CON Determination Form 2020

All persons who are requesting a determination from the Office of Health Strategy ("OHS") as to whether a CON is required for their proposed project must complete this Form 2020. The completed form ***must be filed electronically*** through the OHS' single point of access, its CON Web Portal.

First time Portal users must register prior to submitting any documents. To register, click here: Certificate of Need Web Portal

For any questions, please email HSP@ct.gov or call (860) 418-7001.

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 Trusted Medical, LLC	Kevin Carr, MD	
Doing Business As N/A		
Name of Parent Corporation Trusted Medical, LLC		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail 99 East Main Street Suite 600 Middletown, CT 06457		
What is the Petitioner's Status: P for profit and NP for Nonprofit P		
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. Kevin Carr, MD Chief Executive Officer		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail 99 East Main Street Suite 600 Middletown, CT 06457		
Contact Person's Telephone Number (202) 867-7258		
Contact Person's Fax Number N/A		
Contact Person's e-mail Address kevin.carr@trusted-medical.com		

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title: Trusted Medical - Middletown

b. Estimated Total Project Cost: $ $750K

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

99 East Main Street
Suite 600
Middletown, CT 06457

d. List each town this project is intended to serve: Veteran Disability Services for the State of Connecticut

e. Estimated starting date for the project: 11/1/2022

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 (DPH) license held by the Petitioner.

   Trusted Medical is under subcontract to VA to provide independent medical assessments for the purpose of supporting VA to determine the Veteran's disability eligibility. No medical treatment services are currently provided. All services are paid by VA for the compensation and pension exams.

   Trusted Medical proposes to expand services at the location to provide more comprehensive primary care services for Veterans and non-Veteran patients to include primary care, audiology, and behavioral health services. All providers will be licensed in the State and operate within their scope of approved services. As part of the plan, Trusted Medical will be added to the VA Community Care Network, which supports reimbursement for care to Veterans in the community when the VA in unable to provide the care in a timely manner.

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

   Proposed services: General Medicine (including Spirometry and EKG), Audiology, Behavioral Health.

   Licensure sought: Outpatient Clinic (OPC)

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

   Current population served: N/A

   Target population to be served: State of Connecticut

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Kevin Carr, MD

Project Title: Trusted Medical – Middletown

I, Kevin Carr (Name), CEO (Position – CEO or CFO)

of Trusted Medical, LLC (Organization Name) being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

Kevin Carr Chief Executive Officer 09/12/2022

Signature Kevin Carr **Provided Driver License** Date

State Florida County St. Lucie County

Subscribed and sworn to before me on 09/12/2022

Mercedez G Robinson

Notary Public/Commissioner of Superior Court

My commission expires: 12/13/2024

MERCEDEZ G ROBINSON
Notary Public - State of Florida
Commission # HH 83897
Expires on December 13, 2024

Notarized online using audio-video communication