

## Greer, Leslie

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**From:** Martone, Kim  
**Sent:** Thursday, May 14, 2015 9:37 AM  
**To:** Hansted, Kevin  
**Cc:** Greer, Leslie  
**Subject:** FW: CON Determination Request  
**Attachments:** Mountainside CON Determination Request 05112015.pdf

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**From:** Sarah Osborne [<mailto:Sarah.Osborne@Mountainside.com>]  
**Sent:** Thursday, May 14, 2015 9:36 AM  
**To:** Martone, Kim  
**Subject:** CON Determination Request

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

**RE: CON Determination for MC1 Healthcare LLC d/b/a Mountainside Treatment Center: Application for Licensure  
Psychiatric Outpatient Clinic for Adults**

Dear Ms. Martone:

Please find attached an electronic copy of the completed CON Determination Form 2020 for MC1 Healthcare d/b/a Mountainside Treatment Center ("Mountainside") for the application with DPH for Psychiatric Outpatient Clinic for Adults licensure.

Mountainside approached DPH Facilities Licensing to discuss obtaining licensure for a Psychiatric Outpatient Clinic for Adults for our Outpatient Services Treatment. DPH Facilities Licensing instructed Mountainside to complete licensure forms and obtain a determination regarding the need for CON from OHCA.

We look forward to working with OHCA through the review of this CON Determination. Please contact us with any questions at (860) 824-1397.

Thank you for your time and attention.

Thank you,  
Sarah Osborne  
on behalf of Stephen Langley  
Executive Director Mountainside Treatment Center

Sarah Osborne, LPC, LADC, NCC, MATS  
Outpatient Services Program Director



Mountainside Treatment Center

187 Route 7, Box 717

Canaan, CT 06018

Direct Line: (860) 362-5028

Fax: (888) 691-1721

Phone: (860) 824-1397 Ext. 169

[Sarah.Osborne@mountainside.com](mailto:Sarah.Osborne@mountainside.com)

*Privileged/Confidential Information may be contained in this message. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email. Please advise immediately if you or your employer do not consent to Internet email for messages of this kind.*

# MOUNTAINSIDE

May 10, 2015

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

**RE: CON Determination for MC1 Healthcare LLC d/b/a Mountainside Treatment Center: Application for Licensure Psychiatric Outpatient Clinic for Adults**

Dear Ms. Martone:

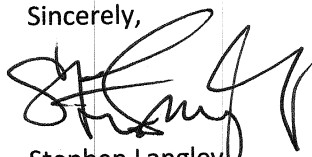
Please find attached a completed CON Determination Form 2020 for MC1 Healthcare d/b/a Mountainside Treatment Center ("Mountainside") for the application with DPH for Psychiatric Outpatient Clinic for Adults licensure.

Mountainside approached DPH Facilities Licensing to discuss obtaining licensure for a Psychiatric Outpatient Clinic for Adults for our Outpatient Services Treatment. DPH Facilities Licensing instructed Mountainside to complete licensure forms and obtain a determination regarding the need for CON from OHCA.

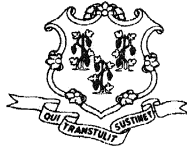
We look forward to working with OHCA through the review of this CON Determination. Please contact us with any questions at (860) 824-1397.

Thank you for your time and attention.

Sincerely,



Stephen Langley  
Executive Director



# 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	MC1 Healthcare LLC	
Doing Business As	Mountainside Treatment Center	
Name of Parent Corporation	MC1 Healthcare LLC	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	187 South Canaan Rd, Box 717, Canaan, CT 06018	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Stephen Langley, CAC, Executive Director	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	187 South Canaan Rd, Box 717, Canaan, CT 06018	
Contact Person's Telephone Number	860-824-1397	
Contact Person's Fax Number	860-824-4021	
Contact Person's e-mail Address	Stephen.langley@mountainside.com	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Application for DPH Licensure for Psychiatric Outpatient Clinic for Adults
- b. Estimated Total Project Cost: \$0\_\_\_\_\_
- c. Location of proposal, identifying Street Address, Town and Zip Code:  
187 South Canaan Road, Route 7, Canaan, CT 06018
- d. List each town this project is intended to serve:  
State of Connecticut
- e. Estimated starting date for the project: Immediately

## 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.

MC1 Healthcare LLC d/b/a Mountainside Treatment Center ("Mountainside") is a licensed Facility for the Care or Treatment of Substance Abuse or Dependent Persons that offers Intermediate and long term treatment and rehabilitation, residential, detoxification and evaluation, day or evening treatment and outpatient treatment by the State of Connecticut, Department of Public Health (DPH). A copy of the license has been provided in Attachment I.

Mountainside Treatment Center holds a three-year accreditation for Addiction and Mental Health treatment from the Commission on Accreditation of Rehabilitation Facilities (CARF) for the detoxification, intensive outpatient, and residential treatment programs. A copy of this has been provided in Attachment II.

What sets Mountainside apart from other drug addiction and alcoholism rehabilitation centers is our innovative approach to treatment. We are leaders in effectively utilizing evidence-based methods, while successfully integrating them with the newest and best cutting-edge, holistic approaches. As an innovator in the drug rehab and alcoholism rehabilitation field Mountainside's extensive therapeutic and holistic program enables our clients to carve their own path and trigger the motivation needed to engage in their recovery. We work with each client to create an individualized treatment plan, based on the individual's strengths, needs, abilities and preferences, which has resulted in a high engagement rate.

Our Outpatient Services are designed to help educate and support clients in maintaining wellness and sobriety as they function in everyday life. Treatment is individualized to suit the level of support best suited to maintain long-term sobriety.

Our Outpatient Services include:

Intensive Outpatient – focuses on increasing a client's ability to build healthy relationships and promotes early recovery behavioral changes in a therapeutic community setting.

Outpatient – centers on helping clients gain insight into their thought processes and emotions in relation to themselves and the world around them by providing essential relapse prevention tools.

Individual Therapy – helps clients develop healthier worldviews and compassion for themselves.

At Mountainside we understand the extra challenges and stresses individuals face in maintaining sobriety while also managing daily life commitments. To better support clients, we offer:

- Convenient Day and Evening Hours
- Family and Couples Counseling
- Meditation Exercises
- Eye Movement Desensitization and Reprocessing Therapy
- Continuing Care Planning
- Medication Management
- Vivitrol Management

The Outpatient Services treatment team is comprised of Maureen Biggs, LPC, LADC, Clinical Director of Mountainside Treatment Center, Sarah Osborne, LPC, LADC, Outpatient Services Program Director, and two outpatient clinicians, Judith O'Callaghan, LMFT, LADC and Jamie Livingston, LPC. We also have an addiction psychiatrist, Alkesh Patel, MD, on staff who provides medication management. We identify case-appropriate treatment protocols from Motivational Interviewing (MI), Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), and Eye Movement Desensitization and Reprocessing (EMDR) to create individualized treatment best suited for each client. The team works to address co-occurring disorders with individualized plans that include therapy, holistic interventions, and medication management. The team reviews case management and treatment outcomes during weekly meetings and they are reviewed by the state licensing agencies. Client satisfaction surveys have routinely shown satisfactory and above ratings.

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

We have added an Addictions Psychiatrist to staff to provide medication management and are enhancing our program with groups dedicated specifically to those with co-occurring disorders. We are working to obtain licensure from DPH for adult psychiatric outpatient services.

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

The current population served is adults, 18 and older, with addictions. We are finding an increasing amount of the population has co-occurring disorders and the need for medication management. The target population would be adults with co-occurring disorders that are able to function in their environment with the support of structured Outpatient Services.

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: MCI Healthcare d/b/a Montanside Treatment Center

Project Title: Application for licensure w/DDH for Psychiatric Outpatient Clinic for Adults

I, Stephen Langley, Executive Director  
(Name) (Position - CEO or CFO)

of Montanside Treatment Center 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] \_\_\_\_\_ 5/11/13 \_\_\_\_\_  
Signature Date

Subscribed and sworn to before me on May 11, 2015

Jessica M Butts \_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_  
**JESSICA MARIE BUTTS  
NOTARY PUBLIC  
State of Connecticut  
My Commission Expires  
February 28, 2017**





**Attachment I**  
**DPH License**

# STATE OF CONNECTICUT

## Department of Public Health

### LICENSE

License No. 0388

#### 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:

MC1 Healthcare LLC of Canaan, CT, d/b/a Mountainside Treatment Center is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**Mountainside Treatment Center** is located at 187 South Canaan Rd, Canaan, CT 06018 with:

Stephen B. Langley as Executive Director.

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

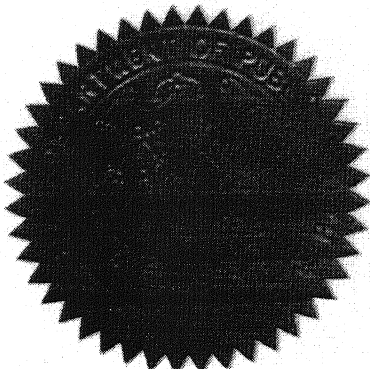
- \*20 Residential Detoxification and Evaluation Beds\*
- \*58 Intermediate and Long Term Treatment and Rehabilitation Beds\*
- Day or Evening Treatment
- Outpatient Treatment

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:

\*Reconfiguration of beds Eff: 10/2/14\*



A handwritten signature in cursive script that reads "Jewel Mullen" followed by a small mark.

Jewel Mullen, MD, MPH, MPA  
Commissioner

**Attachment II**  
**CARF Accreditation**

April 23, 2015

Alexandra Helfer, M.S., LPC, LADC  
Mountainside Treatment Center  
187 South Canaan Road, Route 7  
Canaan, CT 06018

Dear Ms. Helfer:

It is my pleasure to inform you that Mountainside Treatment Center has been accredited by CARF International for a period of three years for the following programs:

Detoxification: Integrated: AOD/MH (Adults)  
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)  
Residential Treatment: Integrated: AOD/MH (Adults)

This accreditation will extend through March 2018. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of practice excellence.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation, and we encourage you to make this accomplishment known throughout your community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

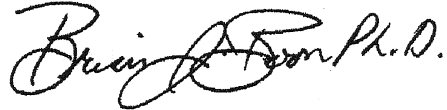
The survey report is intended to support a continuation of the quality improvement of your programs. It contains comments on your organization's strengths as well as consultation (if any) and recommendations. A quality improvement plan (QIP) demonstrating your efforts to implement the survey recommendations must be submitted within the next 90 days to retain accreditation. Guidelines and the form for completing the QIP have been posted on Customer Connect ([customerconnect.carf.org](http://customerconnect.carf.org)), our secure, dedicated website for accredited organizations and organizations seeking accreditation. Please submit the QIP to the attention of the customer service unit identified in the QIP instructions.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation, you are encouraged to seek support from the resource specialist, Kathy Lauerman, at [klauerman@carf.org](mailto:klauerman@carf.org) or extension 7168.

We encourage your organization to continue fully and productively using the CARF standards as part of your ongoing commitment to accreditation. We commend your commitment and consistent efforts to improve the quality of your programs. We look forward to working with your organization in the future.

Sincerely,

A handwritten signature in black ink that reads "Brian J. Boon Ph.D." in a cursive style.

Brian J. Boon, Ph.D.  
President/CEO

aw  
Enclosures

## Greer, Leslie

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**From:** Greer, Leslie  
**Sent:** Wednesday, May 20, 2015 8:17 AM  
**To:** 'Stephen.langley@mountainside.com'  
**Cc:** Hansted, Kevin; Martone, Kim  
**Subject:** CON Determination  
**Attachments:** 31996.pdf

Mr. Langley,

Attached is OHCA's decision regarding the CON Determination submitted from your office. There's been several failed attempts made to fax this information to you.

*Leslie M. Greer* 

CT Department of Public Health

Office of Health Care Access

410 Capitol Avenue, MS#13HCA

Hartford, CT 06134

Phone: (860) 418-7013

Fax: (860) 418-7053

Website: [www.ct.gov/ohca](http://www.ct.gov/ohca)

 Please consider the environment before printing this message



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

May 18, 2015

VIA FACSIMILE ONLY

Stephen Langley, CAC  
Executive Director  
Mountainside Treatment Center  
187 South Canaan Rd.  
Box 717  
Canaan, CT 06018

RE: Certificate of Need Determination Report Number 15-31996-DTR  
Licensure as a Psychiatric Outpatient Clinic for Adults

Dear Mr. Langley:

On May 14, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of MC1 Healthcare LLC d/b/a Mountainside Treatment Center ("Petitioner") with respect to the addition of psychiatric outpatient services for adults.

The Petitioner is licensed as a Facility for the Care or Treatment of Substance Abuse or Dependent Persons. The Petitioner currently offers intermediate and long term treatment and rehabilitation, residential, detoxification and evaluation, day or evening treatment and outpatient treatment. The Petitioner now seeks to obtain licensure as a Psychiatric Outpatient Clinic for Adults. The target population will be adults with co-occurring disorders that are able to function in their environment with the support of structured outpatient services.

Connecticut General Statutes § 19a-630(a)(1) requires a CON for the "establishment of a new health care facility". Connecticut General Statutes § 19a-630(11) defines a health care facility as including "... (G) mental health facilities...". With its proposal, the Petitioner is seeking to establish a mental health facility. As such, 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

\* \* \* COMMUNICATION RESULT REPORT ( MAY. 18. 2015 11:42AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : MAY. 18. 2015 11:35AM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

068 MEMORY TX

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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 LANGLEY  
FAX: (860) 824-4021  
AGENCY: MOUNTAINSIDE TREATMENT CENTER  
FROM: OHCA  
DATE: 5/15/15  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

Comments: DN 15-31996-DTR

**PLEASE PHONE 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