



**State of Connecticut
Office of Health Care Access
Form for Modification of a Previously
Authorized Certificate of Need**

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms 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 more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Perspectives Center for Care, Inc.	
Doing Business As		
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	70 Cranberry Lane Cheshire, CT 06410	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Not for Profit	
Name of Contact person, including title	Amy Korte, CEO	
Contact person's street mailing address	70 Cranberry Lane Cheshire, CT 06410	
Contact person's phone, fax and e-mail address	Phone: 203-651-9667 Fax: 860-276-3002 Email: akorte@pcc4me.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Title of Previously Authorized Project and Associated Docket Number(s):
Mental Health Day Treatment Facility and Psychiatric Outpatient Clinic for Adults
Docket Number: 16-32110-DTR
- b. Location of proposal (Town including street address):
341 West Street, Suite B, Plantsville, CT 06479
60 Westwood Avenue, Suite 220, Waterbury, CT 06708
816 Broad Street, Suite 23, Meriden, CT 06450
- c. Type of Modification Request:
 - Change in the Scope of the Authorized Certificate of Need Project
 - Extension of CON Expiration Date
 - Change in a CON Order Condition (*other than to extend expiration date*)
 - Other – Describe: Additional location: 5 Riverside Road, Suite 1A, Sandy Hook, CT 06482

SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:

- a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

SECTION IV. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:

- a. Certificate of Need expiration date per CON Final Decision: _____
- b. Requested revised CON expiration date: _____
- c. Rationale for increased time to fully complete and implement the authorized project:

**SECTION V. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

- b. Provide the rationale for such requested change:

SECTION VI. OTHER

- a. Submit a completed CON Modification Affidavit.
- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification.
- c. Identify what has been accomplished to date in terms of full project implementation.

CON MODIFICATION AFFIDAVIT

Applicant: Perspectives Center for Care, Inc.

Project Title: Mental Health Day Treatment Facility and Psychiatric Outpatient Clinic for Adults

I, Amy Korte, CEO
(Name) (Position – CEO or CFO)

of Perspectives Center for Care, Inc. being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.

Amy Korte
Signature

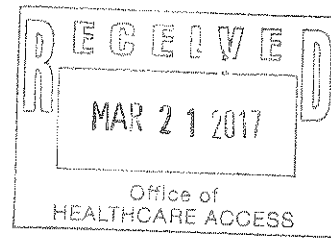
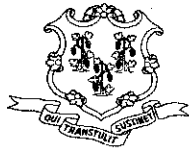
03-03-2017
Date

Subscribed and sworn to before me on MARCH 3, 2017

[Signature]
Notary Public/Commissioner of Superior Court



My commission expires: 03/31/2019



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 Executive 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 operations 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: 5 Riverside Road, Suite 1A, Sandy Hook, CT 06482
- d. List each town this project is intended to serve: Newtown, Brookfield, Redding, Monroe, Danbury, Easton
- e. Estimated starting date for the project: July 1, 2017

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, Amy Korte, CEO
(Name) (Position – CEO or CFO)

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

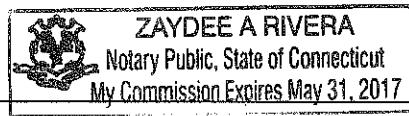
information provided in this CON Determination form is true and accurate to the best of my
knowledge.

Amy Korte 3-17-17
Signature Date

Subscribed and sworn to before me on 3/17/17

Zaydee A. Rivera
Notary Public/Commissioner of Superior Court

My commission expires: 05/31/2017



Olejarz, Barbara

From: Mitchell, Micheala
Sent: Thursday, April 06, 2017 9:34 AM
To: Olejarz, Barbara
Subject: FW: Perspectives Center for Care 17-32157-DTR

Barbara,

Would you add this to the record please? Thank you.

Micheala

-----Original Message-----

From: Amy Korte [mailto:akorte@pcc4me.com]
Sent: Thursday, April 06, 2017 9:11 AM
To: Mitchell, Micheala <Micheala.Mitchell@ct.gov>
Subject: RE: Perspectives Center for Care 17-32157-DTR

I apologize for the confusion, I had copied the old application and thought that I had made the necessary changes. That was an oversight on my part. Section II b should read as follows:

Resources through existing operations will fund the program. The agency is currently in operation at 5 Riverside Road, Suite 1A, Sandy Hook, CT 06482

Let me know if there is anything further that I need to do to change this. The other 3 locations are the offices in the 1st determination application.

Amy Korte, Chief Executive 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, Meriden and Newtown.

The information transmitted in this email 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 email in error, please notify Perspectives Center for Care immediately.

On 2017-03-30 10:35, Mitchell, Micheala wrote:

> Ms. Korte,

>

> Section II b of the Determination Form asks what the total cost will
> be for the proposed project. You responded, in relevant part,

> "resources through existing operations will fund the program. Agency
> is currently operating at all three locations...."

>

> 1. Can you identify the addresses of the three locations that you
> referenced in your response?

>

> 2. Is the agency currently operating at 5 Riverside Road, Suite 1A in
> Sandy Hook, CT?

>

> Thank you,

>

> Micheala Mitchell

>

> -----Original Message-----

> From: Amy Korte [mailto:akorte@pcc4me.com]

> Sent: Tuesday, March 28, 2017 12:02 PM

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

> Subject: Re: Perspectives Center for Care 17-32157-DTR

>

> Dear Ms. Mitchell,

>

> Please see attached licenses for Providers and answers below. If you
> have any additional questions, please do not hesitate to contact me.

>

> 1. Can you provide a copy of the each license held by Perspectives
>> Center for Care (facility and individual)? SEE ATTACHED

>>

>> 2. Will the facility seek licensure or funding from the Department of
>> Children and Families? THE FACILITY IS CURRENTLY IN THE PROCESS OF
>> OBTAINING LICENSURE FROM THE DEPARTMENT OF CHILDREN AND FAMILIES

>>

>> 3. Does the facility have a contract to provide a service for any
>> state agency or department? THE FACILITY CURRENTLY HAS A CONTRACT
>> WITH STATE OF CONNECTICUT CSSD (COURT SUPPORT SERVICES DIVISION) TO
>> PROVIDE PARENT EDUCATION

>>

>> 4. Is the facility licensed or certified to provide a service for any
>> state agency or department? THE FACILITY IS CURRENTLY IN PROCESS OF
>> OBTAINING LICENSURE FROM DCF AND DPH

>

>

>

> ---

> Amy Korte, Chief Executive 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, Meriden and Newtown.

>

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> prohibited. If you have received this email in error, please notify
> Perspectives Center for Care immediately.

>

>

> On 2017-03-24 05:35, Mitchell, Micheala wrote:

>> Dear Ms. Korte,

>>

>> I have some follow up questions regarding the abovementioned
>> determination request.

>>

>> 1. Can you provide a copy of the each license held by Perspectives
>> Center for Care (facility and individual)?

>>

>> 2. Will the facility seek licensure or funding from the Department of
>> Children and Families?

>>

>> 3. Does the facility have a contract to provide a service for any
>> state agency or department?

>>

>> 4. Is the facility licensed or certified to provide a service for any
>> state agency or department?

>>

>> All responses can be provided by email. If you need to fax the
>> licenses our fax number is 860-418-7053.

>>

>> Thank you,

>>

>> 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

>>

>> Email: micheala.mitchell@ct.gov

>>

>> CONFIDENTIALITY NOTICE: This electronic message may contain
>> information that is confidential and/or legally privileged. It is
>> intended only for the use of the individual(s) and entity named as
>> recipients in the message. If you are not an intended recipient of
>> the message, please notify the sender immediately and delete the
>> material from any computer. Do not deliver, distribute, or copy this
>> message, and do not disclose its contents or take action in reliance
>> on the information it contains. Thank you.

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 7, 2017

Via Email Only

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

RE: Certificate of Need Determination Report Number 17-32157-DTR
Establishment of Mental Health Day Treatment Facility, Psychiatric Outpatient Clinic,
and Private Freestanding Facility for the Care or Treatment of Substance Abusive or
Dependent Persons

Dear Ms. Korte:

On March 7, 2017, 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, psychiatric outpatient clinic, and substance abuse treatment facility.

The Petitioner is a nonprofit organization that provides medical, psychiatric and substance abuse services to a diversity of ages in Plantsville, Waterbury and Meriden, Connecticut. The Petitioner is in the process of obtaining licensure from the State of Connecticut Department of Public Health ("DPH") 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 for the aforementioned locations. The Petitioner is also in the process of obtaining licensure from the State of Connecticut Department of Children and Families ("DCF"). Currently, the Petitioner has a contract with the State of Connecticut Court Support Services Division ("CSSD") to provide parent education.



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



On August 3, 2016, OHCA issued a determination that the Petitioner did not require a CON to establish a mental health day treatment facility, psychiatric outpatient clinic and substance abuse treatment facility for adults at its three existing locations (see, Docket No. 16-32110-DTR). The Petitioner proposes to establish the same type of facility at a fourth location in Sandy Hook, Connecticut. This facility will serve adults in Newtown, Brookfield, Redding, Monroe, Danbury and Easton, Connecticut.

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 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 facility that will be licensed by DCF and that has a contract to provide services to CSSD clients, a *CON is not required* for the Petitioner’s proposal.

Sincerely,



Kimberly R. Martone
Director of Operations

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

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Friday, April 07, 2017 12:06 PM
To: 'akorte@pcc4m3.com'
Subject: Determination
Attachments: 32157-2.pdf

Tracking:	Recipient	Delivery
	'akorte@pcc4m3.com'	
	Hansted, Kevin	Delivered: 4/7/2017 12:06 PM
	Riggott, Kaila	Delivered: 4/7/2017 12:06 PM
	Martone, Kim	
	Mitchell, Micheala	
	McLellan, Rose	Delivered: 4/7/2017 12:06 PM
	Bauer, Sandra	Delivered: 4/7/2017 12:06 PM
	Micheala.Mitchell@ct.gov	Delivered: 4/7/2017 12:06 PM
	Kimberly.Martone@ct.gov	Delivered: 4/7/2017 12:06 PM

4/7/17

Amy Korte,

Attached is the determination for Report Number: 17-32157-DTR, Establishment of Mental Health Day Treatment Facility.

Barbara K. Olejarz
Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
Phone: (860) 418-7005
Email: Barbara.Olejarz@ct.gov



Olejarz, Barbara

From: Microsoft Outlook
To: akorte@pcc4me.com
Sent: Friday, April 07, 2017 12:29 PM
Subject: Relayed: FW: Determination

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

akorte@pcc4me.com (akorte@pcc4me.com)

Subject: FW: Determination