

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	Catholic Charities of Fairfield County, Inc.	
Doing Business As	Catholic Charities-Bridgeport	
Name of Parent Corporation	Catholic Charities of Fairfield County, Inc.	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	238 Jewett Avenue Bridgeport, CT 06606	
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	Michael Tintrup Chief Operating Officer	

correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	238 Jewett Avenue Bridgeport, CT 06606	
Contact Person's Telephone Number	203-416-1305	
Contact Person's Fax Number	203-372-5045	
Contact Person's e-mail Address	MTintrup@ ccfc-ct.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Transfer of Outpatient Behavioral Health Services
- b. Estimated Total Project Cost: \$0
- c. Location of proposal, identifying Street Address, Town and Zip Code:
238 Jewett Avenue, Bridgeport, Connecticut 06606
- d. List each town this project is intended to serve:
Bridgeport, Stratford, Fairfield, Trumbull, Monroe, Easton
- e. Estimated starting date for the project: July 1, 2015

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.

TRANSFER OF OUTPATIENT BEHAVIORAL HEALTH SERVICES

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.

Catholic Charities of Fairfield County, Inc., a nonprofit organization under the auspices of the Diocese of Bridgeport ("Catholic Charities"), currently provides outpatient behavioral health services to children, adolescents and adults at its outpatient clinic located at 238 Jewett Avenue, Bridgeport, Connecticut 06606 ("Jewett Avenue Site"). Catholic Charities has been a leader in providing affordable and accessible mental health services to economically disadvantaged individuals and families. The clinical staff consists of psychiatrists and licensed clinicians with training in various mental health disciplines, and who provide counseling, clinical social work, substance abuse services, medication management and marriage and family therapy (the "CC Services"). The CC Services at the Jewett Avenue Site are currently licensed by the Connecticut Department of Public Health ("DPH"). A copy of Catholic Charities' DPH license is attached hereto.

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

Effective July 1, 2015, Catholic Charities proposes to transfer the operations of its behavioral health clinic and the provision of CC Services at the Jewett Avenue Site to St. Vincent's Multispecialty Group, Inc. ("SVMSG"), a multispecialty physician practice and medical foundation formed under Chapter 594b of the Connecticut General Statutes, the sole member of which is St. Vincent's Medical Center (the "Medical Center"). The Jewett Avenue Site will be removed from Catholic Charities' DPH license and SVMSG will operate the Jewett Avenue Site as a SVMSG physician office. No DPH license will be required to operate the Jewett Avenue Site as a physician office of SVMSG. SVMSG will employ the current Catholic Charities staff at the Jewett Avenue Site and employ or engage psychiatrists and other health care professionals to provide the CC Services. Catholic Charities will continue to collaborate with SVMSG in an advisory role with respect to SVMSG's provision of CC Services.

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

Catholic Charities currently provides CC Services at the Jewett Avenue Site to individuals from Bridgeport, Fairfield, Stratford, Trumbull, Monroe and Easton. SVMSG intends to continue to provide CC Services to the same population currently served by Catholic Charities.

This CON Determination requests confirmation from the Office of Health Care Access ("OHCA") that no Certificate of Need is required for Catholic Charities to transfer the operations of its behavioral health clinic at the Jewett Avenue Site to SVMSG to be operated as a physician practice office. If notice to OHCA is required for this project, please consider this CON Determination as notice.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

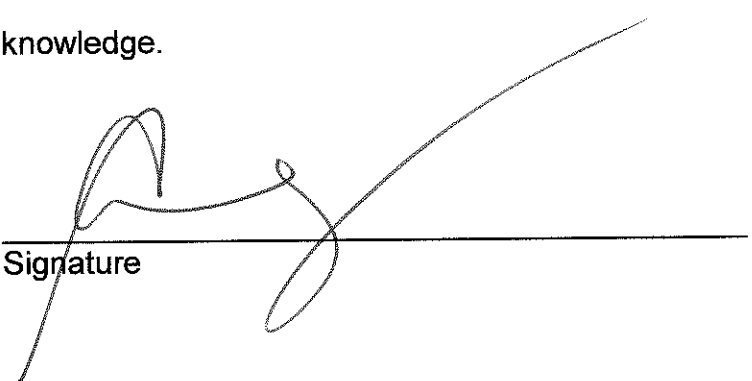
Petitioner: Catholic Charities of Fairfield County, Inc.

Project Title: Transfer of Outpatient Behavioral Health Services

I, Al Barber President,
(Name) (Position – President or CFO)

of Catholic Charities of Fairfield County, 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 Date 6/1/15

Subscribed and sworn to before me on 1 - June 2015

Samuel W. Cook
Notary Public/Commissioner of Superior Court

My commission expires: 10-31-2018

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. C-0021

Psychiatric Outpatient Clinic for Adults

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

Catholic Charities of Fairfield County, Inc. of Bridgeport, CT, d/b/a Catholic Charities-Bridgeport Clinic is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Catholic Charities-Bridgeport Clinic is located at 238 Jewett Ave, Bridgeport, CT 06606 with:

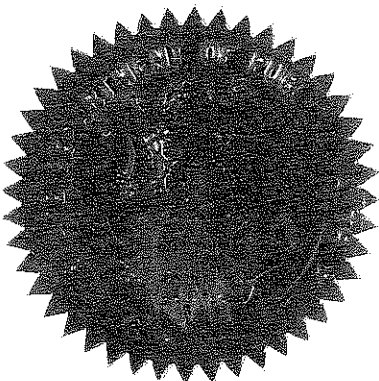
Michael Tintrup as Executive Director,
Michael Tintrup as Director.

This license expires **December 31, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2013.

License revised to reflect:

Change of Executive Director and Director Eff: 6/20/14



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0502

Psychiatric Outpatient Clinic for Adults

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

Catholic Charities of Fairfield County, Inc. of Bridgeport, CT, d/b/a Catholic Charities-Norwalk is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Catholic Charities-Norwalk is located at 120 East Ave, Norwalk, CT 06851 with:

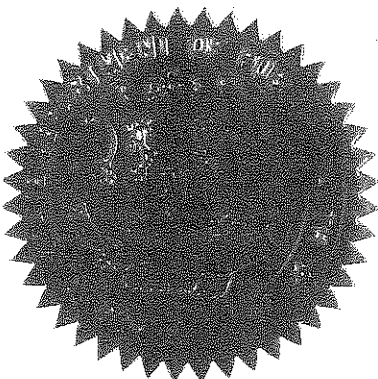
- *Michael Tintrup* as Executive Director,
- *Michael Tintrup* as Director.

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

Dated at Hartford, Connecticut, July 1, 2011.

License revised to reflect:

Change of Executive Director and Director Eff: 6/20/14



Handwritten signature of Jewel Mullen, MD, MPH, MPA.

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0553

Psychiatric Outpatient Clinic for Adults

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

Catholic Charities of Fairfield County, Inc. of Bridgeport, CT, d/b/a Catholic Charities-Danbury Clinic is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Catholic Charities-Danbury Clinic is located at 405 Main St, Danbury, CT 06810 with:

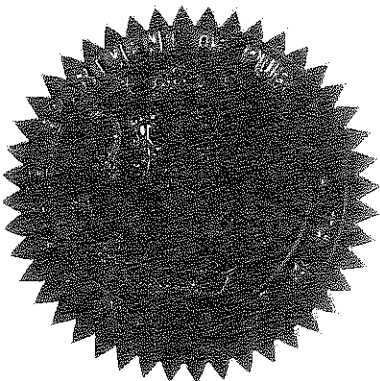
Michael Tintrup as Executive Director,
Michael Tintrup as Director.

This license expires **March 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2013.

License revised to reflect:

Change of Executive Director and Director Eff: 6/20/14



Handwritten signature of Jewel Mullen in cursive script.

Jewel Mullen, MD, MPH, MPA
Commissioner

Greer, Leslie

From: Hansted, Kevin
Sent: Friday, June 12, 2015 9:39 AM
To: Greer, Leslie
Cc: Martone, Kim
Subject: FW: Determination Report # 15-32003-DTR

Leslie,

Please add the below to the record.

Thank you,

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

 Please consider the environment before printing this message

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

From: Michael Tintrup [<mailto:MTintrup@ccfc-ct.org>]
Sent: Friday, June 12, 2015 9:35 AM
To: Hansted, Kevin
Cc: Martone, Kim; Platz, Joyce; Anne McCrory
Subject: RE: Determination Report # 15-32003-DTR

Greetings Kevin

I apologize for the delay in responding. The Bridgeport Catholic Charities clinic is licensed to provide Outpatient Adult Psychiatric services by the Dept of Public Health and Outpatient Child Psychiatric services by the Dept of Children and Families. This clinic does not currently hold any state contracts related to the delivery of these services.

Regards,

Michael Tintrup
Chief Operating Officer
Catholic Charities of Fairfield County

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Wednesday, June 10, 2015 2:51 PM
To: Michael Tintrup

Cc: Martone, Kim
Subject: FW: Determination Report # 15-32003-DTR

Dear Mr. Tintrup:

Please see below and advise.

Thank you,

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

 Please consider the environment before printing this message

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

From: Hansted, Kevin
Sent: Tuesday, June 09, 2015 9:01 AM
To: 'MTintrup@ccfc-ct.org'
Cc: Martone, Kim
Subject: Determination Report # 15-32003-DTR

Dear Mr. Tintrup:

I am in receipt of your request for a determination regarding the transfer of outpatient behavioral health services to SVMMSG. Please advise if you currently have a contract with, or are certified/licensed to provide a service for a state agency or department.

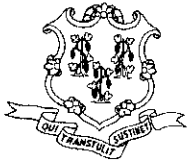
Thank you,

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

 Please consider the environment before printing this message

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete

this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.



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

June 12, 2015

VIA FACSIMILE ONLY

Michael Tintrup
Chief Operating Officer
Catholic Charities of Fairfield County, Inc.
238 Jewett Avenue
Bridgeport, CT 06606

RE: Certificate of Need Determination Report Number 15-32003-DTR
Transfer of Outpatient Behavioral Health Services

Dear Mr. Tintrup:

On June 5, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Catholic Charities of Fairfield County, Inc. ("Petitioner") with respect to the transfer of outpatient behavioral health services to St. Vincent's Multispecialty Group, Inc. ("SVMSG").

The Petitioner is currently licensed as a Psychiatric Outpatient Clinic for Adults with locations in Bridgeport, Norwalk, and Danbury. The Petitioner provides counseling, clinical social work, substance abuse services, medication management and marriage and family therapy to children, adolescents, and adults. The Petitioner intends to transfer ownership of its Bridgeport site to SVMSG. The Bridgeport site will be removed from the Petitioner's license and SVMG will continue to provide the same services currently offered by the Petitioner. The Petitioner does not currently have a contract with, and is not certified/licensed to provide a service for, a state agency or department.

Connecticut General Statutes § 19a-638(a)(2) requires a CON for the "transfer of ownership of a health care facility". Connecticut General Statutes § 19a-630(11) defines a health care facility as "... (G) mental health facilities; (H) substance abuse treatment facilities..." Therefore, the Petitioner is considered a health care facility for purposes of Connecticut General Statutes § 19a-638(a)(2). Consequently, a CON *is required* for the proposed transfer.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

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. 12. 2015 11:15AM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUN. 12. 2015 11:15AM	FILE MODE	OPTION	ADDRESS	RESULT	PAGE
112	MEMORY TX		912033725045	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: MICHAEL TINTRUP

FAX: 203 372 5045

AGENCY: CATHOLIC CHARITIES OF FAIRFIELD, COUNTY, INC.

FROM: OHCA

DATE: 6/12/15 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Attached is the determination for DN: 15-32003 regarding transfer of outpatient behavioral health services.

PLEASE PHONE Barbara K. Olejarsz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7005

Fax: (860) 418-7053

**410 Capitol Ave., MS#13HCA
 P.O.Box 340308
 Hartford, CT 06134**