



July 13, 2017

Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

To Whom It May Concern:

Enclosed please find our completed Certificate of Need Determination Form for our proposed Women's Residential Program Level 3.5. This program will be funded through the Department of Mental Health and Addiction Services.

If you have any questions, please phone or email me and I will be happy to answer them. In my absence you may speak with Albert Stokes, Director of Quality Assurance, or Dean Sheehan, Director of Operations.

Sincerely,



Maria Coutant Skinner, LCSW
Executive Director

maria.skinner@mccallcenterct.org



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	McCall Foundation, Inc	
Doing Business As	McCall Center for Behavioral Health	
Name of Parent Corporation	NA	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	P.O. Box 806 58 High Street, Torrington, CT 06790	
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.	Albert Stokes. Director of Quality Assurance	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	P.O. 806 58 High Street, Torrington, CT 06790	
Contact Person's Telephone Number	(860) 496-2100	
Contact Person's Fax Number	(860) 496-2111	
Contact Person's e-mail Address	albert.stokes@ mccallcenterct.o rg	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Women's Residential Program Level 3.5
- b. Estimated Total Project Cost: \$70,000.00
- c. Location of proposal, identifying Street Address, Town and Zip Code:
17 Prospect Place, Torrington, CT 06790
- d. List each town this project is intended to serve:
All towns throughout the State of Connecticut
- e. Estimated starting date for the project: October 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.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: McCall Foundation, Inc.

Project Title: Women's Program

I, Maria Coutant Skinner, LCSW
(Name)

Executive Director
(Position – CEO or CFO)

of the McCall Foundation, Inc. being duly sworn, depose and state that the
(Organization Name)

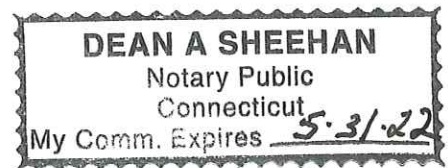
information provided in this CON Determination form is true and accurate to the best of my
knowledge.

Maria 7.12.17
Signature Date

Subscribed and sworn to before me on 17th day of July, 2017

Dean A Sheehan
Notary Public/Commissioner of Superior Court

My commission expires: 5.31.22



Olejarz, Barbara

From: Hansted, Kevin
Sent: Tuesday, July 25, 2017 6:57 AM
To: Olejarz, Barbara
Subject: FW: OCHA Determination Report # 17-32179-DTR

Please add to the record.

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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From: Albert Stokes [mailto:albert.stokes@mccallcenterct.org]
Sent: Monday, July 24, 2017 4:42 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Cc: Maria Skinner <maria.skinner@mccallcenterct.org>
Subject: RE: OCHA Determination Report # 17-32179-DTR

Hello Mr. Hansted,
My apologies if this email has already been responded to but I was out of the office the last few days of last week. This facility will be applying for a license for: Facility for the Care or Treatment of Substance Abusive or Dependent Persons. It will be a DMHAS 3.5 level of care which is a 4-6 month intermediate treatment Program (20 hours of clinical services per week) for Women.

Please contact me if you are in need of any further information in order to proceed with this request.

Albert Stokes, LADC
Director of Quality Assurance
McCall Center for Behavioral Health
58 High Street

Torrington, CT 06790
Phone: (860) 496-2100 Ext 104
Fax: (860) 496-2100
albert.stokes@mccallcenterct.org
www.mccallcenterct.org



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From: Maria Skinner
Sent: Friday, July 21, 2017 8:30 AM
To: Dean Sheehan <dean.sheehan@mccallcenterct.org>; Albert Stokes <albert.stokes@mccallcenterct.org>
Subject: Fwd: OCHA Determination Report # 17-32179-DTR

Hi - SA only?

Sent from my iPhone

Begin forwarded message:

From: "Hansted, Kevin" <Kevin.Hansted@ct.gov>
Date: July 21, 2017 at 8:09:21 AM EDT
To: "'maria.skinner@mccallcenterct.org'" <maria.skinner@mccallcenterct.org>
Subject: OCHA Determination Report # 17-32179-DTR

Good morning Ms. Skinner:

I am in receipt of your determination request regarding McCall Center for Behavioral Health. Please identify the specific license(s) you will be seeking from DPH for this facility.

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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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

July 25, 2017

Via Email Only

Albert Stokes
Director of Quality Assurance
McCall Foundation, Inc.
58 High Street
PO Box 806
Torrington, CT 06790

RE: Certificate of Need Determination Report Number 17-32179-DTR
Establishment of Women's Residential Program Level 3.5

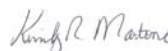
Dear Mr. Stokes:

On July 19, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of McCall Foundation, Inc. ("Petitioner") with respect to the establishment of a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

The Petitioner is a nonprofit provider that is proposing the establishment of a Facility for the Care or Treatment of Substance Abusive or Dependent Persons Residential Program to be located at 17 Prospect Place, Torrington, Connecticut. The program will be a Women's Residential Program Level 3.5 and serve all towns throughout the State of Connecticut. The Petitioner will provide the services through a contract with the State of Connecticut Department of Mental Health and Addiction Services ("DMHAS").

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 "(H) substance abuse treatment facilities." However, 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 has a contract to provide services for DMHAS, a **CON is not required** for the Petitioner's proposal.

Sincerely,

 Digitally signed by Kimberly Martone
Date: 2017.07.25 12:40:46 -0400

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, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Olejarz, Barbara

From: Microsoft Outlook
To: albert.stokes@mccallcenterct.org
Sent: Tuesday, July 25, 2017 12:59 PM
Subject: Relayed: Determination

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

albert.stokes@mccallcenterct.org (albert.stokes@mccallcenterct.org)

Subject: Determination

Olejarz, Barbara

From: Albert Stokes <albert.stokes@mccallcenterct.org>
Sent: Tuesday, July 25, 2017 1:15 PM
To: Olejarz, Barbara
Cc: Martone, Kim; Riggott, Kaila; Hansted, Kevin
Subject: RE: Determination

Thank you for your assistance with this.

Albert Stokes, LADC
Director of Quality Assurance
McCall Center for Behavioral Health
58 High Street
Torrington, CT 06790
Phone: (860) 496-2100 Ext 104
Fax: (860) 496-2100
albert.stokes@mccallcenterct.org
www.mccallcenterct.org



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From: Olejarz, Barbara [mailto:Barbara.Olejarz@ct.gov]
Sent: Tuesday, July 25, 2017 12:59 PM
To: Albert Stokes <albert.stokes@mccallcenterct.org>
Cc: Martone, Kim <Kimberly.Martone@ct.gov>; Riggott, Kaila <Kaila.Riggott@ct.gov>; Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: Determination

7/25/17

Please see attached determination for Report Number: 17-32179-DTR, establishment of women's residential program level 3.5

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

