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Adam Wood

May 26, 2016

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

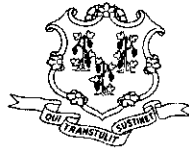
Dear Dr. Pino,

Enclosed is the Certificate of Need Determination Form 2020. Should you have questions or require additional information, please contact me. This form precedes the granting of a license in LifeBridge's name for Fairfield Counseling Services which merged with LifeBridge in April 2016. Please contact Sandra Bauer at DPH for confirmation of this application.

Thank you for your review of this CON Determination.

Sincerely,

William J. Hass, Ph.D.
President & CEO



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	LifeBridge Community Services, Inc	
Doing Business As	same	
Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	475 Clinton Avenue Bridgeport, CT 06605	
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.	William J. Hass, Ph.D. President & CEO	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	475 Clinton Avenue Bridgeport, CT 06605	
Contact Person's Telephone Number	203-368-5552	
Contact Person's Fax Number	203-332-7637	
Contact Person's e-mail Address	whass@lifebridge.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Merger/ Fairfield Community Services
- b. Estimated Total Project Cost: \$ Annual Budget \$906,387
- c. Location of proposal, identifying Street Address, Town and Zip Code:
125 Penfield Road, Fairfield, CT 06824
- d. List each town this project is intended to serve:
Fairfield and other towns in Greater Bridgeport
- e. Estimated starting date for the project: April 1, 2016

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.

LifeBridge Community Services
To Accompany Form 2020 CON Determination

1. Fairfield Community Services(FCS) merged with LifeBridge Community Services on April 1, 2016. FCS offers individual, couples and family counseling, substance abuse treatment and Psychiatric services including: evaluation, medication prescription and monitoring. FCS is licensed as both an Adult Mental Health Outpatient and Substance Abuse Outpatient Facility (see attached licenses).
2. With the merger, there are no changes in the services currently offered. We are seeking licenses for this site in the name of LifeBridge Community Services for both Adult Outpatient Mental Health and Substance Abuse treatment.
3. The current population consists of adults ages 18-68, and children and adolescents in the context of Family Therapy. Clients are 65% Fairfield residents. The remainder of the of clients reside in the surrounding towns/cities that constitute Greater Bridgeport.

**FCS/LifeBridge Merger
Cost Analysis**

Legal	0	ProBono Partnership
Merger Filings	\$275	
Install EMR	\$2,100	licenses
Marketing	3,300	Scanner, signature pads
	750	Signage, Brochures, letterhead
Eliminate Positions	-90,000	No Executive Director
New Positions	0	
Eliminate Consultants	-6000	IT, Accounting, Audit effective 6/30/16
Net Cost of Merger	\$89,575	Cost savings

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0400

Psychiatric Outpatient Clinic for Adults

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

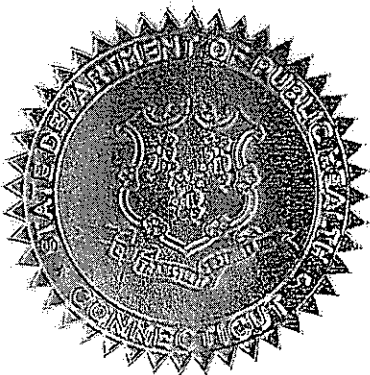
Fairfield Counseling Services, Inc. of Fairfield, CT, d/b/a Fairfield Counseling Services, Inc. is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Fairfield Counseling Services, Inc. is located at 125 Penfield Rd, Fairfield, CT 06824 with:

William J. Hass, Ph.D. as Executive Director,
Jennifer Slack as Director.

This license expires March 31, 2020 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2016. **RENEWAL**



Raul Pino, MD, MPH
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0334

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:

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

Fairfield Counseling Services, Inc. is located at 125 Penfield Rd, Fairfield, CT 06824 with:

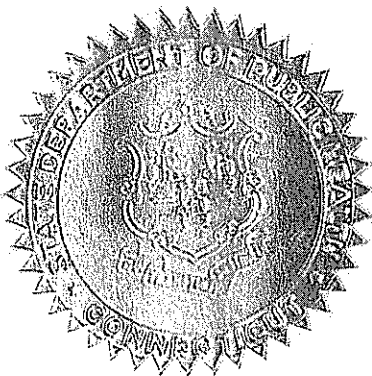
William J. Hass, Ph.D. as Executive Director.

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

Outpatient Treatment

This license expires **March 31, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2016. **RENEWAL**



A handwritten signature in black ink, appearing to read "Raul Pino".

Raul Pino, MD, MPH
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. MHDT-0023

Mental Health Day Treatment Facility

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

LifeBridge Community Services, Inc. of Bridgeport, CT, d/b/a *LifeBridge Community Services, Inc.* is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

LifeBridge Community Services, Inc. is located at 475 Clinton Ave, Bridgeport, CT 06605 with:

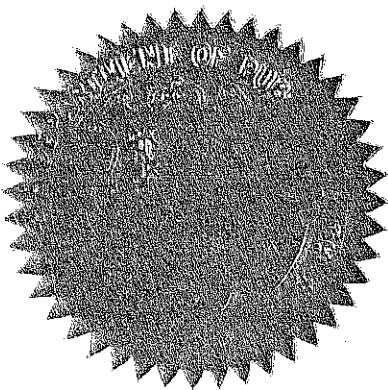
William J. Hass, Ph.D. as Executive Director,
Lauren E. Festa, Ph.D. as Director.

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

Dated at Hartford, Connecticut, April 1, 2013.

License revised to reflect:

Change of Licensee and D/B/A name eff: 7/14/15



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

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. C-0121

Psychiatric Outpatient Clinic for Adults

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

LifeBridge Community Services, Inc. of Bridgeport, CT, d/b/a *LifeBridge Community Services, Inc.* is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

LifeBridge Community Services, Inc. is located at 475 Clinton Ave, Bridgeport, CT 06605 with:

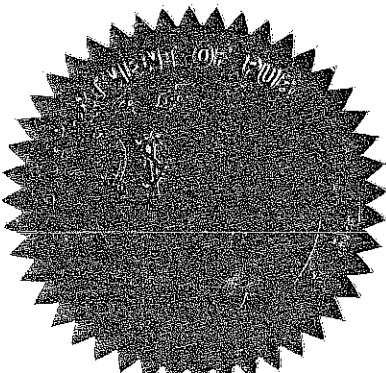
William J. Hass, Ph.D. as Executive Director,
Lauren E. Festa, Ph.D. as Director.

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

Dated at Hartford, Connecticut, April 1, 2013.

License revised to reflect:

Change of Licensee and D/B/A name eff: 7/14/15



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

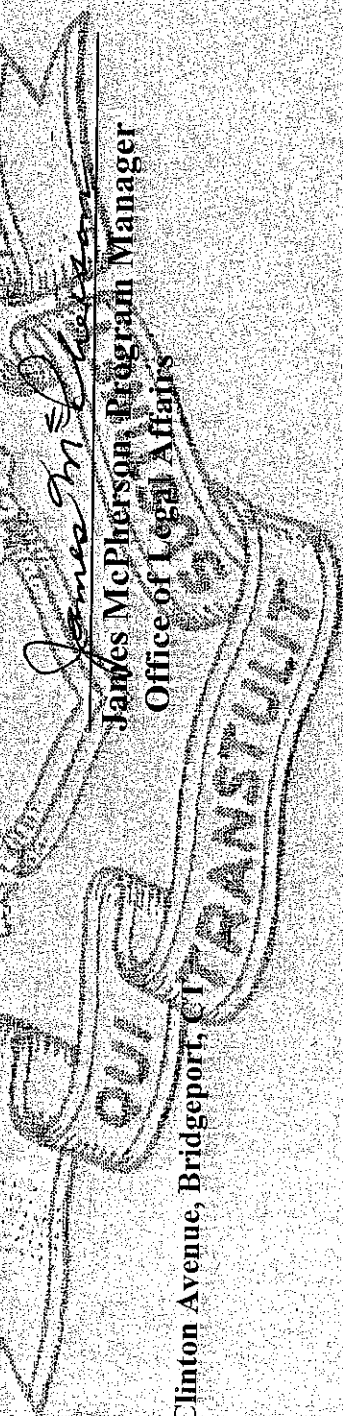
STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

This is to certify that, in accordance with the provisions of Sections 17a-20 of the General Statutes of the State of Connecticut, as amended, FSW, INC. CT located at 475 CLINTON AVENUE in the Town of BRIDGEPORT is hereby licensed as an OUTPATIENT PSYCHIATRIC CLINIC FOR CHILDREN to provide OUTPATIENT PSYCHIATRIC CLINICAL SERVICES to children at the locations listed below*.

This license is issued effective SEPTEMBER 17, 2014 for a period of TWENTY FOUR MONTHS and is conditional upon compliance with all regulations of the Department of Children and Families, and may be revoked for cause at any time.

Signed and dated this 5th day of August, 2014 at Hartford, CT.

License No. OPC-37



James McPherson, Program Manager
Office of Legal Affairs

* 475 Clinton Avenue, Bridgeport, CT

Greer, Leslie

From: Hansted, Kevin
Sent: Wednesday, June 08, 2016 2:58 PM
To: Greer, Leslie
Subject: FW: OHCA Determination Report # 16-32089-DTR
Attachments: DMHASFCS Contract with Bills Signature 2016.pdf

Leslie, please add to the record for 16-32089-DTR.

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: Hass, William [<mailto:whass@lifebridgect.org>]
Sent: Wednesday, June 08, 2016 2:47 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: Re: OHCA Determination Report # 16-32089-DTR

Kevin,

Attached is the DMHAS Contract with Fairfield Counseling Services for Substance Abuse services.
Bill Hass

William J. Hass, Ph.D.
President & CEO
LifeBridge Community Services
475 Clinton Avenue, Bridgeport CT 06605
Phone # 203-368-5552
whass@LifeBridgeCT.org
www.LifeBridgeCT.org
www.facebook.com/LifeBridgeCT



FSW is now LifeBridge Community Services!

On Tue, Jun 7, 2016 at 11:08 AM, Hansted, Kevin <Kevin.Hansted@ct.gov> wrote:

Good morning Dr. Hass,

I am in receipt of your determination request regarding LifeBridge Community Services, Inc. Please advise if LifeBridge or Fairfield Community Services has a contract with, or is certified or licensed to provide a service for, a state agency. If so, please provide me with 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](tel:860-418-7044)

Email: kevin.hansted@ct.gov



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CONTRACT AMENDMENT

Contract No.: 11MHA2080AA

Amendment No: 4

Term of Contract: 7/1/11 through 6/30/16

The contract between **Fairfield Counseling Services, Inc.** (the Contractor) and the **Department of Mental Health and Addiction Services** (the Department) which was executed by the parties on 07/05/11 and subsequently amended on 06/07/12, 05/31/13 and 03/20/14, is hereby amended as follows:

1. The total maximum amount payable under this contract for is decreased by \$15,314 from \$204,776 to \$189,462. This includes the following funding adjustments:
 - a. Funding in the amount of \$4,962 for State Fiscal Year 2014 is decreased to reflect a reduction due to changes in Medicaid related to the Affordable Care Act (ACA).
 - b. Funding in the amount of \$5,176 for State Fiscal Year 2015 is decreased to reflect a reduction related to the Affordable Care Act (ACA) and Medicaid rate increases.
 - c. Funding in the amount of \$5,176 for State Fiscal Year 2016 is decreased to reflect a reduction related to the Affordable Care Act (ACA) and Medicaid rate increases.
2. The total maximum amount payable under this contract for State Fiscal Year 2014 is decreased by \$4,962 from \$41,078 to \$36,116. The total maximum amount payable under this contract for State Fiscal Year 2015 is decreased by \$5,176 from \$41,078 to \$35,902. The total maximum amount payable under this contract for State Fiscal Year 2016 is decreased by \$5,176 from \$41,078 to \$35,902.
3. The contractor shall adhere to the approved budget for State Fiscal Year 2015, negotiated with the department, in compliance with Part I, Section B, Clause 1 of this agreement. The approved budget consists of page 2 through page 3 of this amendment.

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

Effective Date: 3/13/2015

CONTRACT NUMBER: 11MHA2080

CONTRACT PERIOD: 07/01/2011 through 06/30/2016

ST FISCAL YR (SFY): 2015

PROVIDER: FAIRFIELD COUNSELING SERVICES, INC. (pl)

Approved by: KeelerD

4000 INCOME		OP	
Program Funding Period:		<u>07/01/2014</u> through <u>06/30/2015</u>	Total Income
		Outpatient DDAP = A100058100058	
4100 CONTRACT FUNDING	SID	\$ 35,902	\$ 35,902
4101 State Funds	16003	\$ 27,202	\$ 27,202
4102 Federal/Other Funds	21782	\$ 8,700	\$ 8,700
4300 OTHER INCOME		\$ 73,970	\$ 73,970
4305 Client/Participant Fees		\$ 13,749	\$ 13,749
4314 Donations		\$ 17,250	\$ 17,250
4315 Insurance		\$ 42,971	\$ 42,971
TOTAL INCOME		\$ 109,872	\$ 109,872
5000 DIRECT EXPENSES		OP	Total Expenses
5100 SALARIES		\$ 68,435	\$ 68,435
5101 Staff Salaries & Wages		\$68,435.00	\$ 68,435
5200 FRINGE BENEFITS		\$16,288.00	\$ 16,288
5300 CONTRACTUAL SERVICES		\$ 12,025	\$ 12,025
5301 Medical Professional		\$ 12,025	\$ 12,025
5500 MATERIALS AND SUPPLIES		\$ 2,145	\$ 2,145
5504 Other Mtrl and Sppls (specify in narrative)		\$ 2,145	\$ 2,145
5600 FACILITIES		\$ 2,105	\$ 2,105
5603 Maintenance & Repair - Facility and Plant		\$ 260	\$ 260
5604 Utilities		\$ 1,845	\$ 1,845
5800 OTHER EXPENSES		\$ 2,325	\$ 2,325
5802 Insurance		\$ 832	\$ 832
5804 Staff Training and Conferences		\$ 292	\$ 292
5806 Other (specify in narrative)		\$ 1,201	\$ 1,201
TOTAL DIRECT EXPENSES		\$ 103,323	\$ 103,323
7000 INDIRECT EXPENSES		OP	Total Expenses
7100 ADMINISTRATIVE & GENERAL		\$ 6,549	\$ 6,549
7111 Staff Salaries & Wages		\$ 3,146	\$ 3,146
7120 Fringe Benefits		\$ 749	\$ 749
All Other A&G		\$ 2,654	\$ 2,654
TOTAL INDIRECT EXPENSES		\$ 6,549	\$ 6,549
TOTAL EXPENSES		\$ 109,872	\$ 109,872
INCOME/EXPENSE SUMMARY		OP	Total
TOTAL INCOME		\$ 109,872	\$ 109,872
TOTAL EXPENSES		\$ 109,872	\$ 109,872
EXCESS/(SHORTAGE)		\$ -	\$ -

PAGE 2 OF 5

Effective Date: 3/13/2015

CONTRACT NUMBER: 11MHA2080

CONTRACT PERIOD: 07/01/2011 through 06/30/2016

ST FISCAL YR (SFY): 2016

PROVIDER: FAIRFIELD COUNSELING SERVICES, INC. (pl)

Approved by: KeelerD

4000 INCOME		OP	
Program Funding Period:		<u>07/01/2015</u> through <u>06/30/2016</u>	Total Income
		SA Outpatient DDAP = A100058100058	
4100 CONTRACT FUNDING	SID	\$ 35,902	\$ 35,902
4101 State Funds	16003	\$ 27,202	\$ 27,202
4102 Federal/Other Funds	21782	\$ 8,700	\$ 8,700
4300 OTHER INCOME		\$ 73,970	\$ 73,970
4305 Client/Participant Fees		\$ 13,749	\$ 13,749
4314 Donations		\$ 17,250	\$ 17,250
4315 Insurance		\$ 42,971	\$ 42,971
TOTAL INCOME		\$ 109,872	\$ 109,872
5000 DIRECT EXPENSES		OP	Total Expenses
5100 SALARIES		\$ 68,435	\$ 68,435
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5200 FRINGE BENEFITS		\$16,288.00	\$ 16,288
5300 CONTRACTUAL SERVICES		\$ 12,025	\$ 12,025
5301 Medical Professional		\$ 12,025	\$ 12,025
5500 MATERIALS AND SUPPLIES		\$ 2,145	\$ 2,145
5504 Other Mtrls and Sppls (specify in narrative)		\$ 2,145	\$ 2,145
5600 FACILITIES		\$ 2,105	\$ 2,105
5603 Maintenance & Repair - Facility and Plant		\$ 260	\$ 260
5604 Utilities		\$ 1,845	\$ 1,845
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TOTAL EXPENSES		\$ 109,872	\$ 109,872
INCOME/EXPENSE SUMMARY		OP	Total
TOTAL INCOME		\$ 109,872	\$ 109,872
TOTAL EXPENSES		\$ 109,872	\$ 109,872
EXCESS/(SHORTAGE)		\$ -	\$ -

PAGE 3 OF 5

State of Connecticut
 Department of Mental Health and Addiction Services
 Summary of Funding

Contractor Name: FAIRFIELD COUNSELING SERVICE, INC.
 Address: 125 PENFIELD ROAD
 City: FAIRFIELD, CT 06824
 Contract Period: July 1, 2014 - June 30, 2015
 Amendment #: 4

SFY-Contract #: 15MHA2080AA
 FEIN: 06-0868694
 Region: 1
 Date: 5/20/2015

Program Name	DDaP Code	CORE CT Code	Level of Care	Old SID	New SID	Funding Amount
OUTPATIENT	A100058100058	43018	SA Outpatient	21782	21782	\$8,700
OUTPATIENT	A100058100058	43018	SA Outpatient	601	16003	\$27,202
					Total	\$35,902

Source of Funds	Fed. CFDA #	Old SID	New SID	Funding Amount
Federal	93.959	21782	21782	\$8,700
State		601	16003	\$27,202
Maximum Financial Compensation:				\$35,902

RESOLUTION PAGE

RESOLUTION SECTION:

I hereby certify that at a meeting of the Board of Directors of Fairfield Counseling Services, Inc. duly called and held on January 15, 2015 at 125 Penfield Road, Fairfield, CT the following resolution was duly adopted in conformity with the charter and bylaws of said corporation and is in full force and effect.

RESOLVED: That Diane Pagnozzi, the Secretary of Fairfield Counseling Services, Inc. or William J. Hass, Ph.D, Managing Entity of Fairfield Counseling Services, Inc. is authorized to enter into and amend contractual instruments with the Department of Mental Health and Addiction Services of the State of Connecticut.

ATTESTATION SECTION:

1-30-15
Date

Diane Pagnozzi
Certifying Official

Seal

Diane Pagnozzi
Typed Name of Certifying Official

Secretary, Board of Directors
Title of Certifying Official

NOTARIZATION SECTION:

STATE OF CONNECTICUT

County of Fairfield
Personally appeared before me this 30th day of January 2015,
Diane Pagnozzi, Secretary of Fairfield Counseling Services, Inc. and made oath that the above is a true copy from the records of the Corporation.

KATHLEEN M. MASTRONARDI
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 4/30/2015
Expiration Date of Notary Public

Kathleen M. Mastronardi
Notary Public or Officer of Court (Attorney)

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

June 8, 2016

William J. Hass, Ph.D.
President & CEO
LifeBridge Community Services, Inc.
475 Clinton Avenue
Bridgeport, CT 06605

RE: Certificate of Need Determination Report Number 16-32089-DTR
Merger of LifeBridge Community Services, Inc. and Fairfield Community Services

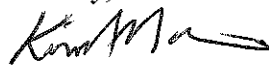
Dear Dr. Hass:

On June 7, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of LifeBridge Community Services, Inc. ("Petitioner") with respect to its merger with Fairfield Community Services ("FCS").

FCS is licensed as an Adult Mental Health Outpatient and Substance Abuse Outpatient Facility. FCS merged with the Petitioner on April 1, 2016. The Petitioner is a nonprofit entity currently seeking licensure for both Adult Outpatient Mental Health and Substance Abuse treatment. The current patient population consists of adults ages 18-68, children and adolescents. The Petitioner has a contract to provide services for the Department of Mental Health and Addiction Services.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(2), a certificate of need is required for a "transfer of ownership of a 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..." Since the Petitioner is a nonprofit that has a contract to provide services for the Department of Mental Health and Addiction Services, 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



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

* * * COMMUNICATION RESULT REPORT (JUN. 9. 2016 10:07AM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUN. 9. 2016 10:06AM	FILE MODE	OPTION	ADDRESS	RESULT	PAGE
640	MEMORY TX		912039927637	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: WILLIAM J. HASS. PH.D.

FAX: 203 332- 7637

AGENCY: LIFEBRIDGE COMMUNITY SERVICES, INC.

FROM: OHCA

DATE: 6/9/16 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
 Please see attached determination for Report Number: 16-32089-DTR,
 Merger of LifeBridge Community Services, Inc. and Fairfield
 Community Services.

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 340308
 Hartford, CT 06134