

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 Central Naugatuck Valley Help, Inc.	X	
Doing Business As Rogers House	X	
Name of Parent Corporation Central Naugatuck Valley Help, Inc.	X	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail 900 Watertown Avenue Waterbury, CT 06708	X	
What is the Petitioner's Status: P for profit and NP for Nonprofit NP	X	
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. Roberta Murtagh, Executive Director	X	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail 900 Watertown Avenue Waterbury, CT 06708	X	
Contact Person's Telephone Number (203) 756-8984 x 103	X	
Contact Person's Fax Number (203) 756-8984	X	
Contact Person's e-mail Address rmurtagh@cnvhelp.org	X	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Rogers House
- b. Estimated Total Project Cost: \$ \$20,000
- c. Location of proposal, identifying Street Address, Town and Zip Code: 900 Watertown Avenue, Waterbury, CT 06708
- d. List each town this project is intended to serve:
statewide
- e. Estimated starting date for the project: September 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.
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: Central Naugatuck Valley Help, Inc.

Project Title: Rogers House

I, Roberta Murtagh, Executive Director
(Name) (Position – CEO or CFO)

of Central Naugatuck Valley Help, Inc. being duly sworn,
depose and state that the
Central Naugatuck Valley Help, Inc.

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

Roberta Murtagh 9/5/14
Signature Date

Subscribed and sworn to before me on September 5, 2014

Elizabeth D. Grice
Notary Public/Commissioner of Superior Court

ELIZABETH D. GRICE
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 2015

My commission expires: _____

CON Determination Form

Section IV. Project Description

Rogers House has provided residential services to individuals with psychiatric disorders for approximately forty years. Since 1986 the agency had contracted with the Department of Correction, and the referrals and the residents came from that agency. The program served fifteen individuals on community release or parole status.

This summer the agency did not renew the contract with the Department of Correction, and the clients were transitioned to their homes or to other levels of care within the system. None of the residents were returned to a correctional institution.

Rogers House will serve clients referred from the Department of Mental Health and Addiction Services. The population will continue to be adults with psychiatric disorders. At this time, Rogers House is requesting to serve only six clients. It is anticipated that that the Department of Mental Health and Addiction Services will agree to fund the program for eight or nine individuals, however, the program is not expecting the increase from six clients to occur within the next six months. Therefore, the agency is requesting that the Office of Health Care Access approve the decrease of the current licensure for fifteen individuals to six individuals at this time. The agency is requesting that the license for Rogers House, a Mental Health Residential Living Center, be changed to reflect the current capacity.

The referrals will come through the Department of Mental Health and Addiction Services from the community for the most part, although some referrals could come from the state psychiatric hospitals. The target population is the same, and only the referral source and the capacity will change. The programming will follow the Medicaid Rehabilitation Option model. The model provides for skill building in the areas that assist individuals to achieve more independent living in the community. Skill building will occur through both group and individual sessions provided by the program's counselors to address areas that are identified on each client's Rehabilitation Plan. The program provides a structured daily schedule with groups and planned activities aimed at enhancing client's recovery and increasing daily living skills. Social skills and recreation are reinforced and encouraged. Areas that may be addressed by the program could include communication skills, cooking skills, coping with symptoms, discovering leisure time activities and meal planning, to name a few. Medications are usually supervised, self-administration. For clients who need more assistance, a visiting nurse agency will be utilized to administer medication. Typically residents in this level of care will remain at the program from one year to five years. The agency operates two other credentialed MRO programs under the Department of Mental Health and Addiction Services; Glenlunan and Wynnewood.

These services are paid for through funding from the Department of Mental Health and Addiction Services and through billing from the Department of Social Services. The agency received certification from the Department of Mental Health and Addiction Services to provide this level of care at the Rogers House facility.

To date, four residents have been admitted to Rogers House, and another admission is scheduled for next week.

The agency greatly appreciates the consideration of this request.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. CR-0009

Mental Health Community Residence

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

Central Naugatuck Valley HELP, Inc. of Waterbury, CT, d/b/a Wynnewood is hereby licensed to maintain and operate a Mental Health Community Residence.

Wynnewood is located at 44 Cook St, Torrington, CT 06790 with:

Roberta Murtagh as Executive Director,
Heidi Calabrese as Director.

The maximum number of beds shall not exceed at any time:

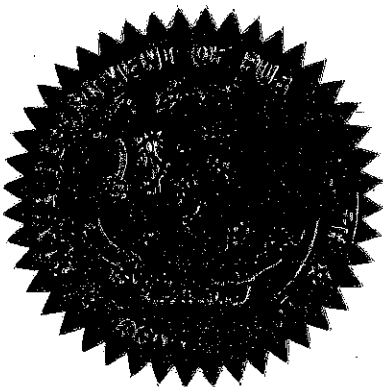
6 Mental Health Community Residence beds.

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

Dated at Hartford, Connecticut, October 1, 2012.

License revised to reflect:

Change of Director Eff: 9/6/13



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. CR-0007

Mental Health Community Residence

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

Central Naugatuck Valley HELP, Inc. of Waterbury, CT, d/b/a Glenlunan is hereby licensed to maintain and operate a Mental Health Community Residence.

Glenlunan is located at 107 Tudor St, Waterbury, CT 06704 with:

Roberta Murtagh as Executive Director,
Jaclyn Toucet as Director.

The maximum number of beds shall not exceed at any time:

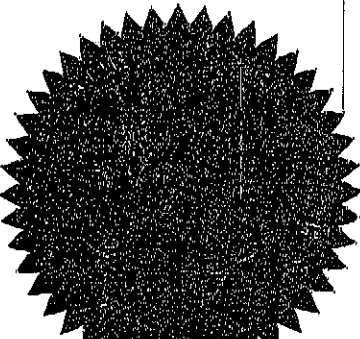
6 Mental Health Community Residence beds.

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

Dated at Hartford, Connecticut, October 1, 2012.

License revised to reflect:

Change of Director Eff: 1/13/14



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
Commissioner

Help Inc.

Fax: 203-759-1648

Sep 8 2014 01:23pm

P001/001

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. RLC-0010

Mental Health Residential Living Center

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

Central Naugatuck Valley HELP, Inc. of Waterbury, CT, d/b/a Rogers House is hereby licensed to maintain and operate a Mental Health Residential Living Center.

Rogers House is located at 900 Watertown Ave., Waterbury, CT 06708 with:

Roberta Murtagh as Executive Director,
Jaclyn Toucet as Director.

The maximum number of beds shall not exceed at any time:

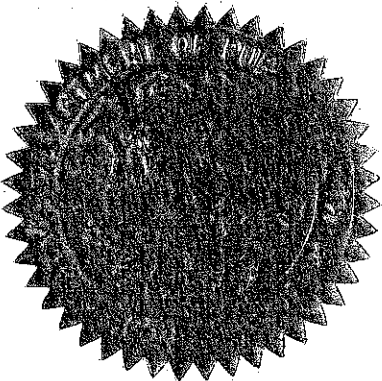
15 Mental Health Residential Living Center beds.

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

Dated at Hartford, Connecticut, October 1, 2012.

License revised to reflect:

Change of Director Eff: 8/13/14



Jewel Mullen

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0420

**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:

Central Naugatuck Valley HELP, Inc. of Waterbury, CT, d/b/a Watkins Network is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Watkins Network is located at 257 Main St, Torrington, CT 06790 with:

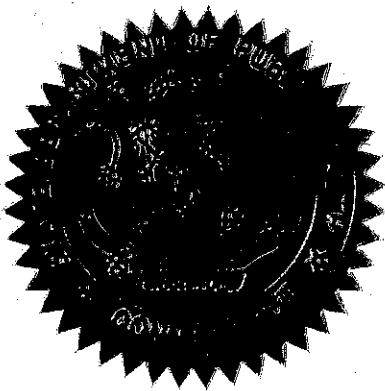
Roberta Murtagh as Executive Director.

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

Outpatient Treatment

This license expires **March 31, 2015** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2013. RENEWAL



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0537

Psychiatric Outpatient Clinic for Adults

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

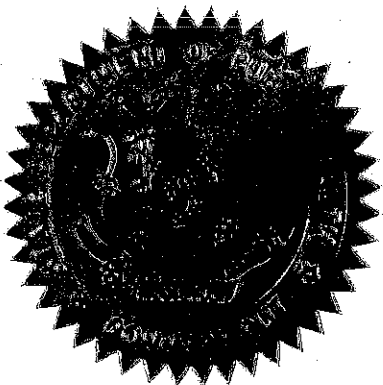
Central Naugatuck Valley HELP, Inc. of Waterbury, CT, d/b/a Watkins Network is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Watkins Network is located at 257 Main St, Torrington, CT 06790 with:

Roberta Murtagh as Executive Director,
Harry Gerowe as Director.

This license expires **September 30, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, December 19, 2012. INITIAL



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0421

**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:

Central Naugatuck Valley HELP, Inc. of Waterbury, CT, d/b/a Travisano Network is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Travisano Network is located at 24 Shelter Rock Rd, Danbury, CT 06810 with:

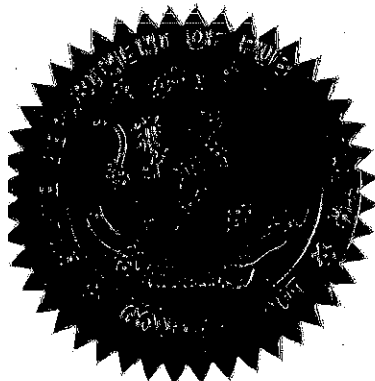
Roberta Murtagh as Executive Director.

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

Outpatient Treatment

This license expires **March 31, 2015** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2013. RENEWAL



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0552

Psychiatric Outpatient Clinic for Adults

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

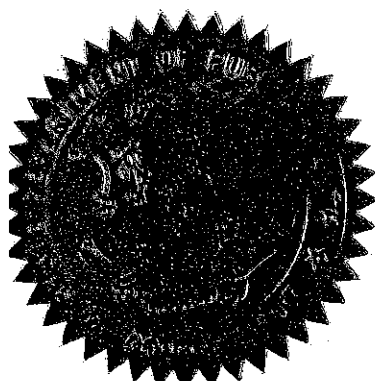
Central Naugatuck Valley HELP, Incorporated of Waterbury, CT, d/b/a Travisano Network is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Travisano Network is located at 24 Shelter Rock Rd, Danbury, CT 06810 with:

Roberta Murtagh as Executive Director,
Harry Gerowe as Director.

This license expires **March 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, May 28, 2013. INITIAL



Jewel Mullen
Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. SA-0080

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:

Central Naugatuck Valley HELP, Inc. of Waterbury, CT, d/b/a Reverend Edward M. Dempsey Drug Services is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Reverend Edward M. Dempsey Drug Services is located at 900 Watertown Ave, Waterbury, CT 06708 with:

Roberta Murtagh as Executive Director.

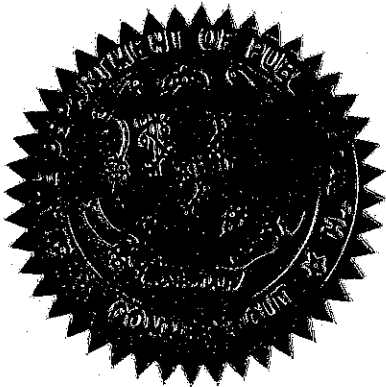
The service classification(s) and if applicable, the residential capacities are as follows:

34 Intermediate and Long Term Treatment and Rehabilitation Beds
Outpatient Treatment

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

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

Waiver Sec. 19a-495-570(j)(1)(F)(iv)(a)



A handwritten signature in cursive script that reads "Jewel Mullen".

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0536

Psychiatric Outpatient Clinic for Adults

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

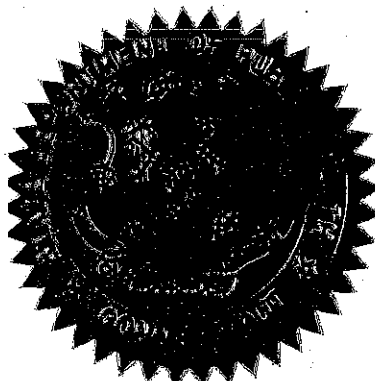
Central Naugatuck Valley HELP, Inc. of Waterbury, CT, d/b/a Reverend Edward M. Dempsey Drug Services is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Reverend Edward M. Dempsey Drug Services is located at 900 Watertown Ave, Waterbury, CT 06708 with:

Roberta Murtagh as Executive Director,
Harry Gerowe as Director.

This license expires **September 30, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, December 19, 2012. INITIAL



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
Commissioner



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

September 10, 2014

VIA FACSIMILE ONLY

Roberta Murtagh
Executive Director
Central Naugatuck Valley Help, Inc. d/b/a Rogers House
900 Watertown Avenue
Waterbury, CT 06708

RE: Certificate of Need Determination Report Number 14-31938-DTR
Reduction in Licensed Bed Capacity

Dear Ms. Murtagh:

On August 27, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Central Naugatuck Valley Help, Inc. d/b/a Rogers House ("Petitioner") with respect to a reduction in its licensed bed capacity.

The Petitioner operates Rogers House, which is a licensed Mental Health Residential Living Center located at 900 Watertown Avenue, Waterbury, Connecticut. Currently, the Petitioner is licensed for fifteen beds. Since 1986, the Petitioner contracted with the State of Connecticut Department of Corrections to serve fifteen individuals on community release or parole status. The Petitioner has not renewed its contract with the State of Connecticut Department of Corrections. The Petitioner will now serve clients referred from the State of Connecticut Department of Mental Health and Addiction Services. The Petitioner seeks to modify its existing license to reduce the number of beds to six.

OHCA does not regulate decreases in the licensed bed capacity of health care facilities. Therefore, no CON is required for the Petitioner's proposal. However, the Petitioner should contact the licensing division at the State of Connecticut Department of Public Health to determine if any action is required for a modification of its license. The licensing division may be contacted at 860-509-7407.

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