



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

February 6, 2014

Certified Mail: 7005 0390 0001 3507 1023

IN THE MATTER OF:

An Application for a Certificate of Need filed
Pursuant to Section 19a-638, C.G.S. by:

Notice of Final Decision
Office of Health Care Access
Docket Number: 13-31837-CON

CT-Family Care Services, LLC

Establishment of a Behavioral Health
Treatment Center in Manchester

To: Justinian Rweyemamu, MA, M.Div. MS-MFT
CT-Family Care Services, LLC
16 Enfield Ave.
Enfield, CT 06082

Dear Mr. Rweyemamu:

In accordance with the Connecticut General Statutes Section 4-180, the Proposed Final Decision dated December 17, 2013, by Hearing Officer Kevin T. Hansted, Esq., has been adopted by Deputy Commissioner Davis as the decision in this matter. A copy of the decision is attached hereto and incorporated herein.

Kimberly R. Martone
Director of Operations

Enclosure

KRM:KTH:lkg

Copy: Sandra R. Zlokower, Esq.

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(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

In Re: **CT-Family Care Services, LLC**
Docket Number: 13-31837-CON

FINAL DECISION

On December 17, 2013, a Proposed Final Decision was issued in the above matter pursuant to Section 4-179 of the Connecticut General Statutes.

In accordance with Connecticut General Statutes Section 4-180, the attached Proposed Final Decision dated December 17, 2013, by Hearing Officer Kevin T. Hansted, Esq., is hereby adopted as the final decision of the Deputy Commissioner of the Department of Public Health in this matter. A copy of the Proposed Final Decision is attached hereto and incorporated herein.

WHEREFORE, it is the decision of the Deputy Commissioner that the application of CT-Family Care Services, LLC to establish a Behavioral Health Treatment Center in Manchester, is hereby denied.

2/4/14
Date

Lisa A. Davis
Lisa A. Davis, MBA, BSN, RN
Deputy Commissioner



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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**Department of Public Health
Office of Health Care Access
Certificate of Need Application**

Proposed Final Decision

Applicant: CT-Family Care Services, LLC
243 Main Street, Manchester, CT 06042

Docket Number: 13-31837-CON

Project Title: Establishment of a Behavioral Health Treatment Center

Project Description: CT-Family Care Services, LLC (“Applicant”) is seeking authorization to establish a behavioral health treatment center at 243 Main Street, Manchester, Connecticut.

Procedural History: The Applicant published notice of its intent to file the Certificate of Need (“CON”) application in the *Hartford Courant* on March 21, 22 and 23, 2013. On May 1, 2013, the Office of Health Care Access (“OHCA”) received the CON application from the Applicant for the above-referenced project. On May 17, 2013, OHCA deemed the CON application complete.

On June 7, 2013, OHCA notified the Applicant of the date, time and place of the public hearing. On June 8, 2013, a notice to the public announcing the hearing was published in the *Hartford Courant*. Thereafter, pursuant to Connecticut General Statutes (“Conn. Gen. Stat.”) § 19a-639a(f), a public hearing regarding the CON application was held on June 26, 2013.

Commissioner Jewel Mullen designated Attorney Kevin T. Hansted as the hearing officer in this matter. The hearing was conducted in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Conn. Gen. Stat.) and Conn. Gen. Stat. § 19a-639a(f).

The public hearing record was closed on August 7, 2013. The Hearing Officer considered all evidence in the record.

Findings of Fact and Conclusions of Law

To the extent the findings of fact actually represent conclusions of law, they should be so considered, and vice versa. *SAS Inst., Inc., v. S & H Computer Systems, Inc.*, 605 F.Supp. 816 (Md. Tenn. 1985).

1. The Applicant was established as a Connecticut limited liability company in 2007 and has three locations: 234 Main St., Manchester, Connecticut; 6 Enfield St., Enfield, Connecticut; and 155 Maple St., Springfield, Massachusetts. Ex. A, pp. 1, 11
2. The Applicant is a consulting company dedicated to serving minorities and low income populations who are underprivileged medically, economically, socially and culturally. Ex. A, p. 11
3. The Applicant is seeking authorization to establish an outpatient behavioral health treatment center at its Manchester location. Ex. A, p. 10
4. Justinian Rweyemamu, M.A., M. Div., MS-MFT, President of CT-Family Care Services, LLC stated that the Applicant provides integrated behavioral health treatment with special focus on serving the underserved, underprivileged and minorities. The Applicant did not define the population groups that are “underprivileged” or “underserved.” The Applicant has failed to define the persons that comprise these two groups and therefore the number of persons that may be in need of the Applicant’s proposal. The Applicant has proposed supplementing what is lacking in the traditional-biomedical approach and incorporate its Academic-Social-Cultural-Emotional-Spiritual-Economic-Relational (“ASCESER”) components to heal the factors that lead to the mental health cycle of problems. While the Applicant submitted several articles concerning integrated treatment for black and Asian racial groups, the information did not offer any discussion as to the benefit of the ASCERER approach to behavioral health treatment over the traditional-biomedical approach.
Ex. A, pp. 11, 240, 252; Transcript of the June 26, 2013, Public Hearing (“Tr.”), Testimony of Mr. Rweyemamu, pp. 5, 17, 24
5. The Applicant proposes providing outpatient psychiatric mental health services to children, youth and families, and also outpatient psychiatric mental health services for adults, including individuals, seniors, and veterans. The outpatient psychiatric mental health license will cover home therapy, home care, social services, research and substance abuse services for youth, adults, groups and families. Ex. A, pp. 12, 14, 34, 49, 51, 52, 168, 175, 192; Tr. Testimony of Mr. Rweyemamu, pp. 13, 14
6. The Applicant proposes it will provide services to residents of Manchester, East Hartford, Vernon and South Windsor. Ex. A, pp. 210, 212
7. The Applicant has demonstrated that a need exists for its proposed services within the youth and adolescent segment of the population. In doing so, it describes two schools in Manchester as having overwhelmingly minority students with academic and behavioral problems and insufficient staff to treat students and their families and the same has been assumed for East Hartford, South Windsor and Vernon schools. Using the information

provided for each town’s school system by the Connecticut State Department of Education, the Applicant has determined that there are 4,744 youth and adolescents in the service area with unmet need for behavioral health services. The Applicant illustrates the number of youth and adolescents by group and town that may benefit from the proposal:

Table 1: Number of Youth and Adolescents in the Four Town Service Area that May Benefit from the Proposal

Description	Town	Student Population	% of Population*	Number of Youth/Adoles.	% Needing Services**	Number that May Benefit from the Proposal
Academic Challenges	Manchester	6,884	1.7	117	67%	78
	East Hartford	7,242	4.4	319		213
	Vernon	3,681	3.9	144		96
	South Windsor	4,654	1.6	74		62
	Total					449
Problematic Behaviors	Manchester	6,884	16	1,102	67%	735
	East Hartford	7,242	23.7	1,716		1,144
	Vernon	3,681	10.1	372		248
	South Windsor	4,654	16.9	786		524
	Total					2,651
Disabilities	Manchester	6,884	13	895	67%	597
	East Hartford	7,242	13.7	992		661
	Vernon	3,681	10.8	398		26
	South Windsor	4,654	11.6	540		360
	Total					1,644
Grand Total					4,744	

* Based on information reported by the Connecticut State Department of Education, Connecticut Education Data and Research, School Year 2009-10.

** Basis for the Applicant’s estimate of need for services not provided.
Ex. A, pp. 211, 218, 219, 281-300

8. While the Applicant has demonstrated a need for its proposed services among the youth and adolescent population within its Proposed Service Area, it has not done so for the adult population.
9. Existing mental health providers in the Manchester area include private, non-profit agencies and private practitioners. The Applicant listed 22 providers in Manchester, 2 providers in Vernon, 5 providers in South Windsor and 2 providers in East Hartford. Ex. A, pp. 43, 44, 216, 217

10. The following table lists the facilities that currently hold the "Outpatient Psychiatric Clinic for Adults" license issued by the Connecticut Department of Public Health and are located in the Applicant's proposed service area:

Table 2: Outpatient Psychiatric Clinics for Adults in Proposed Service Area

Facility Name and Address	Town	Zip Code
InterCommunity, Inc. 287 Main St.	East Hartford	06118
Capitol Region Education Council 474 School St.	East Hartford	06108
Community Health Resources, Inc. 587 East Middle Turnpike	Manchester	06040
Hartford Dispensary 335 Broad St.	Manchester	06040
New Hope Manor, Inc. 935 Main St.	Manchester	06040
Hockanum Valley Community Council, Inc. 27 Naek Rd.	Vernon	06066

Source: Statewide Health Care Facilities and Services Plan, October 2012, Connecticut Department of Public Health, Office of Health care Access
Ex. A, pp. 43, 44, 216, 217

11. The following table lists the facilities that currently hold the "Facility for the Care and Treatment of Substance Abusive or Dependent Persons" licensed issued by the Connecticut Department of Public Health" and are located in the Applicant's proposed service area:

Table 3: Facilities for the Care and Treatment of Substance Abusive or Dependent Persons in Proposed Service Area

Facility Name and Address	Town	Zip Code
Intercommunity Inc. 281 Main St.	East Hartford	06118
Intercommunity Inc. 287 Main St.	East Hartford	06118
Paces Counseling Associates, Inc. 991 Main St.	East Hartford	06108
Community Child Guidance Clinic, Inc. 317 North Main St.	Manchester	06042
Hartford Dispensary 335 Broad St.	Manchester	06040
Community Health Resources 587 East Middle Turnpike	Manchester	06040
New Hope Manor, Inc. 935 Main St.	Manchester	06040
Hockanum Valley Community Council, Inc. 27 Naek Rd.	Vernon	06066

Source: Statewide Health Care Facilities and Services Plan, October 2012, Connecticut Department of Public Health, Office of Health Care Access

12. The Applicant has not submitted any financial statements to support its ability to establish and operate the proposed clinic. Ex. A, p. 64, Ex. A, 193-194
13. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))
14. This CON application is consistent with the overall goals of the Statewide Health Care Facilities and Services Plan. (Conn. Gen. Stat. § 19a-639(a)(2))
15. The Applicant has failed to establish a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3))

16. The Applicant has not satisfactorily demonstrated that its proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))
17. The Applicant has failed to satisfactorily demonstrate that the proposal would improve the accessibility of health care delivery in the region and has not satisfactorily demonstrated a potential improvement in quality and cost effectiveness. (Conn. Gen. Stat. § 19a-639(a)(5))
18. The Applicant has not shown that there will be an increase in access to the provision of health care services to the relevant populations and payer mix. (Conn. Gen. Stat. § 19a-639(a)(6))
19. The Applicant has not satisfactorily identified the population to be served by the proposal. (Conn. Gen. Stat. § 19a-639(a)(7))
20. The Applicant has not provided any historical utilization of behavioral health treatment services in the service area that would support this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))
21. The Applicant has failed to satisfactorily demonstrate that the proposal will not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat., § 19a-639(a)(9))

Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in General Statutes § 19a-639(a). The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

CT-Family Services, LLC is described as a consulting company that is dedicated to serving minorities and low income populations who are underprivileged medically, economically, socially and culturally. *FF 2* The Applicant is seeking authorization to establish an outpatient behavioral health treatment center in Manchester. Ex. A, p. 10. The Applicant proposed providing youth and adult clients with integrated treatment, focusing on serving the underserved, underprivileged and minorities. The Applicant stated that integrated treatment having social, cultural, educational and economic components will supplement what is lacking in the traditional-biomedical approach to treating mental health clients. *FF 4,5* The Applicant stated that the proposal would contribute to the quality of health care delivery in the region by providing treatment that is lacking in the traditional biomedical approach, as the ASCERER approach would provide valuable treatment resources to reduce disparities among the minority and low income populations who are underserved. Ex. A, p. 11, 54.

In support of its proposal, the Applicant reported the number of potential adult clients by town in the following table:

Table 4: Number of Adults in the Four Town Service Area that May Benefit from the Proposal

Description	Town	Adult Population	% of Adult Population	Number of Adults	Need for the services	Number of Persons that May Benefit from the Proposal
Mental Health, Adults	Manchester	58,287	50%	29,144	50%	14,572
	East Hartford	51,293		25,647		12,824
	Vernon	29,139		14,570		7,285
	South Windsor	25,729		12,865		6,433
	Total					
Substance Abuse, Adults	Manchester	141,987*	8.67%	12,310	50%	6,155
	East Hartford	**		**		**
	Vernon	**		**		**
	South Windsor	**		**		**
	Total					
Grand Total						50,269

* The correct total adult population in Manchester is 58,287 persons.

** Not reported by Applicant.

Ex. A, pp. 218, 219, 223

To prepare Table 4, the Applicant relied upon a fact sheet issued by the Office of Minority Health and Health Disparities of the Centers for Disease Control and Prevention ("CDC") and dated June 5, 2007, to report that 1-in-2 Americans has a diagnosable mental disorder each year, including 44 million adults and 13.7 million children. Ex. A, p. 228. However, a more recent report by the CDC in September 2011 indicates that only about 25% of the adults in the United States have a mental illness. <http://www.cdc.gov/mentalhealthsurveillance/> Therefore, the Applicant has overstated its estimate of persons having mental health disorders. The Applicant also claims that there are 6,155 substance abusing or dependent persons in the town of Manchester. This number is also overstated as the Applicant has utilized the incorrect adult population for the calculation. The correct adult population in Manchester is 58,287. Ex. A, p. 45. The Applicant failed to report the number of substance abusing or dependent persons for the remaining towns in the proposed service area.

The projected volumes by group and service type were reported by the Applicant in the following table:

Table 5: Projected Volumes by Population, Service Type and Fiscal Year

Population	Service Type	FY 2013	FY 2014	FY 2015
		Persons(sessions)	Persons(sessions)	Persons(sessions)
Students/ youth	Academic disabilities	2,825 (67,800)	3,767 (90,408)	5,540 (132,960)
	Dropout symptoms	654 (15,696)	872 (20,928)	1,282(30,768)
	Behavioral Issues	3,976(95,424)	5,301(127,224)	7,796 (187,104)
	Bullying*	1,932(46,360)	2,576(61,824)	3,788 (90,912)
	Psychiatric Medication	1,500	375	480
Total	Clients Sessions	10,887 (225,280)	12,891 (300,384)	18,406 (441,744)
Adults	Integrated Treatment (therapy and social services)	70,994 (1,703,856)	94,657 (2,271,176)	139,201 (3,340,835)
	Job training	6,389 (15,347)	8,519 (204,456)	12,528(300,671)
	Psychiatric medication	1,250 (***)	1,666 (***)	2,450(***)
Veterans	Integrated Treatment (therapy and social services)	9,939(238,536)	13,252(318,048)	19,488(467,717)
Seniors Over 65 years old	Integrated Treatment (therapy and social services)	7,695 (184,680)	10,260(246,240)	15,088 (362,117)
Total**	Clients Sessions	78,633 1,719,203	104,842 2,516,208	154,179 3,700,300
Community -reentry	Integrated Individual Treatment	500(12,000)	667 (16,008)	981 (23,544)
	Integrated Treatment for individual and family	300(7,200)	400 (9,600)	588(14,118)
Total **	Clients Sessions	800 19,200	1,067 25,608	1,569 37,662
Grand Total**	Clients Sessions	107,954 2,590,896	141,937 3,405,896	209,210 5,009,546
<i>Projected Number to Be Served by Applicant</i> ***	<i>Clients Sessions</i>	<i>15,422 (340,986)</i>	<i>20,330 (443,645)</i>	<i>29,887 (715,649)</i>

* Students being bullied = 8.6% of students

** Totals are calculated from the clients and sessions reported by the Applicant for each unique population.

*** Applicant projects capturing 1/7 of the potential volume based on 7 clinics in the proposed service area. Ex. A, pp. 219-221 and Ex. K

The Applicant reports that blacks, Hispanics and white low income families are impacted by institutional racism, school dropouts, mental health crises and poverty. However, the Applicant failed to provide evidence as to the number of persons in these distinct population groups that reside within the proposed service area. Ex. A, p. 167.

The Applicant requested authorization to establish a behavioral health clinic for the treatment of youth, adolescents and adults. While the Applicant has sufficiently established the number of youth and adolescents that may benefit from its proposal, it has failed to do the same for the adult population. Without the clear establishment of the populations to which the Applicant is proposing to provide services, the adults' need for the proposed services cannot be determined. *FF 4, 5, 7, 8* The Applicant estimated that it will serve 1-in-7 persons since there are approximately seven clinics in the proposed service area. The Applicant assumed that it will serve every seventh client since there are seven other clinics, yet provided no basis for this assumption. *FF 10*

Moreover, while the Applicant provided much discussion in its proposal, about its desire to provide services to the underprivileged and underinsured, the populations of these groups within the proposed service area have not been reported by the Applicant. *FF 7* Furthermore, the Applicant's reported payer mix projections do not reflect this desire. As shown in Table 6, provided by the Applicant, the percentages begin at 4% for the Medicaid-enrolled clients and self-pay clients in FY 2013 with no projected increase in each of the following two years. In fact, the Applicant's projections indicate a decrease in the amount of Medicare, Medicaid and CHAMPUS and TriCare payers.

Table 6: Patient Population Mix by Payer and Fiscal Year

Payer	FY 2013	FY 2014	FY 2015
Medicare	16%	16%	15%
Medicaid	25%	25%	23%
CHAMPUS & TriCare	25%	25%	22%
Total Government	66%	66%	60%
Commercial Insurers	25%	25%	30%
Uninsured	4%	4%	4%
Workers Compensation	5%	5%	6%
Total Non-government	34%	34%	40%
Grand Total	100%	100%	100%

Ex. A, p. 196

Given the lack of documentation to support the assumptions made by the Applicant in developing the need in the proposed service area for the adult population and, in turn, the projected volume of clients, the Applicant has failed to demonstrate that there is a clear public need for the proposal or whether it would result in a duplication of services in the proposed service area. *FF 9-11*

In addressing certain financial questions, the Applicant projected that its hourly rate for services would be \$100 to \$150. The Applicant projected that its operating expenses in FY 2013 would be \$1,784,272. The Applicant reported its projected revenues and expenditures for the first three fiscal years in the following table:

Table 7: Projected Revenues and Expenditures for the Proposal

Description	FY 2013	FY 2014	FY 2015
Revenue from operations	\$1,493,100	\$2,012,000	\$2,951,750
Grants	350,000	350,000	350,000
Total Revenue	\$1,843,100	\$2,362,000	\$3,301,750
Operating Expenses	1,784,272	2,310,812	3,219,254
Net Revenues prior to taxes	\$ 58,828	\$ 51,188	\$ 82,496

Ex. A, p. 66, 198, 201

As shown in Table 5, the Applicant projected that it would provide 340,986 sessions in its first year of service. Using the Applicant's reported hourly rate of \$100 to \$150, the projected revenue from operations should be much higher than the reported \$1,493,100. The revenues from operations reported for the first three years of service appear to have no relationship to the projected volumes.

In support of its financial stability, the Applicant provided documentation that it has secured a loan for \$83,000 and a line of credit of \$10,000. Ex. A, p. 194 and Tr. Testimony of Mr. Rweyemamu, p. 18. However, there was no evidence provided to illustrate that this is an adequate amount of funds to support the facility until reimbursements from third-party payers or potential grants become available. Moreover, the Applicant failed to provide financial statements even though the Applicant became a limited liability company in 2007. *FF 1* Due to the Applicant's unexplainable financial projections and the lack of evidence demonstrating financial integrity, the Applicant has failed to show that the proposal is financially feasible.

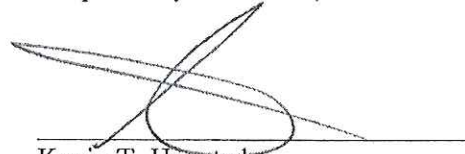
Although the Applicant provided letters of community support for its proposal (*See*, Applicant Late File 1), since both the application and testimony lacked evidence to substantiate clear public need or the financial feasibility of the proposal, the Applicant has failed to demonstrate that the proposal would improve the accessibility, quality or cost effectiveness of health care delivery in the proposed service area.

Order

Based upon the foregoing Findings and Discussion, I respectfully recommend that the Certificate of Need application of CT-Family Services, LLC to establish a behavioral health treatment center in Manchester, Connecticut, be **DENIED**.

Respectfully submitted,

12/17/13
Date


Kevin T. Hansted
Hearing Officer

* * * COMMUNICATION RESULT REPORT (FEB. 6. 2014 1:30PM) * * *

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STATE OF CONNECTICUT
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OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: JUSTINIAN RWEYEMAMU, MA, M.D.IV, MS-MFT

FAX: (860) 432-8845

AGENCY: CT-FAMILY CARE SERVICES, LLC

FROM: OHCA

DATE: 2/6/14

NUMBER OF PAGES: 15
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Comments: DN: 13-31837-CON Notice of Final Decision

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Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: SANDRA R. ZLOKOWER, ESQ.
FAX: (860) 523-8381
AGENCY: ZLOKOWER & MILLER LLP
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Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134