
*** TX REPORT ***

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

FAX SHEET

TO: MICHAELA O DONNELLY
860 972-9025

FAX: _____

AGENCY: HARTFORD HEALTHCARE CORPORATION

FROM: OHCA

DATE: 10/22/13 Time: _____

NUMBER OF PAGES: 2

(including transmittal sheet)



Comments:

Determination regarding medical support for Community/Athletic events.



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Comments:

Determination regarding medical support for Community/Athletic events.

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

*410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134*



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

October 22, 2013

VIA FACSIMILE ONLY

Michaela O. Donnelly
Business Systems Analyst
Hartford Healthcare Corporation
181 Patricia M. Genova Drive
Newington, CT 06111

RE: Certificate of Need Determination Report Number 13-31870-DTR
Hartford Healthcare Corporation
Medical Support for Community/Athletic Events

Dear Ms. Donnelly:

On October 9, 2013, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") determination request on behalf of Hartford Healthcare Corporation ("Applicant") with respect to whether a CON is required for the provision of medical support at community and athletic events.

OHCA has determined that CON approval is not required for the proposal since the establishment of new services provided by a hospital is not currently regulated by OHCA under Conn. Gen. Stat. §19a-638(a).

Please contact me if you have any questions.

Sincerely,

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

Kimberly R. Martone
Director of Operations, OHCA

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