

Steven Lazarus
Office of Health Care Access
By Fax:860-418-7053

June 19, 2014

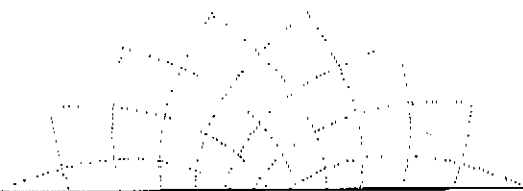
Dear Steven,

Thank you for speaking with me the other day. Attached is the CON Determination Form you suggested I complete. Please call me at 860-978-1807 if there are any questions.

Thank you.

Sincerely,

Stan Schapiro





**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	Community Health Resources	
Doing Business As	North Central Counseling Services	
Name of Parent Corporation	Community Health Resources	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	995 Day Hill Road, Windsor, CT 06095	
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.	Stan Schapiro, Senior V.P. for Adult Services	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Community Health Resources, 995 Day Hill Rd., Windsor, CT 06095	
Contact Person's Telephone Number	860-731-5522 ext 234	
Contact Person's Fax Number	860-731-5537	
Contact Person's e-mail Address	sschapiro@chrh ealth.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: End provision of Partial Hospital Program (Behavioral Health) in Enfield, CT
- b. Estimated Total Project Cost: \$_0
- c. Location of proposal, identifying Street Address, Town and Zip Code: 153 Hazard Ave, Enfield, CT
- d. List each town this project is intended to serve: This is a termination of service. The service currently serves the greater Enfield area
- e. Estimated starting date for the project: August 15, 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.

Community Health Resources proposes to end delivery of behavioral health partial hospital services in our Enfield location as of August 15, 2014. We will continue to provide outpatient individual, family and group psychotherapy. In addition we will continue to provide psychiatric evaluation and management and intensive outpatient services at this site. The population currently served by our partial hospital service are adults, age 18 and over with acute symptoms of psychiatric illness and/or substance abuse issues.

Attached are our licenses for:

- Facility for the Care of Treatment of Substance Abusive or Dependent Persons
- Psychiatric Outpatient Clinics for Adults
- Mental Health Day Treatment Facility

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Community Health Resources

Project Title: End provision of Partial Hospital Program (Behavioral Health) in Enfield, CT

I, Heather M. Gaks, CEO
(Name) (Position – CEO or CFO)

of Community Health Resources, 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.

[Signature] 6.20.14
Signature Date

Subscribed and sworn to before me on June 20, 2014

Kimberly Kennedy
Notary Public/Commissioner of Superior Court

My commission expires: 3/31/2017

STATE OF CONNECTICUT
Department of Public Health
LICENSE

License No. 0051

Mental Health Day Treatment Facility

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

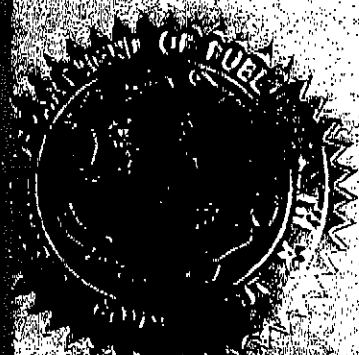
Community Health Resources of Windsor, CT, d/b/a North Central Counseling Services is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

North Central Counseling Services is located at 153 Hazard Ave, Enfield, CT 06082 with:

Heather Gates as Executive Director,
Sharon K. Dudley, LCSW as Director.

This license expires June 30, 2017 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2013. RENEWAL



Jewel Muller

Jewel Muller, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE
License No. C-0291

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493: Community Health Resources of Windsor, CT, d/b/a North Central Counseling Services is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

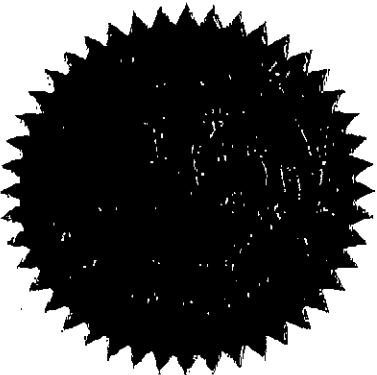
North Central Counseling Services is located at 151 Hazard Avenue, Enfield, CT 06082 with:

Heather Gates as Executive Director
Sharon K. Dudley LCSW as Director

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

Multi Service

This license expires **June 30, 2013** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, July 1, 2009. RENEWAL.



J. Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA,
Commissioner

STATE OF CONNECTICUT**Department of Public Health****LICENSE**

License No. 0399

**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

Community Health Resources, Inc. of Windsor, CT, d/b/a North Central Counseling Services is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

North Central Counseling Services is located at 153 Hazard Ave, Enfield, CT 06082 with

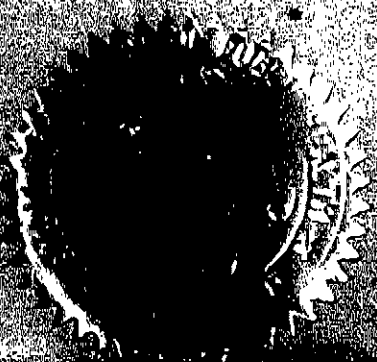
Heather Gates as Executive Director.

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

Day and Evening Treatment
Outpatient Treatment

This license expires March 31, 2014 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2012. RENEWAL



STATE OF CONNECTICUT
Department of Public Health
LICENSE

License No. 0469

Psychiatric Outpatient Clinic for Adults

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

Community Health Resources of Windsor, CT, d/b/a North Central Counseling Services is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

North Central Counseling Services is located at 153 Hazard Ave, Enfield, CT 06082 with:

Heather Gates as Executive Director,
Coleen Dobo, Psy.D. as Director.

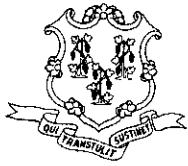
This license expires **June 20, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2013: RENEWAL



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner



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

June 23, 2014

VIA FACSIMILE ONLY

Stan Schapiro
Senior V.P. for Adult Services
North Central Counseling Services
995 Day Hill Road
Windsor, CT 06095

RE: Certificate of Need Determination Report Number 14-31923-DTR
Termination of Behavioral Health Services

Dear Mr. Schapiro:

On June 20, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Community Health Resources d/b/a North Central Counseling Services ("Petitioner") with respect to the termination of certain behavioral health services.

The Petitioner is licensed to provide mental health day treatment, psychiatric outpatient services and care or treatment to substance abusive or dependant persons. The Petitioner has several locations, including one located at 153 Hazard Avenue, Enfield, Connecticut. The Enfield site currently provides behavioral health partial hospital services as well as outpatient individual, family and group psychotherapy. The Petitioner is proposing the termination of its behavioral health partial hospital services at the Enfield location. The Petitioner will continue to provide outpatient individual, family and group psychotherapy, as well as psychiatric evaluation and management and intensive outpatient services.

Connecticut General Statutes § 19a-638(a)(4) requires CON authorization for the "termination of inpatient or outpatient services offered by a hospital..." The Petitioner is not considered a hospital. Therefore, a CON *is not 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 (JUN. 23. 2014 2:14PM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUN. 23. 2014 2:14PM	FILE MODE	OPTION	ADDRESS	RESULT	PAGE
407	MEMORY TX		98607315537	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: STAN SCHAPIRO

FAX: 860 731-5537

AGENCY: North Central Counseling Services

FROM: OHCA

DATE: 6/23/14 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Determination for DN:14-31923-DTR for the Termination of Behavioral Health Services is attached.

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