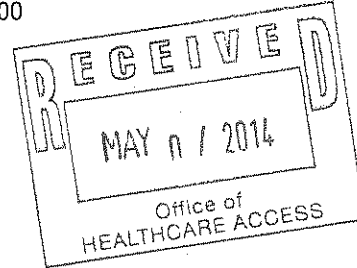




The McCall Foundation
58 High Street
P.O. Box 806
Torrington, Connecticut 06790
Telephone: 860-496-2100
Fax: 860-496-2111



April 29, 2014

Kimberley Martone
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

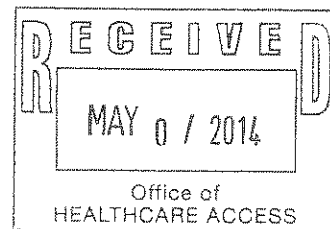
Dear Ms. Martone:

Enclosed is a CON Determination Form 2020 as well as a two page description of our program. Should you have any questions please phone me and I will be happy to discuss our plan with you.

Sincerely,

Maria Coutant Skinner
Executive Director

MCS/das
enc



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	The McCall Foundation, Inc.	
Doing Business As	The McCall Foundation, Inc.	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	P.O. Box 806 58 High Street Torrington, CT 06790	
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.	Maria Coutant Skinner, Executive Director	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	P.O. Box 806 58 High Street Torrington, CT 06790	

Contact Person's Telephone Number	860-496-2100	
Contact Person's Fax Number	860-496-2111	
Contact Person's e-mail Address	maria.skinner@mccall-foundation.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Addition of 6 intermediate treatment beds
- b. Estimated Total Project Cost: \$ None as the space, rooms and furniture are already in place to accept residents.
- c. Location of proposal, identifying Street Address, Town and Zip Code: 127 Migeon Avenue, Torrington, CT 06790 DPH License # SA-0057.
- d. List each town this project is intended to serve: *See attached
- e. Estimated starting date for the project: As soon as we receive DPH/DMHAS approval.

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: The McCall Foundation, Inc.

Project Title: Addition of 6 intermediate treatment beds

I, Maria Coutant Skinner
(Name)

Executive Director
(Position – CEO or CFO)

of The McCall Foundation, 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.

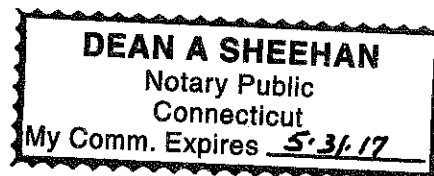
Maria Coutant Skinner
Signature

April 28th, 2014
Date

Subscribed and sworn to before me on the 28th day of April, 2014.

Dean A Sheehan
Notary Public/Commissioner of Superior Court

My commission expires: 5/31/17



Section II, D

McCall House serves: Torrington, Winsted and the towns of the Northwestern Corner of Connecticut: Bantam, Barkhamsted, Colebrook, Cornwall, East Canaan, Goshen, Harwinton, Lakeville, Morris, New Hartford, Norfolk, North Canaan, Pleasant Valley, Pine Meadow, Riverton, Salisbury, Sharon, and West Hartland. We also receive referrals for and calls from individuals in Avon, Bristol, Canton, Hartford, Waterbury, Watertown and other areas of the state but our primary mission is to serve the Northwest Corner.

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.**

McCall Foundation currently operates McCall House at 127 Migeon Avenue in Torrington, which is licensed as a 'Private Free standing Facility for the Care or Treatment of Substance Abusive or Dependent Persons' to provide 14 Intermediate and Long Term Treatment and Rehabilitation Beds (SA-0057).

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

We are proposing to add 6 additional beds under the same license.

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

McCall House provides Transitional Care/Intermediate Residential Treatment currently to 14 clients. We accept male and female clients over the age of 18 who have typically completed a more intensive level of treatment and need assistance reintegrating into the community. We provide treatment that is gender specific, trauma sensitive, and that addresses mental health concerns. Clients receive weekly individual counseling and at least 4 hours of substance abuse group treatment each week. Those who are in need of psychiatric services receive treatment through our Outpatient Program or another agency in the local community. Clients typically work in the community throughout their stay and are able to live independently upon discharge.

McCall House meets a very important need for structured support for individuals who require more support than a 28 day residential program and for those who have completed a longer term residential program and help reintegrating into the community and work force. Typically, there is a waiting list of 15 clients and clients on the waiting list for McCall House are on the list for an average of 90 days.

The addition of 6 beds will reduce the size of our waiting list and the amount of time on the list. More importantly, we can help more individuals in the Northwest Corner of Connecticut succeed in their recovery. Research studies have shown that individuals who stay in treatment for at least 90 days have a much higher rate of success than those who stay for shorter periods. By increasing the number of beds we can reduce the relapse and overdose rate in Northwestern Connecticut. Many of the clients who seek care at McCall House might otherwise be homeless if not for continued treatment which is a factor that also leads to potential relapse and risk.

Our target population is men and women over the age of 18 who are substance dependent and may also have co-occurring mental health disorders. We accept clients of various racial and ethnic backgrounds and do not discriminate according to gender, sexuality, or religion.

* * * COMMUNICATION RESULT REPORT (MAY. 6. 2014 9:52AM) * * *

FAX HEADER:

TRANSMITTED/STORED : MAY. 6. 2014 9:51AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

278 MEMORY TX

98604962111

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: MARIA COUTANT SKINNER

FAX: 860 496-2111

AGENCY: THE MCCALL FOUNDATION, INC.

FROM: OHCA

DATE: 5/6/14 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
Determination for Report Number 14-31912 regarding an increase in licensed bed capacity.

PLEASE PHONE Barbara K. Olejarcz 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

May 6, 2014

VIA FACSIMILE ONLY

Ms. Maria Coutant Skinner
Executive Director
The McCall Foundation, Inc.
58 High Street
PO Box 806
Torrington, CT 06790

RE: Certificate of Need Determination Report Number 14-31912-DTR
Increase in Licensed Bed Capacity

Dear Ms. Coutant Skinner:

On May 1, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of The McCall Foundation, Inc. ("Petitioner") with respect to the addition of six (6) intermediate treatment beds.

The Petitioner currently operates McCall House located at 127 Migeon Avenue, Torrington, Connecticut. McCall House is licensed as a private freestanding facility for the care or treatment of substance abusive or dependent persons. McCall house is currently licensed for fourteen (14) beds and wishes to add an additional six (6) beds to its license.

Connecticut General Statutes § 19a-630(10) defines a health care facility as "...substance abuse treatment facilities...". Therefore, the Petitioner is a health care facility. Connecticut General Statutes § 19a-638(a)(11) requires CON authorization for an "increase in the licensed bed capacity of a health care facility". As a result, OHCA hereby determines that a CON *is 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