

## Greer, Leslie

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**From:** Martone, Kim  
**Sent:** Thursday, December 11, 2014 11:55 AM  
**To:** Hansted, Kevin  
**Cc:** Greer, Leslie  
**Subject:** FW: CON Determination Request - Rushford - Detoxification Program  
**Attachments:** CON\_Determination\_Request\_ACE\_20141210.pdf

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**From:** Klein, David [<mailto:David.Klein@hhchealth.org>]  
**Sent:** Thursday, December 11, 2014 11:07 AM  
**To:** Martone, Kim  
**Cc:** Larcen, Stephen; Zuckerman, Steven  
**Subject:** CON Determination Request - Rushford - Detoxification Program

On behalf of Steve Larcen, President/CEO of Rushford, I have attached a Determination Request for Rushford Center to expand its Detoxification Unit in Middletown from 16 to 19 beds. A letter of support from Commissioner Rehmer is attached.

A hardcopy of the attached request is in the mail.

Thank you for your consideration.

David Klein, Ph.D.

Regional Vice President of Operations  
Behavioral Health Network  
Hartford HealthCare

860 465 5903 tel

[www.natchaug.org](http://www.natchaug.org)  
[www.hartfordhealthcare.org](http://www.hartfordhealthcare.org)

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December 10, 2014

Kimberly Martone  
Director of Operations  
Office of Health Care Access  
State of Connecticut Department of Public Health  
410 Capitol Avenue – MS#13HCA  
Hartford, CT 06134

RE: Proposal to add three beds to the Detoxification Unit at 1250 Silver Street, Middletown, CT

Dear Ms. Martone:

I am writing regarding our request a determination from OHCA as to whether a CON is required for the above referenced project. The CON Determination Form is attached. We would like to increase capacity of our detoxification unit from 16 beds to 19 beds. Our goal is to improve community access to the program, which serves over 1,000 adults annually who require detoxification from opioids, alcohol, and benzodiazepines.

Our leadership team had a preliminary discussion with Paul DiLeo, Deputy Commissioner of DMHAS in October, and I reviewed the proposal with him again last week. I am enclosing a letter of support from Commissioner Rehmer.

Thank you for your consideration.

Sincerely,



Stephen W. Larcen, Ph.D.  
President/Chief Executive Officer



DANNEL P. MALLOY  
GOVERNOR

# STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH  
AND ADDICTION SERVICES  
*A HEALTHCARE SERVICE AGENCY*

PATRICIA A. REHMER, MSN  
COMMISSIONER

December 8, 2014

Stephen W. Larcen, Ph.D.  
President  
Rushford Center, Inc.  
883 Paddock Avenue  
Meriden, Connecticut 06450

Dear Dr. Larcen:

I met with the leadership of Rushford and reviewed their request to expand their detoxification unit at 1250 Silver Street in Middletown from 16 to 19 beds. The increased capacity is expected to allow an additional 100 to 150 clients to access care annually.

I have reviewed the financial pro forma for the program, and the additional beds are projected to allow a program that has operated at a financial loss for the last two years to operate with a very small positive margin in the current fiscal year with this increased capacity.

Since the Medicaid expansion in January 2014 triggered by the Affordable Care Act, the Rushford program has experienced many days at full capacity, and not been able to meet increased demand for these services from Medicaid eligible clients.

The improved financial performance is projected to occur despite (a) a reduction in grant funding; and (b) no projected increase in the Medicaid daily rate. With increased access to Medicaid, there will be an increase in both the number of Medicaid clients served and in the Medicaid payer mix (percentage of total clients served). The improvement is possible only because the additional beds will allow Rushford to increase capacity and volume of care and to spread its operating costs over a wider base of clients.

For the reasons cited above, the Department supports Rushford's request to waive the Certificate of Need (CON) process for this expansion.

Sincerely,

A handwritten signature in cursive script that reads "Patricia A. Rehmer".

Patricia A. Rehmer, MSN, ACHE  
Commissioner



**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	Rushford Center, Inc.	
Doing Business As	Rushford Center, Inc.	
Name of Parent Corporation	Hartford Health Care	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	883 Paddock Avenue, Meriden, CT 06450	
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP	
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Stephen W. Larcen, Ph.D., President/Chief Executive Officer	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	same	
Contact Person's Telephone Number	860-465-5900	
Contact Person's Fax Number	203-634-2799	
Contact Person's e-mail Address	stephen.larcen @hhchealth.org	

## SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:  
Addition of 3 Beds to the Middletown (Silver Street) Detoxification Unit

b. Estimated Total Project Cost: \$ 9,300

c. Location of proposal, identifying Street Address, Town and Zip Code:  
1250 Silver Street, Middletown, CT 06457

d. List each town this project is intended to serve:

Clients from nearly all CT towns are served by the Rushford Detoxification Unit in Middletown, known as ACE (Acute Care Evaluation). Because the proposed additional beds are located in the existing facility, expanding the number of beds is expected to increase the number of clients served, but is not expected to affect the towns served.

e. Estimated starting date for the project: 12/1/2014

## 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.

Rushford is currently licensed for 16 beds in the ACE Unit, and is requesting to increase capacity by 3 beds, for a total of 19 beds. A copy of the license is attached.

- 2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

No changes in services as proposed. DPH licensure will continue as a detoxification unit on the Rushford license.

- 3. Identify the current population served and the target population to be served.

See attached.

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: Rushford Center, Inc.

Project Title: Addition of 3 Beds to the Middletown (Silver Street) Detoxification Unit

I, Stephen W. Larcen, Ph.D., President/Chief Executive Officer  
 (Name) (Position – CEO or CFO)  
 of Rushford Center, 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.

*Stephen W. Larcen* 12/12/14  
 Signature Date

Subscribed and sworn to before me on 12 Day, December 2014

*Bruce D. Besette*  
 Notary Public/Commissioner of Superior Court  
**BRUCE D. BESSETTE**  
**NOTARY PUBLIC**  
**MY COMMISSION EXPIRES APR. 30, 2015**

My commission expires: \_\_\_\_\_

**Identify the current population served and the target population to be served.**

The current ACE population is adult males and females who require detoxification from alcohol, opioids and/or benzodiazepines. The population is primarily covered by state insurance and grant funding, but both commercial insurance and self-pay are also accepted. Although the target population is not expected to change, the number of clients served is expected to increase by 10-15% due to the enhanced access provided by the additional capacity, so the expectation is that approximately 150 additional admissions to treatment will be provided annually by the expanded capacity. Because detoxification is often the point of entry to ongoing, less intensive services of longer duration, the potential impact on the population is considered to be significant.

In the last two years, over 2,000 clients from 155 of the 169 towns were served by the Rushford Detoxification Unit, known as ACE (Acute Care Evaluation). In descending order of frequency, the following 18 towns accounted for approximately 50% of the clients served:

City/town	Percent
Middletown	9.03%
Meriden	6.72%
New Britain	3.95%
Waterbury	3.45%
Bristol	3.22%
Hartford	3.18%
Southington	2.22%
Manchester	2.13%
Wallingford	2.04%
East Hartford	2.00%
Plainville	1.68%
Colchester	1.68%
Torrington	1.63%
Norwich	1.63%
Newington	1.54%
East Hampton	1.50%
Berlin	1.45%
Windham	1.36%

During the 12 months ending September 30, 2014, corresponding to the Rushford fiscal year, there were 94 nights on which the census in the Detoxification Unit was at capacity, and another 106 nights on which the census was one short of capacity. These 200 nights represent 55% of the year, during which there was significant limit on access to services. On nights on which census was at capacity, admissions were often denied. On nights on which census was one short of capacity, or even on those occasions when census was two short of capacity, an admission may also have been denied or offered only tentatively because another admission or admissions may have been scheduled. The offer of a tentative admission to someone in immediate need of detoxification services is often an ineffective deterrent to continued substance abuse.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. SA-0090

**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:

Rushford Center, Inc. of Meriden, CT, d/b/a Rushford Center, Inc. is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**Rushford Center, Inc.** is located at 1250 Silver St, Middletown, CT 06457 with:

\*Stephen W. Larcen\* as Executive Director.

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

42 Intensive Treatment Beds  
16 Residential Detoxification and Evaluation Beds  
Day or Evening Treatment  
Ambulatory Chemical Detoxification Treatment  
Outpatient Treatment

This license expires **September 30, 2015** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2013.

License revised to reflect:

\*Change of Executive Director Eff: 11/16/13\*



*Jewel Mullen*

Jewel Mullen, MD, MPH, MPA  
Commissioner



December 10, 2014

Kimberly Martone  
Director of Operations  
Office of Health Care Access  
State of Connecticut Department of Public Health  
410 Capitol Avenue – MS#13HCA  
Hartford, CT 06134



RE: Proposal to add three beds to the Detoxification Unit at 1250 Silver Street, Middletown, CT

Dear Ms. Martone:

I am writing regarding our request a determination from OHCA as to whether a CON is required for the above referenced project. The CON Determination Form is attached. We would like to increase capacity of our detoxification unit from 16 beds to 19 beds. Our goal is to improve community access to the program, which serves over 1,000 adults annually who require detoxification from opioids, alcohol, and benzodiazepines.

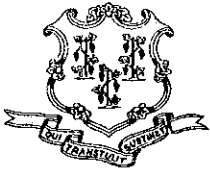
Our leadership team had a preliminary discussion with Paul DiLeo, Deputy Commissioner of DMHAS in October, and I reviewed the proposal with him again last week. I am enclosing a letter of support from Commissioner Rehmer.

Thank you for your consideration.

Sincerely,

*Stephen W Larcen, PhD (DK)*

Stephen W. Larcen, Ph.D.  
President/Chief Executive Officer



# STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH  
AND ADDICTION SERVICES  
*A HEALTHCARE SERVICE AGENCY*

DANNEL P. MALLOY  
GOVERNOR

PATRICIA A. REHMER, MSN  
COMMISSIONER

December 8, 2014

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883 Paddock Avenue  
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Dear Dr. Larcen:

I met with the leadership of Rushford and reviewed their request to expand their detoxification unit at 1250 Silver Street in Middletown from 16 to 19 beds. The increased capacity is expected to allow an additional 100 to 150 clients to access care annually.

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For the reasons cited above, the Department supports Rushford's request to waive the Certificate of Need (CON) process for this expansion.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia A. Rehmer".

Patricia A. Rehmer, MSN, ACHE  
Commissioner



## 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.

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	Petitioner	Petitioner
Full Legal Name	Rushford Center, Inc.	
Doing Business As	Rushford Center, Inc.	
Name of Parent Corporation	Hartford Health Care	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	883 Paddock Avenue, Meriden, CT 06450	
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP	
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Stephen W. Larcen, Ph.D., President/Chief Executive Officer	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	same	
Contact Person's Telephone Number	860-465-5900	
Contact Person's Fax Number	203-634-2799	
Contact Person's e-mail Address	stephen.larcen@hhchealth.org	

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- e. Estimated starting date for the project: 12/1/2014

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- 3. Identify the current population served and the target population to be served.

See attached.

**SECTION V. AFFIDAVIT**

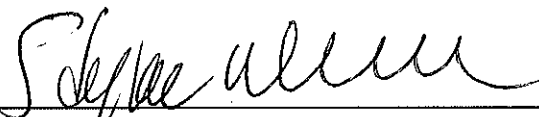
**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: Rushford Center, Inc.


Project Title: Addition of 3 Beds to the Middletown (Silver Street) Detoxification Unit

I, Stephen W. Larcen, Ph.D., President/Chief Executive Officer  
 (Name) (Position – CEO or CFO)  
 of Rushford Center, 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.

 12/10/14  
 Signature Date

Subscribed and sworn to before me on 12 Day, December 2014

  
 Notary Public/Commissioner of Superior Court  
**BRUCE D. BESSETTE**  
**NOTARY PUBLIC**  
 MY COMMISSION EXPIRES APR. 30, 2015

My commission expires: \_\_\_\_\_

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Colchester	1.68%
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Norwich	1.63%
Newington	1.54%
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**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. SA-0090**

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or Dependent Persons**

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\*Stephen W. Larcen\* as Executive Director.

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Day or Evening Treatment  
Ambulatory Chemical Detoxification Treatment  
Outpatient Treatment

This license expires **September 30, 2015** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2013.

License revised to reflect:

\*Change of Executive Director Eff: 11/16/13\*



*Jewel Mullen MD*

Jewel Mullen, MD, MPH, MPA  
Commissioner

## Greer, Leslie

---

**From:** Hansted, Kevin  
**Sent:** Friday, December 12, 2014 2:46 PM  
**To:** Greer, Leslie  
**Cc:** Martone, Kim  
**Subject:** FW: OHCA Determination #14-31968-DTR  
**Attachments:** Contract\_DMHAS\_Rushford\_Detox.pdf

Leslie, please add the below, and the attachment, to the record.

Thanks,

Kevin T. Hansted  
Staff Attorney  
Department of Public Health  
Office of Health Care Access  
410 Capitol Ave., MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134  
Phone: 860-418-7044

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**From:** Klein, David [mailto:David.Klein@hhchealth.org]  
**Sent:** Friday, December 12, 2014 2:18 PM  
**To:** Hansted, Kevin  
**Cc:** Larcen, Stephen  
**Subject:** RE: OHCA Determination #14-31968-DTR

Attached is a scan of a section of the contract which describes the medically monitored detoxification program, and an amendment signed by Dr. Larcen and Commissioner Rehmer for SFY14 that includes reference to all programs under Rushford's DMHAS grant. The overall contract is 73 pages long; if additional pages or documents are required, please let us know.

Thank you very much for your prompt response.

David Klein, Ph.D.

Regional Vice President of Operations  
Behavioral Health Network  
Hartford HealthCare

860 465 5903 tel

[www.natchaug.org](http://www.natchaug.org)



**From:** Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]  
**Sent:** Friday, December 12, 2014 9:57 AM  
**To:** Larcen, Stephen  
**Cc:** Klein, David  
**Subject:** RE: OHCA Determination #14-31968-DTR

Thank you Dr. Larcen. Please provide me with a copy of the current contract with the Department of Mental Health and Addictions Services.

Kevin T. Hansted  
Staff Attorney  
Department of Public Health  
Office of Health Care Access  
410 Capitol Ave., MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134  
Phone: 860-418-7044

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**From:** Larcen, Stephen [<mailto:Stephen.Larcen@hhchealth.org>]  
**Sent:** Friday, December 12, 2014 9:53 AM  
**To:** Hansted, Kevin  
**Cc:** Klein, David  
**Subject:** RE: OHCA Determination #14-31968-DTR

Yes, sorry we weren't explicit in that regard. It holds a contract with the Department of Mental Health and Addictions services for the detox program (approximately \$400,000) and other addictions services. Hence that is reason we asked Commissioner Rehmer for her letter of support. As you may know DMHAS has been carefully tracking the impact of the expanded Medicaid eligibility under the ACA and increased demand for services that they have under contract. Hence their agreement with our plan to add the 3 beds. Let me know if you need any documentation regarding our state contract.

Steve

---

**From:** Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]  
**Sent:** Friday, December 12, 2014 9:45 AM  
**To:** Larcen, Stephen  
**Subject:** OHCA Determination #14-31968-DTR

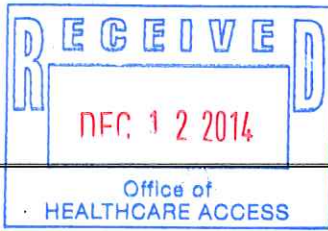
Good morning Dr. Larcen,

I am in receipt of your CON Determination request regarding the addition of three (3) beds to Rushford Center, Inc. in Middletown. Does this facility have a contract with, or certified or licensed to provide a service for, a state agency or department?

Kevin T. Hansted  
Staff Attorney  
Department of Public Health  
Office of Health Care Access  
410 Capitol Ave., MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134  
Phone: 860-418-7044

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*This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message, including any attachments.*



X Original Contract # 11MHA2156AA  
 Amendment # \_\_\_\_\_  
 Max. Contract \$ 18,682,818  
 Contract Contact Person Suzanne Cooney  
 Contact Telephone 860-418-6861

**STATE OF CONNECTICUT  
 PURCHASE OF SERVICE CONTRACT  
 ("POS", "Contract" and/or "contract")  
 Revised December 2009**

The State of Connecticut Department of Mental Health and Addiction Services

Street: 410 Capitol Avenue - P. O. Box 341431

City: Hartford State: CT Zip: 06134

Tel#: (860) 418-7000 ("Agency" and/or "Department"), hereby enters into a Contract with:

Contractor's Name: Rushford Center, Inc.

Street: 883 Paddock Ave.

City: Meriden State: CT Zip: 06450

Tel#: (203) 630-5280 FEIN/SS#: 06-0932875

("Contractor"), for the provision of services outlined in Part I and for the compliance with Part II. The Agency and the Contractor shall collectively be referred to as "Parties". The Contractor shall comply with the terms and conditions set forth in this Contract as follows:

Contract Term	This Contract is in effect from 7/1/2011 through 6/30/2013.
Statutory Authority	The Agency is authorized to enter into this Contract pursuant to § 17a-476, § 17a-676 and or § 17a-451 of the Connecticut General Statutes ("C.G.S.").
Set-Aside Status	Contractor <input type="checkbox"/> IS or <input checked="" type="checkbox"/> IS NOT a set aside Contractor pursuant to C.G.S. § 4a-60g.
Effective Date	This Contract shall become effective only as of the date of signature by the Agency's authorized official(s) and, where applicable, the date of approval by the Office of the Attorney General ("OAG"). Upon such execution, this Contract shall be deemed effective for the entire term specified above.
Contract Amendment	Part I of this Contract may be amended only by means of a written instrument signed by the Agency, the Contractor, and, if required, the OAG. Part II of this Contract may be amended only in consultation with, and with the approval of, the OAG and the State of Connecticut, Office of Policy and Management ("OPM").

All notices, demands, requests, consents, approvals or other communications required or permitted to be given or which are given with respect to this Contract (collectively called "Notices") shall be deemed to have been effected at such time as the Notice is hand-delivered, placed in the U.S. mail, first class and postage prepaid, return receipt requested, or placed with a recognized, overnight express delivery service that provides for a return receipt. All such Notices shall be in writing and shall be addressed as follows:

If to the Agency:	State of Connecticut, DMHAS 410 Capitol Avenue 4 <sup>th</sup> Floor Hartford, CT 06134 Attention: Suzanne Cooney	If to the Contractor:	Rushford Center, Inc. 883 Paddock Ave. Meriden, CT 06450 Attention: Jeffrey Walter
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A party may modify the addressee or address for Notices by providing fourteen (14) days' prior written Notice to the other party. No formal amendment is required.

#### 14. MEDICALLY-MONITORED RESIDENTIAL DETOXIFICATION

a. The Contractor shall provide medically monitored residential detoxification services to individuals age eighteen (18) and older who are medically indigent and who have a substance use disorder for which medically monitored detoxification is medically necessary. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage. Individuals referred from the Court Support Services Division (CSSD) of the State of Connecticut Judicial Department, or from the Department of Correction (DOC) do not have to be medically indigent. Medically monitored residential detoxification is defined as a medically necessary, behavioral health service delivered in a facility that meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations pertaining to residential detoxification and evaluation. Medically monitored residential detoxification shall be used when 24-hour medical and nursing supervision are required for substance use evaluation and withdrawal management.

b. Specifically, the Contractor shall:

1. Perform an initial evaluation by a registered nurse, including screening for a co-occurring psychiatric disorder;
2. Provide medical supervision and management of withdrawal from a substance or substances, as indicated by a licensed physician and inclusive of laboratory assessments;
3. Conduct a bio-psychosocial assessment;
4. Develop, with each individual, a recovery plan;
5. Provide individual, group and, when indicated, family therapy;
6. Provide psycho-educational programming;
7. Provide referrals to self-help programs;
8. Conduct discharge planning and make confirmed referrals to appropriate aftercare services and supports; and
9. Provide the following for all individuals referred from CSSD or DOC:
  - a. Evaluations for referrals at sites that may include courts, probation offices and correctional facilities within two (2) weeks of the date of the referral.
  - b. Letters to the referral source within two (2) business days of the evaluation informing them of the individual's appropriateness or inappropriateness for individual substance abuse treatment services and, when possible, a date a bed will be available.
  - c. Transportation for individuals to and from court appearances, off-site evaluations and community programs.
  - d. Use of security procedures that include regular and random searches of individuals served and their personal possessions, as well as visitation policies that require screening of visitors and searches of any packages they may attempt to bring into the individual facility.
  - e. Random urinalysis testing on participants at least once per week; immediately notify the referral source of any positive results.
  - f. Intervention plans and sanctions in consultation with the referral source.
  - g. Access to medical services including access to emergency medical care on a 24-hour basis.
  - h. Discharge planning and confirmed referrals to appropriate aftercare services in collaboration with the referral agent based on individual's needs.
  - i. Immediate telephone notification to the referral source when an individual leaves services against medical advice and written notice within 24 hours.
  - j. Reports, including but not limited to, monthly reports and letters to the appropriate referral sources and the court regarding an individual's status and progress; and routine statistical reports regarding admissions, discharges, services provided, utilization management and wait list management information.
  - k. At the request of the referral source, appearances at court proceedings.

c. The services shall be provided at the following locations, with the client capacities and hours of operation as described below:

Location	Capacity	Hours of Operation
Residential Medically Monitored Detox Services 1250 Silver St. Middletown, CT 06457	16	MON-SUN 24 HOURS PER DAY

d. The Contractor shall provide services which meet the required utilization rate for medically monitored detoxification. The Contractor's utilization rate shall be measured by the number of bed days utilized as reported to the Department's information system. The minimum acceptable utilization rate for bed days in a medically monitored detoxification program funded by the Department is 90% of the maximum attainable number of bed days as determined by multiplying the capacity for each funded program as stated in section C. above by 365. Utilization for all funded treatment services shall be computed based on total program capacity.

e. The Contractor shall implement the programs and services described herein to result in the following outcomes on behalf of individuals served. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the department through data reported by the Contractor to the department's information systems and in observations through site visits. The Department's outcome indicators for the Contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

MEDICALLY MONITORED RESIDENTIAL DETOXIFICATION

OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 <sup>th</sup> day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Individuals will successfully complete treatment.	At least 80% of individuals discharged will have substantially completed the objectives identified on their recovery plans.
4. Individuals will receive follow-up care promptly.	At least 90% of individuals who have successfully completed treatment will have at least one (1) residential admission or two (2) outpatient services within thirty (30) days of discharge.
5. Individuals will avoid readmission to the same or higher level of care.	No more than 15% of individuals who have been discharged will be readmitted to the same or higher level of care within thirty (30) days.

15. INTENSIVE RESIDENTIAL TREATMENT

a. The Contractor shall provide Intensive Residential Treatment services to individuals age eighteen (18) or older who are medically indigent and who have a substance use disorder or co-occurring substance use and psychiatric disorders for which intensive residential treatment is clinically appropriate. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage. Individuals referred from the Court Support Services Division (CSSD) of the State of Connecticut Judicial Department, or from the Department of Correction (DOC) do not have to be medically indigent. Intensive Residential Treatment is defined as medically necessary, residential behavioral health services delivered in a 24 hour facility that meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations pertaining to Intensive Residential Treatment. The Contractor shall provide substance use disorder services to



STATE OF CONNECTICUT  
CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE  
AUTHORIZED TO EXECUTE CONTRACT

*Certification to accompany a State contract, having a value of more than \$50,000, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor M. Jodi Rell's Executive Order 7C, Paragraph 10*

**INSTRUCTIONS:**

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

**CERTIFICATION:**

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Rushford Inc.

Contractor Name

Department of Mental Health and Addiction Services

Awarding State Agency

Patricia A. Rehmer

4/24/2014

State Agency Official or Employee Signature

Date

Patricia A. Rehmer, MSN  
Printed Name

Commissioner  
Title

Sworn and subscribed before me on this

24th day of April

2014

Christopher E. Beauty

Commissioner of the Superior Court  
or Notary Public

CHRISTOPHER E. BEAUTY  
NOTARY PUBLIC  
BY COMMISSION EXP. JAN 31, 2018

**CONTRACT AMENDMENT**

Contract No.: 11MHA2156AA  
Amendment No: 4  
Term of Contract: 7/1/11 through 6/30/16

The contract between Rushford Center, Inc. (the Contractor) and the Department of Mental Health and Addiction Services (the Department) which was executed by the parties on 07/14/11 and subsequently amended on 06/21/12 and 12/28/12 and, 06/13/13, is hereby amended as follows:

1. The total maximum amount payable under this contract is decreased by \$48,149 from \$47,673,217 to \$47,625,068.
2. The maximum amount payable under this contract for State Fiscal Year 2013 is decreased by \$4,439 from \$9,524,202 to \$9,519,763 due to the Federal Sequester.
3. The total maximum amount payable under this contract for State Fiscal Year 2014 is decreased by \$14,570 from \$9,524,202 to \$9,509,632. This includes the following funding adjustments:
  - a. Funding is increased in the amount of \$44,598 for State Fiscal Year 2014 to reflect annualization of the Cost of Living Adjustment (COLA) effective January 1, 2013.
  - b. Funding is decreased in the amount \$13,317 for State Fiscal Year 2014 due to the Federal Sequester.
  - c. Additional funding in the amount of \$70,000 (SID 12256) for State Fiscal Year 2014 is awarded for the TBI Community Services Program to hire a Case Manager position. The following is added to Part I.A. 13.:

Location	Capacity	Unduplicated individuals served	Hours of Operation
ABI Case Management 883 Paddock Ave. Meriden, CT 06450	20	25	MON-FRI 8:30AM-4:30PM

- d. Funding in the amount of \$132,468 for State Fiscal Year 2014 (SID 90245) is decreased for the Residential Intensive Residential Program CSSD 2 bed reduction from (5 beds to 3). Program.
- e. Funding in the amount of \$53,885 for State Fiscal Year 2014 (SID 90245) is decreased for the Residential Intensive Residential Program CSSD 2 bed reduction from (7 beds to 5). Program.
- f. Funding in the amount of \$2,307 (SID 20777) for State Fiscal Year 2014 is decreased to reflect a reduction in the federal PATH fund level.
- g. Funding in the amount of \$91,913 (SID 12444) for State Fiscal Year 2014 is decreased for the ACCESS Program to eliminate home and community funding.
- h. Effective April 1, 2014, additional funding in the amount of \$164,722 (SID 12330) for State Fiscal Year 2014 is awarded for the new Parker North supervised apartment program. The following is added to Part I.A. 11.:

Contractor: Rushford Center, Inc.  
Contract No.: 11MHA2156AA  
Amendment No.: 4

Location	Capacity	Unduplicated individuals served	Hours of Operation
Parker North Program 101 Parker Avenue Meriden, CT 06450	5	5	24 hours per day 7 days per week

4. The total maximum amount payable under this contract for State Fiscal Year 2015 is decreased by \$14,570 from \$9,524,202 to \$9,509,632. The total maximum amount payable under this contract for State Fiscal Year 2016 is decreased by \$14,570 from \$9,524,202 to \$9,509,632.
5. Effective April 1, 2014 the capacity of the Meriden Independent Living Supervised Housing Program is decreased from 26 to 21.
6. The contractor shall adhere to the approved budget for State Fiscal Year 2014, negotiated with the department, in compliance with Part 1, Section B, Clause 1 of this agreement. The approved budget consists of page 3 through page 6 of this amendment.

All provisions of this contract, except those specifically changed by this Amendment, remain in full force and effect.





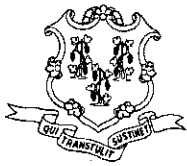












**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

December 16, 2014

VIA FACSIMILE ONLY

Stephen W. Larcen, Ph.D.  
President/ Chief Executive Officer  
Rushford Center, Inc.  
883 Paddock Avenue  
Meriden, CT 06450

RE: Certificate of Need Determination Report Number 14-31968-DTR  
Addition of Three Licensed Beds


Dear Dr. Larcen:

On December 11, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Rushford Center, Inc. ("Petitioner") with respect to the addition of three (3) beds to its Middletown Detoxification Unit.

The Petitioner operates a nonprofit facility located at 1250 Silver Street, Middletown, Connecticut that is currently licensed as a Facility for the Care or Treatment of Substance Abusive or Dependent Persons (the "Facility"). The Facility is licensed for sixteen (16) Residential Detoxification and Evaluation Beds that serve adult males and females who require detoxification from alcohol, opioids and/or benzodiazepines. The Petitioner currently has a contract to provide detoxification and other services for the State of Connecticut Department of Mental Health and Addictions Services. The Petitioner seeks to add three (3) licensed beds for a total of nineteen (19) Residential Detoxification and Evaluation Beds.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(11), a certificate of need is required for an "increase in the licensed bed capacity of a health care facility" However, Conn. Gen. Stat. § 19a-638(b)(14) provides an exception for "any nonprofit facility, institution or provider that has a contract with...at state agency..." The Petitioner is a substance abuse facility that has a contract to provide services to a state agency. Therefore, 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

*An Equal Opportunity Provider*  
*(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

\* \* \* COMMUNICATION RESULT REPORT ( DEC. 16. 2014 10:22AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : DEC. 16. 2014 10:21AM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

812 MEMORY TX

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2/2

REASON FOR ERROR  
E-1) HANG UP OR LINE FAIL  
E-3) NO ANSWER

E-2) BUSY  
E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: STEPHEN W. LARCEN  
FAX: 203 634-2799  
AGENCY: RUSHFORD CENTER, INC.  
FROM: OHCA  
DATE: 12/16/14 Time: \_\_\_\_\_  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**  
Determination attached regarding Addition of Three Licensed Beds.  
Report Number: 14-31968-DTR

**PLEASE PHONE Barbara K. Olejarcz IF THERE ARE ANY TRANSMISSION PROBLEMS.**

Phone: (860) 418-7001

Fax: (860) 418-7053

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