

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 Growing Potential Services: Therapeutic and Behavioral Solutions, PC	x	
Doing Business As n/a	x	
Name of Parent Corporation n/a	x	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail 139 Hazard Ave, Suite 2-6 Enfield, CT 06082	x	
What is the Petitioner's Status: P P for profit and NP for Nonprofit	x	
Contact Person at Facility, including Title/Position: CEO/Director Marcy L. Taliceo, LPC This Individual at the facility will be the Petitioner's Designee to receive all	x	

correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail 139 Hazard Ave, Suite 2-6 Enfield, CT 06082	X	
Contact Person's Telephone Number 860-698-6077	X	
Contact Person's Fax Number 860-698-6631	X	
Contact Person's e-mail Address growingpotentialservices@gmail.com	X	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Private Freestanding Outpatient and Day Treatment Facility
CT 19a-491 and/or CT 19a-506
- b. Estimated Total Project Cost: \$ 461,580.00
- c. Location of proposal, identifying Street Address, Town and Zip Code: 141 Hazard Ave Enfield, CT 06082
- d. List each town this project is intended to serve:
Hartford County
- e. Estimated starting date for the project: May 1, 2016
- f. _____

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.
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SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Growing Potential Services: Therapeutic and Behavioral Solutions, PC

Project Title: Private Freestanding Outpatient and Day Treatment Program
 CT 19a-491 and/or CT 19a-506

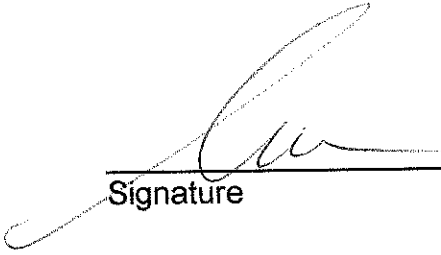
I, Marcy Taliceo, LPC,

CEO

(Name)

(Position – CEO or CFO)

of Growing Potential Services: Therapeutic and Behavioral Solutions, PC being duly sworn, depose and state that the Growing Potential Services: Therapeutic and Behavioral Solutions, PC information provided in this CON Determination form is true and accurate to the best of my knowledge.



Signature

3-25-16

Date

Subscribed and sworn to before me on 3/25/16

Tiffany Drobot
Notary Public/Commissioner of Superior Court

My commission expires: **TIFFANY DROBOT**
NOTARY PUBLIC
My Commission Expires 3/31/2017

Growing Potential Services:Therapeutic and Behavioral Solutions,PC is seeking DPH Licensure for Day Treatment Programs for Mental Health and/or Substance Abuse. CT 19a-491 and/or CT 19a-506. The following services are being proposed.

Clinical Services Include:

- Assessment
- Individual Psychotherapy and Case Management
- Group Therapy
- Family Therapy
- Medication Clinic
- Substance Abuse Consultation
- Multifamily Groups
- Outreach Services
- Child and Adult Day Treatment Programs
- Child and Adult Outpatient Psychiatric Services

Assessment, Consultation, and Treatment with:

- Developmental Screenings and Assessment of Childhood and Adolescence
- Depression, Mood and Anxiety Disorders
- Relational Difficulties
- Problems Coping with Life Transitions
- Post-Traumatic Stress Disorder
- Attachment Disorders
- Family Violence
- Neuropsychotic Disorders
- Eating Disturbances
- Parenting Issues
- Psychological Testing
- Occupational Therapy
- Physical Therapy
- Speech and Language Therapy
- Psychiatric Testing for Diagnostic Clarification

Programs currently in place and operating:

141 Hazard Ave, Enfield

Extended Day Treatment- licensed by DCF
Autism Services (In home and office)
APRN
Therapeutic Afterschool Program- credentialed by ABH
DDS approved Provider for Autism
Independent Behavioral Consultation

139 Hazard Ave, Enfield

Outpatient Services (adult and child) by licensed professionals
Autism Services (In home and office)

Our current population is:

Ages 4-73, Commercial and State Plan insured, Primarily low income families with an average of 5 individuals in the family. Diagnosis of Autism, ADHD, Mood Disorders, Anxiety Disorders, Adjustment Disorders.

1st Provisional License

STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES



This is to certify that in accordance with the provisions of Sections 17a-147 of the General Statutes of the State of Connecticut as amended, **GROWING POTENTIAL SERVICES, INC.** located at **141 HAZARD AVENUE** in the Town of **ENFIELD, CT** is hereby licensed as an **EXTENDED DAY PROGRAM** for children at the location listed below.*

This license is issued effective **February 24, 2016** for a period of **60 DAYS** and is conditional upon compliance with all regulations of the Department of Children and Families and may be revoked for cause at any time.

License No. **EDT-31**

Signed at **Hartford, CT** this **24th** day of **February 2016**

James McPherson
James McPherson, Program Manager
Office of Legal Affairs

* 141 Hazard Ave., Enfield, CT.....6 (M/F; ages 8-17)

STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
DIVISION OF ADMINISTRATIVE LAW AND POLICY
505 Hudson Street, Hartford, Connecticut 06106

Unit or Cottage Name: _____

Facility Name: Growing Potential Services

Address: 141 Hazard Ave
Enfield, CT 06082

WATER SUPPLY:

1. Description of drinking water source: Public Well
2. If supplied by well water, has the supply been analyzed and found safe? _____
If so, When? _____ Please attach lab results to this form.

SEWAGE DISPOSAL:

1. Private on-site septic system _____ Public Sewers
2. Date system was last serviced/pumped _____

TOILET FACILITIES:

- Hot water @ 125.9°F @ 1:21 pm - dropped to 92°F*
1. Number of toilets for ^{children} females 1 for ^{staff} males 1 Urinals N/A Sinks 2
 2. Toilets clean in good working order in good repair
 3. Adequate lighting Ventilation Screening N/A
wall mounted paper towel dispenser covered waste

SLEEPING QUARTERS (N/A for Day Programs and Clinics): N/A

1. Is distance between beds proper? (3 ft. For single, 4 1/2 for double deck beds)? _____
Check for cleanliness: walls _____ floor _____ mattresses _____ bedding _____

KITCHEN AND DINING ROOM:

1. Are dishes, silverware, etc. In good condition and clean? Plastic ware - wash/rinse/sanitize
2. Is there sufficient hot water available for washing dishes? yes
3. Is the home equipped with a dishwasher? NO If so is it functioning properly? _____
4. Check for cleanliness: floors walls tables counters sinks
ventilation and air conditioning systems appliances Ref. / toaster oven / microwave
5. Is refrigerator clean? Is food adequately refrigerated and properly stored? 44°F air temp
6. Is food protected from dust? yes flies? yes vermin? yes
7. Is kitchen screened? N/A Is dining room screened? N/A
8. Are covered containers provided for garbage? yes
9. Are food preparation & serving areas in compliance with Health Department requirements? Snacks only

Note: Packaged juice and packaged snacks are served to children

GENERAL:

1. Are all stairways free from obstruction? N/A
2. Is the building apparently in good repair? yes

- 3. Are surrounding grounds kept clean? yes
- 4. Is housekeeping satisfactory? yes
- 5. Are floor coverings safe and clean? tile and carpet - yes
- 6. Are laundry facilities adequate? N/A Clean? In good repair?

LEAD INSPECTION (Child Caring Facilities Only):

Has the facility had a comprehensive lead inspection? NO (ATTACH RESULTS) built in 1995
 Date of Inspection: Not applicable if house built since 1978:

** Building built in 1972 - Bldg #1. Bldg #2*

Note: Children 2 the age of 8 use facility per owner

FLOOR PLANS:

Please attach floor plans for all buildings used for sleeping or treatment purposes.

The attached floor plans have been reviewed and the maximum number of beds for children in each area meets with my approval. The maximum capacity for sleeping or treatment purposes by floor is :

1st: 2nd: 3rd:

THIS FACILITY HAS BEEN INSPECTED BY ME AND
 DOES DOES NOT
 MEET ALL APPLICABLE HEALTH DEPARTMENT REQUIREMENTS

HEALTH INSPECTOR (Print or type name) Deborah A. Casanova

Signature: Deborah A. Casanova - North Central District H.D.

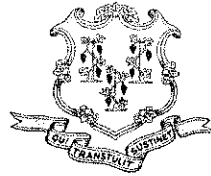
Address: 31 North Main St, Euclid, CT 06082 Date: 1/19/2016

Comments and Recommendations (use separate sheet if necessary)

Note - check with DCF regarding Comprehensive lead inspection as building was built in 1972

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

April 6, 2016

Marcy L. Taliceo, LPC
CEO/Director
Growing Potential Services: Therapeutic
and Behavioral Solutions, PC
139 Hazard Ave, Suite 2-6
Enfield, CT 06082

RE: Certificate of Need Determination Report Number 16-32079-DTR
Establishment of Mental Health/Substance Abuse Facility

Dear Ms. Taliceo:

On March 28, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Growing Potential Services: Therapeutic and Behavioral Solutions, PC ("Petitioner") with respect to the establishment of a new mental health and/or substance abuse facility.

The Petitioner seeks to establish a for-profit mental health and/or substance abuse facility at 141 Hazard Avenue, Enfield, Connecticut. The Petitioner will seek licensure from the State of Connecticut Department of Public Health as a Private Freestanding Mental Health Day Treatment Facility and/or Private Freestanding Psychiatric Outpatient Clinics for Adults. The facility will serve individuals who are commercially or state-plan insured.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a certificate of need is required for the "establishment of a new health care facility". Conn. Gen. Stat. § 19a-630(11) defines a health care facility as "... (G) mental health facilities...". The Petitioner's facility will provide mental health services. As a result, the Petitioner's proposed facility fits within the definition of a health care facility. Consequently, a *CON is required* for the Petitioner's proposal.

Sincerely,

Handwritten signature of Kimberly R. Martone in black ink.

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

* * * COMMUNICATION RESULT REPORT (APR. 6. 2016 12:22PM) * * *

FAX HEADER:

TRANSMITTED/STORED : APR. 6. 2016 12:21PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

555 MEMORY TX

98606986631

OK

2/2

REASON FOR ERROR OR LINE FAIL
E-1) HANG UP
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: MARCY L. TALICEO
FAX: 860 698-6631
AGENCY: GROWING POTENTIAL SERVICES: THERAPEUTIC AND BEHAVIORAL SOLUTIONS, PC
FROM: OHCA
DATE: 4/6/16 Time: _____
NUMBER OF PAGES: _____
(including transmittal sheet)

Comments: Please see attached determination for Report Number: 16-32079-DTR

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

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capital Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06154