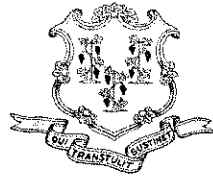


# STATE OF CONNECTICUT

## 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 24, 2016

Gary M. Steck, LMFT  
Chief Executive Officer  
Wellmore, Inc.  
141 East Main Street  
Waterbury, CT

RE: Certificate of Need Determination Report Number 16-32097-DTR  
Termination of Adult Outpatient Psychiatric/Substance Abuse Program

Dear Mr. Steck:

On June 23, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Wellmore, Inc. ("Petitioner") with respect to the termination of its Adult Outpatient Psychiatric/Substance Abuse Program.

The Petitioner is a not-for-profit entity that currently operates a facility at 30 Controls Drive, Shelton, Connecticut. The facility is licensed by the State of Connecticut Department of Public Health as a Facility for the Care or Treatment of Substance Abusive or Dependent Persons and Psychiatric Outpatient Clinic for Adults. The facility is funded by the State of Connecticut Department of Mental Health and Addiction Services. The Petitioner seeks to close the facility as a result of its funding being shifted to another facility in Waterbury, Connecticut.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(5), a CON is required for "[T]he termination of inpatient or outpatient services offered by a hospital, including, but not limited to, the termination by a short-term acute care general hospital or children's hospital of inpatient and outpatient mental health and substance abuse services;" The Petitioner is not licensed as a hospital. Therefore, *no CON is required* for the Petitioner's proposal.

Sincerely,

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

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. 24. 2016 11:55AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUN. 24. 2016 11:54AM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

667 MEMORY TX

912035749006

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: GARY M. STECK  
FAX: 203 574-9006  
AGENCY: WELLMORE, INC.  
FROM: OHCA  
DATE: 6/24/16 Time: \_\_\_\_\_  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:** Attached is the Determination for Report Number: 16-32097-DTR  
Termination of Adult Outpatient Psychiatric/substance Abuse Programs

**PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.**

Phone: (860) 418-7001

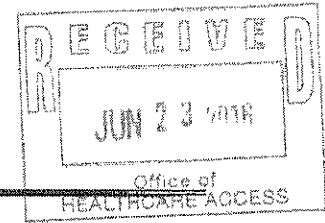
Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA  
P.O.Box 340308



# Wellmore

Behavioral Health  
Wellness for a lifetime



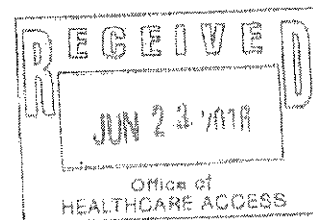
### FAX COVER SHEET

To: Kevin Hansted	From: Gary Steck
Company:	Site/Program:
Phone Number:	Phone Number:
Fax Number: 860-418-7053	Fax Number:
Re:	Number of pages including fax cover:

- URGENT**  
  FOR REVIEW  
  PLEASE COMMENT  
  PLEASE REPLY  
  PLEASE RECYCLE

NOTES/COMMENTS:

*The confidentiality of this information is required under Chapter 899 (Sec. 52-146) of the Connecticut General Statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes. The information is intended solely for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are hereby notified that using, disclosing, copying, distributing, or taking any action in reliance on the contents of the transmitted information is strictly prohibited. If you have received this information in error please notify Wellmore at the phone number listed above and delete/destroy this message and its attachment(s).*



## 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	Wellmore, Inc.	
Doing Business As	n/a	
Name of Parent Corporation	n/a	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	141 East Main Street, Waterbury, CT	
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 correspondence in this matter.	Gary M. Steck, LMFT, Chief Executive Officer	

**SECTION V. AFFIDAVIT**

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

Petitioner: Wellmore, Inc.

Project Title: Closure of Adult Outpatient Psychiatric/Substance Abuse Program  
30 Controls Drive, Shelton, CT 06484

I, Gary M. Steck, CEO  
(Name) (Position – CEO or CFO)

of Wellmore, 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.

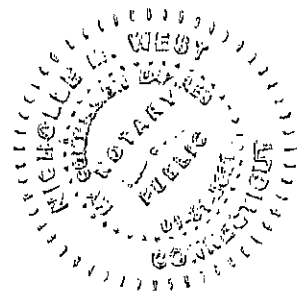
Signature *[Handwritten Signature]* Date 6/23/16

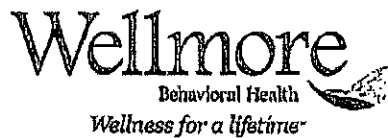
Subscribed and sworn to before me on 23rd June, 2016

*Nicholle M West*  
Notary Public/Commissioner of Superior Court

My commission expires: January 31, 2021

NICHOLLE M. WEST  
NOTARY PUBLIC - CONNECTICUT  
MY COMMISSION EXPIRES  
JANUARY 31, 2021





6/22/16

To Whom It May Concern:

As per the attached letter from the Connecticut Department of Mental Health and Addiction Services, all DMHAS funding the Adult Outpatient Psychiatric/Substance Abuse programming located at 30 Controls Drive in Shelton, CT will terminate on 7/30/16. With no funding remaining, Wellmore wishes to close the site on that date. Client volumes at this location have diminished significantly over the past 3 years. All currently 'open/active' clients will receive care to the end of their treatment plan. We have already stopped taking new admissions. Below are the responses to the 3 questions in the CON Determination request form:

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.

***Adult outpatient and intensive outpatient services are offered at this site. Copies of the licenses are attached.***

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

***Our plan is to close this office and terminate all services. Grant funding from DMHAS has been shifted from this site to our Waterbury site. The volume of referrals for this site has diminished dramatically over the last 3 years. Our program was designed to serve referrals from CT - CSSD and CT - DOC. Both no longer provide grant support for this level of care.***

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

***The target population is adults with primary addiction or co-occurring addiction and psychiatric disorders.***

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0439**

**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:

Wellmore, Inc. of Waterbury, CT, d/b/a Wellmore Behavioral Health, Inc. is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Wellmore, Behavioral Health, Inc is located at 30 Controls Dr., Shelton, CT 06484 with:

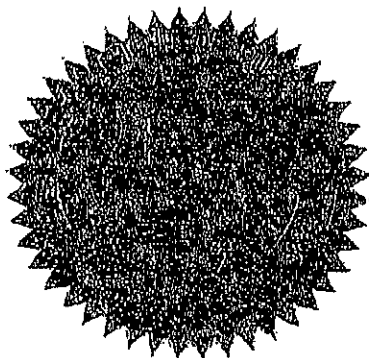
Gary M. Steck as Executive Director.

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

Outpatient Treatment

This license expires **June 30, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2014. RENEWAL



Handwritten signature of Jewel Mullen in cursive script.

Jewel Mullen, MD, MPH, MPA  
Commissioner

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0527**

**Psychiatric Outpatient Clinic for Adults**

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

Wellmore, Inc. of Waterbury, CT, d/b/a Wellmore Behavioral Health is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Wellmore Behavioral Health is located at 30 Controls Dr., Shelton, CT 06484 with:

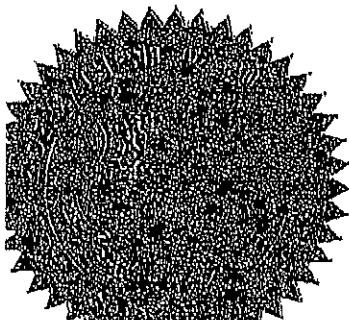
Gary M. Steck as Executive Director,  
\*Joy Powell, LCSW\* as Director.

This license expires June 30, 2016 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2012.

License revised to reflect:

\*Change of Director Eff: 1/31/14\*



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

Jewel Mullen, MD, MPH, MPA  
Commissioner





**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

DANNEL P. MALLOY  
GOVERNOR

MIRIAM E. DELPHIN-RITTMON, PH.D.  
COMMISSIONER

June 21, 2016

Gary M. Steck, LMFT  
Chief Executive Officer  
Wellmore Behavioral Health, Inc.  
141 East Main Street  
Waterbury, CT 06702

Dear Mr. Steck,

As a follow up to our meeting on June 14, 2016, please accept this letter as confirmation of approval to move funding within SID 16003 from the "Waterbury Intensive Outpatient" (\$94,141) and "Liberty Center Outpatient" (\$256,852) into the "Standard (Waterbury) Outpatient" cost centers effective August 1, 2016.

We understand that as a result of these shifts, the Shelton office will close. However, Intensive Outpatient services will be maintained at the Waterbury location without supplemental grant dollars. As agreed, your team will work with any clients currently enrolled in services in the Shelton office to develop a transition plan and connect them to the next appropriate level of care.

In order to move forward with these changes, please contact Cheryl Proctor, Human Services Contract Unit Fiscal Monitor at (860) 418-6620. If you have programmatic concerns, please contact Shelly Nolan, Community Services Regional Manager, at 860-418-6835.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paul J. DiLeo', written over a horizontal line.

Paul J. DiLeo, MS, FACHE  
Chief Operating Officer

pc: Miriam E. Delphin- Rittmon, Ph.D., DMHAS, Commissioner  
Nancy Navaretta, MA, LPC, NCC, DMHAS, Deputy Commissioner  
Stephen DiPietro, Chief Financial Officer, DMHAS  
Lauren Siembab, MS, LADC, Director, Community Services Division