



AIDS PROJECT GREATER DANBURY

30 West Street, Danbury, CT 06810
phone: 203.778.2437 / fax: 203.743.1439
e-mail: apgd99@aol.com
www.danbury.org/apgd



TEL: 203-778-2437
FAX: 203-743-1439

FACSIMILE TRANSMITTAL

TO: Steve Lazarus **FAX:** 860-418-7053

FROM: Joanne Montgomery **DATE:** 7/20/16

Re: Con Determination form **PAGES:** 8

CC:

Urgent For Review Please Comment Please Reply



**Department of Public Health
Contracts & Grants Management Section**
PO Box 340308, 410 Capitol Ave.
Hartford, CT 06134-0308
Telephone: (860) 509-7704 FAX: (860) 509-8210

December 17, 2014

Roberta A. Stewart, Executive Director
AIDS Project Greater Danbury, Inc.
30 West Street
Danbury, CT 06810



Re: DPH Contract Log #2013-0116-2
Contract for: HIV Prevention Education
Contract Period: January 1, 2013 - December 31, 2016
Award Maximum: \$885,608.00

Dear Ms. Stewart:

Enclosed is a copy of the fully executed Contract Amendment listed above. Please forward copies of the fully executed Contract to the appropriate financial and programmatic staff in your agency. If you have contract questions regarding this Amendment please contact me at (860) 509-7704. Programmatic questions should be directed to Pamela Foster at (860) 509-7838.

Sincerely,

A handwritten signature in cursive script that reads "Paula S. Moran".

Paula S. Moran
CT DPH Contract Specialist

cc: Pamela Foster

apgd99@aol.com



**Department of Public Health
Contracts & Grants Management Section**
PO Box 340308, 410 Capitol Ave.
Hartford, CT 06134-0308
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March 20, 2015

Roberta A. Stewart, Executive Director
AIDS Project Greater Danbury, Inc.
30 West Street
Danbury, CT 06810

Re: DPH Contract Log #2013-0156-2
Contract for: AIDS Health Care and Support Services
Contract Period: April 1, 2013 - March 31, 2017
Award Maximum: \$553,274.00

Dear Ms. Stewart:

Enclosed is a copy of the fully executed Contract Amendment listed above. Please forward copies of the fully executed Contract to the appropriate financial and programmatic staff in your agency. If you have contract questions regarding this Amendment please contact me at (860) 509-7704. Programmatic questions should be directed to Christine Romanik at (860) 509-7645.

Sincerely,

Paula S. Moran
CT DPH Contract Specialist

cc: Christine Romanik



Dannel P. Malloy
Governor

STATE OF CONNECTICUT
DEPARTMENT OF HOUSING



Evonne M. Klein
Commissioner

March 1, 2016

Roberta A. Stewart
AIDS Project Greater Danbury, Inc.
30 West Street
Danbury, CT 06810

Dear Ms. Stewart,

I am very pleased to notify you that your submission in response to the AIDS Residential Programs Request for Proposals (RFP) has been selected for funding.

Specifically, your organization has been selected for funding for the contract period of 7/1/16 – 6/30/19. Your proposed annual funding amount, which in each year would be based on the availability of funds, is \$275,000.00.

This letter is not intended to be a legally binding commitment of funding but rather an indication of the Department's intention to negotiate such a contract with your organization consistent with the terms above. Any commitment of funding would be subject to the terms and conditions of a fully executed contract.

Please contact Steve DiLella at (860) 270-8081 or at steve.dilella@ct.gov if you have further questions related to this award.

Thank you again for your efforts on behalf of many of the most vulnerable individuals and families in Connecticut.

Sincerely,

Evonne M. Klein
Commissioner

cc:

Nick Lundgren, Deputy Commissioner
Steve DiLella, Director, Individual and Family Support Programs



**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	AIDS Project Greater Danbury, Inc.	
Doing Business As	Same as above	
Name of Parent Corporation	None	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	30 West Street Danbury, CT 06810	
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.	Joanne Montgomery Director Behavioral Health	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	30 West street Danbury, CT 06810	
Contact Person's Telephone Number	203-778-2437	
Contact Person's Fax Number	203-743-1439	
Contact Person's e-mail Address	Joanne.montgo mery@apgdct.or g	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Establishment of Outpatient Substance Abuse program
- b. Estimated Total Project Cost: \$ 0
- c. Location of proposal, identifying Street Address, Town and Zip Code: 30 West Street Danbury, CT 06810
- d. List each town this project is intended to serve:
Greater Danbury Region/Western CT
- e. Estimated starting date for the project: November 1, 2016

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.
2. Identify the types of services that are 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.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: AIDS Project Greater Danbury, Inc.

Project Title: Establishment of Outpatient Substance Abuse Program

I, Roberta A. Stewart
(Name)

Executive Director
(Position – CEO or CFO)

of AIDS Project Greater Danbury, Inc. 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.

Roberta A Stewart

Signature

7/19/16

Date

Subscribed and sworn to before me on *19th* day of *July* 2016

Karen Failla

Notary Public/Commissioner of Superior Court

My commission expires: *4/30/2021*

Karen Failla
Notary Public of Connecticut
My Commission exp 4/30/2021

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.

Our agency is an AIDS service Organization in existence since 1987. We currently provide HIV prevention and care services including housing, Case management, HIV/STD testing, syringe exchange, outreach, mental health, substance abuse, transportation and emergency support services. We currently do not hold any DPH licensure but we do have three state contracts. Prevention services funded through DPH, Part B Ryan White funded through DPH and housing services funded through DOH.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

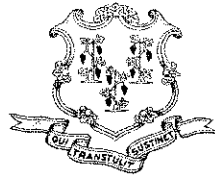
We are currently looking to do substance abuse groups and individual sessions and are trying to obtain an Outpatient substance abuse license.

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

We currently serve a limited number of persons living with HIV and the comorbidities of substance abuse and mental health. We seek to expand the number of individuals we serve that are impacted by substance abuse both living with HIV and those from the general population. Our clientele will be adults over the age of eighteen.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

July 27, 2016

Joanne Montgomery
Director, Behavioral Health
AIDS Project Greater Danbury, Inc.
30 West Street
Danbury, CT 06810

RE: Certificate of Need Determination Report Number 16-32107-DTR
Establishment of Outpatient Substance Abuse Program

Dear Ms. Montgomery:

On July 21, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of AIDS Project Greater Danbury, Inc. ("Petitioner") with respect to the establishment of an outpatient substance abuse program.

The Petitioner is a nonprofit AIDS services organization that provides HIV prevention and care services including housing, case management, HIV/STD testing, syringe exchange, outreach, mental health, substance abuse, transportation and emergency support services. The Petitioner has three State contracts: prevention services funded through the State of Connecticut Department of Public Health, Part B Ryan White funded through the State of Connecticut Department of Public Health, and housing services funded through the State of Connecticut Department of Housing. The Petitioner is proposing the establishment of an outpatient substance abuse program.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a certificate of need is required for the "establishment of a new health care facility". Conn. Gen. Stat. § 19a-630(11) defines a health care facility as "(H) substance abuse treatment facilities". However, Conn. Gen. Stat. § 19a-638(b)(14) provides an exception for "any nonprofit facility, institution or provider that has a contract with...a state agency..." Since the Petitioner is a nonprofit that has three contracts with State agencies, a **CON is not required** for the Petitioner's proposal.

Sincerely,

A handwritten signature in black ink that reads "Kimberly R. Martone".

Kimberly R. Martone
Director of Operations

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



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

* * * COMMUNICATION RESULT REPORT (JUL. 27. 2016 10:09AM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 27. 2016 10:08AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

707 MEMORY TX

912037431439

OK

2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: JOANNE MONTGOMERY
FAX: 203 743-1439
AGENCY: AIDS PROJECT GREATER DANBURY, INC.
FROM: OHCA
DATE: 7/27/16 **Time:** _____
NUMBER OF PAGES: _____
(including transmittal sheet)

Comments:
Please see attached Determination for Report Number 16-32107-DTR
Establishment of Outpatient Substance Abuse Program

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