

User, OHCA

From: Alex Helfer <Alex.Helfer@mountainside.com>
Sent: Monday, September 25, 2017 3:34 PM
To: User, OHCA
Subject: CON Determination form for Mountainside Treatment Center
Attachments: CON Determination Mountainside Addition of Services 09252017.pdf

Hello,

Please see attached CON Determination form for an addition of services to a current license held by Mountainside Treatment Center. Mountainside is looking to add Chemical Maintenance to our Canaan Outpatient setting. Please let me know if there are any questions or if anything else is needed.

Thank you,
Alex Helfer



Alexandra Helfer, MS, LPC, LADC
Vice President of Program Development
Mountainside Treatment Center
PO Box 717
Canaan, CT 06018
P 860-362-5099
F 888-749-8752
alex.helfer@mountainside.com
www.mountainside.com





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	MC1 Healthcare	
Doing Business As	Mountainside Treatment Center	
Name of Parent Corporation	Artemis Partners, LLC	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	PO Box 717 187 S Canaan Rd Canaan, CT 06018	
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.	Alexandra Helfer, Vice President of Program Development	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	PO Box 717 187 S Canaan Rd Canaan, CT 06018	
Contact Person's Telephone Number	860-362-5099	
Contact Person's Fax Number	888-749-5099	
Contact Person's e-mail Address	Alex.helfer@mountainside.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Addition of Chemical Maintenance Service to current license
- b. Estimated Total Project Cost: \$ 0
- c. Location of proposal, identifying Street Address, Town and Zip Code: 187 S Canaan Rd, Canaan, CT 06018
- d. List each town this project is intended to serve:
Avon, Barkhamsted, Bethlehem, Burlington, Canaan, Canton, Cornwall, Colebrook, Goshen, Granby, Hartland, Harwinton, Kent, Litchfield, Morris, New Hartford, New Milford, Norfolk, North Canaan, Salisbury, Sharon, Sherman, Simsbury, Thomaston, Torrington, Warren, Washington, Watertown, Winchester
- e. Estimated starting date for the project: As soon as approved

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: MC1 Healthcare d.b.a Mountainside Treatment Center

Project Title: Chemical Maintenance Service Addition

I, Alexandra Helfer, Principal, Program Development
(Name) (Position – CEO or CFO)

of Mountainside Treatment Center, 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.

Alexandra Helfer 9/25/17
Signature Date

Subscribed and sworn to before me on September 25, 2017

Laurel J. Clark
Notary Public/Commissioner of Superior Court

My commission expires: 



STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0388

Facility for the Care or Treatment of Substance Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

MC1 Healthcare LLC, of Canaan, CT d/b/a Mountainside Treatment Center is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Mountainside Treatment Center is located at 187 South Canaan Rd, Canaan, CT 06018 with:

Stephen B. Langley as Executive Director.

The service classification(s) and if applicable, the residential capacities are as follows:

20 Residential Detoxification and Evaluation Beds
58 Intermediate and Long Term Treatment and Rehabilitation Beds
Day or Evening Treatment
Outpatient Treatment

This license expires **September 30, 2019** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2017. **RENEWAL**



Raul Pino, MD, MPH
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0504

Facility for the Care or Treatment of Substance Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

MC1 Healthcare LLC of Canaan, CT, d/b/a Mountainside-Wilton CT is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Mountainside-Wilton CT is located at 372 Danbury Rd, Wilton, CT 06897 with:

Stephen Langley as Executive Director.

The service classification(s) and if applicable, the residential capacities are as follows:

Chemical Maintenance Treatment
Outpatient Treatment

This license expires **March 31 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, May 2, 2016. **INITIAL**



Raul Pino, MD, MPH
Commissioner



Purpose: To add Chemical Maintenance as an additional service to current license for MC1 Healthcare d.b.a Mountainside Treatment Center

Currently licensed as a Facility for the Care of Treatment of Substance Abusive or Dependent Persons able to provide the following services (copy of license included):

1. Residential Detoxification and Evaluation
2. Intermediate and Long-Term Treatment and Rehabilitation Beds
3. Day and Evening Treatment
4. Outpatient Services

Seeking to add the following service to the current license:

Chemical Maintenance

Please note, we have been licensed with this service at our Wilton, CT, location since May of 2016 (license attached)

Purpose: to provide a variety of ongoing treatment and support for Opiate and Alcohol users in an Outpatient Setting. Mountainside will be utilizing Naltrexone Injection or Buprenorphine in conjunction with evidence based clinical treatment modalities currently being used in the Day/Evening, Outpatient setting.

It is the policy of the Chemical Maintenance Service, that it will be a division of Mountainside, in order provide medicated assisted treatment and ongoing services for alcohol and opiate dependent individuals. The census will comprise clients eighteen (18) and older (same as current population), who are experiencing difficulties with alcohol and/or opiate dependence and/or co-occurring disorders.

The Chemical Maintenance Service will be a client-centered, recovery oriented integrated treatment experience that focuses on the physical, emotional and social well-being, growth, education and empowerment of each client, promoting respect and dignity through the efforts of a well- qualified, well trained culturally competent medical and clinical staff.

Program Goals:

- Provide a smooth transition from a physically-dependent to non-dependent chemical dependency state.
- Address the medical and psychiatric needs of the persons served.
- Initiate behavioral changes by helping the client to resolve ambivalence about engaging in treatment.
- Minimize adverse outcomes
- Enhance the quality of life
- Reduce symptoms, build resilience, restore and/or improve functioning
- Prepare the client for ongoing treatment of his or her dependency
- Provide close observation which is essential to the protection of the client



Service Modalities

- Pre-Screening
- Assessment of appropriateness for MAT program by an Addiction Psychiatrist
- Psychiatric Evaluation by an Addiction Psychiatrist including:
 - An assessment of the client's mental, social, and psychologic functionality, categorize symptoms, assess neurological dysfunction, assess the risk of suicide
 - Prescribe medications as appropriate, assess medication effects and drug—drug interactions
 - Monitor the client's progress throughout the course of treatment and assist with disposition planning.
- Regular appointments with addiction psychiatrist at intervals individualized to the client's needs
- A comprehensive Bio-psychosocial Assessment
- Creation of a Multidimensional, collaborative treatment plan that take into consideration the clients strengths, needs, abilities, preferences as well as their mental, spiritual, social, familial, environmental and physical wellbeing. The plan clearly reflects all identified problems, has explicit goals and strategies for their attainment and specifies techniques and services to be provided by the designated staff at frequencies and intensities. The wellness plan clearly presents, in the client's words, objectives that are (a) behaviorally based, (b) measurable, (c) specific, and (d) achievable.
- Psychiatric follow up appointments if deemed clinically appropriate for medication management
- Case Management and Discharge planning throughout the treatment stay
- Family Therapy
- Individual Therapy
- Group Therapy
- Crisis Intervention
- Ongoing randomized alcohol and urine toxicology screening

Olejarz, Barbara

From: Hansted, Kevin
Sent: Wednesday, October 04, 2017 2:53 PM
To: Olejarz, Barbara
Subject: FW: OHCA Determination Report # 17-32194-DTR

Please add to the file.

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: Alex Helfer [mailto:Alex.Helfer@mountainside.com]
Sent: Wednesday, October 04, 2017 2:45 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: RE: OHCA Determination Report # 17-32194-DTR

Hello Mr. Hansted,

My apologies, due to a recent IT security upgrade, all emails from ct.gov were going to a different folder, I just found this email! We will not be applying for a psychiatric outpatient clinic license. In order to provide the Suboxone and Vivitrol, it needs to be prescribed by a qualified provider (psych APRN or Addiction Psychiatrist). In order to do that, they will need to be evaluated by that provider from a substance abuse perspective to ensure they are appropriate and meet certain guidelines for the medication. This would not necessarily constitute a full psychiatric evaluation from a mental health perspective, but from a substance use disorder perspective for appropriateness to program.

Thanks very much- please let me know if you need anything else.

Again, my apologies in the delay.

Thanks

Alex

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Tuesday, October 3, 2017 8:17 AM
To: Alex Helfer <Alex.Helfer@mountainside.com>
Subject: FW: OHCA Determination Report # 17-32194-DTR

Good morning Ms. Helfer:

Please see below. I cannot process your determination request without this information.

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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From: Hansted, Kevin
Sent: Tuesday, September 26, 2017 2:57 PM
To: 'alex.helfer@mountainside.com' <alex.helfer@mountainside.com>
Subject: OHCA Determination Report # 17-32194-DTR

Good afternoon Ms. Helfer:

I am in receipt of your determination request regarding Mountainside's Canaan location. Your request mentions addressing the "medical and psychiatric needs of persons served" and "Psychiatric Evaluation". Will you be applying for a Psychiatric Outpatient Clinic for Adults license for the Canaan location?

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

October 5, 2017

Alexandra Helfer
Vice President of Program Development
Mountainside Treatment Center
187 S. Canaan Rd
Canaan, CT 06018

RE: Certificate of Need Determination Report Number 17-32194-DTR
Addition of Chemical Maintenance Service

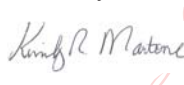
Dear Ms. Helfer:

On September 26, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Mountainside Treatment Center ("Petitioner") with respect to the addition of a chemical maintenance service.

The Petitioner is a for-profit entity licensed as a Facility for the Care or Treatment of Substance abusive or Dependent Persons and located at 187 South Canaan Rd, Canaan, Connecticut. The petitioner currently provides residential detoxification and evaluation; intermediate and long-term treatment and rehabilitation; day and evening treatment; and outpatient services. The Petitioner seeks to add Chemical Maintenance to its current license. The Petitioner will not be applying for a psychiatric outpatient clinic license since it will not be providing full psychiatric evaluations.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a certificate of need is required for "[T]he establishment of a new health care facility". A health care facility, as defined by Conn. Gen. Stat. § 19a-630(11), does not include the addition of a chemical maintenance program. Therefore, a **CON is not required** for the Petitioner's proposal.

Sincerely,

 Digitally signed by
Kimberly Martone
Date: 2017.10.05
13:46:50 -04'00'

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: Olejarz, Barbara
Sent: Thursday, October 05, 2017 1:54 PM
To: 'alex.helfer@mountainside.com'
Subject: Determination
Attachments: 32194 determination.pdf

Tracking:	Recipient	Delivery	Read
	'alex.helfer@mountainside.com'		
	Hansted, Kevin	Delivered: 10/5/2017 1:54 PM	
	Martone, Kim		
	Riggott, Kaila	Delivered: 10/5/2017 1:54 PM	
	Bauer, Sandra	Delivered: 10/5/2017 1:54 PM	
	McLellan, Rose	Delivered: 10/5/2017 1:54 PM	Read: 10/5/2017 1:59 PM
	Kimberly.Martone@ct.gov	Delivered: 10/5/2017 1:54 PM	

10/5/17

Alexandra Helfer,

Please see attached determination for Report Number: 17-32194-DTR regarding the addition of chemical maintenance service.

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: alex.helfer@mountainside.com
Sent: Thursday, October 05, 2017 1:54 PM
Subject: Relayed: Determination

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

alex.helfer@mountainside.com (alex.helfer@mountainside.com)

Subject: Determination

Olejarz, Barbara

From: Hansted, Kevin
Sent: Thursday, October 05, 2017 3:21 PM
To: Olejarz, Barbara
Subject: FW: OHCA Determination Report # 17-32194-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: Bauer, Sandra
Sent: Thursday, October 05, 2017 11:10 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: RE: OHCA Determination Report # 17-32194-DTR

Hi Kevin!!!

From what he's saying, I would agree that he doesn't need the psych license. When we go out to inspect, I'll mention it to Alice and have the inspector make sure there aren't doing any psych.

My pleasure
Sandra

Sandra C. Bauer
T 860-509-8023

F 860-509-7535
Sandra.bauer@ct.gov

*Please note that the Facilities Licensing Section does not accept walk-in visitors without an appointment..
Thank you.*



From: Hansted, Kevin
Sent: Thursday, October 05, 2017 10:55 AM
To: Bauer, Sandra <Sandra.Bauer@ct.gov>
Subject: FW: OHCA Determination Report # 17-32194-DTR

Hi Sandra!

Please see below and let me know if you are comfortable with Mountainside not needing an additional license.

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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Kevin T. Hansted

Staff Attorney

Office of Health Care Access

Connecticut Department of Public Health

410 Capitol Avenue

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Sent: Tuesday, September 26, 2017 2:57 PM

To: 'alex.helfer@mountainside.com' <alex.helfer@mountainside.com>

Subject: OHCA Determination Report # 17-32194-DTR

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