



BETHLEHEM CT.

State of Connecticut Office of Health Care CON Determination 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	Monroe Operations, LLC	
Doing Business As	Newport Academy	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	811 N. Ranch Wood Trail Orange, CA 92869	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Pamela S Bryan National Director Of Operations Licensing and Compliance	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	811 N. Ranch Wood Trail Orange, CA 92869	
Contact Person's Telephone Number	(714) 376-5889	
Contact Person's Fax Number	(714) 288-2099	
Contact Person's e-mail Address	psmith@ newport- academy.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Newport Academy
- b.
- c. Estimated Total Project Cost: N/A Existing Building
- d. Location of proposal, identifying Street Address, Town and Zip Code:

64 Double Hill Road, Bethlehem, CT 06751
- e. List each town this project is intended to serve:
Bethlehem, Woodbury, Roxbury, Morris, Water Town, Thomaston, Plymouth, Morris, Washington, New Milford, Kent, Warren, Litchfield, Harwinton
- f. Estimated starting date for the project: October 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 IV. Proposal Description

1. Not applicable.
2. Identify the types of services that are being proposed (see below).
DPH licensure sought: Private Freestanding Facilities for the Care or Treatment of Substance Abuse or Dependence Connecticut General Statutes Section 19a-491 and/or 19a-506

OUTLINE OF ACTIVITIES AND SERVICES TO BE PROVIDED BY THE PLAN

Newport Academy's Day Treatment runs Monday through Friday from 9am to 6pm. The day treatment program consists of 4 hours of an online college courses or high school curriculum and 5 hours of group and individual therapy. Group therapy topics consist of Process Group, Relapse Prevention Group, Recovery Skills Group, Gender Group, Nutrition Group, Weekend Planning Group, Music Therapy and Multi Family Process Group. All groups are run by Masters level clinicians, interns, certified counselors and outside professionals licensed within their fields.

During day treatment, clients meet with both a therapist and a recovery counselor, both of whom are available throughout the day and are on site from 11am until 6pm. Additionally, counselors hold family sessions at a minimum of once per month, and a maximum of every other week.

As a part of day treatment, all clients undergo drug testing twice weekly. Newport Academy's day treatment program is a minimum of one year in length.

3. Identify the current population served and the Target population to be served:
Target population to be served 18 to 20

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Jamison Monroe, Jr.

Project Title: Newport Academy Outpatient For Substance Abuse & Dependent Persons.

I, Jamison Monroe, CEO
(Name) (Position – CEO or CFO)

of Newport Academy 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.

JM 9/9/14
Signature Date

Subscribed and sworn to before me on September 9, 2014

John Hanson
Notary Public/Commissioner of Superior Court

My commission expires: 5/22/14





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

September 24, 2014

VIA FACSIMILE ONLY

Pamela S. Bryan
National Director of Operations, Licensing, and Compliance
Monroe Operations, LLC
811 N. Ranch Wood Trail
Orange, CA 92869

RE: Certificate of Need Determination Report Number 14-31941-DTR
Establishment of a New Health Care facility

Dear Ms. Bryan:

On September 15, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Monroe Operations, LLC ("Petitioner") with respect to the establishment of the Newport Academy in Bethlehem, Connecticut.

The Petitioner wishes to establish a private freestanding facility for the care or treatment of substance abuse or dependence in Bethlehem, Connecticut. The facility, to be called Newport Academy, will provide day treatment for 18 to 20 year olds Monday through Friday from 9am to 6pm.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a certificate of need is required for the "establishment of a new health care facility". Conn. Gen. Stat. § 19a-630(10) defines a health care facility as "... (H) substance abuse treatment facilities...". Newport Academy will be a substance abuse treatment facility. Therefore, a **CON is required** for the Petitioner's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

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 (SEP. 24. 2014 10:42AM) * * *

FAX HEADER:

TRANSMITTED/STORED : SEP. 24. 2014 10:38AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

637 MEMORY TX

917142882099

OK

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: PAMELA S. BRYAN
FAX: 714 288-2099
AGENCY: MONROE OPERATIONS, LLC
FROM: OHCA
DATE: 9/24/14 Time: _____
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Please see attached determination

PLEASE PHONE Barbara K. Olejars 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