

March 13, 2013

Ms. Kimberly Martone  
 Director of the Office of Health Care Access  
 410 Capitol Avenue  
 MS#13HCA, P.O. Box 340308  
 Hartford, CT 06134-0308

**Re: Certificate of Need Determination Form  
 Hartford Hospital  
 Provision of First Aid Services at Sandy Hook Race for the Families 5k**

Dear Ms. Martone,

On behalf of Hartford Hospital, enclosed please find Form 2020, a Certificate of Need Determination Form. We have filled out this form as Hartford Hospital will be providing first aid care for minor needs at the Sandy Hook Race for the Families 5k, held on March 23, 2013.

First aid care will be delivered at three tents located throughout the course of the race in Hartford. These clinics will only be open for the duration of the race, a one day event, on March 23, 2013. We expect to have the facilities staffed from 8a to approximately 12p on that day. First aid will be available to runners, spectators and volunteers.

Please note: we are submitting this form initially via fax; the original copy is forthcoming in the mail.

Please do not hesitate to contact me at 860-462-2000 if you have any questions.

Sincerely,

Michaela O. Donnelly

Enclosures



**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	Hartford Hospital	
Doing Business As	Hartford Hospital	
Name of Parent Corporation	Hartford HealthCare	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	80 Seymour Street Hartford, CT 06102	
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 correspondence in this matter.	Michaela O. Donnelly Business Systems Analyst	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	80 Seymour Street Hartford, CT 06102	
Contact Person's Telephone Number	860-462-2000	
Contact Person's Fax Number	860-545-2127	
Contact Person's e-mail Address	Mdonnelly@harthosp.org	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Sandy Hook Race for the Families 5k Medical Tent
- b. Estimated Total Project Cost: There are no capital expenditures associated with this project.
- c. Location of proposal, identifying Street Address, Town and Zip Code:  
3 Medical Tents:
  - Race start line: Main Street, north of Old State House (just north of 800 Main Street) in Hartford, CT 06103)
  - Race finish line: In Bushnell Park on Trinity Street, just north of the arch (1 Jewell Street, Hartford, CT 06103)
  - Third location: Intersection of Trumbull Street and Asylum Street, Hartford, CT 06103
- d. List each town this project is intended to serve:  
The Sandy Hook Race for the Families 5k Medical Tent will serve runners, volunteers and spectators at the Sandy Hook Race for the Families 5k event. The event is held in Hartford, yet runners from across the state and beyond have registered to participate.
- e. Estimated starting date for the project: This is a one-day event, Saturday, March 23, 2013 – which will be staffed from 8 am to approximately 12 pm.

## 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. – Please see attached.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable. – Please see attached.
3. Identify the current population served and the target population to be served. – Please see attached.

**SECTION V. AFFIDAVIT**

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

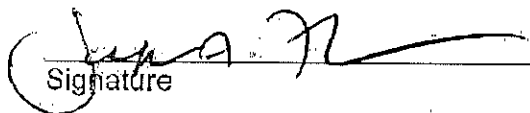
Petitioner: Hartford Hospital

Project Title: Sandy Hook Race for the Families 5k Medical Tent

I, Jeffrey A. Flaks CEO  
 (Name) (Position – CEO or CFO)

Of Hartford Hospital 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.

 March 15, 2013  
 Signature Date

Subscribed and sworn to before me on March 15, 2013

  
 Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2017

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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:

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Not applicable.

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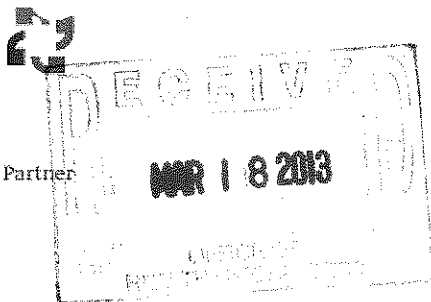
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For acute care needs, several ambulances (from various providers, which are not Hartford Hospital employed or owned) are stationed and are on standby throughout the race's course to transport those who need more acute or complete care.

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

Hartford Hospital will be providing first aid services to runners, spectators and volunteers at the event. The Sandy Hook Race for the Families 5k is attracting more than 15,000 runners.

Hartford  
Hospital  
A Hartford HealthCare Partner



March 13, 2013

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Director of the Office of Health Care Access  
410 Capitol Avenue  
MS#13HCA, P.O. Box 340308  
Hartford, CT 06134-0308

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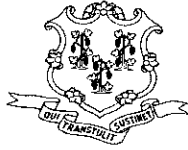
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Michaela O. Donnelly

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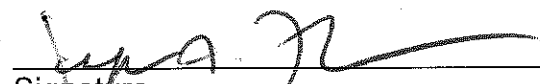
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(Name) (Position – CEO or CFO)

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Notary Public/Commissioner of Superior Court

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**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

March 19, 2013

VIA FACSIMILE ONLY

Michaela O. Donnelly  
Business Systems Analyst  
Hartford Hospital  
80 Seymour Street  
Hartford, CT 06102

RE: Certificate of Need Determination Report Number 13-31826-DTR  
Hartford Hospital  
Establishment of Three Temporary Satellites (Urgent) Medical Care Clinic Tents to Serve  
the Sandy Hook Race in Hartford

Dear Ms. Donnelly:

On March 15, 2013, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") determination request on behalf of Hartford Hospital with respect to whether a CON is required for the establishment of three temporary satellite medical care clinic tents to serve the Sandy Hook Race for the families in Hartford on March 23, 2013.

OHCA has determined that CON approval is not required for the proposal since a temporary satellite urgent care clinic is not a health care facility as defined by Connecticut General Statutes §19a-630. If you have any questions regarding this letter, please contact Steven W. Lazarus, Associate Health Care Analyst, at (860) 418-7012.

Sincerely,

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

Kimberly R. Martone  
Director of Operations, OHCA

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

*An Equal Opportunity Provider*

*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

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\*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

TX/RX NO 3341  
RECIPIENT ADDRESS 918605452127 ✓  
DESTINATION ID  
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PAGES SENT 2 ✓  
RESULT OK ✓



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Michaela O. Donnelly  
FAX: (860) 545-2127  
AGENCY: \_\_\_\_\_  
FROM: Steve Hazam  
DATE: 3/19/13 TIME: 12:20pm  
NUMBER OF PAGES: (2)  
(including transmittal sheet)

Comments:

Con Determinative enclosed.  
DN: 13-31826-DTR

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.