

## Greer, Leslie

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**From:** Hansted, Kevin  
**Sent:** Wednesday, June 08, 2016 1:41 PM  
**To:** Greer, Leslie  
**Subject:** FW: OHCA CON Determination Key Community Care  
**Attachments:** OHCA.pdf

Leslie, please add this to the record for 16-32088-DTR.

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](mailto:kevin.hansted@ct.gov)



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**From:** Cheryl Key Recovery [<mailto:cherylragz.keyrecoveryhomes@gmail.com>]  
**Sent:** Wednesday, June 08, 2016 11:19 AM  
**To:** Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>; jason bailey <[jasonbailey7413@gmail.com](mailto:jasonbailey7413@gmail.com)>  
**Subject:** OHCA CON Determination Key Community Care

Hi Kevin,

Thank you for the clarity over the phone ! I hope this will suffice.  
Please let me know if there is anything else that you will need.

Best Regards,  
Cheryl Ragozzine  
Jason Bailey

--  
Cheryl Ragozzine

General Manager  
Cell (860) 491-0133  
Office (860) 618-5858  
Fax (860) 618-5860  
[www.keyrecoveryhomes.com](http://www.keyrecoveryhomes.com)



**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 <b>Key Community Care, Inc.</b>		
Doing Business As		
Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail <b>33 Prospect St. Torrington, CT 06790</b>		
What is the Petitioner's Status:  P for profit and NP for Nonprofit	<b>P</b>	
Contact Person at Facility, including Title/Position: <b>President, Michael Vengaus</b> This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.		

Contact Person's Mailing Address, if PO Box,  
include a street mailing address for Certified  
Mail

**33 Prospect St. Torrington, CT 06790**

Contact Person's Telephone Number

**(860) 480-6044**

Contact Person's Fax Number

**(860) 201-4706**

Contact Person's e-mail Address

**Keycommunitycare@gmail.com**

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Key Community Care, Inc.
- b. Estimated Total Project Cost: \$25,000.00
- c. Location of proposal, identifying Street Address, Town and Zip Code:  
33 Prospect St. Torrington, CT 06790
- d. List each town this project is intended to serve:  
Torrington
- e. Estimated starting date for the project: 7/1/2016

## 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.

**SECTION V. AFFIDAVIT**

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

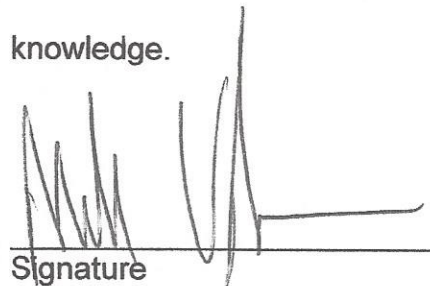
Petitioner: Michael Vengaus

Project Title: Key Community Care, INC.

I, Michael Vengaus President  
(Name) (Position – CEO or CFO)

of Key Community Care, 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

5/12/16  
Date

Subscribed and sworn to before me on May 12, 2016

Carol L Anderson  
Notary Public/Commissioner of Superior Court

My commission expires: April 30, 2021



# *Key Community Care, Inc.*

33 Prospect St. Torrington, CT 06790  
(860)618-5959 Fax:(860)618-5860

## **Description of Services:**

**Key Community Care, Inc. offers transitional outpatient alcohol and drug services within a community setting. Each member of our multidisciplinary team is licensed in substance use disorder treatment. The care team focuses on providing opportunities for sustained treatment and recovery in a safe, structured and compassionate environment.**

**We strive to meet each individual clients needs by proving specialized treatment plans that include private therapy sessions, recovery focused groups, and medical support.**

**Each client receives individual treatment from Licensed Alcohol and Drug Counselors. The counseling team includes a Licensed Professional Counselor with a PhD in Human Services, multiple Licensed Social Workers and Certified Addiction Counselors. Clinicians provide legal or judicial supports through collaborative efforts with parole or probation officers, Department of Child and Family Services, medical providers, and previous care providers. Clinicians offer their services to families as well, in private or group sessions.**

**Key Community Care, Inc. group treatment plans are guided by the practice of treating the whole person in addition to addiction-focused care. The groups offered include relapse prevention, both men's and women's groups, and psychoeducational sessions. The team includes an APRN who provides clients an additional layer of care during their recovery.**

**Key Community Care, Inc. is committed to meeting the needs and expectations of our clients. It is our belief that through compassionate care and support, clients will receive the necessary skills to effectively transition into a healthier sober lifestyle.**

---

## Olejarz, Barbara

---

**From:** Hansted, Kevin  
**Sent:** Thursday, June 16, 2016 1:30 PM  
**To:** Olejarz, Barbara  
**Subject:** FW: OHCA CON Determination Key Community Care

Please add to the record for 16-32088-DTR

Kevin T. Hansted  
Staff Attorney  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134  
Phone: 860-418-7044  
[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



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---

**From:** Jason [<mailto:jasonbailey7413@gmail.com>]  
**Sent:** Thursday, June 16, 2016 1:26 PM  
**To:** Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>  
**Cc:** Cheryl Key Recovery <[cherylragz.keyrecoveryhomes@gmail.com](mailto:cherylragz.keyrecoveryhomes@gmail.com)>  
**Subject:** Re: OHCA CON Determination Key Community Care

Kevin, No it will not its for 18 and up. Thanks

Sent from my iPhone

On Jun 16, 2016, at 10:34 AM, Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)> wrote:

Thank you. Will the facility be licensed or funded by the Department of Children and Families?

Kevin T. Hansted  
Staff Attorney  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue

Hartford, CT 06134  
Phone: 860-418-7044  
[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)

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---

**From:** Jason [<mailto:jasonbailey7413@gmail.com>]  
**Sent:** Thursday, June 16, 2016 9:40 AM  
**To:** Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>  
**Cc:** Cheryl Key Recovery <[cherylrags.keyrecoveryhomes@gmail.com](mailto:cherylrags.keyrecoveryhomes@gmail.com)>  
**Subject:** Re: OHCA CON Determination Key Community Care

Good morning Kevin,  
Key care is looking to be licensed as a mental health and addiction facility.  
If you have any further questions or need any more information please feel free to contact us.  
Thanks and have a great day.  
Sincerely,  
Jason Bailey  
Cheryl Ragozzine

Sent from my iPhone

On Jun 15, 2016, at 1:40 PM, Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)> wrote:

What type of facility license(s) will you be applying for?

Kevin T. Hansted  
Staff Attorney  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134  
Phone: 860-418-7044  
[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)

<image001.jpg>

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**From:** Jason [mailto:[jasonbailey7413@gmail.com](mailto:jasonbailey7413@gmail.com)]  
**Sent:** Wednesday, June 15, 2016 12:19 PM  
**To:** Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>  
**Cc:** Cheryl Key Recovery <[cherylrags.keyrecoveryhomes@gmail.com](mailto:cherylrags.keyrecoveryhomes@gmail.com)>  
**Subject:** Re: OHCA CON Determination Key Community Care

Good afternoon Kevin,  
There's nothing with your email for us to open and answer. Can you please check and resend, we will give you any Information that you need.  
Thank you,  
Jason Bailey  
Cheryl Ragozzine

Sent from my iPhone

On Jun 15, 2016, at 8:35 AM, Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)> wrote:

Good morning Cheryl,

Please see below and let me know. I cannot process your determination request without this information.

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](mailto:kevin.hansted@ct.gov)

<image001.jpg>

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---

**From:** Hansted, Kevin  
**Sent:** Thursday, June 09, 2016 8:48 AM  
**To:** 'Cheryl Key Recovery' <[cherylrags.keyrecoveryhomes@gmail.com](mailto:cherylrags.keyrecoveryhomes@gmail.com)>  
**Subject:** FW: OHCA CON Determination Key Community Care

Good morning Cheryl,

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  
Email: [kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)

<image001.jpg>

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---

**From:** Hansted, Kevin  
**Sent:** Wednesday, June 08, 2016 11:46 AM  
**To:** 'Cheryl Key Recovery' <[cherylragz.keyrecoveryhomes@gmail.com](mailto:cherylragz.keyrecoveryhomes@gmail.com)>  
**Subject:** RE: OHCA CON Determination Key Community Care

Thank you Cheryl. What type of facility license(s) will you be applying for?

Kevin T. Hansted  
Staff Attorney  
Department of Public Health  
Office of Health Care Access  
410 Capitol Ave., MS #13HCA  
P.O. Box 340308  
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<image001.jpg>

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**From:** Cheryl Key Recovery  
[mailto:[cherylragz.keyrecoveryhomes@gmail.com](mailto:cherylragz.keyrecoveryhomes@gmail.com)]  
**Sent:** Wednesday, June 08, 2016 11:19 AM  
**To:** Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>; jason bailey  
<[jasonbailey7413@gmail.com](mailto:jasonbailey7413@gmail.com)>  
**Subject:** OHCA CON Determination Key Community Care

Hi Kevin,

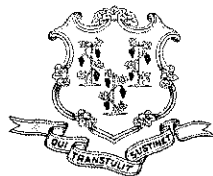
Thank you for the clarity over the phone ! I hope this will suffice.  
Please let me know if there is anything else that you will need.

Best Regards,  
Cheryl Ragozzine  
Jason Bailey

--  
Cheryl Ragozzine  
General Manager  
Cell (860) 491-0133  
Office (860) 618-5858  
Fax (860) 618-5860  
[www.keyrecoveryhomes.com](http://www.keyrecoveryhomes.com)

# 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

June 16, 2016

Michael Vengaus  
President  
Key Community Care, Inc.  
33 Prospect Street  
Torrington, CT 06790

RE: Certificate of Need Determination Report Number 16-32088-DTR  
Establishment of Mental Health and Addiction Facility

Dear Mr. Vengaus:

On June 6, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Key Community Care, Inc. ("Petitioner") with respect to the establishment of a new outpatient substance abuse program.

The Petitioner is a for-profit entity seeking to establish a mental health and substance abuse facility at 33 Prospect Street, Torrington, Connecticut. The Petitioner will seek licensure from the State of Connecticut Department of Public Health as a mental health and addiction facility.

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; (H) substance abuse treatment facilities...". The Petitioner's facility will provide substance abuse and 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,

A handwritten signature in black ink that reads "Kim M." followed by a horizontal line.

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](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

\* \* \* COMMUNICATION RESULT REPORT ( JUN. 16. 2016 2:31PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUN. 16. 2016 2:30PM	FILE MODE	OPTION	ADDRESS	RESULT	PAGE
654	MEMORY TX		98602014706	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 VENGAUS

FAX: 860 201-4706

AGENCY: KEY COMMUNITY CARE, INC.

FROM: OHCA

DATE: 6/16/16 Time: \_\_\_\_\_

NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**

Please see attached determination for Report Number: 16-32088-DTR.  
 Establishment of Mental Health and Addiction Facility

**PLEASE PHONE Barbara K. Olejarsz 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