



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

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

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 there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full Legal Name	Catholic Charities, Inc. Archdiocese of Hartford	
Doing Business As	Catholic Charities, Inc.	
Name of Parent Corporation	Catholic Charities, Inc Archdiocese of Hartford	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	839-841 Asylum Avenue Hartford, CT 06105	
Applicant type (e.g., profit/ non-profit)	non profit	
Contact person including title or position	Marcia R. Tanguay Director of Programs	
Contact person's street mailing address	61 Colony Street Meriden, CT 06451	
Contact person's phone #, fax # and e-mail address	ph. (203) 235-2507 fax (203) 639-6509 mtanguay@ccaoh.org	

**SECTION II. GENERAL PROPOSAL INFORMATION**

- a. Proposal/Project Title (i.e. use applicable state licensure categories):

Closure of satellite office at 681 Main St. Plantsville, CT 06479

- b. Location of proposal (Town including street address):

681 Main Street, Plantsville, CT 06479

- c. List all the municipalities this project is intended to serve:

Southington, Plantsville

- d. Estimated starting date for the project: September 1, 2006

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

We are requesting that we be allowed to close our satellite office located at 681 Main Street, Plantsville, CT 06479. Clients who request service can be seen in our offices in Meriden or New Britain. We have not had a request for service at that location in the last four months. During the year of 2005 we served a total of 32 clients at that site. We do not believe that the closure of our adult out-patient clinic would pose a hardship to the residents of Southington.

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

Estimated Total Capital Expenditure: N/A

**SECTION IV. EXEMPTION INFORMATION**

I may be eligible for an exemption from the Certificate of Need process because of the following: (Please check the boxes that apply.)

**Section 19a-639(d), C.G.S.**

This is a Community Health Center which:

- is proposing a capital expenditure which does not exceed one million dollars provides only primary care or dental services and either
- 1/3<sup>rd</sup> 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.

This is a Federally Qualified Health Center Satellite which:

- is part of a federally qualified health center with proof attached
- provides only primary care or dental services
- provides services in a medically underserved area or a health professional shortage area with proof attached.

**Section 19a-639(e), C.G.S.**

This is a school-based clinic, which is:

- licensed or will be licensed by the Department of Public Health (DPH)
- approved by the DPH as meeting a standard model for a comprehensive school-based health clinic
- proposing a capital expenditure not exceeding one million dollars located entirely on the property of an existing school site.

**Section 19a-639b, C.G.S.**

This proposal is intended for a non-profit facility, institution or provider to fill a specific service need as identified by a state agency or department which:

- has a capital expenditure that does not exceed one 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 endorsement attached)

**Section 17a-678, C.G.S.**

This is a proposal to close a service delivery system gap in the statewide substance abuse 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 that is attached with proof of DMHAS funding and confirming the above.

**SECTION V. WAIVER/ EXEMPTION AFFIDAVIT**

Applicant: Catholic Charities, Inc. Archdiocese of Hartford

Project Title: Closure of satellite office at 681 Main St., Plantsville, CT 06479

I, Rose Alma Senatore, Chief Executive Officer,  
Name of the authorized representative Title

of Catholic Charities, Inc., being duly sworn, depose and  
Facility Name

state that said facility complies with all of the criteria: (Check One Only)

- Stated in 19a-639(d) of the Connecticut General Statutes (FQHC/CHC)
- Stated in 19a-639(e) of the Connecticut General Statutes (School-based clinic)
- Stated in 19a-639b of the Connecticut General Statutes (Non-Profit)
- Stated in 17a-678 of the Connecticut General Statutes (DMHAS)
- Stated in 19a-639c of the Connecticut General Statutes (Replacement equipment Waiver)

Rose Alma Senatore +  
Signature

8/8/06  
Date

Subscribed and sworn to before me on 8<sup>th</sup> day of August 2006

Brianne May  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_ +

**BRIANNE MAY**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES JUNE 30, 2011