

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 <i>GERARDO R. MARCIL - OWNER</i> Counseling Center of Waterbury LLC		
Doing Business As Connecticut Counseling and Wellness		
Name of Parent Corporation N/A		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail 1776 Meriden Road Wolcott CT, 06716		
What is the Petitioner's Status: P for profit and NP for Nonprofit P		
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. Gerard Marcil, LADC - Owner		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail 1776 Meriden Rd Wolcott CT, 06716		
Contact Person's Telephone Number <u>203-596-7870</u>		
Contact Person's Fax Number <u>203-527-7683</u>		
Contact Person's e-mail Address jerry@ccwellness.org		

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title: Counseling Center of Waterbury is currently providing individual and group counseling on an outpatient basis. Our proposal is to increase services by becoming a licensed IOP.

b. Estimated Total Project Cost: \$20,000

c. Location of proposal, identifying Street Address, Town and Zip Code:

1776 Meriden Rd,
Wolcott CT, 06716

d. List each town this project is intended to serve:

Wolcott, Waterbury, Cheshire, Prospect, Southington, Watertown, along with any other surrounding towns.

e. Estimated starting date for the project: September 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.

The Counseling Center of Waterbury, LLC was established as a private office- based substance use disorder treatment center designed to meet the complex needs of adults with substance use disorders along with underlying mental health symptoms. The majority of clients receiving services are poly substance abusing (multiple drug usage including heroin) with possible symptoms of a mental health diagnosis. The program currently provides: comprehensive evaluation, individual, family, and group services, crisis intervention, coordination of treatment with the judicial system, and ongoing after-care services.

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

Department of Public Health licensure for a community-based Intensive Outpatient Program that offers treatment to adults with substance use disorders and symptoms of an underlying mental health diagnosis.

The community-based treatment will:

- Provide rapid access to assessment and treatment of at-risk adults.
- Provide individualized treatment services for adults suffering from substance use disorders and mental health issues, including medication assisted treatment for opioid use disorders.
- Reduce need for more intensive services for this at-risk population.
- Incorporate families with more intensive involvement in the treatment to enhance long-term stabilization of substance use disorder and mental health problems.
- Coordinate services with other providers involved to ensure success in treatment goals.
- Coordinate services with the judicial system to decrease anti-social behaviors associated with drug abuse.

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

The Counseling Center of Waterbury currently and plans to provide services to a large population of adults with a primary diagnosis in substance use disorders along with any underlying mental health disorders.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Counseling Center of Waterbury

Project Title: Licensed Intensive Outpatient

I, Gerard Marcil, LADC
(Name)

Owner
(Position – CEO or CFO)

of Counseling Center of Waterbury, LLC 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 7/7/16

Subscribed and sworn to before me on 7/7/16

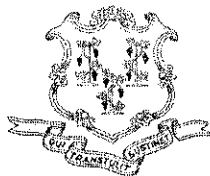


Notary Public/Commissioner of Superior Court
Timothy W. Rowle

My commission expires: 8/31/21

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

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

Office of Health Care Access

July 19, 2016

Gerard Marcil, LADC
Counseling Center of Waterbury LLC
1776 Meriden Road
Wolcott, CT 06716

RE: Certificate of Need Determination Report Number 16-32102-DTR
Establishment of Intensive Outpatient Program

Dear Mr. Marcil:

On July 13, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Counseling Center of Waterbury LLC ("Petitioner") with respect to the establishment of an Intensive Outpatient Program.

The Petitioner, a for-profit entity, currently operates a private office-based substance use disorder treatment center. The Petitioner seeks to expand its program and seek licensure as an Intensive Outpatient Program. The Petitioner will treat adults with substance use disorders and symptoms of an underlying mental health diagnosis.

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 program will provide mental health and substance abuse services. Therefore, a **CON is required** for the Petitioner's proposal.

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



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Affirmative Action/Equal Opportunity Employer