



YALE NEW HAVEN  
HEALTH

July 25, 2008

RECEIVED  
2008 JUL 25 P 2:41  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

Honorable Cristine Vogel  
Commissioner  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: Establish Elective Angioplasty at Greenwich Hospital as a satellite of Yale-New Haven Heart Center and part of Yale New Haven Health Heart Institute

Dear Commissioner Vogel:

Greenwich Hospital (GH), in conjunction with the Yale-New Haven Heart Center, and as part of the Yale New Haven Health Heart Institute (YNHHHI), is pleased to submit its Letter of Intent to establish elective angioplasty as a satellite of Yale-New Haven Heart Center.

The proposal seeks to ensure uninterrupted continuity of care for Greenwich Hospital's cardiac patients who prefer to be treated locally. The total cost for the program is estimated to be \$50,000.

Please forward any correspondence to:

Jean Ahn, System Director  
Yale New Haven Health System  
789 Howard Avenue, CB 1007  
New Haven, CT 06519

Thank you for your consideration.

Sincerely,

Gayle Capozzalo  
Executive Vice President  
Yale New Haven Health System

cc: Frank Corvino  
Marna Borgstrom



# State of Connecticut

## Office of Health Care Access

### Letter of Intent Form

### Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by the Applicant(s), pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 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.

	Applicant One	Applicant Two
Full legal name	Greenwich Hospital Yale-New Haven Hospital	
Doing Business As	Yale New Haven Health Heart Institute	
Name of Parent Corporation	Yale New Haven Health Services Corporation	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	5 Perryridge Road Greenwich, CT 06830	
Identify Applicant Status: P for Profit or NP for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	Yes	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Jean Ahn System Director	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	789 Howard Avenue CB1007 New Haven, CT 06519	
Contact Person Telephone Number	203-688-2609	
Contact Person Fax Number	203-688-5013	
Contact Person e-mail Address	Jean.ahn@ynhh.org	

**SECTION II. GENERAL APPLICATION INFORMATION**

- a. Project Title: Elective Angioplasty
- b. Project Proposal: Establishment of Elective Angioplasty at Greenwich Hospital as a satellite of Yale-New Haven Heart Center and part of Yale New Haven Health Heart Institute

- c. Type of Project/Proposal, please check all that apply:

**Inpatient Service(s):**

- ☐ Medical/Surgical      ☒ Cardiac      ☐ Pediatric      ☐ Maternity
- ☐ Trauma Center      ☐ Transplantation Programs
- ☐ Rehabilitation (*specify type*) \_\_\_\_\_
- ☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
- ☐ Other Inpatient (*specify*) \_\_\_\_\_

**Outpatient Service(s):**

- ☐ Ambulatory Surgery Center      ☐ Primary Care      ☐ Oncology
- ☐ New Hospital Satellite Facility      ☐ Emergency      ☐ Urgent Care
- ☐ Rehabilitation (*specify type*) \_\_\_\_\_      ☐ Central Services
- Facility
- ☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
- ☐ Other Outpatient (*specify*) \_\_\_\_\_

**Imaging:**

- ☐ MRI      ☐ CT Scanner      ☐ PET Scanner
- ☐ CT Simulator      ☐ PET/CT Scanner      ☐ Linear

**Accelerator**

- ☐ Cineangiography Equipment      ☐ New Technology: \_\_\_\_\_

**Non-Clinical:**

- ☐ Facility Development      ☐ Non-Medical Equipment      ☐ Renovations
- ☐ Change in Ownership or Control      ☐ Land and/or Building Acquisitions
- ☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)
- ☐ Other Non-Clinical: \_\_\_\_\_

- d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

☒ Yes      ☐ No

If you checked "Yes" above, please check the appropriate box below:

- ☐ New (F, S, Fnc)      ☐ Additional (F, S, Fnc)      ☐ Replacement  
☒ Expansion (F, S, Fnc)      ☐ Relocation      ☐ Termination of Service  
☐ Reduction      ☐ Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed \$3,000,000, pursuant to Section 19a-639, C.G.S.?

☐ Yes      ☒ No

If you checked "Yes" above, please check the boxes below, as appropriate:

- ☐ New equipment acquisition and operation  
☐ Replacement equipment with disposal of existing equipment  
☐ Major medical equipment  
☐ Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code:

5 Perryridge Road, Greenwich, CT 06830

g. List each town this project is intended to serve:

Towns served by this project would include the Connecticut towns of Darien, Greenwich, New Canaan, Stamford, Norwalk, Weston, Westport and Wilton as well as the New York towns of Harrison, Larchmont, Mamaroneck, Rye, Port Chester, Armonk, Bedford, Bedford Hills, Hartsdale, Katonah, Mount Kisco, Mount Vernon, New Rochelle, Pound Ridge, Purchase, Scarsdale, South Salem, West Harrison and White Plains.

h. Estimated starting date for the project: Upon OCHA Approval

i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed
Not Applicable				

**SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION**a. Estimated Total Project Expenditure/Cost: \$50,000

b. Please provide the following tentative capital expenditure/costs related to the proposal:

<b>Major Medical Equipment Purchases*</b>	
Medical Equipment Purchases (1 IVUS machine @ \$50,000)	\$50,000
<b>Non-Medical Equipment Purchases*</b>	
Land/Building Purchases	
Construction/Renovation	
Other (Non-Construction) Specify: _____	
<b>Total Capital Expenditure</b>	<b>\$50,000</b>
<b>Major Medical Equipment – Fair Market Value of Leases Medical</b>	
<b>Equipment – Fair Market Value of Leases</b>	
<b>Non-Medical Equipment – Fair Market Value of Leases*</b>	
<b>Fair Market Value of Space – Capital Leases Only</b>	
<b>Total Capital Cost</b>	<b>\$50,000</b>
<b>Total Project Cost</b>	<b>\$50,000</b>
<b>Capitalized Financing Costs (Informational Purpose Only)</b>	

\* Provide an itemized list of all medical and non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost exceeding \$20,000,000 or if the proposal is for major medical equipment exceeding \$3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes☒ No

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

☐ Energy Conservation☐ Health, Fire, Building and Life Safety Code☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Not Applicable				

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.

e. Type of financing or funding source (more than one can be checked):

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Applicant's Equity | <input type="checkbox"/> Capital Lease   | <input type="checkbox"/> Conventional Loan |
| <input type="checkbox"/> Charitable Contributions      | <input type="checkbox"/> Operating Lease | <input type="checkbox"/> CHEFA Financing   |
| <input type="checkbox"/> Funded Depreciation           | <input type="checkbox"/> Grant Funding   |  |
| <input type="checkbox"/> Other (specify) _____         |  |  |

#### SECTION IV. PROJECT DESCRIPTION

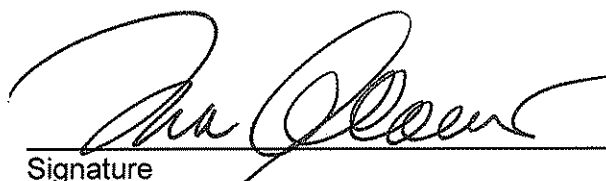
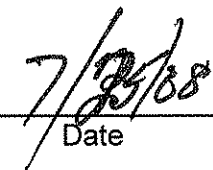
**In paragraph format**, please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

Please see Attachment 1.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.
2. List the types of services 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.
4. Identify any unmet need and describe how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.
7. Who will be responsible for providing the service?
8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

**AFFIDAVIT****To be completed by each Applicant**Applicant: **Greenwich Hospital**Project Title: **Establishment of Elective Angioplasty at Greenwich Hospital as a satellite of Yale-New Haven Heart Center and part of Yale New Haven Health Heart Institute**

I, **Frank Corvino**, President and CEO of **Greenwich Hospital** being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that **Greenwich Hospital** complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

   
Signature Date

Subscribed and sworn to before me on July 25, 2008

  
Notary Public/Commissioner of Superior Court

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

**SHEILA G. VENTO**  
NOTARY PUBLIC  
MY COMMISSION EXPIRES MAR. 31, 2012

**RECEIVED**  
2008 JUL 25 P 2:41  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

**AFFIDAVIT****To be completed by each Applicant**Applicant: **Yale-New Haven Hospital**Project Title: **Establishment of Elective Angioplasty at Greenwich Hospital as a satellite of Yale-New Haven Heart Center and part of Yale New Haven Health Heart Institute**

I, **Marna Borgstrom, President and CEO of Yale-New Haven Hospital** being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that **Yale-New Haven Hospital** complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Marna P. Borgstrom  
Signature

July 23, 2008  
Date

Subscribed and sworn to before me on July 23, 2008

Sheila G. Vento  
Notary Public/Commissioner of Superior Court

**SHEILA G. VENTO  
NOTARY PUBLIC  
MY COMMISSION EXPIRES MAR. 31, 2012**

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

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HEALTH CARE ACCESS



**Attachment 1**  
**Establishment of Elective Angioplasty at Greenwich Hospital**  
**as a satellite of Yale-New Haven Heart Center**  
**Project Description**

Greenwich Hospital is a progressive medical center offering a wide range of medical, surgical, diagnostic and preventive programs. A member of the Yale New Haven Health System, Greenwich Hospital is a community teaching hospital, affiliated with the Yale University School of Medicine. Greenwich Hospital is committed to providing the highest quality of care to the communities it serves. Greenwich Hospital's Department of Public Health License is presented in Appendix I. With this Letter of Intent, Greenwich Hospital is seeking approval to establish elective angioplasty as a satellite of Yale-New Haven Heart Center and part of Yale New Haven Health Heart Institute.

As part of the Yale-New Haven Heart Center and Yale New Haven Health Heart Institute, Greenwich Hospital currently provides diagnostic cardiac services including echocardiography, nuclear cardiac imaging, stress testing, cardiac CT angiography, diagnostic cardiac catheterization and CT angiography. In addition, Greenwich Hospital provides interventional cardiac services to provide emergency angioplasty for acute MI patients pursuant to its authorization to provide primary angioplasty service under OHCA CON Docket Number #03-30148-CON.

The emergency angioplasty program at Greenwich is a satellite of Yale-New Haven Heart Center's program with the medical professional services provided by physicians who have been trained and and/or provide similar services as part of Yale-New Haven Heart Center's robust and distinguished cardiology program. The Greenwich program is the result of extensive planning, preparation and dedicated effort on the part of Greenwich Hospital and Yale-New Haven Heart Center staff. Physician coverage of the program has been seamless, featuring Yale interventional cardiologists who regularly rotate down to Greenwich so that they are physically on site while they are on call, and one Yale interventional cardiologist who has relocated to Greenwich and now resides in town. Yale-New Haven Heart Center and Yale New Haven Health Heart Institute clinical and administrative staffs are always available as resources to Greenwich Hospital staff, and updates and progress on the program are periodically shared in an effort to disseminate best practices to all members. As a result, the Greenwich Hospital program is a strong, high quality program with clinical outcomes that compare favorably to national benchmarks, and that provides a critically important service to the Greenwich community.

Greenwich Hospital, as part of the Yale New Haven Health Heart Institute, has demonstrated the ability to meet the emergent cardiac care needs of the community through a well established myocardial infarction (MI) alert response team available 24 hours per day, seven days per week offering emergency angioplasty for patients presenting with acute MI. The Hospital now seeks to provide elective angioplasty services to patients in the community. The emergent and typically more complex clinical presentation of the primary angioplasty patients has well prepared the cardiac

care team to perform elective angioplasty cases. The Yale-New Haven Heart Center interventional cardiologists at Greenwich Hospital meet the ACC/AHA minimum volume criteria of 75 PCI procedures per year per operator. Many of the physician operators far exceed this minimum volume standard.

Lack of elective angioplasty services at Greenwich Hospital disrupts patient continuity of care. The large majority of patients in the Hospital's service area prefer to be treated locally. Given that Greenwich Hospital currently cannot perform angioplasty procedures unless the patient meets the criteria for emergency intervention, patients must presently be transferred to other hospitals for elective angioplasty procedures despite the presence of the well-experienced interventional cardiologists and catheterization lab support staff who are fully capable of providing high quality care onsite. In addition, referring physicians prefer to send patients to cardiac catheterization laboratories that can perform both diagnostic and interventional procedures so that the patient does not require transfer and re-catheterization if PCI is required. Furthermore, the current literature suggests that elective angioplasty can be safely performed on patients in settings without on-site cardiac surgery services.

The current population served through the primary angioplasty program is limited to patients that present on an emergent basis with ST segment elevation MI or new onset left bundle branch block. This proposal would, therefore, provide local access to patients requiring interventional cardiology services on an elective as well as emergent basis. Elective angioplasty would be provided by the staff and physicians of Greenwich Hospital as a satellite of Yale-New Haven Heart Center and part of Yale New Haven Health Heart Institute.

This proposal will provide patients with freedom of choice to receive elective angioplasty locally at Greenwich Hospital where they can benefit from the continuity of their care. There is currently no other local provider of elective angioplasty. In January 2006, Stamford Hospital was approved to provide elective angioplasty contingent upon the completion of 125 open heart surgery procedures, however, Stamford Hospital does not currently provide elective angioplasty services.

The addition of elective angioplasty to the complement of services offered by Greenwich Hospital, as a satellite of Yale-New Haven Heart Center and part of Yale New Haven Heart Institute, will enhance the quality and delivery of health care to patients in the Hospital's local service area. The proposed service is not anticipated to impact other area providers. The payer source and service area would remain unchanged. The proposal would allow Greenwich Hospital to be able to provide its patients with state-of-the-art, easily accessible, excellent quality care when they need it, as soon as they need it.

## Appendix 1

10/03/2007 15:22 FAX

002

**STATE OF CONNECTICUT**  
**Department of Public Health**

**LICENSE**  
**License No. 0045**

**General Hospital**

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

Greenwich Hospital of Greenwich, CT, d/b/a Greenwich Hospital is hereby licensed to maintain and operate a General Hospital.

**Greenwich Hospital** is located at 5 Perryridge Road, Greenwich, CT 06830

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

32 Bassinets

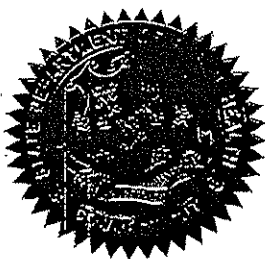
174 General Hospital beds

This license expires **September 30, 2009** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2007. RENEWAL.

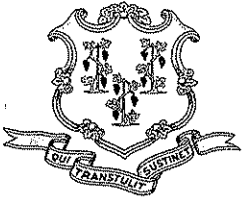
**Satellites**

The Endoscopy Center Of Greenwich Hospital, 500 West Putnam Avenue, Greenwich, CT



*J Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H.,  
Commissioner



M. JODI RELL  
GOVERNOR

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

July 30, 2008

Jean Ahn  
Director  
Yale-New Haven Hospital  
20 York Street, CB-1007  
New Haven, CT 06504

Re: Letter of Intent, Docket Number 08-31210  
Greenwich Hospital and Yale-New Haven Hospital  
Establishment of Elective Angioplasty Program at Greenwich Hospital  
Notice of Letter of Intent

Dear Ms. Ahn,

On July 25, 2008 the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Greenwich Hospital and Yale-New Haven Hospital ("Applicants") to establish an elective angioplasty program at Greenwich Hospital, at a total capital expenditure of \$50,000.

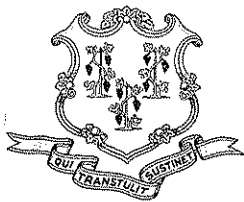
A notice to the public regarding OHCA's receipt of a LOI was published in the *Greenwich Times & The Advocate* pursuant to Section 19a-638 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

Kimberly R. Martone  
Certificate of Need Supervisor

KRM:lmg



M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

July 30, 2008

Requisition # HCA09-018  
Email: legal.notices@scni.com

Greenwich Times  
20 East Elm Street  
Greenwich, CT 06830

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Sunday, August 3, 2008**.

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact **Steven Lazarus** or **Alexis Fedorjaczenko** at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

A handwritten signature in cursive script, reading "Kimberly R. Martone".

Kimberly R. Martone  
Certificate of Need Supervisor

Attachment

KRM:SWL:AF:lmg

c: Sandy Salus, OHCA

**PLEASE INSERT THE FOLLOWING:**

Statute Reference:	19a-638
Applicants:	Greenwich Hospital and Yale-New Haven Hospital
Town:	Greenwich
Docket Number:	08-31210-LOI
Proposal:	Establishment of elective angioplasty program at Greenwich Hospital
Capital Expenditure:	\$50,000

The Applicants may file their Certificate of Need application between September 23, 2008 and November 22, 2008. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicants.

**Greer, Leslie**

---

Sent: Wednesday, July 30, 2008 10:46 AM

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Your message was successfully relayed to a system that does not support delivery confirmations.  
Unless the delivery fails, this will be the only delivery notification.

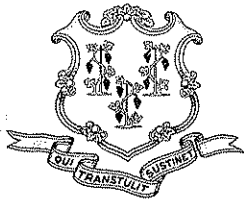
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Action: relayed  
Status: 2.0.0

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Content-Type: message/rfc822

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v6.0.0)); Wed, 30 Jul 2008 10:54:08 -0400  
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Return-Receipt-To: "Greer, Leslie" <Leslie.Greer@ct.gov>  
MIME-Version: 1.0  
Disposition-Notification-To: "Greer, Leslie" <Leslie.Greer@ct.gov>  
Subject: Legal Ad 08-31210-LOI  
Date: Wed, 30 Jul 2008 10:45:31 -0400  
Message-ID: <741BDEFB9A5C9A4F9421A255626F70B101B7D844@DOIT-EX401.exec.ds.state.ct.us>  
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X-MS-TNEF-Correlator:  
Thread-Topic: Legal Ad 08-31210-LOI  
Thread-Index: AcjyUuqA/rRwkBQ7TpGxdn3WaFMCYA==  
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To: legal.notices@scni.com  
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-----IMA2507eb8.4890/pop.state.ct.us--



M. JODI RELL  
GOVERNOR

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

July 30, 2008

Requisition # HCA09-019  
Fax: (203) 865-8360

New Haven Register  
40 Sargent Street  
New Haven, CT 06531-0715

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Sunday, August 3, 2008**.

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact **Steven Lazarus** or **Alexis Fedorjaczenko** at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

A handwritten signature in cursive script, reading "Kim R Martone".

Kimberly R. Martone  
Certificate of Need Supervisor

Attachment

KRM:LG:img

c: Sandy Salus, OHCA



**PLEASE INSERT THE FOLLOWING:**

Statute Reference:	19a-638
Applicants:	Greenwich Hospital and Yale-New Haven Hospital
Town:	Greenwich
Docket Number:	08-31210-LOI
Proposal:	Establishment of elective angioplasty program at Greenwich Hospital
Capital Expenditure:	\$50,000

The Applicants may file their Certificate of Need application between September 23, 2008 and November 22, 2008. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicants.

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 3818  
RECIPIENT ADDRESS 912038658360  
DESTINATION ID  
ST. TIME 07/30 10:42  
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PAGES SENT 2  
RESULT OK



M. Jodi Rell  
GOVERNOR

**STATE OF CONNECTICUT**  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

July 30, 2008

Requisition # HCA09-019  
Fax: (203) 865-8360

New Haven Register  
40 Sargent Street  
New Haven, CT 06531-0715

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Kimberly R. Martone  
Certificate of Need Supervisor