



**State of Connecticut  
Office of Health Care Access**

**Form 2020 Instructions:  
Request for CON Determination**

**CON Determinations**

A Certificate of Need Determination is a statement by the Office of Health Care Access (OHCA) regarding the need of a person or facility to obtain a Certificate of Need (CON) for a specific proposal. A CON will be required if it is determined that the Petitioner is either of the following:

A. A health care facility as defined by the Connecticut General Statutes and is:

1. Proposing a capital expenditure over \$3 million; or
2. Proposing the acquisition of major medical equipment over \$3 million; or
3. Proposing the acquisition of a CT scanner, a PET scanner, a PET/CT scanner, a MRI scanner, a linear accelerator, cineangiography equipment or other similar equipment utilizing technology that is new or being introduced into the state; or
4. Proposing a new function or service or terminating a service.

-OR-

B. Any person that is:

1. Proposing the acquisition of major medical equipment over \$3 million; or
2. Proposing the acquisition of a CT scanner, a PET scanner, a PET/CT scanner, a MRI scanner, a linear accelerator, cineangiography equipment or other similar equipment utilizing technology that is new or being introduced into the state.

The form consists of six sections that should provide OHCA with sufficient information to determine if the proposal will require a Certificate of Need. In some cases, additional information may be required.

The five sections are:

- Section I                      GENERAL PROPOSAL INFORMATION
- Section II                     PETITIONER INFORMATION
- Section III                    EXPENDITURE INFORMATION
- Section IV                    PROPOSAL DESCRIPTION
- Section V                     AFFIDAVIT

All portions of Sections I, II, IV, and V **must be completed**. If any portion is incomplete, the request will be returned to you for completion. OHCA recognizes that some of the information requested might not be pertinent to your proposal. If this is the case, please indicate that the question is "Not Applicable".

### **Section III**

All Petitioners must complete the item identified as "Estimated Total Project Cost." Enter "\$0" for projects with no projected costs.

OHCA requires an original and five copies of your completed Form 2020. All pages must be consecutively numbered. Please submit the completed Form 2020, Request for CON Determination to:

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

If you have any questions concerning this form, please contact Kimberly Martone at (860) 418-7001.