

1007 North Main Street
PO Box 839
Dayville, CT 06241
PHONE # (860) 774-2020
FAX # (860) 774-0826

FACSIMILE

FAX COVER SHEET WARNING

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To (Name) Director of the Office of Health Care Access

At: (Company/Location) OCHA

Fax#: 860-418-7053

From: Debra Rivard, Data Compliance Manager

Date: 4/22/14.

Number of pages including FAX cover sheet 6

IF UNREADABLE OR INCOMPLETE PLEASE CALL:
(860) 774-2020

SUBJECT/SPECIAL INSTRUCTIONS:

Re: (ON) Determination Form
For Termination of Substance
Abuse License

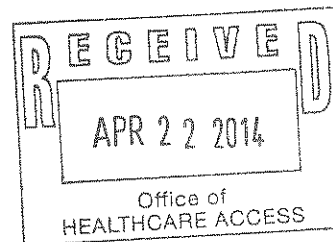
"ORIGINALS are in the mail"

Thank You,
Debra



United Services, Inc.

Creating healthy communities



April 22, 2014

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

RE: CON Determination Form for Termination of Substance Abuse License

To Whom It May Concern:

Per my recent telephone conversation with Paolo Fiducia, enclosed please find the completed CON Determination Form for the Termination of the Substance Abuse License No. 0279 for the United Services, Inc. location at 303 Putnam Road, Wauregan, CT.

Please feel free to contact me if you need additional information.

Sincerely,

Debra M. Rivard
Data Compliance Manager

Enclosures

www.UnitedServicesCT.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	United Services, Inc.	
Doing Business As		
Name of Parent Corporation	United Social & Mental Health Resources, Inc.	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1007 North Main Street Dayville, CT 06241	
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.	Debra M. Rivard Data Compliance Manager	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1007 North Main Street Dayville, CT 06241	
Contact Person's Telephone Number	860-774-2020	
Contact Person's Fax Number	860-774-0826	
Contact Person's e-mail Address	dvdnrivard@usmhs.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: N/A
- b. Estimated Total Project Cost: \$ 0
- c. Location of proposal, identifying Street Address, Town and Zip Code:
303 Putnam Road, Wauregan, CT 06387
- d. List each town this project is intended to serve:
N/A
- e. Estimated starting date for the project: N/A

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:

- If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
Substance Abuse (See Attached License No. 0279)
- Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
Termination of Substance Abuse License No. 0279
- Identify the current population served and the target population to be served.
Adults with substance abuse issues.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: United Services, Inc.

Project Title: N/A

I, DIANE L. MANNING, CEO
(Name) (Position – CEO or CFO)

of UNITED SERVICES, 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.

Diane L. Manning 4/22/14
Signature Date

Subscribed and sworn to before me on April 22, 2014

Debra M. Rivard
Notary Public/Commissioner of Superior Court

My commission expires: April 30, 2019

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0279

**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:

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

United Services, Inc. is located at 303 Putnam Rd, Wauregan, CT 06387 with:

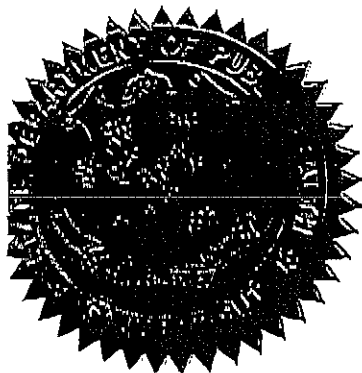
Diane L. Manning as Executive Director.

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

Outpatient Treatment

This license expires **June 30, 2014** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2012. RENEWAL



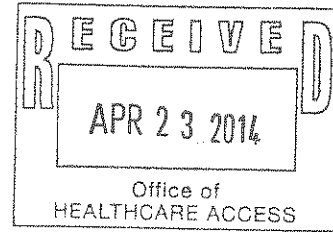
Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner



United Services, Inc.

Creating healthy communities



April 22, 2014

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

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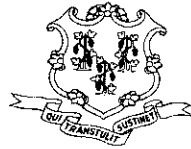
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Sincerely,

Debra M. Rivard
Data Compliance Manager

Enclosures

www.UnitedServicesCT.org



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

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Contact Person's Fax Number	860-774-0826	
Contact Person's e-mail Address	dvdmrivard@usmhs.org	

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Termination of Substance Abuse License No. 0279
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(Name) (Position – CEO or CFO)

of UNITED SERVICES, INC being duly sworn, depose and state that the
(Organization Name)

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Diane L. Manning 4/22/14
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Debra M. Rivard
Notary Public/Commissioner of Superior Court

My commission expires: April 30, 2019

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0279

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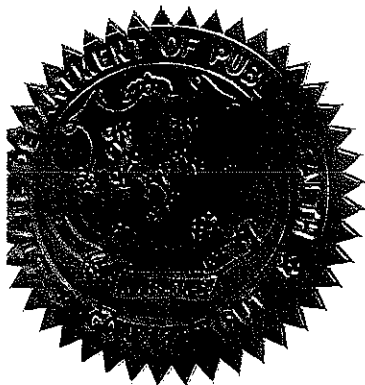
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Dated at Hartford, Connecticut, July 1, 2012. RENEWAL



Jewel Mullen MD
Jewel Mullen, MD, MPH, MPA
Commissioner

Greer, Leslie

From: Hansted, Kevin
Sent: Tuesday, April 29, 2014 1:10 PM
To: Greer, Leslie; Greci, Laurie
Cc: Riggott, Kaila
Subject: FW: CON Determination 14-31909-DTR

Leslie, please add the below to Docket No. 14-31909-DTR.

Laurie, would you be able to determine if this service ever received CON authorization?

Thank you.

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: Rivard, Deb M [<mailto:dvdmrivard@usmhs.org>]
Sent: Tuesday, April 29, 2014 12:20 PM
To: Hansted, Kevin
Subject: RE: CON Determination 14-31909-DTR

Hi Kevin,

In 1999, United Services merged with Quinnebaug Valley Youth and Family Services. As part of the merger and acquisition, we also acquired the existing license for 303 Putnam Road, Wauregan, CT. Back in 1999, DPH issued "multi service" licenses that encompassed both mental health and substance abuse.

I spoke with Sandra Bauer, Licensing Examination Assistant at Department of Public Health, this morning and she believes that we might have completed a CON when the acquisition of the license was done in 1999. However, our records do not contain such a document.

As previously indicated, the facility in Wauregan will remain open and we will be keeping our Mental Health License. We will not be renewing our Substance Abuse License No. 0279, which expires on June 30, 2014.

Please advise if you require anything further.

Thank you,

Debra Rivard

Data Compliance Manager
United Services, Inc
(860) 774-2020 x-4676

The information contained in this transmission is confidential and intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are hereby notified that any distribution, copying, disclosure and use of, or reliance on, the contents of this transmission is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and permanently delete the original message, attachments and all copies. The text of this e-mail is similar to ordinary telephone or face-to-face conversations and does not reflect the level of factual or legal inquiry or analysis which would be applied in the case of a formal legal opinion. Thank you.

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Friday, April 25, 2014 8:11 AM
To: Rivard, Deb M
Subject: CON Determination 14-31909-DTR

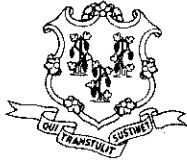
Dear Ms. Rivard,

I am in receipt of your Determination request on behalf of United Services, Inc. regarding the termination of its substance abuse license No. 0279. Please advise if this is a service that was authorized pursuant to a certificate of need.

Thank you.

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

May 1, 2014

VIA FACSIMILE ONLY

Ms. Debra M. Rivard
Data Compliance Manager
United Services, Inc.
1007 North Main Street
Dayville, CT 06241

RE: Certificate of Need Determination Report Number 14-31909-DTR
Termination of Substance Abuse License No. 0279

Dear Ms. Rivard:

On April 22, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of United Services, Inc. ("United Services") with respect to the termination of Substance Abuse License No. 0279.

United Services is a private, non-profit substance abuse treatment facility located at 303 Putnam Road, Wauregan, Connecticut. United Services is licensed by the State of Connecticut Department of Public Health to provide outpatient substance abuse services and mental health services. United Services is proposing the termination of its license to provide outpatient treatment to persons with substance abuse or dependency; license no. 0279. United Services will maintain its mental health license and continue to provide those services.

Connecticut General Statutes § 19a-638(a)(4) requires CON authorization for the "termination of inpatient or outpatient services offered by a hospital..." Since United Services is not a hospital, OHCA hereby determines that a CON *is not required* for the proposed termination of licensure.

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 (MAY. 1. 2014 10:39AM) * * *

FAX HEADER:

TRANSMITTED/STORED : MAY. 1. 2014 10:38AM	ADDRESS	RESULT	PAGE
FILE MODE OPTION			
269 MEMORY TX	98607740826	OK	2/2

REASON FOR ERROR OR LINE FAIL
 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: DEBARA M. RIVARD

FAX: 860 774-0826

AGENCY: UNITED SERVICES, INC.

FROM: OHCA

DATE: 5/1/14 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Attached is the Determination for DN: 14-31909, Termination of Substance Abuse License No. 0279

PLEASE PHONE Barbara K. Olejrz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 Fax: (860) 418-7053

**410 Capitol Ave., MS#13HCA
 P.O.Box 540508
 Hartford, CT 06134**