#### Greer, Leslie

From: Martone, Kim

Sent: Thursday, December 11, 2014 11:55 AM

To: Hansted, Kevin Cc: Greer, Leslie

**Subject:** FW: CON Determination Request - Rushford - Detoxification Program

**Attachments:** CON\_Determination\_Request\_ACE\_20141210.pdf

From: Klein, David [mailto:David.Klein@hhchealth.org]

Sent: Thursday, December 11, 2014 11:07 AM

To: Martone, Kim

Cc: Larcen, Stephen; Zuckerman, Steven

Subject: CON Determination Request - Rushford - Detoxification Program

On behalf of Steve Larcen, President/CEO of Rushford, I have attached a Determination Request for Rushford Center to expand its Detoxification Unit in Middletown from 16 to 19 beds. A letter of support from Commissioner Rehmer is attached.

A hardcopy of the attached request is in the mail.

Thank you for your consideration.

David Klein, Ph.D.

Regional Vice President of Operations Behavioral Health Network Hartford HealthCare

860 465 5903 tel

www.natchaug.org www.hartfordhealthcare.org

This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message, including any attachments.



December 10, 2014

Kimberly Martone
Director of Operations
Office of Health Care Access
State of Connecticut Department of Public Health
410 Capitol Avenue – MS#13HCA
Hartford, CT 06134

RE: Proposal to add three beds to the Detoxification Unit at 1250 Silver Street, Middletown, CT

Dear Ms. Martone:

I am writing regarding our request a determination from OHCA as to whether a CON is required for the above referenced project. The CON Determination Form is attached. We would like to increase capacity of our detoxification unit from 16 beds to 19 beds. Our goal is to improve community access to the program, which serves over 1,000 adults annually who require detoxification from opioids, alcohol, and benzodiazepines.

Our leadership team had a preliminary discussion with Paul DiLeo, Deputy Commissioner of DMHAS in October, and I reviewed the proposal with him again last week. I am enclosing a letter of support from Commissioner Rehmer.

Thank you for your consideration.

Sincerely,

Stephen WLaraen, Ph.D. (DK) Stephen W. Larcen, Ph.D.

President/Chief Executive Officer

# DANNEL P. MALLOY GOVERNOR

#### STATE OF CONNECTICUT

#### DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A HEALTHCARE SERVICE AGENCY

PATRICIA A. REHMER, MSN COMMISSIONER

December 8, 2014

Stephen W. Larcen, Ph.D. President Rushford Center, Inc. 883 Paddock Avenue Meriden, Connecticut 06450

Dear Dr. Larcen:

I met with the leadership of Rushford and reviewed their request to expand their detoxification unit at 1250 Silver Street in Middletown from 16 to 19 beds. The increased capacity is expected to allow an additional 100 to 150 clients to access care annually.

I have reviewed the financial pro forma for the program, and the additional beds are projected to allow a program that has operated at a financial loss for the last two years to operate with a very small positive margin in the current fiscal year with this increased capacity.

Since the Medicaid expansion in January 2014 triggered by the Affordable Care Act, the Rushford program has experienced many days at full capacity, and not been able to meet increased demand for these services from Medicaid eligible clients.

The improved financial performance is projected to occur despite (a) a reduction in grant funding; and (b) no projected increase in the Medicaid daily rate. With increased access to Medicaid, there will be an increase in both the number of Medicaid clients served and in the Medicaid payer mix (percentage of total clients served). The improvement is possible only because the additional beds will allow Rushford to increase capacity and volume of care and to spread its operating costs over a wider base of clients.

For the reasons cited above, the Department supports Rushford's request to waive the Certificate of Need (CON) process for this expansion.

Sincerely,

Patricia A. Rehmer, MSN, ACHE

Commissioner

(AC 860) 418-7000 410 Capitol Avenue, P.O. Box 341431 • Hartford, CT 06134 www.dmhas.state.ct.us An Equal Opportunity Employer



# 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	Rushford Center, Inc.	
Doing Business As	Rushford Center, Inc.	
Name of Parent Corporation	Hartford Health Care	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	883 Paddock Avenue, Meriden, CT 06450	
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.	Stephen W. Larcen, Ph.D., President/Chief Executive Officer	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	same
Contact Person's Telephone Number	860-465-5900
Contact Person's Fax Number	203-634-2799
Contact Person's e-mail Address	stephen.larcen @hhchealth.org

#### **SECTION II. GENERAL PROPOSAL INFORMATION**

a.	Proposal/Project Title: Addition of 3 Beds to the Middletown (Silver Street) Detoxification Unit
b.	Estimated Total Project Cost: \$9,300
C.	Location of proposal, identifying Street Address, Town and Zip Code: 1250 Silver Street, Middletown, CT 06457
d.	List each town this project is intended to serve:
	Clients from nearly all CT towns are served by the Rushford Detoxification Unit in Middletown, known as ACE (Acute Care Evaluation). Because the proposed additional beds are located in the existing facility, expanding the number of beds is expected to increase the number of clients served, but is not expected to affect the towns served.
e.	Estimated starting date for the project:12/1/2014

#### 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.

Rushford is currently licensed for 16 beds in the ACE Unit, and is requesting to increase capacity by 3 beds, for a total of 19 beds. A copy of the license is attached.

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

No changes in services as proposed. DPH licensure will continue as a detoxification unit on the Rushford license.

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

See attached.

#### **SECTION V. AFFIDAVIT**

(Each Petitioner must submit a completed Affidavit.)

•	,
Petitioner: Rushford Center, Inc.	
Project Title: Addition of 3 Beds to the Middleto	own (Silver Street) Detoxification Unit
I, Stephen W. Larcen, Ph.D. (Name) of Rushford Center, Inc. (Organization Name)	President/Chief Executive Officer (Position – CEO or CFO) being duly sworn, depose and state that the
information provided in this CON Determination	n form is true and accurate to the best of my
knowledge.	
Signature/	Date
Bruce D. Besse	2 Day, December 2014
Notary Public/Commissioner of Superior Court BRUCE D. BESSE NOTARY PUBLIC MY COMMISSION EXPIRES APR.	C
My commission expires:	

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

The current ACE population is adult males and females who require detoxification from alcohol, opioids and/or benzodiazepines. The population is primarily covered by state insurance and grant funding, but both commercial insurance and self-pay are also accepted. Although the target population is not expected to change, the number of clients served is expected to increase by 10-15% due to the enhanced access provided by the additional capacity, so the expectation is that approximately 150 additional admissions to treatment will be provided annually by the expanded capacity. Because detoxification is often the point of entry to ongoing, less intensive services of longer duration, the potential impact on the population is considered to be significant.

In the last two years, over 2,000 clients from 155 of the 169 towns were served by the Rushford Detoxification Unit, known as ACE (Acute Care Evaluation). In descending order of frequency, the following 18 towns accounted for approximately 50% of the clients served:

City/town	Percent
Middletown	9.03%
Meriden	6.72%
New Britain	3.95%
Waterbury	3.45%
Bristol	3.22%
Hartford	3.18%
Southington	2.22%
Manchester	2.13%
Wallingford	2.04%
East Hartford	2.00%
Plainville	1.68%
Colchester 1.0	
Torrington	1.63%
Norwich	1.63%
Newington	1.54%
East Hampton	1.50%
Berlin	1.45%
Windham	1.36%

During the 12 months ending September 30, 2014, corresponding to the Rushford fiscal year, there were 94 nights on which the census in the Detoxification Unit was at capacity, and another 106 nights on which the census was one short of capacity. These 200 nights represent 55% of the year, during which there was significant limit on access to services. On nights on which census was at capacity, admissions were often denied. On nights on which census was one short of capacity, or even on those occasions when census was two short of capacity, an admission may also have been denied or offered only tentatively because another admission or admissions may have been scheduled. The offer of a tentative admission to someone in immediate need of detoxification services is often an ineffective deterrent to continued substance abuse.

#### STATE OF CONNECTICUT

#### Department of Public Health

#### LICENSE

#### License No. SA-0090

## Facility for the Care or Treatment of Substance Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Rushford Center, Inc. of Meriden, CT, d/b/a Rushford Center, Inc. is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Rushford Center, Inc. is located at 1250 Silver St, Middletown, CT 06457 with:

\*Stephen W. Larcen\* as Executive Director.

The service classification(s) and if applicable, the residential capacities are as follows:

42 Intensive Treatment Beds 16 Residential Detoxification and Evaluation Beds Day or Evening Treatment Ambulatory Chemical Detoxification Treatment Outpatient Treatment

This license expires September 30, 2015 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2013.

License revised to reflect:

\*Change of Executive Director Eff: 11/16/13\*

Concession of the second of th

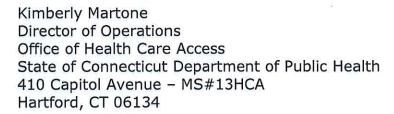
Jewel Mullen, MD, MPH, MPA

Jawel Mullen MB

Commissioner



December 10, 2014





RE: Proposal to add three beds to the Detoxification Unit at 1250 Silver Street, Middletown, CT

Dear Ms. Martone:

I am writing regarding our request a determination from OHCA as to whether a CON is required for the above referenced project. The CON Determination Form is attached. We would like to increase capacity of our detoxification unit from 16 beds to 19 beds. Our goal is to improve community access to the program, which serves over 1,000 adults annually who require detoxification from opioids, alcohol, and benzodiazepines.

Our leadership team had a preliminary discussion with Paul DiLeo, Deputy Commissioner of DMHAS in October, and I reviewed the proposal with him again last week. I am enclosing a letter of support from Commissioner Rehmer.

Thank you for your consideration.

Sincerely,

Stephen W. Larcen, Ph.D.

President/Chief Executive Officer

Hephen Wharan, PhD (OK)

# Dannel P. Malloy Governor

#### STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH
AND ADDICTION SERVICES
A HEALTHCARE SERVICE AGENCY

Patricia A. Rehmer, MSN Commissioner

December 8, 2014

Stephen W. Larcen, Ph.D. President Rushford Center, Inc. 883 Paddock Avenue Meriden, Connecticut 06450

Dear Dr. Larcen:

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I have reviewed the financial pro forma for the program, and the additional beds are projected to allow a program that has operated at a financial loss for the last two years to operate with a very small positive margin in the current fiscal year with this increased capacity.

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For the reasons cited above, the Department supports Rushford's request to waive the Certificate of Need (CON) process for this expansion.

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Patricia A. Rehmer, MSN, ACHE

Commissioner

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	Petitioner	Petitioner
Full Legal Name	Rushford Center, Inc.	
Doing Business As	Rushford Center, Inc.	
Name of Parent Corporation	Hartford Health Care	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	883 Paddock Avenue, Meriden, CT 06450	
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.	Stephen W. Larcen, Ph.D., President/Chief Executive Officer	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	same	
Contact Person's Telephone Number	860-465-5900	
Contact Person's Fax Number	203-634-2799	-
Contact Person's e-mail Address	stephen.larcen @hhchealth.org	

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Petitioner: Rushford Center, Inc.	
Project Title: Addition of 3 Beds to the Middletov	wn (Silver Street) Detoxification Unit
I, <u>Stephen W. Larcen, Ph.D.</u> , (Name) of <u>Rushford Center, Inc.</u> (Organization Name)	President/Chief Executive Officer (Position – CEO or CFO) 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.	
Signature/	12110 1 Y Date
Subscribed and sworn to before me on 12  Dutl Dutl Dutl  Notary Public/Commissioner of Superior Court  BRUCE D. BESSET	Day, December 2014)
My commission expires:	0,2015

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Manchester	2.13%		
Wallingford	2.04%		
East Hartford	2.00%		
Plainville	1.68%		
Colchester 1.68			
Torrington 1.6			
Norwich	1.63%		
Newington	1.54%		
East Hampton	1.50%		
Berlin	1.45%		
Windham	1.36%		

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#### STATE OF CONNECTICUT

#### Department of Public Health

#### LICENSE

#### License No. SA-0090

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Rushford Center, Inc. is located at 1250 Silver St, Middletown, CT 06457 with:

\*Stephen W. Larcen\* as Executive Director.

The service classification(s) and if applicable, the residential capacities are as follows:

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16 Residential Detoxification and Evaluation Beds
Day or Evening Treatment
Ambulatory Chemical Detoxification Treatment
Outpatient Treatment

This license expires September 30, 2015 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2013.

License revised to reflect:

\*Change of Executive Director Eff: 11/16/13\*



Jewel Mullen, MD, MPH, MPA

Jawel Mullen Ms

Commissioner

#### Greer, Leslie

From: Hansted, Kevin

**Sent:** Friday, December 12, 2014 2:46 PM

To: Greer, Leslie
Cc: Martone, Kim

**Subject:** FW: OHCA Determination #14-31968-DTR **Attachments:** Contract\_DMHAS\_Rushford\_Detox.pdf

Leslie, please add the below, and the attachment, to the record.

Thanks,

Kevin T. Hansted Staff Attorney Department of Public Health Office of Health Care Access 410 Capitol Ave., MS #13HCA P.O. Box 340308 Hartford, CT 06134

Phone: 860-418-7044

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From: Klein, David [mailto:David.Klein@hhchealth.org]

Sent: Friday, December 12, 2014 2:18 PM

To: Hansted, Kevin Cc: Larcen, Stephen

**Subject:** RE: OHCA Determination #14-31968-DTR

Attached is a scan of a section of the contract which describes the medically monitored detoxification program, and an amendment signed by Dr. Larcen and Commissioner Rehmer for SFY14 that includes reference to all programs under Rushford's DMHAS grant. The overall contract is 73 pages long; if additional pages or documents are required, please let us know.

Thank you very much for your prompt response.

David Klein, Ph.D.

Regional Vice President of Operations Behavioral Health Network Hartford HealthCare

860 465 5903 tel

www.natchaug.org

#### www.hartfordhealthcare.org

From: Hansted, Kevin [mailto:Kevin.Hansted@ct.gov]

Sent: Friday, December 12, 2014 9:57 AM

To: Larcen, Stephen Cc: Klein, David

Subject: RE: OHCA Determination #14-31968-DTR

Thank you Dr. Larcen. Please provide me with a copy of the current contract with the Department of Mental Health and Addictions Services.

Kevin T. Hansted Staff Attorney Department of Public Health Office of Health Care Access 410 Capitol Ave., MS #13HCA P.O. Box 340308 Hartford, CT 06134

Phone: 860-418-7044

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From: Larcen, Stephen [mailto:Stephen.Larcen@hhchealth.org]

Sent: Friday, December 12, 2014 9:53 AM

To: Hansted, Kevin Cc: Klein, David

**Subject:** RE: OHCA Determination #14-31968-DTR

Yes, sorry we weren't explicit in that regard. It holds a contract with the Department of Mental Health and Addictions services for the detox program (approximately \$400,000) and other addictions services. Hence that is reason we asked Commissioner Rehmer for her letter of support. As you may know DMHAS has been carefully tracking the impact of the expanded Medicaid eligibility under the ACA and increased demand for services that they have under contract. Hence their agreement with our plan to add the 3 beds. Let me know if you need any documentation regarding our state contract.

#### Steve

From: Hansted, Kevin [mailto:Kevin.Hansted@ct.gov]

Sent: Friday, December 12, 2014 9:45 AM

To: Larcen, Stephen

Subject: OHCA Determination #14-31968-DTR

Good morning Dr. Larcen,

I am in receipt of your CON Determination request regarding the addition of three (3) beds to Rushford Center, Inc. in Middletown. Does this facility have a contract with, or certified or licensed to provide a service for, a state agency or department?

Kevin T. Hansted Staff Attorney Department of Public Health Office of Health Care Access 410 Capitol Ave., MS #13HCA P.O. Box 340308 Hartford, CT 06134

Phone: 860-418-7044

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This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message, including any attachments.



Office of HEALTHCARE ACCESS

X Original Contract # 11MHA2156AA
Amendment #
Max. Contract \$ 18,682,818
Contract Contact Person Suzanne Cooney
Contact Telephone 860-418-6861



#### STATE OF CONNECTICUT PURCHASE OF SERVICE CONTRACT

("POS", "Contract" and/or "contract")
Roylsed December 2009

The Sta	te of Connecticut	Department of Mental Health and	Addiction s	Services
Street	410 Capitol Aver	nue - P. O. Box 341431		
Clty:	Hartford	State:	CT Zip	08134
Tel#!	(860) 418-7000	("Agency" and/or "Depr	rtment"), h	reby enters into a Contract with:
Contrac	tor's Namer <u>Ru</u>	shford Center, Inc.		
Street:	883 Paddock Ave	9.		
City:	Meriden	States	CT Zip:	06450
Tel#ı	(203) 630-5280	FEIN/SS#1	06-0932875	
Contracto	etor"), for the prov or shall collectively its Contract as folk	be referred to as "Parties". The Co	nd for the co ontractor sha	mpliance with Part II. The Agency and th Il comply with the terms and conditions s
Conti	act Torm	This Contract is in effect from 7/1/2	011 through	6/30/2013.
	tory Authority	The Agency is authorized to enter into this Contract pursuant to § 17a-476, § 17a-676 and or § 17a-451 of the Connecticut General Statutes ("C.G.S.").		
Set-A	side Status	Contractor IS or IS NOT a se	t aside Contr	nctor pursuant to C,G,S, § 4a-60g.
Effect	ilve Dato	This Contract shall become effective only as of the date of signature by the Agency's authorized official(s) and, where applicable, the date of approval by the Office of the Attorney General ("OAG"). Upon such execution, this Contract shall be deemed effective for the entire term specified above.		
Confr	act Amendment	Part I of this Contract may be amended only be means of a written instrument signed by the Agency, the Contractor, and, if required, the OAG. Part II of this Contract may be amended only in consultation with, and with the approval of, the OAG and the State of Connecticut, Office of Policy and Management ("OPM").		
iven with lotice is h ecognized	respect to this Con	dract (collectively called "Notices") and in the U.S. mail, first class and p	shall be deen ostage prepa	quired or permitted to be given or which an ned to have been effected at such time as th id, return receipt requested, or placed with at. All such Notices shall be in writing an
	he Agency:  State of Connecticut, DMHAS 410 Capitol Avenue 4th Floor Hartford, CT 06134 Attention: Suzanne Cooney  State of Connecticut, DMHAS Contractor: Rushford Center, Inc. 883 Paddock Ave. Meriden, CT 06450 Attention: Jeffrey Walter			
	ay modify the addre y. No formal amend	ssee or address for Notices by provid Injent is required.	ing fourteen (	14) days' prior written Notice to the

#### 14. MEDICALLY-MONITORED RESIDENTIAL DETOXIFICATION

a. The Contractor shall provide medically monitored residential detoxification services to individuals age eighteen (18) and older who are medically indigent and who have a substance use disorder for which medically monitored detoxification is medically necessary. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage. Individuals referred from the Court Support Services Division (CSSD) of the State of Connecticut Judicial Department, or from the Department of Correction (DOC) do not have to be medically indigent. Medically monitored residential detoxification is defined as a medically necessary, behavioral health service delivered in a facility that meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations pertaining to residential detoxification and evaluation. Medically monitored residential detoxification shall be used when 24-hour medical and nursing supervision are required for substance use evaluation and withdrawal management.

#### b. Specifically, the Contractor shall:

- 1. Perform an initial evaluation by a registered murse, including screening for a co-occurring psychiatric disorder;
- 2. Provide medical supervision and management of withdrawal from a substance or substances, as indicated by a licensed physician and inclusive of laboratory assessments;
- 3. Conduct a bio-psychosocial assessment;
- 4. Develop, with each individual, a recovery plan;
- 5. Provide individual, group and, when indicated, family therapy;
- 6. Provide psycho-educational programming;
- 7. Provide referrals to self-help programs;
- 8. Conduct discharge planning and make confirmed referrals to appropriate aftercare services and supports; and
- 9. Provide the following for all individuals referred from CS\$D or DOC:
  - a. Evaluations for referrals at sites that may include courts, probation offices and correctional facilities within two (2) weeks of the date of the referral.
  - b. Letters to the referral source within two (2) business days of the evaluation informing them of the individual's appropriateness or inappropriateness for individual substance abuse treatment services and, when possible, a date a bed will be available.
  - c. Transportation for individuals to and from court appearances, off-site evaluations and community programs.
  - d. Use of security procedures that include regular and random searches of individuals served and their personal possessions, as well as visitation policies that require screening of visitors and searches of any packages they may attempt to bring into the individual facility.
  - e. Random urinalysis testing on participants at least once per week; immediately notify the referral source of any positive results.
  - f. Intervention plans and sanctions in consultation with the referral source.
  - g. Access to medical services including access to emergency medical care on a 24-hour basis.
  - Discharge planning and confirmed referrals to appropriate aftercare services in collaboration with the referral
    agent based on individual's needs.
  - i. Immediate telephone notification to the referral source when an individual leaves services against medical advice and written notice within 24 hours.
  - J. Reports, including but not limited to, monthly reports and letters to the appropriate referral sources and the court regarding an individual's status and progress; and routine statistical reports regarding admissions, discharges, services provided, utilization management and wait list management information.
  - k. At the request of the referral source, appearances at court proceedings.

c. The services shall be provided at the following locations, with the client capacities and hours of operation as described below:

Location	Capacity	Hours of Operation
Residential Medically	16	MON-SUN 24 HOURS PER DAY
Montored Detox Services		}
1250 Silver St.		
Middletown, CT 06457		

d. The Contractor shall provide services which meet the required utilization rate for medically monitored detoxification. The Contractor's utilization rate shall be measured by the number of bed days utilized as reported to the Department's information system. The minimum acceptable utilization rate for bed days in a medically monitored detoxification program funded by the Department is 90% of the maximum attainable number of bed days as determined by multiplying the capacity for each funded program as stated in section C. above by 365. Utilization for all funded treatment services shall be computed based on total program capacity.

e. The Contractor shall implement the programs and services described herein to result in the following outcomes on behalf of individuals served. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the department through data reported by the Contractor to the department's information systems and in observations through site visits. The Department's outcome indicators for the Contractor's funded services are as follows:

#### PERFORMANCE OUTCOME MEASURES

#### MEDICALLY MONITORED RESIDENTIAL DETOXIFICATION

OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 <sup>th</sup> day of each month,
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Individuals will successfully complete treatment,	At least 80% of individuals discharged will have substantially completed the objectives identified on their recovery plans.
4. Individuals will receive follow-up care promptly.	At least 90% of individuals who have successfully completed treatment will have at least one (1) residential admission or two (2) outpatient services within thirty (30) days of discharge.
5. Individuals will avoid readmission to the same or higher level of care.	No more than 15% of individuals who have been discharged will be readmitted to the same or higher level of care within thirty (30) days.

#### 15. INTENSIVE RESIDENTIAL TREATMENT

a. The Contractor shall provide Intensive Residential Treatment services to Individuals age eighteen (18) or older who are medically Indigent and who have a substance use disorder or co-occurring substance use and psychiatric disorders for which intensive residential treatment is clinically appropriate. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage. Individuals referred from the Court Support Services Division (CSSD) of the State of Connecticut Judicial Department, or from the Department of Correction (DOC) do not have to be medically indigent. Intensive Residential Treatment is defined as medically necessary, residential behavioral health services delivered in a 24 hour facility that meets and maintains all applicable licensing and cortification requirements of federal and state statutes or regulations pertaining to Intensive Residential Treatment. The Contractor shall provide substance use disorder services to



## STATE OF CONNECTICUT CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE AUTHORIZED TO EXECUTE CONTRACT

Certification to accompount a State contract, having a value of more than 850,000, parsiont to Connecticut General Statines §§ 4-230 and 4-252(b), and Governor M. Jodi Rell's Executive Order 7C, Paragraph 10

#### INSTRUCTIONS

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution,

#### CERTIFICATION

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the primitise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Rushford Inc.		
Contractor Name		
Department of Mental Health and Addiction Se	1 /	
Villey & nekmer	4/24/2014	
State Agency Official or Employee Signature	/Daté	
Patricia A. Rehmer, MSN Printed Name Sworn and subscribed before me on this Commissione or Notory Pib	of the Superior Court	<b>2014</b>

CHRISTOPHER E. BEAUTY
NOTABLY PUBLIC
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#### CONTRACT AMENDMENT

Contract No.: 11MHA2156AA

Amendment No: 4

Term of Contract: 7/1/11 through 6/30/16

The contract between Rushford Center, Inc. (the Contractor) and the Department of Mental Health and Addiction Services (the Department) which was executed by the parties on 07/14/11 and subsequently amended on 06/21/12 and 12/28/12 and, 06/13/13, is hereby amended as follows:

- The total maximum amount payable under this contract is decreased by \$48,149 from \$47,673,217 to \$47,625,068.
- The maximum amount payable under this contract for State Fiscal Year 2013 is decreased by \$4,439 from \$9,524,202 to \$9,519,763 due to the Federal Sequester.
- The total maximum amount payable under this contract for State Fiscal Year 2014 is decreased by \$14,570 from \$9,524,202 to \$9,509,632. This includes the following funding adjustments:
  - Funding is increased in the amount of \$44,598 for State Fiscal Year 2014 to reflect annualization of the Cost of Living Adjustment (COLA) effective January 1, 2013.
  - b. Funding is decreased in the amount \$13,317 for State Fiscal Year 2014 due to the Federal Sequester.
  - c. Additional funding in the amount of \$70,000 (SID 12256) for State Fiscal Year 2014 is awarded for the TBI Community Services Program to hire a Case Manager position. The following is added to Part I.A. 13.:

Location	Capacity	Unduplicated individuals served	Hours of Operation
ABI Case Management 883 Paddock Ave.	20	25	MON-FRJ 8:30AM-1:30PM
Meriden, CT 06450			

- d. Funding in the amount of \$132,468 for State Fiscal Year 2014 (SID 90245) is decreased for the Residential Intensive Residential Program CSSD 2 bed reduction from (5 beds to 3). Program.
- e. Funding in the amount of \$53,885 for State Fiscal Year 2014 (\$1D 90245) is decreased for the Residential Intensive Residential Program CSSD 2 bed reduction from (7 beds to 5). Program.
- Funding in the amount of \$2.307 (SH) 20777) for State Fiscal Year 2014 is decreased to reflect a reduction in the federal PATH fund level.
- g. Funding in the amount of \$91,913 (SID 12444) for State Fiscal Year 2014 is decreased for the ACCESS Program to eliminate homo and community funding.
- h. Effective April 1, 2014, additional funding in the amount of \$164,722 (SID 12330) for State Fiscal Year 2014 is awarded for the new Parker North supervised apartment program. The following is added to Part 1. A. 11.:

Contractor: Rushford Center, Inc. Contract No.: 11MHA2156AA Amendment No.: 4

Location	Capacity	Unduplicated individuals served	Hours of Operation
Parker North Program 101 Parker Avenue Meriden, CT 06450	5 .	5	24 hours per day 7 days per week

- 4. The total maximum amount payable under this contract for State Fiscal Year 2015 is decreased by \$14,570 from \$9,524,202 to \$9,509,632. The total maximum amount payable under this contract for State Fiscal Year 2016 is decreased by \$14,570 from \$9,524,202 to \$9,509,632.
- Effective April 1, 2014 the capacity of the Meriden Independent Living Supervised Housing Program is decreased from 26 to 21.
- 6. The contractor shall adhere to the approved budget for State Fiscal Year 2014, negotiated with the department, in compliance with Part 1, Section B, Clause 1 of this agreement. The approved budget consists of page 3 through page 6 of this amendment.

All provisions of this contract, except those specifically changed by this Amendment, remain in full force and effect.

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Contractor: Contractor No.:

> [ ] Original Contract [ ] Amendment #\_\_\_\_ (For Internal Use Only)

#### SIGNATURES AND APPROYALS

Contractor		
Rushford Center Inc.		
Contractor (Corporate/Legal Name of Contractor)		
Som much	12-5	1-13
Signature (Authorized Official)	Date	
Stephen W. Larcen, CEO		
(Typed/Printed Name and Title of Authorized Official)		
Agency  Department of Mental Health and Addiction Sen	vices	
Ageno Maine Varua A. Rekmer	म क्र  २०५	
Signature (Authorized Official)	Dátě	
Patricia A. Rehmer, MSN, Commissioner (Typed/Printed Name and Title of Authorized Official)	· · · · · · · · · · · · · · · · · · ·	
Office of the Afforney General		
X Part I of this Contract having been reviewed and a Memorandum of Agreement between the Agency and the O		view pursuant a
Signature	Date	
	Assistant/ Associate Attorney Gen	<u>end</u>



#### STATE OF CONNECTICUT

### DEPARTMENT OF PUBLIC HEALTH Office of Health Care Access

December 16, 2014

VIA FACSIMILE ONLY

Stephen W. Larcen, Ph.D. President/ Chief Executive Officer Rushford Center, Inc. 883 Paddock Avenue Meriden, CT 06450

RE:

Certificate of Need Determination Report Number 14-31968-DTR

Addition of Three Licensed Beds

Dear Dr. Larcen:

On December 11, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Rushford Center, Inc. ("Petitioner") with respect to the addition of three (3) beds to its Middletown Detoxification Unit.

The Petitioner operates a nonprofit facility located at 1250 Silver Street, Middletown, Connecticut that is currently licensed as a Facility for the Care or Treatment of Substance Abusive or Dependent Persons (the "Facility"). The Facility is licensed for sixteen (16) Residential Detoxification and Evaluation Beds that serve adult males and females who require detoxification from alcohol, opioids and/or benzodiazepines. The Petitioner currently has a contract to provide detoxification and other services for the State of Connecticut Department of Mental Health and Addictions Services. The Petitioner seeks to add three (3) licensed beds for a total of nineteen (19) Residential Detoxification and Evaluation Beds.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(11), a certificate of need is required for an "increase in the licensed bed capacity of a health care facility" However, Conn. Gen. Stat. § 19a-638(b)(14) provides an exception for "any nonprofit facility, institution or provider that has a contract with...at state agency..." The Petitioner is a substance abuse facility that has a contract to provide services to a state agency. Therefore, a *CON is not required* for the Petitioner's proposal.

Sincerely,

C:

Kimberly R. Martone Director of Operations

Rose McLellan, License and Applications Supervisor, DPH, DHSR

\* \* \* COMMUNICATION RESULT REPORT ( DEC. 16, 2014 10:22AM ) \* \* \*

FAX HEADER:

TRANS	SMITTED/STORED MODE	: DEC. 16. 2014 OPTION	10:21AM	ADDRESS	RESULT	PAGE
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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:	STEPHEN W	. LARCEN	
FAX:	203 634-2799		
AGENCY:	RUSHFORD	CENTER, INC.	
FROM:	OHCA		
DATE:	12/16/14	Time:	
NUMBER O		Tincluding transmittal sheet	
Comments:	Determination attached regarding Addtion of Three Licensed Beds, Report Number: 14-31968-DTR		

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