

Greer, Leslie

From: Lazarus, Steven
Sent: Thursday, December 03, 2015 7:19 AM
To: Greer, Leslie
Cc: Martone, Kim; Riggott, Kaila; Hansted, Kevin
Subject: FW: Dana's House License
Attachments: CON Determination Form Family ReEntry 12-2-15.pdf

Leslie,

Please process the attached email and CON Determination.

Thank you,
Steve

Steven W. Lazarus

Associate Health Care Analyst
Division of Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7012
Fax: 860-418-7053



From: Anthony Corso [<mailto:AnthonyCorso@familyreentry.org>]
Sent: Wednesday, December 02, 2015 4:02 PM
To: Martinez, Alice; Lazarus, Steven
Cc: Cass, Barbara; Randy Braren; Steve Lanza
Subject: Dana's House License

I've attached a scan of the documents for the CON, the original are being mailed to the address listed on the application. I'm still waiting for the Fire marshal to sign off on the report, the landlord has one more action item and then I can get their signature.

Anthony Corso

Anthony Corso, MSOL
Dana's House Program Director
75 Henry Street
New Haven, CT 06511
203-706-4701 Office
203-891-7065 Fax
203-246-5170 Cell

anthonycorso@FamilyReEntry.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	Family Re-Entry, Inc.	
Doing Business As		
Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	9 Mott Ave Suite 104 Norwalk, CT 06850	
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.	Anthony Corso Program Director	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	75 Henry Street New Haven, CT 06511	
Contact Person's Telephone Number	203-706-4701	
Contact Person's Fax Number	203-891-7065	
Contact Person's e-mail Address	<u>anthonycorso@familyreentry.org</u>	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Dana's House**
- b. Estimated Total Project Cost: \$ **903,080 Annual DOC Contract Amount**
- c. Location of proposal, identifying Street Address, Town and Zip Code:
75 Henry Street New Haven, CT 06511
- d. List each town this project is intended to serve:
The State of Connecticut (statewide), primarily City of New Haven and the New Haven Parole District
- e. Estimated starting date for the project: **October 5, 2015**

SECTION IV. PROPOSAL DESCRIPTION

1. This is a new program so there are no licenses in effect for this location. The agency holds DPH licenses in other locations in New Haven and Bridgeport.
2. Dana's House is a 4 to 6 month in-patient treatment facility. This facility provides services for 15 male clients having both a chemical dependency diagnosis and a psychiatric diagnosis.

The A.P.R.N. staff is available 8 hours per week for psychiatric evaluations, medication management, and medication education group therapy.

Clinical staff is onsite 40 hours per week, providing intakes, assessments, individual, group and family therapy.

Additional staff, both paid and volunteer as well as interns, provide a variety of other groups from art, music and poetry to 12 Step Fellowship and psycho-educational.

Upon admission, each client is assigned a primary clinician with whom they will work on their individualized recovery plan.

The program provides case management services to our clients seeking after care services including referrals to further long-term treatment, sober housing, and Intensive Outpatient Treatment.

Clients are referred to the program from the mental health unit of the Department of Correction; they are the sole funding source for this program as well as the only referral source.

Clients are screened by the clinical team and determination of clients' appropriateness for admission is made. Following this determination, contact is made with the D.O.C. referring unit regarding the outcome of the screening.

3. The program will serve an offender population that is discharging from the Department of Correction through their Mental Health unit.
The agency is applying for the following licenses;

Private Freestanding Facilities for the Care or Treatment of Substance Abuse or Dependence Connecticut General Statutes Section 19a-491 and/or 19a-506

Private Freestanding Psychiatric Outpatient Clinics for Adults Connecticut General Statutes Section 19a 491 and or 19a-506

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Family Re-Entry, Inc.

Project Title: Dana's House

I, Anthony Stephen Lanza, Executive Director
(Name) (Position – CEO or CFO)

of Family Re-Entry, 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.

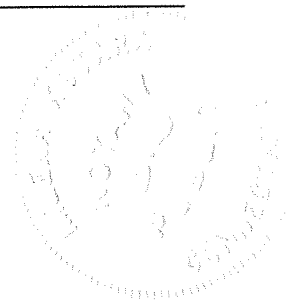
[Signature] 12/1/15
Signature Date

Subscribed and sworn to before me on Tuesday, December 1, 2015

Milena Kotara
Notary Public/Commissioner of Superior Court

MILENA KOTARA
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 7/31/2018

My commission expires: _____





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

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Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	9 Mott Ave Suite 104 Norwalk, CT 06850	
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.	Anthony Corso Program Director	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	75 Henry Street New Haven, CT 06511	
Contact Person's Telephone Number	203-706-4701	
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Contact Person's e-mail Address	<u>anthonycorso@familyreentry.org</u>	

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(Each Petitioner must submit a completed Affidavit.)

Petitioner: Family Re-Entry, Inc.

Project Title: Dana's House

I, Anthony Stephen Lanza, Executive Director
(Name) (Position – CEO or CFO)

of Family Re-Entry, 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.

[Signature] 12/1/15
Signature Date

Subscribed and sworn to before me on Tuesday, December 1, 2015

Milena Kotara
Notary Public/Commissioner of Superior Court

MILENA KOTARA
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 7/31/2018

My commission expires: _____



Greer, Leslie

From: Hansted, Kevin
Sent: Thursday, December 10, 2015 7:06 AM
To: Greer, Leslie
Cc: Martone, Kim
Subject: FW: Determination Report #15-32047-DTR
Attachments: DOC Sign Contract.pdf

Leslie, please add the attached to the record.

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
Email: kevin.hansted@ct.gov



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From: Anthony Corso [<mailto:AnthonyCorso@familyreentry.org>]
Sent: Wednesday, December 09, 2015 4:04 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: RE: Determination Report #15-32047-DTR

Here is the signed Contract page from our DOC Contract.

Thank you
Tony Corso

Anthony Corso
Anthony Corso, MSOL
Dana's House Program Director
75 Henry Street

New Haven, CT 06511
203-706-4701 Office
203-891-7065 Fax
203-246-5170 Cell
anthonycorso@FamilyReEntry.org



From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Monday, December 07, 2015 9:00 AM
To: Anthony Corso
Subject: FW: Determination Report #15-32047-DTR

Please see below and advise. 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
Email: kevin.hansted@ct.gov



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From: Hansted, Kevin
Sent: Thursday, December 03, 2015 11:10 AM
To: 'anthonycorso@FamilyReEntry.org' <anthonycorso@FamilyReEntry.org>
Subject: Determination Report #15-32047-DTR

Dear Mr. Corso,

I am in receipt of your determination request regarding Dana's House. Please advise if Dana's House, of Family ReEntry has a contract with a State agency or department. If so, please provide a copy of the contract.

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
Email: kevin.hansted@ct.gov



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STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTION
 24 Wolcott Hill Road
 Wethersfield, Connecticut 06109

Amendment #1
To
Purchase of Service Contract #14DOC0109AA
Between
The Connecticut Department of Correction
And
The Family ReEntry, Inc.

The Agreement (#14DOC0109AA) between the Connecticut Department of Correction and Family ReEntry, Inc. is herewith amended.

The Agreement is amended, effective upon signature, for the establishment of a fifteen (15) bed male residential mental health program, operated at 75 Henry Street / New Haven, CT. Implementation and start-up activities for such program will begin upon execution of this amendment, but not prior to May 15, 2015 with program operation scheduled to begin not prior to July 1, 2015. Services will be conducted in accordance with the Program Scope of Services, attached and made part of this Agreement. Implementation and Start-up Costs incurred for the periods of May 15, 2015-June 30, 2015 will not exceed \$400,000. Program operation funding for this program beginning on July 1, 2015 and annually thereafter for the remainder of the contract term, shall not exceed \$903,080.

Part I 'Agency Terms and Conditions' of the original agreement between the Parties is hereby replaced with the 'Agency Terms and Conditions contained herein. Part I 'Scope of Services' of the original agreement between the Parties is hereby amended to add the Scope of Services for the Male Mental Health Program. The original Scopes of Service for operation of all other programs funded through this contract shall remain in full force and effect.

The term of this Agreement will remain from June 15, 2013 to July 31, 2021.

Enterprise House: The budget for this program shall remain at \$1,539,896.

Male Mental Health: The budget for this program is established at \$5,818,480.

Bridgeport Behavioral Health: The budget for this program shall remain at \$5,800,000.

New Haven Behavioral Health: The budget for this program shall remain at \$5,860,000.

Fresh Start: The budget for this program shall remain at \$3,800,000.


Youthful Offender: The budget for this program shall remain at \$490,200.

TOTAL CONTRACT, AS AMENDED, NOT TO EXCEED: \$23,308,576.00

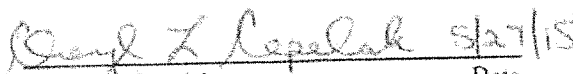
Attachment A and the documents referenced therein, are made part of this agreement. Unless explicitly amended in this document, all other terms and conditions of the original contract and any prior amendments remain in full force and effect.

For Family ReEntry, Inc.:

For the Connecticut Department of Correction:

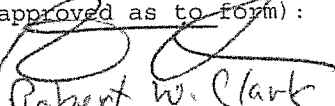


 A. Stephen Lanza
 EXECUTIVE DIRECTOR
 Date 5/13/15



 Cheryl L. Cepelak
 Deputy Commissioner
 Date 5/27/15

For the Office of the Attorney General
 (approved as to form):



 Robert W. Clark
 Special Counsel
 Date 9/18/15



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

December 10, 2015

Anthony Corso
Program Director
Family ReEntry, Inc.
75 Henry Street
New Haven, CT 06511

RE: Certificate of Need Determination Report Number 15-32047-DTR
Establishment of Substance Abuse and Psychiatric Facility

Dear Mr. Corso:

On December 3, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Family ReEntry, Inc. ("Petitioner") with respect to the establishment of a substance abuse and psychiatric facility located in New Haven, Connecticut.

The Petitioner is a nonprofit provider that is seeking to establish an in-patient treatment facility with a focus on male clients having a chemical dependency diagnosis and a psychiatric diagnosis. The facility is to be called Dana's House and will serve an offender population that is discharging from the Department of Correction through their Mental Health Unit. The Petitioner is applying for the following licenses: Private Freestanding Facilities for the Care or Treatment of Substance Abuse or Dependence and Private Freestanding Psychiatric Outpatient Clinics for Adults. The facility will be located at 75 Henry Street, New Haven, Connecticut. The Petitioner has a contract with the State of Connecticut Department of Correction to provide the aforementioned services.

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(11) defines a health care facility as "... (G) mental health facilities; (H) substance abuse treatment facilities...". However, Conn. Gen. Stat. § 19a-638(b)(14) provides an exception for "any nonprofit facility, institution or provider that has a contract with... a state agency..." The Petitioner has a contract to provide services for the State of Connecticut Department of Correction. 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. 10. 2015 9:37AM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	DEC. 10. 2015 9:36AM OPTION	ADDRESS	RESULT	PAGE
411 MEMORY TX		912038917065	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: ANTHONY CORSO

FAX: 203 891-7065

AGENCY: FAMILY REENTRY, INC.

FROM: OHCA

DATE: 12/10/15 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Attached is the Determination for Report Number: 15-32047-DTR for the Establishment of Substance abuse and Psychiatric Facility

PLEASE PHONE Barbara K. Olejarz 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