

Office of Health Care Access
410 Capitol Avenue
MS #12HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: CON Determination Form (Form 2020)

Dear Sirs:

Pivot Ministries currently offers a 16-month long men's residential treatment program for recovery from drug and alcohol abuse. Those services include Department of Mental Health and Addiction Services (DMHAS) approved counseling services, re-entry services for offenders and vocational training.

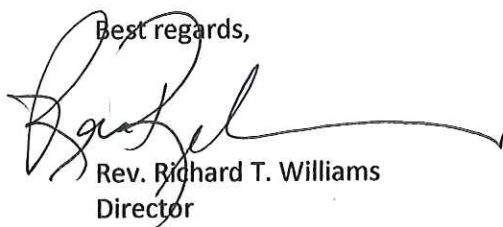
In addition to our residential services, we also operate an Outpatient Clinic for our on-site residents. (License enclosed).

We are looking to take necessary steps in order to become a Substance Abuse Inpatient Facility.

Please see enclosed Certificate of Need (CON) Determination Form enclosed.

Should you have any questions regarding this matter, please do not hesitate to contact me directly at (203) 725-7229.

Best regards,



Rev. Richard T. Williams
Director

cc: Anthony Kiniry



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	Pivot Ministries, Inc.	N/A
Doing Business As	Pivot Ministries, Inc.	N/A
Name of Parent Corporation	N/A	N/A
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	485 Jane Street Bridgeport, CT 06608-1707	N/A
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP	N/A
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.	Richard Williams, Director	N/A

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	485 Jane Street Bridgeport, CT 06608-1707	N/A
Contact Person's Telephone Number	(203) 725-7229	N/A
Contact Person's Fax Number	(203) 610-6765	N/A
Contact Person's e-mail Address	richardwilliams@ pivotministries.org	N/A

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Substance Abuse Inpatient Facility**
- b. Estimated Total Project Cost: **\$0**
- c. Location of proposal, identifying Street Address, Town and Zip Code:
 - i) **485 Jane St, Bpt, CT**
 - ii) **495 Jane St, Bpt, CT**
 - iii) **1190 Pembroke St, Bpt, CT**
- d. List each town this project is intended to serve: **Bridgeport**
- e. Estimated starting date for the project: **Upon 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. **(i) Substance Abuse Treatment, (ii) Individual/Family/Group Psychotherapy, (iii) Individual/Group Parental Guidance. See attached licensure.**
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable. **INPATIENT (i) Substance Abuse Treatment, (ii) Individual/Family/Group Psychotherapy, (iii) Individual/Group Parental Guidance**
3. Identify the current population served and the target population to be served.

Our target population focuses on men 18-65 years old. We focus on rehabilitative

treatment including counseling (individual, group and family) with focus on substance abuse, alcoholism, depression, anxiety, PTSD, trauma, crisis, relational conflict, work related challenges and career counseling.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Tony Kiniry

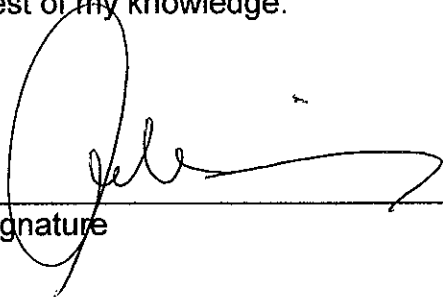
Project Title: Substance Abuse Inpatient Facility

D.C. Anthony J.

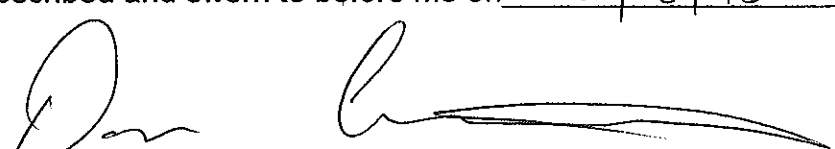
I, Tony Kiniry, Executive Director of Pivot Ministries, Inc. being duly sworn, depose and
(Name) (CEO or CFO) (Organization Name)

state that the information provided in this CON Determination form is true and accurate to the

best of my knowledge.

 _____
Signature Date July 6, 2015

Subscribed and sworn to before me on 8/6/15

 _____
Notary Public/Commissioner of Superior Court

My commission expires: 07/31/2017

Don Curtis
Notary Public
My Commission Expires July 31, 2017

STATE OF CONNECTICUT

Department of Public Health

LICENSE

LICENSE NO. 0000225

Outpatient Clinic

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

Southwest Community Health Center, Inc. of Bridgeport, CT, d/b/a Pivot Ministries is hereby licensed to maintain and operate an Outpatient Clinic.

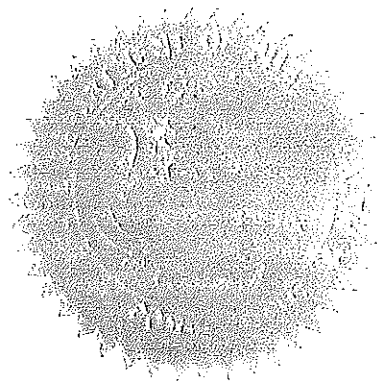
Pivot Ministries is located at 495 Jane Street, Bridgeport, CT 06608.

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

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

Services:

Primary Care Services



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

Greer, Leslie

From: Hansted, Kevin
Sent: Friday, August 21, 2015 1:12 PM
To: Greer, Leslie
Subject: FW: OHCA Determination # 15-32019-DTR
Attachments: BHRP and ATR rate schedule and contract (2).pdf

Please add this 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
Email: kevin.hansted@ct.gov



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From: Jessie Nevarez [<mailto:jessnevarez@gmail.com>]
Sent: Friday, August 21, 2015 12:56 PM
To: Hansted, Kevin
Cc: Richard Williams
Subject: Fwd: OHCA Determination # 15-32019-DTR

Good afternoon Mr. Hansted,

My name is Jessie and I am responding to you on behalf of Pivot Ministries.

Please see attached contracts that we have in place with Advanced Behavioral Health, Inc (ABH). We currently provide services under scope of services provided by the Behavioral Health Recovery Program (BHRP) and Supportive Recovery Housing Services (SRHS) programs.

Should you have any questions at all regarding the attached, please do not hesitate to reach out to either myself, contact below or Mr. Williams to discuss. Mr. Williams can be reached at (203) 725-2229.

Thanks much for your assistance with this matter!!

Best regards,

Jessie

Jessie Nevarez
(203) 505-5676
jessnevarez@gmail.com

----- Forwarded message -----

From: **Richard Williams** <richardwilliams0@me.com>
Date: Fri, Aug 21, 2015 at 11:38 AM
Subject: Fwd: OHCA Determination # 15-32019-DTR
To: Jessie Nevarez <jessnevarez@gmail.com>

Sent from my iPhone

Begin forwarded message:

From: "Hansted, Kevin" <Kevin.Hansted@ct.gov>
Date: August 21, 2015 at 10:14:55 AM EDT
To: "richardwilliams@pivotministries.org" <richardwilliams@pivotministries.org>
Subject: OHCA Determination # 15-32019-DTR

Mr. Williams,

I am in receipt of your determination request regarding the addition of a substance abuse inpatient facility to Pivot Ministries. Please let me know if Pivot Ministries has a contract with, or is certified or licensed to provide a service for a state agency or department. If so, please provide evidence thereof.

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](tel:860-418-7044)
Email: kevin.hansted@ct.gov



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--
Jessie Nevarez
[\(203\) 505-5676](tel:203-505-5676)
jessnevarez@gmail.com

Exhibit I
Advanced Behavioral Health, Inc.
ACCESS TO RECOVERY IV (ATR IV)

FAITH RECOVERY SUPPORT SERVICES (FRSS)

Reimbursement Rate Schedule

Date: June 24, 2015

Provider: Pivot Ministries Inc.

FEIN: 06-0839030

Effective Date: July 1, 2015

Please find the rate(s) applicable for the provision of Faith Recovery Support Services (FRSS) to Access to Recovery IV (ATR IV) clients.

These rates are in accordance with the terms, conditions and required components as established in the Advanced Behavioral Health, Inc. Provider Agreement along with the FRSS Request for Qualified Contractors (RFQC) and the BHRP and ATR IV Provider Manuals.

Please note:

- The rates contained in this document are effective for the period starting July 1, 2015, and ending April 30, 2018.
- Maximum number of open cases is 12, combined between the BHRP-B and ATRIV programs.
- 1 Individual Unit (at least 30 minutes) = \$24.00 and the billing code is FBIND for individual sessions.
- 1 Group Unit (at least 60 minutes) is billed according to the number of participants, and the billing code is FBGRP for group sessions. There is a minimum of 3 group participants to bill 1 FBGRP unit. The maximum group size is 12 participants and units must be billed to each group participant.
- Documentation of all services in the web-based ATR IV system is required.
- Timely filing limit of 30 days from the date of service. Any invoices submitted more than 30 days after the date of service will be denied for exceeding the timely filing limit. No additional fees can be charged to the client.
- Advanced Behavioral Health has 30 days to adjudicate a clean claim.

Individual & Group Sessions

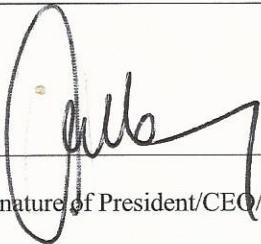
Month	Maximum # of Individual Units	Maximum # of Group Units	Reimbursement Range, per client *see Participant Billing Table below
1	6	4	\$24-\$280
2	6	4	\$24-\$280
3	6	4	\$24-\$280
4	6	4	\$24-\$280
Total	24 Units	16 units	\$96-\$1,120

Participant Billing Table

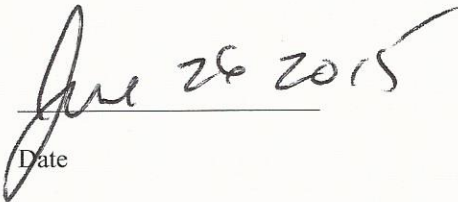
Number of Group Participants	Reimbursement Rate (per person)
3	\$34.00
4	\$33.00
5	\$32.00
6	\$31.00
7	\$30.00
8	\$29.00
9	\$28.00
10	\$27.00
11	\$26.00
12	\$25.00

The Services shall be provided at the following location(s) with client capacities and hours of operation as described below:

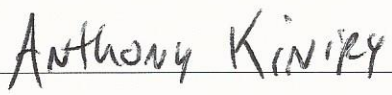
Location	Hours of Operations	Capacity
485 Jane Street, Bridgeport	9:00 am – 5:00 pm Monday – Friday	12 open cases



 Signature of President/CEO/Exec. Director



 Date



 Printed Name

9.12 Counterpart Agreements. This Agreement may be executed in counterparts, each of which shall be deemed to be an original Agreement, but all of which together shall constitute one and the same Agreement.

9.13 Notices. Unless otherwise specified in this Agreement, any notice or other communication required or contemplated by this Agreement shall be in writing. All written notices or communication shall be deemed to have been given when delivered in person; or, if delivered by first-class United States mail, on the date mailed, proper postage prepaid and properly addressed to the appropriate party at the address set forth at the signature portion of this Agreement or to another more recent address of which the sending party has received written notice. The parties shall provide each other with proper addresses of all designees that should receive certain notices or communication instead of that party.

To Provider at:

Pivot Ministries, Inc
485 Jane Street
Bridgeport, CT 06608
Attn: Tony Kiniry -Executive Director


To ABH at:

Advanced Behavioral Health, Inc.
213 Court Street
Middletown, CT 06457
Attn: President and Chief Executive Officer

****THIS AGREEMENT CONTAINS A BINDING ARBITRATION**
PROVISION THAT MAY BE ENFORCED BY THE PARTIES.**

IN WITNESS WHEREOF, the undersigned parties have executed this Agreement as of the first date written below.

Pivot Ministries, Inc.
"Provider"

By:  _____

Anthony Kiniry

Its: Executive Director

Date: June 26, 2015

ADVANCED BEHAVIORAL HEALTH, INC.
"ABH"

By: _____

Samuel Moy, PhD.

Its: President & CEO

Date: _____

Exhibit I
Advanced Behavioral Health, Inc.
ACCESS TO RECOVERY IV (ATR IV)

SUPPORTED RECOVERY HOUSING SERVICES (SRHS)

Reimbursement Rate Schedule

Date: August 17, 2015

Provider: Pivot Ministries, Inc.

FEIN: 06-0839030

Effective Date: September 1, 2015

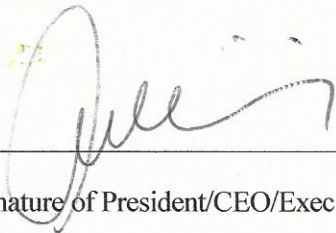
Please find the rate(s) applicable to your housing site(s) as identified for the provision of Supported Recovery Housing Services (SRHS) to Access to Recovery IV (ATR IV) clients.

These rates are in accordance with the terms, conditions and required components as established in the Advanced Behavioral Health, Inc. Provider Agreement for SRHS along with the SRHS Request for Qualified Contractors (RFQC) and the BHRP and ATR IV Provider Manuals.

Please note:

- The rates contained in this document are effective for the period starting September 1, 2015, and ending April 30, 2018.
- Documentation of at least 60 minutes of case management services per week, per authorized client, is required.
- Authorized housing capacity may not exceed the total contracted capacity indicated on this rate schedule. In addition, authorized capacity at a single house may not exceed the zoning capacity for the house. Capacities are combined between the BHRP-B and ATRIV programs.
- No additional housing fees or expenses can be charged during the period that the client is authorized for an SRHS bed.
- There is a timely filing limit of 30 days from the date of service. Any invoices submitted more than 30 days after the date of service will be denied for exceeding the timely filing limit.
- Advanced Behavioral Health has 30 days to adjudicate a clean claim.

The following location(s) is/are certified to provide Supported Recovery Housing Services	Site Address	Zoning Capacity	Gender	Daily Rate per Person
Pivot Ministries, Inc.	485 Jane Street Bridgeport, CT	15	Male	\$20.00
Pivot Ministries, Inc.	80 Bunnell Street Bridgeport, CT	15	Male	\$20.00
Total Contracted Capacity		5 total beds	Gender 5 Male	



 Signature of President/CEO/Exec. Director

8/20/15

 Date

Tony Knirey

 Printed Name

Exhibit I
Advanced Behavioral Health, Inc.
BEHAVIORAL HEALTH RECOVERY PROGRAM (BHRP)

SUPPORTED RECOVERY HOUSING SERVICES (SRHS)

Reimbursement Rate Schedule

Date: August 17, 2015

Provider: Pivot Ministries, Inc.

FEIN: 06-0839030

Effective Date: September 1, 2015

Please find the rate(s) applicable to your housing site(s) as identified for the provision of Supported Recovery Housing Services (SRHS) to Behavioral Health Recovery Program (BHRP) Clients.

These rates are in accordance with the terms, conditions and required components as established in the Advanced Behavioral Health, Inc. Provider Agreement for SRHS along with the SRHS Request for Qualified Contractors (RFQC) and the BHRP Provider Manuals.

Please note:

- The rates contained in this document are effective for the period starting September 1, 2015, and ending June 30, 2016.
- Documentation of at least 60 minutes of case management services per week per authorized client is required.
- Authorized housing capacity may not exceed the total contracted capacity indicated on this rate schedule. In addition, authorized capacity at a single house may not exceed the zoning capacity for the house.
- There is a timely filing limit of 60 days from the date of service. Any invoices submitted more than 60 days after the date of service will be denied for exceeding the timely filing limit.
- Advanced Behavioral Health has 30 days to adjudicate a clean claim.

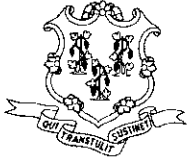
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Pivot Ministries, Inc.	485 Jane Street Bridgeport, CT	15	Male	\$20.00
Pivot Ministries, Inc.	80 Bunnell Street Bridgeport, CT	15	Male	\$20.00
Total Contracted Capacity		5 total beds	Gender 5 Male	

Signature of President/CEO/Exec. Director

Date

Printed Name

SRHS



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

August 25, 2015

VIA FACSIMILE ONLY

Richard Williams
Director
Pivot Ministries, Inc.
485 Jane Street
Bridgeport, CT 06608

RE: Certificate of Need Determination Report Number 15-32019-DTR
Establishment of Substance Abuse Inpatient Facility

Dear Mr. Williams:

On August 14, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Pivot Ministries, Inc. ("Petitioner") with respect to the establishment of a Substance Abuse Inpatient Facility.

The Petitioner is a nonprofit entity currently licensed as an Outpatient Clinic and provides a 16-month long men's treatment program in Bridgeport for recovery from drug and alcohol abuse. The Petitioner's services are approved by the State of Connecticut Department of Mental Health and Addiction Services ("DMHAS"). The Petitioner has contracts with Advanced Behavioral Health, Inc. and provides services for the Behavioral Health Recovery Program and Supportive Recovery Housing Services, both of which are DHMAS programs administered by Advanced Behavioral Health, Inc. The Petitioner seeks to establish a Substance Abuse Inpatient Facility that will offer substance abuse treatment, individual/family/group psychotherapy and individual/group parental guidance.

Connecticut General Statutes § 19a-638(a)(1) requires a CON for the "establishment of a new health care facility." However, Connecticut General Statutes § 19a-638(b)(14) provides an exception for any nonprofit facility that has a contract with, or is certified or licensed to provide a service for a state agency. The Petitioner has provided evidence that it has a contract to provide services for DMHAS. 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 (AUG. 25. 2015 10:36AM) * * *

FAX HEADER:

TRANSMITTED/STORED : AUG. 25. 2015 10:35AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

241 MEMORY TX

912036108734

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: RICHARD WILLIAMS
FAX: 203 610 8734
AGENCY: PIVOT MINISTRIES, INC.
FROM: OHCA
DATE: 8/25/15 Time: _____
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
Determination for DN: 15-32019-DTR, Establishment of Substance Abuse Inpatient Facility

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