

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	Integrated Wellness Group, LLC	
Doing Business As	Integrated Wellness Group, LLC	
Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	446A Blake St. Suite 200 New Haven, CT 06515	
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.	Kyisha Velazquez, Director of Clinical Services	

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Integrated Wellness Group, LLC

Project Title: Mental Health Outpatient Clinic

I, Maysa Akbar, CEO
(Name) (Position – CEO or CFO)

of Integrated Wellness Group, 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.

 1/23/2017
Signature Date

Subscribed and sworn to before me on February 23 2017


Notary Public/Commissioner of Superior Court

My commission expires: April 30 2021

**PAULA M CARON
NOTARY PUBLIC
My Commission Expires
Apr 30, 2021**



February 23, 2017

Director of the Office of Health Care Access
410 Capitol Ave
MS#13HCA
PO Box 340308
Hartford, CT 06134-0308

One way to develop a model of more comprehensive and integrated outpatient mental health care is to become a mental health outpatient clinic to further assist our goal of providing mental health services to all those in need.

Types of services provided are:

- Outpatient mental health services: individual, family, couples and group therapy.
- Screening, assessment and diagnosis including risk assessment.
- Targeted case management.
- Peer support, counseling services and family supports.
- Emergency crisis intervention and crisis stabilization
- Patient centered treatment planning (risk assessment and crisis planning)
- Psychiatric assessment.

Serving a diverse population of all ages and backgrounds in the Greater New Haven and surrounding areas. We accept all major insurances, all income levels are accepted and offer a sliding fee scale.

Thank you,

Maysa Akbar, PhD - CEO

A handwritten signature in black ink, appearing to read "Maysa Akbar".

Olejarz, Barbara

From: Mitchell, Micheala
Sent: Tuesday, April 11, 2017 8:38 AM
To: Olejarz, Barbara
Subject: FW: DTR-32155 Integrated Wellness Group, LLC.

Barbara,

Would you mind adding this correspondence to the record? Thank you.

Micheala

From: Jessica Mommens [mailto:jmommens@integratedwellnessgroup.org]
Sent: Monday, April 10, 2017 10:31 AM
To: Mitchell, Micheala <Micheala.Mitchell@ct.gov>
Subject: Re: DTR-32155 Integrated Wellness Group, LLC.

Hi Micheala,

1. Psychiatric Outpatient Clinic for Adults
2. 18+

On Thu, Apr 6, 2017 at 4:00 PM, Mitchell, Micheala <Micheala.Mitchell@ct.gov> wrote:

Hi Jessica,

I have two more questions:

What DPH license are you specifically seeking?

What is the age range for the services that you intend to provide?

Thanks,

Micheala L. Mitchell

Staff Attorney, PHHO/OHCA

Connecticut Department of Public Health

410 Capitol Avenue, MS# 13-HCA, Hartford, CT 06134

Phone: [\(860\) 418-7055](tel:8604187055)

Email: micheala.mitchell@ct.gov



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From: Jessica Mommens [mailto:jmommens@integratedwellnessgroup.org]

Sent: Wednesday, April 05, 2017 12:51 PM

To: Mitchell, Micheala <Micheala.Mitchell@ct.gov>

Subject: DTR-32155 Integrated Wellness Group, LLC.

Good afternoon Micheala,

Please see attached requested information and let us know if you need anything else.

Thank you,

--

Jessica Mommens

Operations Supervisor

Integrated Wellness Group

[203-387-9400 Ext: 303](tel:203-387-9400)



--

Jessica Mommens

Operations Supervisor

Integrated Wellness Group

203-387-9400 Ext: 303



Olejarz, Barbara

From: Mitchell, Micheala
Sent: Tuesday, April 11, 2017 8:38 AM
To: Olejarz, Barbara
Subject: FW: DTR-32155 Integrated Wellness Group, LLC. (2)
Attachments: Licenses.pdf; DPH Petition.docx

Barbara,

Would you mind adding this correspondence to the record? Thank you.

Micheala

From: Jessica Mommens [mailto:jmommens@integratedwellnessgroup.org]
Sent: Wednesday, April 05, 2017 12:51 PM
To: Mitchell, Micheala <Micheala.Mitchell@ct.gov>
Subject: DTR-32155 Integrated Wellness Group, LLC.

Good afternoon Micheala,

Please see attached requested information and let us know if you need anything else.

Thank you,

--

Jessica Mommens
Operations Supervisor
Integrated Wellness Group
203-387-9400 Ext: 303



EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



NAME
MAYSA AKBAR, PH.D.

VALIDATION NO. 03-426935

LICENSE NO. 002659

PROFESSION
PSYCHOLOGIST

CURRENT THROUGH
04/30/17

SIGNATURE  COMMISSIONER 

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

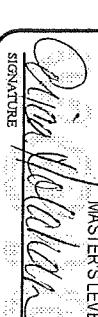

NAME
ERICA HOLAHAN, LMSW

VALIDATION NO. 03-531697

LICENSE NO. 001741

PROFESSION
MASTERS LEVEL SOCIAL WORKER

CURRENT THROUGH
06/30/17

SIGNATURE  COMMISSIONER 

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

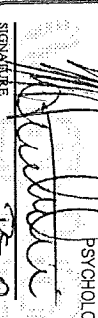

NAME
KAITLY R HUTCHINSON, PSY.D

VALIDATION NO. 03-511095

LICENSE NO. 003303

PROFESSION
PSYCHOLOGIST

CURRENT THROUGH
07/31/17

SIGNATURE  COMMISSIONER 

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH


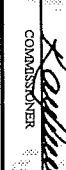
NAME
LAURA A SPINELLA

VALIDATION NO. 03-499783

LICENSE NO. 002756

PROFESSION
PROFESSIONAL COUNSELOR

CURRENT THROUGH
05/31/17

SIGNATURE  COMMISSIONER 

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



NAME
KATHERINE A WALMORTH

VALIDATION NO. 03-567570

LICENSE NO. 002867

PROFESSION
PROFESSIONAL COUNSELOR

CURRENT THROUGH
12/31/17

SIGNATURE  COMMISSIONER 

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



NAME
GINA EVETTE ROBINSON, LCSW

VALIDATION NO. 03-555235

LICENSE NO. 009634

PROFESSION
LICENSED CLINICAL SOCIAL WORKER

CURRENT THROUGH
06/30/17

SIGNATURE  COMMISSIONER 

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A
PSYCHOLOGIST

ZIARA M. KURYS, PSY.D.

LICENSE NO.

003621

CURRENT THROUGH

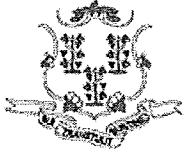
02/28/17

VALIDATION NO.

08-563676

Ziara M. Kurys
SIGNATURE

Ziara M. Kurys
COMMISSIONER



State of Connecticut

Lookup Detail View

DRUG CONTROL - CSP

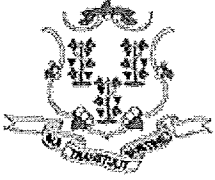
Name	License Address
RUBY E. LEKWUWA	38 CROWN ST APT 418 NEW HAVEN, CT 06510-3354

Credential Information

Credential Information

Credential	License Type	Effective Date	Expiration Date	Status	Schedule 1	Schedule 2	Schedule 3	Schedule 4	Schedule 5
CSP.0051396	CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER	03/01/2017	02/28/2019	ACTIVE	No	Yes	Yes	Yes	Yes

Generated on: 4/4/2017 9:56:20 AM



State of Connecticut

Lookup Detail View

Name

Name
RUBY E. LEKWUWA

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	52236	06/30/2017	07/16/2013	RUBY E. LEKWUWA	ACTIVE	CURRENT	None

Generated on: 4/4/2017 9:55:46 AM



Director of the Office of Health Care Access
410 Capitol Ave
MS#13HCA
PO Box 340308
Hartford, CT 06134-0308

Attached are copies of individual licenses held by the Petitioner

Types of services currently provided are:

- Outpatient Mental Health services; Individual, Family, couples and group therapy.
- Screening, assessment and diagnosis including risk assessment
- Targeted Case management
- Emergency crisis intervention and crisis stabilization
- Patient centered treatment planning
- Peer support, counseling services and family supports

Once the new project is initiated the services that are being proposed to be provided are:

- Increased capacity of Psychiatric assessments
- More specialized Therapeutic Interventions: for example
 - Autism
 - Urban Trauma
 - Depression
 - Anxiety
- Roll out brief short-term therapy model

Olejarz, Barbara

From: Mitchell, Micheala
Sent: Tuesday, April 11, 2017 8:39 AM
To: Olejarz, Barbara
Subject: FW: FW: DTR-32155 Integrated Wellness Group, LLC. (3)

Barbara,

Would you mind adding this correspondence to the record? Thank you.

Micheala

From: Jessica Mommens [mailto:jmommens@integratedwellnessgroup.org]
Sent: Thursday, March 30, 2017 3:47 PM
To: Mitchell, Micheala <Micheala.Mitchell@ct.gov>
Subject: Re: FW: DTR-32155 Integrated Wellness Group, LLC.

Hi Micheala,

Thank you for reaching out, I am waiting on a specific confirmation about some changes from our Directors. I should have something together by Monday

On Tue, Mar 28, 2017 at 4:24 PM, Mitchell, Micheala <Micheala.Mitchell@ct.gov> wrote:

Hi Jessica,

Just wanted to follow up with you again to see if you need assistance. Please let me know. Micheala

From: Mitchell, Micheala
Sent: Friday, March 17, 2017 10:56 AM
To: 'Jessica Mommens' <jmommens@integratedwellnessgroup.org>
Subject: FW: DTR-32155 Integrated Wellness Group, LLC.

Hi Jessica,

I write to follow up on the status of your responses. Please let me know if you have any clarifying questions or need assistance.

Thanks,

Micheala

From: Mitchell, Micheala
Sent: Friday, March 03, 2017 7:25 AM
To: 'Jessica Mommens' <jmommens@integratedwellnessgroup.org>
Cc: Kyisha Velazquez <kvelazquez@integratedwellnessgroup.org>
Subject: RE: DTR-32155 Integrated Wellness Group, LLC.

Hi Jessica,

It is fine to submit the requested information electronically. Please feel free to email me with further questions.

Thanks,

Micheala

From: Jessica Mommens [<mailto:jmommens@integratedwellnessgroup.org>]
Sent: Thursday, March 02, 2017 5:26 PM
To: Mitchell, Micheala <Micheala.Mitchell@ct.gov>
Cc: Kyisha Velazquez <kvelazquez@integratedwellnessgroup.org>
Subject: DTR-32155 Integrated Wellness Group, LLC.

Hi Micheala,

I am working with Kyisha Velazquez to pull together some of the data you have requested. I just wanted to reach out to you to ask if it is acceptable to submit this information via email or would you need it to be mailed?

Thank you,

--

Jessica Mommens

Operations Supervisor

Integrated Wellness Group

[203-387-9400 Ext: 303](tel:203-387-9400)



--

Jessica Mommens

Operations Supervisor

Integrated Wellness Group

203-387-9400 Ext: 303



Olejarz, Barbara

From: Mitchell, Micheala
Sent: Tuesday, April 11, 2017 8:39 AM
To: Olejarz, Barbara
Subject: FW: DTR-32155 Integrated Wellness Group, LLC. (4)

Barbara,

Would you mind adding this correspondence to the record? Thank you.

Micheala

From: Jessica Mommens [mailto:jmommens@integratedwellnessgroup.org]
Sent: Thursday, March 02, 2017 5:26 PM
To: Mitchell, Micheala <Micheala.Mitchell@ct.gov>
Cc: Kyisha Velazquez <kvelazquez@integratedwellnessgroup.org>
Subject: DTR-32155 Integrated Wellness Group, LLC.

Hi Micheala,

I am working with Kyisha Velazquez to pull together some of the data you have requested. I just wanted to reach out to you to ask if it is acceptable to submit this information via email or would you need it to be mailed?

Thank you,

--

Jessica Mommens
Operations Supervisor
Integrated Wellness Group
203-387-9400 Ext: 303



Olejarz, Barbara

From: Mitchell, Micheala
Sent: Tuesday, April 11, 2017 8:40 AM
To: Olejarz, Barbara
Subject: FW: DTR-32155 Integrated Wellness Group, LLC. (5)

Barbara,

Would you mind adding this correspondence to the record? Thank you.

Micheala

From: Mitchell, Micheala
Sent: Thursday, March 02, 2017 1:45 PM
To: 'kvelazquez@integratedwellnessgroup.org' <kvelazquez@integratedwellnessgroup.org>
Subject: DTR-32155 Integrated Wellness Group, LLC.

Dear Ms. Velazquez,

I am in receipt of your determination request regarding Integrated Wellness Group, LLC (Petitioner). I write to request that you do the following on behalf of the Petitioner:

1. Provide copies of each license currently held by the Petitioner (individual and facility licenses).
2. Identify the type(s) of license(s) sought by the Petitioner, if applicable.
3. Identify the type(s) of services that the Petitioner currently provides.
4. Differentiate the services that Petitioner currently provides from the services that you propose to provide once the new project is initiated.

Thank you,

Micheala L. Mitchell
Staff Attorney
State of Connecticut
Department of Public Health
410 Capitol Avenue, MS# 13-HCA
P.O. Box 340308
Hartford, CT 06134
Phone: (860) 418-7055
Email: micheala.mitchell@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 Healthcare Access

April 18, 2017

Kyisha Velazquez
Director of Clinical Services
Integrated Wellness Group, LLC
446A Blake Street, Suite 200
New Haven, CT 06515

RE: Certificate of Need Determination Report Number 17-32155-DTR
Establishment of Private Freestanding Psychiatric Outpatient Clinic

Dear Ms. Velazquez:

On February 28, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Integrated Wellness Group, LLC. ("Petitioner") with respect to the establishment of a Freestanding Psychiatric Outpatient Clinic.

The Petitioner is a for-profit entity that currently provides individual, family, couples and group therapy; screening and assessments including risk assessments; targeted case management; emergency crisis intervention and stabilization; and patient centered treatment planning. The Petitioner is proposing the establishment of a Psychiatric Outpatient Clinic for adults over the age of 18 in New Haven, CT.

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 proposed Psychiatric Outpatient Clinic is a mental health facility. Therefore, a *CON* is *required* for the Petitioner's proposal.

Sincerely,

A handwritten signature in blue 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

Affirmative Action/Equal Opportunity Employer



Olejarz, Barbara

From: Microsoft Outlook
To: kvelazquez@integratedwellnessgroup.org
Sent: Tuesday, April 18, 2017 12:06 PM
Subject: Relayed: Determination

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

kvelazquez@integratedwellnessgroup.org (kvelazquez@integratedwellnessgroup.org)

Subject: Determination