception for "A program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility" The Petitioner is not a psychiatric residential treatment facility and is funded by The Department of Children and Families. Therefore, a **CON is not required** for the Petitioner's proposal.

Sincerely,

 Digitally signed by Kimberly Martone  
Date: 2017.08.22 12:25:41 -04'00'

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, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

Affirmative Action/Equal Opportunity Employer



**Olejarz, Barbara**

---

**From:** Microsoft Outlook  
**To:** lwalsh@gileadcs.org  
**Sent:** Tuesday, August 22, 2017 12:28 PM  
**Subject:** Relayed: Determination

**Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:**

[lwalsh@gileadcs.org](mailto:lwalsh@gileadcs.org) ([lwalsh@gileadcs.org](mailto:lwalsh@gileadcs.org))

Subject: Determination



## Olejarz, Barbara

---

**From:** Olejarz, Barbara  
**Sent:** Tuesday, August 22, 2017 12:28 PM  
**To:** 'lwalsh@gileadcs.org'  
**Subject:** Determination  
**Attachments:** 17-32183-DTR CON.pdf

<b>Tracking:</b>	<b>Recipient</b>	<b>Delivery</b>
	'lwalsh@gileadcs.org'	
	Hansted, Kevin	Delivered: 8/22/2017 12:28 PM
	Martone, Kim	
	Riggott, Kaila	Delivered: 8/22/2017 12:28 PM
	McLellan, Rose	Delivered: 8/22/2017 12:28 PM
	Kimberly.Martone@ct.gov	Delivered: 8/22/2017 12:28 PM

8/22/17

Linda Walsh,

Please see attached Determination regarding Report Number: 17-32183-DTR, Establishment of Substance Abuse Clinic.

Barbara K. Olejarz  
Administrative Assistant to Kimberly Martone  
Office of Health Care Access  
Department of Public Health  
Phone: (860) 418-7005  
Email: [Barbara.Olejarz@ct.gov](mailto:Barbara.Olejarz@ct.gov)



## Olejarz, Barbara

---

**From:** Linda Walsh <lwalsh@gileadcs.org>  
**To:** Olejarz, Barbara  
**Sent:** Tuesday, August 22, 2017 1:11 PM  
**Subject:** Read: Determination

Your message

To:  
Subject: Determination  
Sent: Tuesday, August 22, 2017 1:11:17 PM (UTC-05:00) Eastern Time (US & Canada)

was read on Tuesday, August 22, 2017 1:11:11 PM (UTC-05:00) Eastern Time (US & Canada).