



**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	Perspectives Center for Care, 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	70 Cranberry Lane, Cheshire, CT 06410	
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.	Amy Korte, Chief Operating Officer	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	70 Cranberry Lane, Cheshire, CT 06410	
Contact Person's Telephone Number	(203) 651-9667	
Contact Person's Fax Number	(860) 276-3002	
Contact Person's e-mail Address	akorte@pcc4me.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Mental Health Day Treatment Facility, and Psychiatric Outpatient Clinic For adults
- b. Estimated Total Project Cost: \$ 0.00 – resources through existing operatings will fund the program. Agency is currently operating at all three locations. Program income will allow for hiring of additional staff and purchase of additional supplies.
- c. Location of proposal, identifying Street Address, Town and Zip Code: 341 West Street, Suite B, Plantsville, CT 06479; 60 Westwood Avenue, Suite 220, Waterbury, CT 06708; 816 Broad Street, Suite 23, Meriden, CT 06450
- d. List each town this project is intended to serve: Southington, New Britain, Plainville, Bristol, Waterbury, Naugatuck, Meriden, Wallingford, Berlin, Middletown
- 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.
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.

See Attachment for Proposal Description

PROPOSAL DESCRIPTION

1. Services Currently Provided

Perspectives Center for Care, Inc. currently provides medical, psychiatric and substance abuse services which include:

- Physical Examinations by an MD who specializes in internal medicine
- Psychiatric Evaluations by a Psychiatrist
- Medication management with a Psychiatrist and/or Psychiatric APRN
- Individual, Couples, Family or Group therapy with a Licensed Master's Level Clinician specializing in a mental health related field
- Substance Abuse screenings
- Parent Education Program classes through a contract with CSSD in the state of Connecticut

The services currently offered include anger management, grief counseling, trauma focused CBT, DBT, Girls Circle, Boys Council, Divorce and Co-parenting counseling, Blended family counseling, substance abuse counseling, co-occurring disorders counseling, reunification services and supervised visits, Triple P (Positive Parenting Program) services, and services for developmental and intellectual disabilities.

Staff at the agency speak English, Spanish, Polish and Hindi.

Perspectives Center for Care, Inc. does not currently hold a Department of Public Health license for a clinic; however each individual practitioner is licensed with the Department of Public Health in their respective discipline (Licenses attached to document).

2. This petitioner will seek licensure from DPH for Private Freestanding Mental Health Facilities, Psychiatric Outpatient Clinics for Adults and Private Freestanding Facilities for the Care or the Treatment of Substance Abusive or Dependent Persons. The agency will have three departments: Intensive Outpatient, Outpatient Maintenance and Outpatient. This petitioner proposes to include an intensive outpatient program for adults over the age of 18 at three locations, which will provide evaluation, treatment and case management services to individuals in need of mental health and /or substance abuse

treatment. The goals of the program will be to support the recovery and mental health of the individuals and families served, to reduce symptoms and improve the quality of life of individuals served. The program participants will attend the program a minimum of 4 hours and a maximum of twelve hours per week depending upon the severity of presenting symptoms. These hours include one individual session per week and one family session per week if applicable. The intensive outpatient program will address mental health and co-occurring disorders. Upon completion of the intensive outpatient program, participants will attend the Outpatient maintenance program for two hours per week. These hours will include individual therapy and/or family/group therapy depending on the needs of the patient to be assessed upon discharge from the intensive outpatient program. The Outpatient services will continue with the addition of new programs including a domestic violence program, a program for victims of human trafficking and a program for PTSD services for veterans.

3. The current populations being served consist of a diversity of ages, socio-economics, cultural backgrounds and presenting problems. The clients currently being served consist of a similar level of functioning and severity of problems, and if a client requires more than one to two hours of treatment per week, they are currently referred out to another agency that can offer a higher level of care to address symptoms of higher intensity. There is a vast need for additional intensive outpatient treatment programs that can serve clients who require more than a private group practice can provide. It is difficult to locate services that can accommodate a client in a time frame that is clinically indicated for the client. By adding the services that this agency is proposing, clients will have access to services necessary to achieve the goals of the clients, the agency and the community as a whole. The agency will consistency conduct ongoing needs assessments with other agencies, referral sources and through client surveying to determine the needs of the community and the clients served, as well as to respond to the needs appropriately and efficiently.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Perspectives Center for Care, Inc.

Project Title: Mental Health Day Treatment Facility, and Psychiatric Outpatient Clinic For adults

I, Beena Kunjumoidu, CFO
(Name) (Position – CEO or CFO)

of Perspectives Center for Care, Inc. being duly sworn, depose and state that the
(Organization Name)

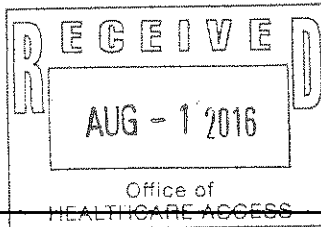
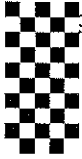
information provided in this CON Determination form is true and accurate to the best of my knowledge.

Beena Kunjumoidu 07/26/2016
Signature Date

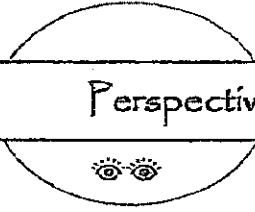
Subscribed and sworn to before me on July 26, 2016

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: **MY COMMISSION EXPIRES** 10/31/2020



Perspectives Center for Care, Inc.



Change your perspective and you change your life!

FAX TRANSMITTAL FORM

To

Name:

Organization: OHCA

Phone:

Fax: 860-418-7053

Urgent

For Review

Please Comment

Message:

From

Name: Amy Korse

Phone: 203-630-2488

Fax: 203-630-2499

www.pcc4me.com

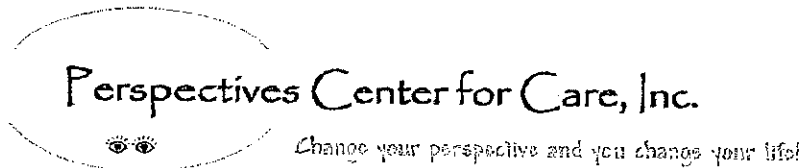
Date sent: 7-29-16

Time sent: 2pm

Number of pages including cover: 12

816 Broad Street
Suite 23A
Meriden, CT 06450
Phone: 203-630-2488
Fax: 203-630-2499
www.pcc4me.com

The information transmitted in this fax and any attachments contain confidential information and is intended for only the person(s) to which addressed. Any unauthorized review, use or disclosure of this information by person(s) other than the intended recipient is strictly prohibited. If you have received this fax in error, please notify Perspectives Center for Care immediately.



OHCA

Fax: 860-418-7053

Attached please find Clinician DPH licenses to be attached to CON determination form for Perspectives Center for Care, Inc. The CON determination form indicates that the licenses are attached to the document. The documents are being faxed at this time because they were not attached to the document when mailed. We apologize for any inconvenience this may have caused.

If you have any questions or require further information, please do not hesitate to contact me at (203) 651-9667.

Sincerely,

A handwritten signature in cursive script that reads "Amy Korte".

Amy Korte, Chief Operating Officer



State of Connecticut

Lookup Detail View

Name

Name
IVELISSE RIVERA-GODREAU MD

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Licensure Actions or Pending Charges
Physician/Surgeon	47088	09/30/2016	10/16/2008	Ivelisse Rivera-Godreau	ACTIVE	CURRENT	None

Generated on: 7/29/2016 12:00:10 PM



State of Connecticut

Lookup Detail View

Name

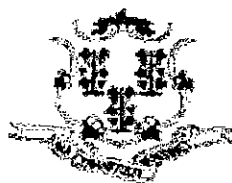
Name
DAWN M ZERUK

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Licensure Actions or Pending Charges
Licensed Clinical Social Worker	5898	03/31/2017	03/22/2005	Dawn M. Zeruk	ACTIVE	CURRENT	None

Generated on: 7/29/2016 11:59:38 AM



State of Connecticut

Lookup Detail View

Name

Name
ALBERT F YOUNG

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Licensure Actions or Pending Charges
Licensed Alcohol and Drug Counselor	343	10/31/2016	10/02/1998	ALBERT F. YOUNG	ACTIVE	CURRENT	None

Generated on: 7/29/2016 11:59:12 AM



State of Connecticut

Lookup Detail View

Name

Name
JACQUELYN MEYER APRN

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Independent Practice	Licensure Actions or Pending Charges
Advanced Practice Registered Nurse	1136	04/30/2017	05/26/1995	JACQUELYN A. MEYER	ACTIVE	CURRENT		None

Generated on: 7/29/2016 11:58:40 AM



State of Connecticut

Lookup Detail View

Name

Name
STEFANIE STANEK

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Licensure Actions or Pending Charges
Marital and Family Therapist	1612	09/30/2016	07/30/2013	STEFANIE STANEK	ACTIVE	CURRENT	None

Generated on: 7/29/2016 11:58:09 AM



State of Connecticut

Lookup Detail View

Name

Name
JILL DUBOFF-JACOMINI Ms

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Independent Practice	Licensure Actions or Pending Charges
Advanced Practice Registered Nurse	800	01/31/2017	11/08/1993	JILL DUBOFF-JACOMINI	ACTIVE	CURRENT	Yes	None

Generated on: 7/29/2016 11:57:07 AM



State of Connecticut

Lookup Detail View

Name

Name
JULIE A CIPES

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Licensure Actions or Pending Charges
Professional Counselor	2517	04/30/2017	04/01/2014	JULIE A CIPES	ACTIVE	CURRENT	None

Generated on: 7/29/2016 11:56:34 AM



State of Connecticut

Lookup Detail View

Name

Name

MARK T BUGNACKI

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Licensure Actions or Pending Charges
Professional Counselor	2096	08/31/2017	09/07/2011	MARK T BUGNACKI	ACTIVE	CURRENT	None

Generated on: 7/29/2016 11:56:02 AM



State of Connecticut

Lookup Detail View

Name

Name
PAUL J BENNETT

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Licensure Actions or Pending Charges
Licensed Clinical Social Worker	7379	08/31/2017	08/02/2010	PAUL J BENNETT	ACTIVE	CURRENT	None

Generated on: 7/29/2016 11:55:17 AM



State of Connecticut

Lookup Detail View

Name

Name
AMY M KORTE

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Licensure Actions or Pending Charges
Marital and Family Therapist	1085	12/31/2016	06/29/2004	Amy M. Korte	ACTIVE	CURRENT	None

Generated on: 7/29/2016 11:48:20 AM

Olejarz, Barbara

Subject: FW: OHCA Determination #16-32110-DTR

From: Amy Korte [mailto:akorte@pcc4me.com]
Sent: Wednesday, August 03, 2016 9:41 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: Re: OHCA Determination #16-32110-DTR

Dear Mr. Hansted,

The following are answers to the questions emailed:

- 1) The facility will be seeking licensure from the Department of Children and Families I have met with Mr. McPherson to begin that process. The facility does not currently plan to seek funding from the Department of Children and Families.
- 2) The facility has a contract with CSSD (Court Support Services Division with the State of Connecticut) to provide the Parent Education Program.

If you have any additional questions or require further information, please do not hesitate to contact me.

Sincerely,

Amy Korte, Chief Operating Officer, LMFT Perspectives Center for Care, Inc.
341 West Street, Suite B1
Plantsville, CT 06479
Tel: (860) 276-3000 x304
Fax: (860) 276-3002
www.pcc4me.com
Office locations in Southington, Waterbury and Meriden.

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On 2016-08-02 07:30, Hansted, Kevin wrote:

- > Dear Ms. Korte,
- >
- > I am in receipt of your determination request regarding Perspectives
- > Center for Care, Inc. Please respond via E-mail to the following
- > questions:
- >
- > 1) Will the facility be seeking licensure or funding from the
- > Department of Children and Families?
- >
- > 2) Does the facility have a contract with, or is certified or licensed

> to provide a service for, a state agency or department?

>

> Thank you,

>

> 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

>

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Olejarz, Barbara

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> Thank you,

>

> Kevin T. Hansted

>

> Staff Attorney

>

> Office of Health Care Access

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> Connecticut Department of Public Health

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> 410 Capitol Avenue

>

> Hartford, CT 06134

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> Phone: 860-418-7044

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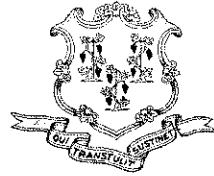
> kevin.hansted@ct.gov

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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

August 3, 2016

Amy Korte
Chief Operating Officer
Perspectives Center for Care, Inc.
70 Cranberry Lane
Cheshire, CT 06410

RE: Certificate of Need Determination Report Number 16-32110-DTR
Establishment of Mental Health Day Treatment Facility and Psychiatric Outpatient Clinic

Dear Ms. Korte:

On July 28, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Perspectives Center for Care, Inc. ("Petitioner") with respect to the establishment of a Mental Health Day Treatment Facility and Psychiatric Outpatient Clinic for Adults.

The Petitioner is a nonprofit facility that currently provides medical, psychiatric and substance abuse services to a diversity of ages at the following locations in Connecticut: 341 West Street, Suite B, Plantsville; 60 Westwood Avenue, Suite 220, Waterbury; and 816 Broad Street, Suite 23, Meriden. The Petitioner intends on seeking licensure from the State of Connecticut Department of Public Health as a Private Freestanding Mental Health Facility, Psychiatric Outpatient Clinic for Adults, and Private Freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons. The Petitioner will also seek licensure from the State of Connecticut Department of Children and Families. The Petitioner will have three departments: Intensive Outpatient, Outpatient Maintenance and Outpatient. The Petitioner proposes to include an intensive outpatient program for adults over the age of eighteen. The Petitioner currently has a contract with the State of Connecticut to provide court support services.

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". However, Conn. Gen. Stat. § 19a-638(b)(13) provides an exception for "[a] program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential



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

treatment facility;” Additionally, Conn. Gen. Stat. § 19a-638(b)(14) provides an exception for “any nonprofit facility, institution or provider that has a contract with...a state agency...” Since the Petitioner is a nonprofit that will be licensed by the State of Connecticut Department of Children and Families and has a contract to provide services to a State agency, a ***CON is not required*** for the Petitioner’s proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kim M.', with a stylized flourish at the end.

Kimberly R. Martone
Director of Operations

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

* * * COMMUNICATION RESULT REPORT (AUG. 3. 2016 2:55PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	AUG. 3. 2016 2:53PM OPTION	ADDRESS	RESULT	PAGE
720	MEMORY TX	918602763002	OK	3/3

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: AMY KORTE

FAX: 860 276-3002

AGENCY: PERSPECTIVES CENTER FOR CARE, INC.

FROM: OHCA

DATE: 8/3/16 **Time:** _____

NUMBER OF PAGES: 3
(including transmittal sheet)

Comments:
 Please see attached determination for Report Number: 16-32110-DTR regarding establishment of mental health day treatment facility and psychiatric outpatient clinic.

PLEASE PHONE Barbara K. Olejarcz 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