



MCCA, Inc.
38 Old Ridgebury Road
Danbury, CT 06810
203-792-4515
www.mccaonline.com

September 25, 2017



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

Dear Director of Health Care Access,

MCCA is seeking an exemption from the CON process in order to relocate its outpatient facility that is licensed by the Department of Public Health for the care or treatment of substance abusing or dependent persons and as a psychiatric outpatient clinic for adults. Our proposal encompasses a simple change in location. The new office will remain in the same town of Waterbury, at 34 Murray Street, and will be exactly the same services provided by the same staff to the same clients we currently serve at 228 Meadow Street in Waterbury, which is one mile from the current location.

We are fortunate to have been able to purchase the former Family Service of Greater Waterbury building, which only required minor renovation for facility improvements associated with clean up, painting, telephone/computer, flooring, plumbing, lighting, grounds and security.

If approved, MCCA/Waterbury will cease all operations at the old location. Please be aware that the landlord of the 228 Meadow Street MCCA office is not interested in renewing our current lease. In connection with this request, I have enclosed Form 2020.

Sincerely,

John D'Eramo, RN, BSN, MHA
President & CEO



State of Connecticut Office of Health Care Access CON Determination Form Relocation of a Health Care Facility

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. 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	Midwestern Connecticut Council of Alcoholism, Inc.	
Doing Business As	MCCA	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	38 Old Ridgebury Road Danbury, CT 06810	
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.	John D'Eramo President & CEO	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	38 Old Ridgebury Road Danbury, CT 06810	
Contact Person's Telephone Number	203-792-4515	
Contact Person's Fax Number	203-748-2604	
Contact Person's e-mail Address	jderamo@mccaonline.com	

SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, 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.

Name of the Health Care Facility:

(See attached information sheet)

Current Location:

Proposed Location:

Current Population Served:

Proposed Population Served:

Current Payor Mix:

Proposed Payor Mix:

Any other information that the Petitioner deems relevant:

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Midwestern Connecticut Council of Alcoholism, Inc.

Project Title: MCCA/Waterbury Relocation

I, John D'Eramo, CEO
(Name) (Position – CEO or CFO)

of Midwestern Connecticut Council of Alcoholism, 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.

John D'Eramo 9/25/17
Signature Date

Subscribed and sworn to before me on 25th day of September, 2017

Tamara L. Krasnicki
Notary Public/Commissioner of Superior Court

TAMARA L. KRASNICKI
NOTARY PUBLIC
State of Connecticut
My Commission Expires
October 31, 2020

My commission expires: _____

Attachment to Form 2020

SECTION II. INFORMATION ON PROPOSED RELOCATION

Name of Health Care Facility: Midwestern Connecticut Council of Alcoholism, Inc. (MCCA)

Current Location: 228 Meadow Street, Waterbury, CT

Proposed Location: 34 Murray Street, Waterbury, CT

Current Population Served: Adult Behavioral Health

Proposed Population Served: Adult Behavioral Health

Current Payor Mix: Medicaid – 75%, Private Insurance – 20%, Self-Pay – 5%

Proposed Payor Mix: Medicaid – 75%, Private Insurance – 20%, Self-Pay – 5%

Any other information that the Petitioner deems relevant:

The current landlord is not willing to renew the lease at our current location.

The new location, at 34 Murray Street, provides over twice the square footage, is already ADA Accessible, and has ample free parking for 52 clients.

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

September 28, 2017

John D'Eramo
President & CEO
Midwestern Connecticut Council of Alcoholism, Inc.
38 Old Ridgebury Road
Danbury, CT 06810

RE: Certificate of Need Determination Report Number 17-32195-DTR
Relocation of Health Care Facility

Dear Mr. D'Eramo:

On September 27, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Midwestern Connecticut Council of Alcoholism, Inc. ("MCCA") with respect to its relocation.

MCCA currently operates a Facility for the Care or Treatment of Substance Abusing and Dependent Persons and Psychiatric Outpatient Clinic for Adults at 228 Meadow Street, Waterbury, Connecticut. MCCA seeks to relocate its facility to 34 Murray Street, Waterbury, Connecticut. MCCA currently treats adult behavioral health patients with a payor mix of 75% Medicaid; 20% private insurance; and 5% self-pay. This is not expected to change after the proposed relocation.

Pursuant to Conn. Gen. Stat. § 19a-639c, MCCA has satisfactorily demonstrated that the population and payer mix currently served by MCCA will not substantially change as a result of the proposed relocation. Therefore, a **CON is not required** for the proposed relocation.

Sincerely,

Handwritten signature of Kimberly R. Martone in cursive.

Digitally signed by Kimberly
Martone
Date: 2017.09.28 10:10:00 -04'00'

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, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Olejarz, Barbara

From: Olejarz, Barbara
Sent: Thursday, September 28, 2017 10:18 AM
To: 'jderamo@mccaonline.com'
Cc: Hansted, Kevin; Martone, Kim; Riggott, Kaila; McLellan, Rose; Bauer, Sandra
Subject: Determination
Attachments: 32195 determination.pdf

Tracking:	Recipient	Delivery
	'jderamo@mccaonline.com'	
	Hansted, Kevin	Delivered: 9/28/2017 10:18 AM
	Martone, Kim	Delivered: 9/28/2017 10:18 AM
	Riggott, Kaila	Delivered: 9/28/2017 10:18 AM
	McLellan, Rose	Delivered: 9/28/2017 10:18 AM
	Bauer, Sandra	Delivered: 9/28/2017 10:18 AM

9/28/17

John D'Eramo,

Please see attached determination for the relocation of health care facility under Report Number: 17-32195-DTR.

Barbara K. Olejarz
Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
Phone: (860) 418-7005
Email: Barbara.Olejarz@ct.gov



Olejarz, Barbara

From: Microsoft Outlook
To: jderamo@mccaonline.com
Sent: Thursday, September 28, 2017 10:18 AM
Subject: Relayed: Determination

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

jderamo@mccaonline.com (jderamo@mccaonline.com)

Subject: Determination