

Greer, Leslie

From: Jennifer Groves Fusco <jfusco@uks.com>
Sent: Thursday, November 06, 2014 2:56 PM
To: User, OHCA
Cc: psmith@newport-academy.com
Subject: CON Determination Requests -- Monroe Operations, LLC d/b/a Newport Academy
Attachments: Newport Academy CON Determinations.pdf

Hi, Leslie.

Attached please find two CON Determination requests on behalf of Monroe Operations, LLC d/b/a Newport Academy. Originals are in the mail. Please confirm receipt.

Thanks,
Jen

Jennifer Groves Fusco, Esq.
Principal
Updike, Kelly & Spellacy, P.C.
One Century Tower
265 Church Street
New Haven, CT 06510
Office (203) 786.8316
Cell (203) 927.8122
Fax (203) 772.2037
www.uks.com



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Jennifer G. Fusco
(t) 203.786.8316
(f) 203.772.2037
jfusco@uks.com

November 6, 2014

VIA REGULAR & ELECTRONIC MAIL

Kimberly R. Martone, Director of Operations
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P. O. Box 340308
Hartford, CT 06106



Re: Monroe Operations, LLC d/b/a Newport Academy
Day Treatment Programs

Dear Ms. Martone,

This office represents Monroe Operations, LLC d/b/a Newport Academy ("Newport Academy"). Enclosed please find CON Determination Forms 2020 for the establishment of Day Treatment Programs in Bethlehem and Darien. Each program will serve clients ages 13 to 20 and will be dually licensed by the State of Connecticut Department of Children and Families ("DCF") and Department of Public Health ("DPH").

Newport Academy previously filed Forms 2020 related to these programs under Docket Nos. 14-31941-DTR and 14-31940-DTR. In those filings, Newport Academy disclosed only the DPH licenses required to serve the young adult clients in its Day Treatment Programs (in response to the question on the Form 2020 that states: "...identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable."). Newport Academy did not disclose the DCF licenses that have been sought for treatment of the adolescent clients in these same programs.

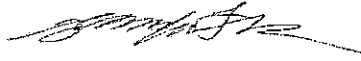
Section 19a-638(b)(13) of the Connecticut General Statutes provides that a CON is not required for a "program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility." Because the Day Treatment Programs at Newport Academy will be licensed by DCF, and because they are not Psychiatric Residential Treatment Facilities, we respectfully submit that they meet the requirements of this exemption (*see* Positive Directions, Docket No. 14-31958-DTR).

Updike, Kelly & Spellacy, P.C.
One Century Tower #265 Church Street #New Haven, CT 06510 (t) 203.786.8300 (f) 203.772.2037 www.uks.com

Kimberly R. Martone
November 6, 2014
Page 2

Should you have any questions or require additional information, please feel free to contact me at (203) 786-8316.

Very truly yours,



Jennifer Groves Fusco

JGF/dla

cc: Pamela S. Bryan



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	Monroe Operations, LLC	
Doing Business As	Newport Academy	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	811 N. Ranch Wood Trail Orange, CA 92869	
What is the Petitioner's Status: P for profit and NP for Nonprofit	Profit	
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.	Pamela S. Bryan National Director of Operations, Licensing & Compliance	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	811 N. Ranch Wood Trail Orange, CA 92869	
Contact Person's Telephone Number	(714) 376-5889	
Contact Person's Fax Number	(714) 288-2099	
Contact Person's e-mail Address	<u>psmith@newport -academy.com</u>	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Newport Academy Day Treatment Program (Darien)**
- b. Estimated Total Project Cost: **\$85,000**
- c. Location of proposal, identifying Street Address, Town and Zip Code: **36 Old Kings Highway South, Darien, CT 06820**
- d. List each town this project is intended to serve: **Greenwich, Stamford, Darien, Wilton, New Canaan, Norwalk, Westport, Fairfield, Weston, Bridgeport, Easton, Trumbull, Stratford, Shelton, Monroe, Redding, Ridgefield, Newtown, Bethel, Danbury, Brookfield, New Fairfield, and Sherman.**
- e. Estimated starting date for the project: **November 2014**

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 IV. PROPOSAL DESCRIPTION

Monroe Operations, LLC d/b/a Newport Academy ("Newport Academy") proposes to establish a day treatment program for adolescents and young adults ages 13 to 20 (the "Day Treatment Program"). The Day Treatment Program will be located in Darien, Connecticut and will be dually licensed by the State of Connecticut Department of Children and Families ("DCF") and Department of Public Health ("DPH").

The Day Treatment Program at Newport Academy will operate Monday through Friday from 9:00 a.m. to 6:00 p.m. It will serve primarily as a step-down level of care for individuals with substance abuse and/or mental health disorders discharged from residential treatment programs. The program will consist of four (4) hours of online college courses or high school curriculum and five (5) hours of group and individual therapy each day. Group therapies include Process Group, Relapse Prevention Group, Recovery Skills Group, Gender Group, Nutrition Group, Weekend Planning Group, Music Therapy, and Multi-Family Process Group. All groups are run by Masters-level clinicians, interns, certified counselors, and outside professionals licensed within their fields. Newport Academy's Day Treatment Program is a minimum of one year in length.

Newport Academy will use evidence-based practices for the treatment of clients taking into consideration developmental conditions, the family and the environment. The Day Treatment Program will involve a multi-disciplinary approach where adolescents and their families have access to psychiatrists, licensed marriage and family therapists, internal medicine physicians, certified chemical dependency counselors, and other behavioral health treatment specialists to best meet their continued treatment needs. During day treatment clients meet with a therapist and a recovery counselor, both of whom are available throughout the day and are on site from 11:00 a.m. until 6:00 p.m. Additionally, counselors hold family sessions at a minimum of once per month and a maximum of every other week. As part of day treatment all clients undergo drug testing twice weekly.

Newport Academy has applied for an Outpatient Psychiatric Clinic for Children license from DCF to cover the program's adolescent population. This license is expected to be issued within the next several weeks. Newport Academy will also be applying for a Private Freestanding Facilities for the Care or Treatment of Substance Abusive or Dependent Persons license from DPH to cover the program's young adult population.

Section 19a-638(b)(13) provides that a CON is not required for a "program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility." The Day Treatment Program at Newport Academy will be licensed by DCF and is not a psychiatric residential treatment facility. The DCF exemption from CON requirements therefore applies (*see* Positive Directions, Docket No. 14-31958-DTR).

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Monroe Operations, LLC d/b/a Newport Academy

Project Title: Newport Academy Day Treatment Program (Darien)

I, Jamison Monroe Jr., CEO
(Name) (Position – CEO or CFO)

of Monroe Operations being duly sworn, depose and state that the
(Organization Name)

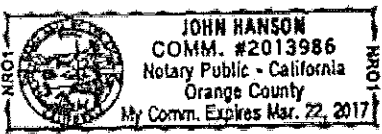
information provided in this CON Determination form is true and accurate to the best of my knowledge.

[Signature] 11-6-14
Signature Date

Subscribed and sworn to before me on November 06, 2014

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: 3/22/17





State of Connecticut Office of Health Care Access CON Determination Form Form 2020

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	Petitioner	Petitioner
Full Legal Name	Monroe Operations, LLC	
Doing Business As	Newport Academy	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	811 N. Ranch Wood Trail Orange, CA 92869	
What is the Petitioner's Status: P for profit and NP for Nonprofit	Profit	
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.	Pamela S. Bryan National Director of Operations, Licensing & Compliance	

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Contact Person's Telephone Number	(714) 376-5889	
Contact Person's Fax Number	(714) 288-2099	
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- e. Estimated starting date for the project: **November 2014**

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

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Section 19a-638(b)(13) provides that a CON is not required for a “program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility.” The Day Treatment Program at Newport Academy will be licensed by DCF and is not a psychiatric residential treatment facility. The DCF exemption from CON requirements therefore applies (*see* Positive Directions, Docket No. 14-31958-DTR).

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Monroe Operations, LLC d/b/a Newport Academy

Project Title: Newport Academy Day Treatment Program (Darien)

I, Jamison Monroe Jr., CEO
(Name) (Position – CEO or CFO)

of Monroe Operations being duly sworn, depose and state that the
(Organization Name)

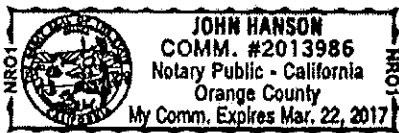
information provided in this CON Determination form is true and accurate to the best of my knowledge.

[Signature] 11-6-14
Signature Date

Subscribed and sworn to before me on November 06, 2014

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: 3/22/17





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

November 10, 2014

VIA FACSIMILE ONLY

Pamela S. Bryan
National Director of Operations, Licensing, and Compliance
Monroe Operations, LLC
811 N. Ranch Wood Trail
Orange, CA 92869

RE: Certificate of Need Determination Report Number 14-31962-DTR
Establishment of a New Health Care Facility Licensed by DCF

Dear Ms. Bryan:

On November 7, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Monroe Operations, LLC ("Petitioner") with respect to the establishment of the Newport Academy in Darien, Connecticut.

The Petitioner wishes to establish a private freestanding facility for the care or treatment of substance abuse or dependence in Darien, Connecticut. The facility, to be called Newport Academy, will provide day treatment for 18 to 20 year olds Monday through Friday from 9am to 6pm. Newport Academy has applied for an Outpatient Psychiatric Clinic for Children license from the Department of Children and Families. The license is expected to be issued within the next several weeks.

Conn. Gen. Stat. § 19a-638(b)(13), exempts from certificate of need requirements a "program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility." The Petitioner is not a psychiatric residential treatment facility and will be obtaining its license from the Department of Children and Families in the near future. Assuming the Petitioner receives its license from the Department of Children and Families, *no CON is required*. However, if the Petitioner fails to obtain its license from the Department of Children and Families, a CON would be required for the Petitioner's proposal.

Sincerely,

Kimberly R. Martone
Director of Operations

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

* * * COMMUNICATION RESULT REPORT (NOV. 10. 2014 2:45PM) * * *

FAX HEADER:

TRANSMITTED/STORED : NOV. 10. 2014 2:44PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

743 MEMORY TX

917142882099

OK

3/3

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: PAMELA BRYAN
FAX: 714-288-2099
AGENCY: MONROE OPERATIONS, LLC
FROM: OHCA
DATE: 11/10/14 Time: _____
NUMBER OF PAGES: 3
(including transmittal sheet)

Comments:
Please see attached determinations for DN: 14-31961 and DN: 14-31962
Regarding establishment of new health care facilities licensed by DCF

PLEASE PHONE Barbara K. Olejarsz 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