

**Rooms**

**NAUGATUCK YMCA** clean, furnished, single room, membership incl. \$100-50/Avk. Security /ref. 203-729-9522

**WATERBURY** Boarding House for women & children. Indiv. & group counseling 203-437-7079

**WATERBURY E.** End next to St. Peter & Paul, clean, secure & quiet rms w/ shared kit. & bath start at \$100/Avk. \$400 sec. req. Covino Realty, (203) 574-7177

**WATERBURY** free rm avail. in exchange for housekeeping services & running errands 203-519-3970

**WATERBURY** great location, 609 Cooke, 3 week sec, util incl, \$125/week. 203-881-9488 203-5971884

**WATERBURY** Partially furnished, large kitchen and DR, \$115/wk. Utilities included. 203-419-6654

**Vacation rentals**

**MILFORD** 1. block priv. beach steps. 6' deck. clean. adorable. \$1200/wk. July-Oct. 203-576-6694

**OLD LYME** Soundview Beach 2BR cottages. 600 ft. walk to beach \$252/week. Call 203-879-2320

**Real Estate For Sale**

**Houses**

**OAKVILLE COLONIAL W/IN-LAW \$324,900**

4 BR. With in-law. Beautiful landscaping. Walk into a warm inviting ground rm that shares the formal formal LR & DR. Perfect for entertaining, complete w/ cath. ceiling & HW flrs. The kitchen has a center island/bkfst bar & a dining nook w/ bow windows. Family rm w/ gas fireplace, cath. ceiling, HW flrs & slider to oversized deck w/ fabulous view. Walk up the stairs & enjoy the open views of the LR/DR to the master suite complete w/ full bath & walk-in closet. The upper level has 2 other BRs, full bath, laundry rm & a view overlooking the family rm. A wonderful open floor plan. The LR boasts an in-law with additional SF. Very private. 1 BR, full bath, kit, LR, laundry hook-up & a slider to a covered oversized patio. 3 1/2 baths, 2 car garage, city utils. Dream no more!

860-274-9661

967 Main St., Watertown  
**WESTBURY REALTY**

**WATERBURY**  
1 BR Country atmosphere, Wolcott line. \$675.  
3 BR Duplex with 2 car tandem gar, Town Plot.  
**FERRARO & FERRARO 203-755-4541**

**Mobile home**

**NAUGATUCK** 2 BR, private at closing & 2 BR, private at closing

**Absolutely free**

**KITCHENS FREE TO GOOD HOME. CLEAN, FRIENDLY, ITTER BOXED TRAINED. CALL DONALD, 203-802-6228**

**REFRIGERATOR** 1 working dryer 2 washing mach. not working for scrap 203-519-3970

**Lost & found**



**FOUND DOG** Terrier Mix blk & grey male vicinity Woodtick Rd., Wtby, 203-233-1121.

**FOUND DOG** Terrier Mix blk & grey male vicinity Woodtick Rd., Wtby, 203-233-1121.

**FOUND** Young f pit bull pup near Wtby Pound 5-31-2013. Light tan brindle color with white markings. 203-270-7455.

**IMPOUNDED WATERBURY** Pit Bull mix female white & tan; Sheltie-sable; Pit mix F tan & white; Cocker male reddish-brown; Pit mix male brown & white; Pit mix F tan & white. Redeem 203-574-6909.

**IMPOUNDED WATERTOWN 2** young Kittens, tortoise, Adopt/Redeem, 860-948-5200.

**IMPOUNDED WOLCOTT** Shih-tzu mix male, black. Beach Rd. Redeem only 203-679-1414

**LOST POODLE** (small white) vicinity of Woodtick & Lawn St. Call 203-982-9369.

**BUY IT.**

**SELL IT.**

**Legals/ Public Notices**

**LEGAL NOTICE**  
New Em. Rehabilitation Center is applying for a Certificate of need pursuant to Section 194-63B of the general statute for the proposed substance abuse treatment center to be located at 447 Meriden Road, Waterbury, CT 06706 with a total capital expenditure of \$125,000. RA JUNE 4, 5, 6, 2013

**Invitation to Bid**  
Project Title: Carrington Elementary School, Waterbury, CT  
Project Number: State Project No. 151-0276 N

The City of Waterbury will receive sealed bids on Final Cleaning for the new Carrington Elementary School project at the office of the Director of Purchasing, 235 Grand Street, Room 203 Waterbury, CT 06702. Bids will be received until 2:00 PM on 6/17/13. No oral or facsimile bid proposals will be considered. Bids received after the specified closing time will not be accepted and will be returned unopened. There will be no extensions of the bid deadline, except by Addendum.

Solicitations for the individual Packages consist of:

Bids to be received by 2:00 p.m. on 6/17/13

**BID PACKAGE BP-031A** Final Cleaning

The City of Waterbury has retained KBE Building Corporation (KBE) as its Construction Manager. KBE will coordinate the bidding process and manage project construction on behalf of the City. Successful bidders will contract with KBE Building Corporation.

Bid packages will be available on 6/6/13. There will be a **MANDATORY WALK THROUGH** on Monday June 10th at 9 am.

Bid documents will be available for distribution by contacting Craig Ortolano, Project Manager via email [ortolano@kbebuilding.com](mailto:ortolano@kbebuilding.com) or phone 203-628-3616.

Bidders are required to submit pricing for Base Bid and Unit Pricing. All bids shall be held open by bidders for a period of ninety (90) days. No bidder may withdraw its bid during that period.

The City of Waterbury reserves the right to do any of the following without liability, including but not limited to: (a) waive technical defects in the bid proposal as he or she deems best for the interest of the City; (b) negotiate with a subcontractor in accordance with Connecticut General Statutes Section 4b-91; (c) reject any or all of the bids; (d) cancel the award or execution of any subcontract prior to the issuance of the Notice to Proceed and (e) advertise for new bids. RA JUNE 6, 7, 13, 2013

**Remodel It Right!**

**Legals/ Public Notices**

**NOTICE**  
A public sale of the contents of the storage units listed below will take place on June 13, 2013 at 11:30 AM. This sale will take place at United Storage, 568 Bank St., Waterbury, CT 06706. Each space will be sold as one lot. All items in storage units contain household items unless otherwise mentioned.

1076 - Maud S. Ford  
1123 - Richard Santana  
2055 - Vinson G. Thompson  
2195 - Lavernia Johnson  
2196 - Bobby York  
3015 - Kevin Grchoski  
3217 - Gladys Fernan-Hernandez  
3241 - Debiele L. Davis  
R-A May 30 & June 6, 2013

**LEGAL NOTICE**

New Circular Wireless PCS, LLC (AT&T) is proposing to develop a new wireless telecommunication facility on property at 522 Colebrook Road (Route 169) in Colebrook, Connecticut. As proposed, the facility would consist of a 120-foot tall monopole and 12-foot by 20-foot equipment shelter enclosed by a 75-foot by 75-foot fenced gravel compound. Access to the site would be gained over a proposed drive originating off Smith Hill Road.

Parties interested in submitting comments regarding any potential effects of the project on historic properties may do so by sending them to All-Points Technology Corporation at 3 Saddlebrook Drive, Killingworth, CT 06449, to the attention of Michael Libartina. Questions or comments about this proposed project may be submitted via regular mail, email to [m.libartina@allpointstech.com](mailto:m.libartina@allpointstech.com) or by calling (860) 883-6153.

APY will be accepting comments and/or questions within 30 days of the date of this publication. Therefore, all comments or questions regarding this matter should be post-marked/submitted by no later than July 9, 2013, RA June 6, 2013.

**If you're trying to BUY, SELL or FIND anything...**

**CLASSIFIED has the solution!**

**(203) 574-3616**

**Republican American**

**NOTICE TO CREDITORS**  
ESTATE OF MARIE J. DISTASO (13-00442)

The Hon. Thomas P. Brunock, Judge of the Court of Probate, Waterbury Probate District, by decree dated May 30, 2013, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such

**Legals/ Public Notices**

**WATERBURY CITY PLAN COMMISSION**  
**NOTICE OF PUBLIC HEARING**  
Date: Wednesday, June 12, 2013  
Time: 7:00 PM  
Place: City Hall, 1st Floor, Cass Gilbert Room  
239 Grand Street, Waterbury, Connecticut  
Notice is hereby given that the following Public Hearing will be held before the Members of the City Plan Commission at the above date, time and place:  
1. PL 2013-0108 - 1875 & 2121 Thomaston Avenue, Commons Court Subdivision, Applicant: Waterbury Development Corporation.  
Applications are on file and available for public inspection in the Office of the City Plan Department, One Jefferson Square, 9th Floor, (185 South Main Street), Waterbury, Connecticut 06706.  
203-574-6817  
RA 6/1 & 6/6, 2013

**TOWN OF BEACON FALLS ZONING BOARD OF APPEALS**  
**NOTICE OF PUBLIC HEARING**

Notice is hereby given that the Town of Beacon Falls, Zoning Board of Appeals will hold a Public Hearing on Wednesday, June 13, 2013 at 7:15 p.m. at the Beacon Falls Town Hall, Assembly Room, 10 Maple Avenue, Beacon Falls, CT concerning:

Beacon Falls Express Mart, 25 North Main Street, Beacon Falls, CT  
Zoning Regulation Section 10-3.1 & 3.2 - Nonconforming building already over rear setback line.  
Zoning Regulation Section 11-1 - Side yard since it is provided for regulation states must be 5 feet.  
Request: To allow an addition 8 feet x 27 feet with minimum 5 foot side yard setback reduced to 1.7 feet - Section 11  
To enlarge a nonconforming structure - Section 10

At this hearing, interested persons may appear and/or written comments may be submitted. The copy of the regulations is on file at the Town Clerk's Office, 10 Maple Avenue, Beacon Falls, CT Douglas Debusquet, Chairman  
R-A May 30 & June 6, 2013

**TOWN OF BEACON FALLS ZONING BOARD OF APPEALS**  
**NOTICE OF PUBLIC HEARING**

Notice is hereby given that the Town of Beacon Falls, Zoning Board of Appeals will hold a Public Hearing on Wednesday, June 13, 2013 at 7:00 p.m. at the Beacon Falls Town Hall, Assembly Room, 10 Maple Avenue, Beacon Falls, CT concerning:

Sergio Felix, 135 Pinesbridge Road, Beacon Falls, CT  
Zoning Regulation- Section 11 side yard variance  
Request: To allow the building of a garage into side yard setback leaving approximately 12 feet plus or minus of side yard setback instead of required 20 foot setback.

**Legals/ Public Notices**

**Legal Notice**  
**NOTICE OF PUBLIC HEARING**  
**TOWN OF GOSHEN**  
**ZONING BOARD OF APPEALS**

The Town of Goshen Zoning Board of Appeals will hold the following public hearing on Thursday, June 20, 2013 at 7:30 PM in the Conference Room in Goshen Town Hall, 42A North Street:

Bertrand Lafreniere, 9 Tyler Lake Heights Extension - Requesting 24-foot side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.

At this public hearing, interested persons may appear and be heard and written communications received. Copies of the application are available for inspection in the Land Use Office in Goshen Town Hall, 42A North Street.

Dated this 4th Day of June 2013  
By Amanda Cannon, Chairman  
Zoning Board of Appeals

R-A 6/6/13 & 6/13/13

**Take Advantage Of The Services You'll Find Advertisers In The Classifieds**

**Republican American**

**INVITATION TO HVAC CONTRACTORS TO PRE-QUALIFY TO OFFER PROPOSALS**

The University of Connecticut is accepting Pre-Qualification Applications, limited to the following project:  
Heating Plant Upgrade Boiler Reliability Improvements  
Project Number: #301596  
University of Connecticut  
Storrs, Connecticut

Completed Applications will be accepted until 2:00 p.m., Friday, June 14, 2013. Applications received after the time and date specified shall be returned unopened.

Qualifications shall be submitted on forms and in the manner specified. Forms are located on the Capital Projects and Contract Administration website: [www.cpa.uconn.edu](http://www.cpa.uconn.edu). This project is listed under Current Construction Related Opportunities. Click on the project number for the forms. A requirement to prequalify is that all Applicants shall provide a copy of their Department of Administrative Services (DAS) certification that they are already an approved HVAC Contractor. This certificate must be included in your submission as of the proposal due date of June 14, 2013.

Only Contractors pre-qualified by both the DAS for the Classification of HVAC Construction and the University of Connecticut for this specific project will be invited to submit Proposals for this project, subject to the limitation noted in the preceding paragraph. The Project:

1. PL 2013-0108  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
2. PL 2013-0109  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
3. PL 2013-0110  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
4. PL 2013-0111  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
5. PL 2013-0112  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
6. PL 2013-0113  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
7. PL 2013-0114  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
8. PL 2013-0115  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
9. PL 2013-0116  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
10. PL 2013-0117  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
11. PL 2013-0118  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
12. PL 2013-0119  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
13. PL 2013-0120  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
14. PL 2013-0121  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
15. PL 2013-0122  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
16. PL 2013-0123  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
17. PL 2013-0124  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
18. PL 2013-0125  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
19. PL 2013-0126  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
20. PL 2013-0127  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
21. PL 2013-0128  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
22. PL 2013-0129  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
23. PL 2013-0130  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
24. PL 2013-0131  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
25. PL 2013-0132  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
26. PL 2013-0133  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
27. PL 2013-0134  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
28. PL 2013-0135  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
29. PL 2013-0136  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
30. PL 2013-0137  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
31. PL 2013-0138  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
32. PL 2013-0139  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
33. PL 2013-0140  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
34. PL 2013-0141  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
35. PL 2013-0142  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
36. PL 2013-0143  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
37. PL 2013-0144  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
38. PL 2013-0145  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
39. PL 2013-0146  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
40. PL 2013-0147  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
41. PL 2013-0148  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
42. PL 2013-0149  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
43. PL 2013-0150  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
44. PL 2013-0151  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
45. PL 2013-0152  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
46. PL 2013-0153  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
47. PL 2013-0154  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
48. PL 2013-0155  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
49. PL 2013-0156  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
50. PL 2013-0157  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
51. PL 2013-0158  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
52. PL 2013-0159  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
53. PL 2013-0160  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
54. PL 2013-0161  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
55. PL 2013-0162  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
56. PL 2013-0163  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
57. PL 2013-0164  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
58. PL 2013-0165  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
59. PL 2013-0166  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
60. PL 2013-0167  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
61. PL 2013-0168  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
62. PL 2013-0169  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
63. PL 2013-0170  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
64. PL 2013-0171  
(2) w/ Side yard variance, north side and 10-foot side yard variance, south side from Section 3.3.3.4; 2% maximum lot coverage variance from Section 3.3.3.3; and 6-foot shoreline setback variance from Section 3.5.4.4.  
65. PL 2013-0172  
(2) w/ Side yard variance, north side and 10-foot side

Legals/  
Public Notices

LEGAL NOTICE  
New Era Rehabilitation Center is applying for a Certificate of need pursuant to Section 194-536 of the general statutes for the proposed substance abuse treatment center to be located at 447 Meriden Road, Waterbury, CT 06708 with a total capital expenditure of \$125,000.  
RA JUNE 4/5/8, 2013

Legal Notice  
Utchfield Planning and Zoning

Notice is hereby given that the Planning and Zoning Commission of Utchfield, Connecticut will hold public hearings on June 17, 2013 at 7:00 P.M. at the Town Hall Annex Gymnasium, 80 Doyle Road, Bantam, CT for the following applications: Proneveu (Indian Knolls Construction, LLC) - Indian Knolls Rd. - Site Plan Modification to modify 12 foundation footprints.

At this hearing interested persons may appear and be heard and written communication will be received. Copies of the applications are on file in the Land Use Office of the Town of Utchfield at the Town Hall Annex, 80 Doyle Road, Bantam, Connecticut.

Planning and Zoning Commission

RA-6/4/13 & 6/14/13

STATE OF CONNECTICUT  
SUPERIOR COURT  
ORDER OF NOTICE  
IN FAMILY CASES  
JUDICIAL DISTRICT OF WATERBURY  
AT WATERBURY  
NOTICE TO: Rivera, Jose E.  
RETURN DATE: June 25, 2013.

The Court has reviewed the Motion for Order of Notice and the Complaint / Application / Motion which asks for: divorce (dissolution of marriage)

The Court finds that the current address of the party to be notified is unknown and that all reasonable efforts to find him/her have failed. The Court also finds that the last known address of the party to be notified was: 65 Saddle Road, Wolcott, CT 06716.

The Court Orders that notice be given to the party to be notified by having a State Marshal or other proper officer place a legal notice in Republica American a newspaper circulating in Waterbury, CT containing a true and attested copy of this Order of Notice, and, if accompanying a Complaint for divorce (dissolution of marriage), complaint for dissolution of civil union, legal separation or annulment, or if accompanying an Application for custody or visitation, a statement that Automatic Court Orders have been issued in the case as required by Section 25-5 of the Connecticut Practice Book and are a part of the Complaint/Application on file with the Court.

The notice shall appear once a week for two successive weeks commencing on or before June 13, 2013 and proof of service shall be filed with this Court.

Legals/  
Public Notices

NOTICE TO CREDITORS  
ESTATE OF Leo Albert Toulignant, of Naugatuck, AKA Leo Toulignant (13-00127)

The Hon. Peter E. Mariano, Judge of the Court of Probate, Naugatuck Probate District, by decree dated June 3, 2013, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Patricia Alegi, Chief Clerk

The fiduciary is: John Toulignant, c/o Attorney Andrew S. Knott, Knott & Knott, LLC, Attorneys at Law, 325 South Main Street, Cheshire, CT 06041  
R-A June 5, 2013

SUPERIOR COURT  
J.D. OF WATERBURY  
RETURN DATE: JUNE 25, 2013

THE BANK OF NEW YORK MELLON FKA THE BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS OF THE CIWABS INC. ASSET-BACKED CERTIFICATES, SERIES 2006-11 VS TORRES, HECTOR A/K/A TORRES, HECTOR L. IF LIVING, OR IF NOT LIVING, HIS WIDOW, HEIRS, BENEFICIARIES, REPRESENTATIVE AND/OR CREDITORS, ET AL

STATE OF CONNECTICUT  
NOTICE TO HECTOR TORRES A/K/A HECTOR L. TORRES, IF LIVING, OR IF NOT LIVING, HIS WIDOW, HEIRS, BENEFICIARIES, REPRESENTATIVES AND/OR CREDITORS AND ROSA RIVERA A/K/A ROSA TORRES, IF LIVING OR IF NOT LIVING, HER WIDOWER, HEIRS, BENEFICIARIES, REPRESENTATIVES AND/OR CREDITORS

The Plaintiff has named HECTOR TORRES A/K/A HECTOR L. TORRES, if living or if not living, his Widow, Heirs, Beneficiaries, Representatives and/or Creditors AND ROSA RIVERA A/K/A ROSA TORRES, if living, or if not living, her Widower, Heirs, Beneficiaries, Representatives and/or Creditors, as parties defendant in the complaint which it is bringing to the above named court seeking a foreclosure of its mortgage upon premises known as 7173 WILDEMERE AVENUE, WATERBURY, Connecticut. This complaint is returnable to court on June 25, 2013 and will be pending therein after that date. The plaintiff has represented to said court, by means of an affidavit annexed to the said complaint, that despite all reasonable efforts to ascertain such information, it has been unable to determine the residence of the said Hector Torres a/k/a Hector L. Torres, if living, or if not living, his Widow, Heirs, Beneficiaries, Representatives and/or Creditors and it has been unable to determine the residence of the said Rosa Rivera a/k/a Rosa Torres, if living, or if not living, the Widower, Heirs, Beneficiaries, Representatives and/or Creditors.

Now, therefore, it is hereby ordered under C.G.S. § 52-69 that notice of the institution of this action be given to each such defendant by some proper officer consisting of a true and at-

Legals/  
Public Notices

State of Connecticut  
Court of Probate  
District of Derby Probate District  
NOTICE TO: Raul Nadal

Pursuant to an order of Hon. Clifford D. Hoyte, Judge, a hearing will be held at Derby Probate District, City Hall, 253 Main Street, 2nd Fl., Ansonia, CT 06401 on June 12, 2013 at 3:30 PM on an application for immediate Temporary Custody concerning certain minor children born on August 25, 2003, October 27, 2009 and July 23, 2007. The Court's decision will affect your interest, if any, as in said application, on file more fully appears.

RIGHT TO COUNSEL: If the above-named person wishes to have an attorney, but is unable to pay for one, the Court will provide an attorney upon proof of inability to pay. Any such request should be made immediately by contacting the court office where the hearing is to be held.

By Order of the Court  
Kay Jeanette, Clerk  
R-A June 5, 2013

NOTICE TO CREDITORS  
ESTATE OF Kimberly K. Nixon, of Naugatuck (13-00217)

The Hon. Peter E. Mariano, Judge of the Court of Probate, Naugatuck Probate District, by decree dated June 3, 2013, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Patricia Alegi, Chief Clerk

The fiduciaries are: Sheryl N. Muzzillo and Mark K. Nixon, c/o Attorney Michael A. Carrier, Weber and Carrier, 24 Cedar Street, New Britain, CT 06052  
R-A June 5, 2013

Legals/  
Public Notices

REQUEST FOR PROPOSAL

Sealed proposals will be received at the Office of the Purchasing Agent, City Hall, 140 Main Street, Room 206, Torrington, CT until July 2, 2013 at 10:00 AM for the following:

RFP #MCO-040-070213 DESIGN, PLANTING, AND MAINTENANCE OF COE MEMORIAL PARK GARDENS

Specifications may be downloaded from the City's web site, www.torringtonct.org under Quick Links, and select "OPEN BIDS". Those without internet access may call (860) 489-2224 to request the bid documents.

The City reserves the right to accept or reject any or all bids, or any portion thereof, to waive technicalities, to award the bid to a bidder other than the lowest bid, and to award the bid as will best serve the public interest.  
Pamela Zucco  
Purchasing Agent  
June 5, 2013

NOTICE TO CREDITORS  
ESTATE OF Raymond A. Molecki, of Naugatuck (13-00195)

The Hon. Peter E. Mariano, Judge of the Court of Probate, Naugatuck Probate District, by decree dated June 3, 2013, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Patricia Alegi, Chief Clerk

The fiduciary is: Anne Lanter, c/o Attorney Neal B. Hamlin, 83 Meadow Street, P.O. Box 757, Naugatuck, CT 06770  
R-A June 5, 2013

LEGAL NOTICE  
TOWN OF BEACON FALLS  
BOARD OF SELECTMEN  
NOTICE OF PUBLIC HEARING  
JUNE 10, 2013

Please be advised that the Beacon Falls Board of Selectmen has scheduled a Public Hearing of the Electors and Citizens of the Town of Beacon Falls for MONDAY, JUNE 10, 2013 beginning at 7:00 P.M. in the TOWN HALL ASSEMBLY ROOM, 10 Maple Avenue, Beacon Falls.

Purpose of the Town Meeting is to discuss and hear the following Revisions to Existing Ordinances of the Town of Beacon Falls:

- 1. Ordinance Establishing a Land Use Committee (Open Space, Parks, Natural Areas, Playgrounds, Trails & Walkways or any Other Land Use). (Revision)
- 2. An Ordinance Concerning Local Option Tax Relief for Elderly and Disabled Homeowners. (Revision)
- 3. Ordinance Regarding Noise (Revision) - Addition of Recreational Vehicle Noise Town Ordinance
- 4. Ordinance Providing for Biennial Elections in the Town of Beacon Falls as Per Public Act 13-1549 Session. (Revision - Elimination of Section H - Board of Assessors).

Copies of the Proposed Revisions to the Existing Ordinance are available for inspection in the Office of the Town Clerk, Town Hall, 10 Maple Avenue, Beacon Falls, CT

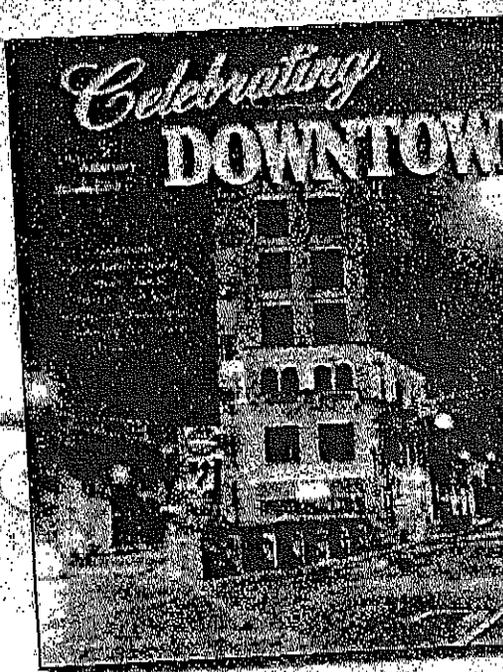
This document is prepared for the benefit of the Public, solely for purposes of information, summarization and explanation. The document does not represent the intent of the Legislative Body of the Town of Beacon Falls for any purpose.

Dated at Beacon Falls, CT this 4th day of June 2013

Gerard F. Smith, First Selectman  
David E. D'Amico, Selectman  
Christopher J. Bielek, Selectman  
R-A June 5, 2013

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**THE HARBURY IS**  
 Stephen Harbush  
 200 Attorney Taha Kurkela  
 Nabok Bern Banka, Sitkolnik &  
 Associates, LLP  
 350 Stevens Highway,  
 Suite 1207,  
 Great Neck, NY 11729  
 RE June 4, 2013

**REMODEL A Fight!**  
 In your Service Directory  
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**ESCA NOTICE**  
 New York Rehabilitation Center  
 is applying for a Certificate of  
 need pursuant to Section 194-  
 538 of the general statute, for  
 the proposed substance abuse  
 treatment center to be located  
 at 447 Merrick Road, Water-  
 bury, CT 06725 with a total cap-  
 ital expenditure of \$1,250,000.  
 RA June 4, 5, 6, 2013

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 Barbecue Special!

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## Application Checklist

### Instructions:

1. Please check each box below, as appropriate; and
2. The completed checklist *must* be submitted as the first page of the CON application.

- Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of \$500.

### For OHCA Use Only:

Docket No.: 13-31857-CON Check No.: 8401  
OHCA Verified by: LR Date: 8-8-13

- Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)
- Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.
- Attached are completed Financial Attachments I and II.
- Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.

**Note:** A CON application may be filed with OHCA electronically through email, if the total number of pages submitted is 50 pages or less. In this case, the CON Application must be emailed to [ohca@ct.gov](mailto:ohca@ct.gov).

**Important:** For CON applications (less than 50 pages) filed electronically through email, the signed affidavit and the check in the amount of \$500 must be delivered to OHCA in hardcopy.

- The following have been submitted on a CD
1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.
  2. An electronic copy of the documents in MS Word and MS Excel as appropriate.

**AFFIDAVIT**

Applicant: NEW ERA REHABILITATION CENTER INC.

Project Title: NEW ERA REHABILITATION CENTER INC. ; WATERBURY

I, EBENEZER KOLADE, CEO  
(Individual's Name) (Position Title – CEO or CFO)

of NEW ERA REHABILITATION CENTER INC. being duly sworn, depose and state that  
(Hospital or Facility Name)

NEW ERA REHABILITATION CENTER INC.'s information submitted in this Certificate of  
(Hospital or Facility Name)

Need Application is accurate and correct to the best of my knowledge.

EBENEZER KOLADE 5/26/2013  
Signature Date

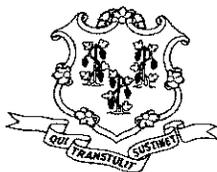
Subscribed and sworn to before me on 7/26/2013

[Signature] notary public

Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

My Commission Expires  
April 30, 2014



## State of Connecticut Office of Health Care Access Certificate of Need Application

**Instructions:** Please complete all sections of the Certificate of Need (“CON”) application. If any section or question is not relevant to your project, a response of “Not Applicable” may be deemed an acceptable answer. If there is more than one applicant, identify the name and all contact information for each applicant. OHCA will assign a Docket Number to the CON application once the application is received by OHCA.

**Docket Number:**

**Applicant:** New Era Rehabilitation Center

**Contact Person:** Dr. Ebenezer Kolade

**Contact Person’s Chief Executive Officer  
Title:**

**Contact Person’s 3851 Main Street Bridgeport ,CT ,06606  
Address:**

**Contact Person’s 203-372-3333  
Phone Number:**

**Contact Person’s  
Fax Number:203-374-1715**

**Contact Person’s  
Email Address:ekolade@sbcglobal.net**

**Project Town:** Waterbury, CT

**Project Name:** New Era Rehabilitation Center (Waterbury)

**Statute Reference:** Section 19a-638, C.G.S.

**Estimated Total  
Capital Expenditure:** 125,000

## **1. Project Description: New Service (Behavioral Health/Substance Abuse)**

### **a. Please provide a narrative detailing the proposal.**

The proposal is for an establishment of an outpatient substance abuse treatment facility in Waterbury CT. The proposed facility will treat substance dependent individuals in Waterbury and its environs. The facility will engage treating individuals that are addicted or dependent on opiates, alcohol and /or comorbid individuals. The proposed facility will establish a Substance Abuse treatment program that will engage in

- Methadone Treatment for opioid dependent individuals
- Suboxone Treatment
- Ambulatory Detoxification
- Outpatient Treatment
- Intensive Outpatient Treatment

While treating alcohol dependent patients with the proper medications

## **Clear Public Need**

### **2. Provide the following regarding the proposal's location:**

i. The rationale for choosing the proposed service location; Considering the 2009 National Household Survey on Drug use and Health Connecticut state breakdown which stated Connecticut a population of 3,574,097 from the December 2010 census there are estimated 244,000 Connecticut residents who uses illicit drugs, which is similar to CIRA finding which was co-sponsored with Connecticut state Department of Mental Health and Addition Services (DMHAS) a conference entitled recent "Innovations in Substance abuse treatment policy found that 52,000 Connecticut residences are dependent on illicit drugs and that there were estimated 208,000 illicit use in the month preceding this survey

Utilizing this data and other statistics it can be estimated that Waterbury with a population with of 110,366 has about 12,000 that are dependent on illicit drugs or alcohol. It is also known that there is an epidemic of prescription drug addiction (e.g. Percocet, Vicodine, and Roxicodone, Morphine, Oxycontin) which has led to a dramatic increase in Opioid dependent patients all over the country. With our research we found that Waterbury and New Haven two major cities in Connecticut with similar populations of 110,366 and 129,585 respectively and similar demographics have vastly different substance abuse treatment resources. The number of patients in treatment in Waterbury is 2,959 as compared to New Haven 7,248; it is clear that Waterbury with similar demographics as New Haven has more than double the people in treatment.

Currently in Waterbury the number of patients in treatment in a methadone maintenance program is 859 compared to New Haven that has 3,865 patients in methadone maintenance programs for opioid dependence. This shows that access to treatment in Waterbury is about 25% that of New Haven despite similar population and

2i cont)

demographics. As such, there are patients in Waterbury who will seek treatment and will not find treatment because there is limited access. Only those who can afford to travel will seek treatment in facilities in other cities like Bridgeport and New Haven. When comparing the standard outpatient treatment of the two cities Waterbury has 1,829 patients being treated in a standard outpatient program compared to New Haven which has 2,555 patients according to DHMAS statistics. Considering upon ambulatory detoxification there are no facilities offering this treatment in Waterbury whereas to Hartford that has 159 patients in this type of treatment program according to DHMAS statistics. Waterbury has only one chemical maintenance facility whereas New Haven has five facilities according to DHMAS statistics. With these numbers, it is obvious that establishment of a treatment center will take care of some of the individuals who need treatment but do not have access to it .As a substance abuse treatment facility, we have been alleviating the problem of lack of access for over a decade.

**ii. The service area towns and the basis for their selection;**

Rationale for proposed service areas:

- Waterbury
- Wolcott
- Middlebury
- Naugatuck
- Prospect
- Cheshire
- Southbury
- Oxford
- Beacon Falls
- Bethany
- Hamden

These are the neighboring towns with little or no treatment availability. Based on the issues of transportation that our current clients have expressed, having a location in the Waterbury community will definitely resolve these issues, particularly those concerning the cost of transportation and access to treatment. These towns are within a ten mile radius of the proposed facility

**iii. The population to be served, including specific evidence such as incidence, prevalence, or other demographic data that demonstrates need;**

Alcohol and Opioid dependence in the United States is a chronic problem that has been with us for a long time. The rate of abuse and dependency has kept on increasing. According to the National Household Survey in 2011 on drug use estimated that 20.6 million of persons age 12 and older were classified as dependent or abuse of either alcohol or illicit drugs in 2011 This number accounts for 8 % of the population, out of this population 3.9 million are dependent on illicit drugs alone, and 14.1 million were dependent on or abuse alcohol.

2iii cont.)

The 2011 National study on drug use and health indicated that there was 21.6 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem. In the same study it said only 2.3 million received treatments leaving almost 90% of individuals with substance abuse untreated. Also according to the 2009 National Surveys on Drug Use and Health in Connecticut for individuals 12 and older 75,000 needed treatment for drug use but did not get it and for alcohol use 244 thousand needed treatment and did not get treated . With a total population of 3,574,097 approximately 9 percent of population of state is not receiving the proper healthcare they deserve .Opioid dependent patients who need treatment in Waterbury, and has not been treated, estimated to be patients to be 12,000 people. Our proposal is to treat 600 patients within the first three (3) years out of the estimated 12,000 clients that need treatment presently in Waterbury but are unable to have the care they needed due to lack of accessibility to the proper facilities.

The proposed program will improve the quality of care and increase accessibility to care for Opioid dependence patients, alcohol dependent individuals and other substance abuse dependent individuals' cocaine, methamphetamines. This will have no effect on the patient volume or financial stability of the existing facilities. Since the fact that the existing facilities is taking care of about 20% of the estimated population that are addicted to illicit drugs .It is pertinent to mention the economic impact of not treating drug dependent on the society.

According to a lecture given by National Institute of Drug Abuse has estimated the cost of alcohol and drugs abuse as \$366 Billion dollars. For alcohol and alcoholism only to be \$185 Billion and drug abuse \$ 181 billion dollars. When comparing the cost of treating this individual, this will cost far less than these projections. In addition the National Institute of Drug Abuse estimated the cost of a year of methadone maintenance cost \$4,700 dollars compared to a year of incarceration which cost \$24,000 per year.

The units of service projected for the first three years of operation are based on the following: New Haven and Waterbury have similar population at 129,585 and 110,366 respectively. In addition, they have similar ethnic distribution. The number of patients with opioid dependence in treatment in New Haven is 7,248 as opposed to 2,959 in Waterbury. Opioid dependent patients who need treatment in Waterbury, and has not been treated, estimated to be patients to be 12,000 people. Our proposal is to treat 600 patients within the first three (3) years out of the estimated 12,000 clients that need treatment presently in Waterbury but are unable to have the care they needed due to lack of accessibility to the proper facilities.

As we are all aware that addiction treatment works: Recovery is real, quoting the United States Department of Health and Human Services. It is in the best interest of all of us to provide treatment to our substance dependent population as we care for

other diseases. The availability of these treatment centers is the first step in caring for our substance or alcohol dependent citizens.

**iv. How and where the proposed patient population is currently being served;**

Most of the proposed patient population is currently not being treated according to National Survey on Drug Use and Health and SAMSHA. While another group visit the neighboring Emergency Department of St.Mary Hospital Waterbury. While a small portion is receiving treatment in other Methadone treatment in other methadone treatment facility in New Haven and Bridgeport CT. Considering the cost of care in Emergency rooms and transportation cost to be treated in neighboring towns of about 30 miles away. It is more cost effective to have a treatment facility close by that gives easy access

**v. All existing providers (name, address, services provided) of the proposed service in the towns listed above and in nearby towns; and**

See page 17

**vi. The effect of the proposal on existing providers, explaining how current referral patterns will be affected by the proposal.**

The proposed program has no negative effect on the existing program it will basically treat individuals that are currently not been treated and as well treat patients that travel long distance of 30 miles and above daily to receive treatment. It will also decrease the amount of visits to the emergency room by addicted patients which will greatly decrease the cost of health care in Connecticut.

**3. Projected Volume**

- a. Complete the following table for the first three fiscal years ("FY") of the proposed service.

**Table 1: Projected Volume**

	Projected Volume (First 3 Full Operational FYs)**			
	FY	FY1	FY2	FY3
Methadone Maintenance	100	250	375	500
Ambulatory Detoxification	25	50	75	100
Intensive Outpatient Program (Day/Evening Program )	40	50	80	100
<b>Total</b>	<b>165</b>	<b>350</b>	<b>530</b>	<b>700</b>

\*\* If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

\*\*\* Identify each service/procedure type and add lines as necessary.

\*\*\*\* Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

**b. Provide a detailed description of all assumptions used in the derivation/calculation of the projected volumes.**

Assumptions is based on the number of people needing treatment and receiving as per National Survey on Drug use and Health (2010 and 2011) and on actual experience with our other facilities with similar population and demographic.

**c. Provide historical volumes for three full years and the current year to date for any of the Applicant's existing services that support the need to implement the proposed service.**

Collect data from New Era Bridgeport and New Haven -

Year	Bridgeport Census of Methadone Maintenance patients	New Haven Census Methadone Maintenance patients
2010	387	157
2011	385	279
2012	408	360
2013	408	360

**d. Provide a copy of any articles, studies, or reports that support the statements made in this application justifying need for the proposal, along with a brief explanation regarding the relevance of the selected articles.**

(See attached articles)

Utilizing the sub -state regions section of the 2010 National Surveys on Drug Use and Health (copy enclosed) which states the percentage of the population in each sub-state region in Connecticut of individuals not receiving treatment for alcohol or illicit drug abuse. The report said the 8.10% of South Central Connecticut which includes Waterbury and its surrounding environs are not receiving care for alcohol abuse and 2.59% of the same area was not receiving treatment for their illicit drug abuse. Extrapolating those figures to the population of Waterbury which is 110,366 individuals allows us to see that approximately 12,000 people are not receiving treatment for the addiction issues. Similarly when looking at the breakdown of substance abuse facility per city to Bridgeport , Hartford ,and New Haven which have similar populations and demographics Waterbury has the least with 9 comparing to Bridgeport, Hartford, and New Haven that have 20, 16, and 27 respectively.

**4. Quality Measures**

**a) Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.**

- Dr. Ebenezer Kolade, MD, FASAM the Chief Executive Officer and a sponsor of 32 yrs of experience and has over 21 yrs in addiction medicine. The medical director is

- Dr. Ebenezer Kolade, MD, FASAM the Chief Executive Officer and a sponsor of 32 yrs of experience and has over 21 yrs in addiction medicine. The medical director is  
4a cont.)
- Dr. Christina M. Kolade, DO who is a board certified family practitioner and licensed pharmacist who oversees patient management, medication dispensing and general administration of the facility.
- Mr. John McKeithen, B.A., M.Ed., L.A.D.C., L.P.C. is the clinical coordinator who will be responsible ensuring quality clinical management by the counselors and staff.
- Angela Beckerman, M.S., L.A.D.C., L.P.C. Counselor/Clinical Coordinator
- Glenn Giarattana, MD – Program Physician
- Maureen Cook- APRN- Nurse Practitioner
- Tiawuana Walker – LPN--Nurse

**b. Explain how the proposal contributes to the quality of health care delivery in the region. This proposed treatment program will be cost effective. It has been well documented by various studies that there are several advantages attributed to treatment programs.**

The establishment of the program in the city of Waterbury will result in reduction of criminal activities, reduction of infectious diseases associated with drugs use like hepatitis B and C, human immunodeficiency virus transmission and also improve vocational rehabilitation. The cost of incarceration, the cost of treating human immunodeficiency virus infection and its associated illnesses, plus the cost of treating patients with hepatitis B or C and all its complications such as liver cirrhosis, hepatocellular carcinoma, portal hypertension and eventual liver failure are much more than we can imagine in a dollar value and emotional value, compared to the cost of treating these patients in a well managed program . According to the physician leadership on drug policy (copy provided) the cost of treating a patient in a methadone program for one year is about five thousand ( \$5,000) dollars, for intensive outpatient about \$3,800 as opposed to over 22,000 dollars needed for incarceration; also, the summary of socioeconomic funding by the California Drug and Alcohol Treatment Assessment wrote “For every dollar invested in prevention and treatment services save (\$7) seven dollars in later costs , review of the methadone maintenance treatment published by drug policy information clearing house shows that methadone treatment has a cost benefit ratio 4:1 meaning that \$4 in economic benefit accrues for every \$1 spent on methadone maintenance treatment”(Copy of the article provided)

This proposed program will lead to improvement of lives of treated individuals and families. It will lead to a reduction in drug related crime rates. These treated individuals can join the work force and be a contributing member of the community which will improve family lives, community lives and improve the economy of the city of Waterbury and the state of Connecticut as whole . The study of the National Treatment Improvement Evaluation final report published in March 1997 ( copy enclosed ) shows tremendous decrease in criminal activities , increase income from jobs, reduction in patients receiving welfare, reduced homelessness , improvement in physical and mental health and reduction in HIV risk after these patients have been in treatment programs.

- c. **Identify the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the Applicant proposes to meet each of the guidelines.**

**Practice Guidelines:**

The standard of practice guidelines to be utilized will be:

- The federal opioid treatment standards
  - Intensive Outpatient Treatment improvement protocol (Tips 8) published SAMHSA which include the following criteria.
- b) Administration and Organization –Dr. Ebenezer Kolade the Chief Executive Officer and a sponsor, physician of 32 yrs of experience and has over 21 yrs in addiction medicine. The medical director is Dr. Christina M. Kolade, who is a board certified family practitioner and licensed pharmacist who oversees patient management, medication dispensing and general administration of the facility. Mr. John McKeithen, B.A. , M.S., L.A.D.C., is the clinical coordinator who will be responsible ensuring quality clinical management by the counselors and staff.

1. **STAFF CRENDENTIALS** – The medical director, program, and clinical coordinator will ensure proper credentialing among the staff and continuing education of the professional staff.
2. **CONTINUOUS QUALITY IMPROVEMENT** –The continuous quality improvement will be maintained by studies within the facility relation to Performance Improvement and updating the policy and procedure as needed. These studies will be monitoring timely clinical assessment and treatment planning by counselor, infection control, medication

4c cont)

management and effect of treatment on different aspects of patient performance.

3. **PATIENT ADMISSION CRITERIA-** The clients will be assessed by a counselor who will ensure that clients admitted into the program must meet the admission criteria which follows guideline for DSM IV criteria :
1. Tolerance , as defined by either of the following :
    - a) A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
    - b) Markedly diminished effect with continued use of the same amount of the substance
  2. Withdrawal ,as manifested by either of the following :
    - a) The characteristic withdrawal syndrome for the substance.
    - b) The same (or closely related ) substance is taken to relieve or avoid withdrawal symptoms
  3. The substance is often taken in larger amounts or over a longer period than was intended.
  4. There is persistent desire or unsuccessful efforts to cut down or control substance use.
  5. A great deal of time is spent in activities necessary to obtain or use the substance, or to recover from it effect.
  6. Important social, occupational, or recreational activities are given up or reduced because of substance use.
  7. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

4. DSM IV criteria for Opioid dependence. For methadone maintenance, the patient must have been addicted to Opioid for at least 1 year before admission for treatment and the patient has voluntarily chosen to be maintenance on methadone. This will be as outlined in the code of federal regulation. A copy of this is provided with the application. For the detoxification treatment the same DSM IV criteria for Opioid dependence with less than 1 year history of Opioid dependence either no previous treatment or has been detoxified once within the last 12 months. For intensive outpatient, patient must meet criteria for alcohol or other dependence as per DSM IV criteria.

5. **RECORD KEEPING and PATIENT CONFIDENTIALITY-** All the members of staff have in service on a patient confidentiality . The records shall be kept safe and confidential according to all state, federal, and HIPAA regulations. Patients' records will be kept in locked cabinets.

6. **MEDICATION ADMINISTRATION , DISPENSING AND USE –** It shall be ensured that the Opioid agonist medication are prescribed by a licensed practitioner and it is administered by a nurse. Methadone shall be the Opioid

4c cont)

agonist treatment to be used in the program. The take home medication shall be administered according to the federal code of regulation. The take home medication will be packed in such a manner that is designed to reduce the risk of accidental ingestion, including the use of child proof containers and will be labeled with the patient name, doses of methadone, clinic name, address, and telephone and the take home will be put in a lock box provided by the patient . The medication to be used in alcohol dependent individual in the day /evening treatment (Intensive Outpatient program) will be Acamprosate and /Naltrexose as needed.

### 5C

Ebenezer A. Kolade, M.D. –Physician – CEO

Christina M. Kolade , D.O, RPH –Physician – Medical Director/ Pharmacist

John McKeithen LADC – Counselor /Clinical Coordinator

Copies of curriculum vitae are enclosed with the application. The physicians have admitting privileges in Bridgeport Hospital and St. Vincent's Medical Center in Bridgeport but as soon as the facility is being opened Waterbury Hospital and St. Mary's Hospital.

**5Ga. QUALITY ASSURANCE PLAN** –In order to ensure the quality of services provided by the program the following shall be instituted :

1. Ensure qualified staffs are providing the services within the program
2. Adequate monitoring of random urine toxicology
3. Continuity of care clients within the program
4. Monitoring of patients who has stopped illicit drug use and have moved from joblessness to workforces within certain period
5. Adequate monitoring and prevention of diversion of the Opiod drug used for treatment
6. Maintenance of staff development
7. Provision of regular and continuous staff education
8. Reviewing and recertified of program policies and procedure annually
9. Adhere to universal infection control precautions promulgated by the CDC.
10. Measurement and monitoring treatment outcomes and process such as
  - a. Reducing or elimination of illicit drug use
  - b. Reducing or elimination of associated criminals activities
  - c. Reducing behavior contributing to spread of infectious diseases
  - d. Improving the quality of life by restoration of physical and mental health and functional status on patients
11. Development and implementation of periodic satisfaction surveys

12. Eliciting ongoing changes within the program and putting them into program policies and procedures with consideration of patients and community concerns.

**5G(3) PATIENT SELECTION CRITERIA** –Patients admitted for Opioid agonist Maintenance treatment will be those that are currently addicted to an Opioid drug as determined by diagnostic and statistical manual of mental disorders (DSM IV) and that the person has become addicted for at least one year before admission for treatment . The program physician will ensure that each patient voluntarily choose maintenance treatment. These patients must be 18 years or older in age. Patients under 18 years must have had two documented unsuccessful attempts at short term detoxification or drug free treatment within a 12 month period. For patients less than 18 years of age, a written consent from a parent, legal guardian or responsible adult designated by a relevant state authority is needed before being admitted for Opioid agonist maintenance treatment. The one year addiction history requirement may be waived for patients just released from penal institution (within 6 months after release), for pregnant patients and for previously treated patients ( up to 2 years after discharge).

In case of ambulatory clinical detoxification the patients are patients who are currently addicted to any Opioid drug as determined by DSM IV criteria and must be 18 years of age or older. Patients less than 18 years of age must have a written consent from a parent, legal guardian or a responsible adult designated by the relevant state agency . For the day/ evening treatment the admission criteria as listed above in DSM IV will be used, for patients 18 years and older.

7 (1) Copy of license enclosed for Bridgeport facility, and New Haven Facility

- 7C (2) A. Chemical Maintenance Treatment License  
B. Ambulatory Chemical Detoxification License

### **RATE SCHEDULE**

1. Chemical Maintenance & Ambulatory Detoxification
  - a) Initial admission-250 dollars
  - b) Weekly rate -110 dollars
2. Day /Evening treatment ( Intensive Outpatient )
  - a) Individual counseling \$120/hour
  - b) Group counseling \$60/hour
  - c) Medication Management Visit \$80

## **5 .Organizational and Financial Information**

- a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).

Corporation

b. Does the Applicant have non-profit status?  
 Yes (Provide documentation)  No

c. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the Applicant and indicate any additional licensure categories being sought in relation to the proposal.

See Attached documents

d. Financial Statements (Option ii)  
 See Attach Balance Sheet 2012

e. Submit a final version of all capital expenditures/costs as follows:  
 See attached documents

**Table 2: Proposed Capital Expenditures/Costs**

Medical Equipment Purchase	\$60,000
Imaging Equipment Purchase	0
Non-Medical Equipment Purchase	25,000
Land/Building Purchase *	0
Construction/Renovation **	100,000
Other Non-Construction (Specify)	0
<b>Total Capital Expenditure (TCE)</b>	<b>\$185,000</b>
Medical Equipment Lease (Fair Market Value) ***	\$0
Imaging Equipment Lease (Fair Market Value) ***	0
Non-Medical Equipment Lease (Fair Market Value) ***	0
Fair Market Value of Space ***	
<b>Total Capital Cost (TCC)</b>	<b>0</b>
<b>Total Project Cost (TCE + TCC)</b>	<b>185,000</b>
Capitalized Financing Costs (Informational Purpose Only)	0
<b>Total Capital Expenditure with Cap. Fin. Costs</b>	<b>\$185,000</b>

\* If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.

\*\* If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.

\*\*\* If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

The proposed construction involves division of the floor space total space being 4,046 sq/ft to be divided as per floor plan. The renovation starts from the approval of certificate of need and the commencement of operations is expected 120 days from the approval of Certificate of Need.

- f. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.

Funding from applicants equity

**6.Patient Population Mix: Current and Projected**

- a. Provide the current and projected patient population mix (based on the number of patients, not based on revenue) with the CON proposal for the proposed program.

**Table 3: Patient Population Mix**

	<b>Current** FY ***</b>	<b>Year 1 FY ***</b>	<b>Year 2 FY ***</b>	<b>Year 3 FY ***</b>
Medicare*	15%	15%	15%	15%
Medicaid*	80%	80%	80%	80%
CHAMPUS & TriCare				
<b>Total Government</b>				
Commercial Insurers*	3%	3%	3%	3%
Uninsured	2%	2%	2%	2%
Workers Compensation	0	0	0	0
<b>Total Non-Government</b>	0	0	0	0
<b>Total Payer Mix</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\* Includes managed care activity.

\*\* New programs may leave the "current" column blank.

\*\*\* Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided.

- b. Provide the basis for/assumptions used to project the patient population mix. Assumptions are based on current patient mix of New Era Rehabilitation patients

**7.Financial Attachments I & II**

- a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. Complete Financial Attachment I. (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.

See Attached spreadsheet

- b. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. Complete Financial Attachment II. The projections must include the first three full fiscal years of the project.

- c. Provide the assumptions utilized in developing **both Financial Attachments I and II** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

**Assumptions utilized in developing both financial attachments I and II are from operation experience and revenue from New Era Rehabilitation Center existing facilities.**

- d. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the proposed service(s).

Please see attach rate schedule for proposed services.

Treatment	Medicaid reimbursement
Intensive Outpatient Program	\$137.50 per week
Methadone Maintenance	\$85.91 per week
Outpatient Program	\$62.94 per week
Ambulatory Detoxification	\$25 per day

- e. **Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.**

The minimum number of units of required to show an incremental gain for methadone maintenance is 100 patients. Each year after an addition of a minimum of 25 patients will shows incremental gain.

- f. **Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.**

N/A

- g. **Describe how this proposal is cost effective.**

The creation of a substance abuse facility in Waterbury will cause a reduction in narcotics related crimes which alleviate the burden on the legal system as well as reduce the drug related diseases such Human Immunodeficiency Virus , Hepatitis B and C, depression ,and other mental disorders. According to the Institute of Addiction medicine that a conservative estimate of the return on opioid treatment may yield a return between a \$4 -\$7 in reduced drug related crime, criminal legal fees, and theft alone. When the savings related to health care cost are also included the ratio can equal a 12:1 ratio for every dollar invested in treatment.

”(Copy of the article provided)

NAME	ADDRESS	SERVICES PROVIDED	CITY
Central Naugatuck Valley (CNV) Help Inc.	900 Watertown Avenue	Standard Outpatient	WATERBURY
Connecticut Counseling Centers Inc.	4 Midland Road	Standard Intensive Outpatient	WATERBURY
Connecticut Counseling Centers Inc.	4 Midland Road	Methadone Maintenance	WATERBURY
Connecticut Counseling Centers Inc.	4 Midland Road	Standard Outpatient	WATERBURY
Connecticut Junior Republic	58 Holmes Avenue	Standard Outpatient	WATERBURY
Family Intervention Center	1875 Thomaston Avenue	Standard Intensive Outpatient	WATERBURY
Midwestern CT Council on Alcoholism	228 Meadow Street	Standard Outpatient	WATERBURY
Wellmore (Morris Foundation Inc)	402 E Main Street	Standard Outpatient	WATERBURY
Wellmore (Morris Foundation Inc)	402 E Main Street	Standard Intensive Outpatient	WATERBURY

Question

7a

Page 1

FY Actual Results

Total Facility	
Revenue from Operations	4,180,922.81
Non-Operation Revenue	0.00
Total Revenue	
Total Operating Expenses	3,601,861.50
Income before provision for income taxes	579,061.31
Provision for income taxes	231,624.52
Net Income	347,436.79
Retained earnings beginning of year	347,436.79
Retained earnings end of year	0.00
Volume Statistics	768.00

Question 7a  
 First Year Projection

Page 2

FY 1 Projected W/Out Project	FY1 Projected Incremental	FY1 Projected With Project
4,725,313.80	544,390.99	6,086,291.27
0.00	0.00	0.00
4,070,853.88	468,992.38	5,243,334.84
654,459.92	75,398.61	842,956.43
261,783.97	30,159.44	337,182.58
392,675.92	45,239.16	505,773.83
392,675.92	45,239.16	505,773.83
0.00	0.00	0.00
868.00	100.00	1,118.00

Questions 7<sup>a</sup>  
 Second ~~Year~~ Year Projections

Page 3

FY2 Projected W/ out Project	FY2 Projected Incremental	FY 2 Projected With Project
5,378,582.99	653,269.19	7,692,244.70
0.00	0.00	0.00
4,633,644.74	562,790.86	6,626,862.37
744,938.25	90,478.33	1,065,382.32
297,975.30	36,191.33	426,152.94
446,962.95	54,286.98	639,229.40
446,962.95	54,286.98	639,229.40
0.00	0.00	0.00
988.00	120.00	1,413.00

Questions  
 Third year  
 Projections

Page 4

FY3 Projected W/ out Project	FY3 Projected Incremental	FY3 Projected Incremental	FY3 Projected With Project
6,140,730.38	762,147.39	0.00	9,407,076.32
0.00	0.00	0.00	0.00
5,290,234.08	656,589.34	0.00	8,104,188.38
850,496.30	105,558.05	0.00	1,302,887.95
340,198.52	42,223.22	0.00	521,155.18
510,297.78	63,334.83	0.00	781,732.77
510,297.78	63,334.83	0.00	781,732.77
0.00	0.00	0.00	0.00
1,128.00	140.00	0.00	1,728.00

# Question 7b

Projections for the next three years

New Era Rehabilitation Center , Waterbury,CT

Methadone Maintenance and Ambulatory Detoxification

Items	First Year	Second Year	Third Year
Patient Census	250	425	600
Rent	\$23,000.00	\$55,000.00	\$70,000.00
Methadone	\$55,000.00	\$95,000.00	\$155,000.00
Utilities	\$7,500.00	\$8,000.00	\$13,000.00
Malpractice Insurance	\$35,000.00	\$32,000.00	\$42,000.00
Employee Medical Insurance	\$12,000.00	\$27,000.00	\$43,000.00
Workers Compensation & General Insurance	\$3,750.00	\$10,000.00	\$12,000.00
Billing Service	\$18,000.00	\$33,000.00	\$56,000.00
Pay roll Service	\$5,000.00	\$8,500.00	\$11,000.00
Stationery	\$11,000.00	\$25,000.00	\$32,000.00
Bottles/Labels/Caps	\$9,000.00	\$18,000.00	\$33,000.00
salaires			
Physician	\$225,000.00	\$225,000.00	\$270,000.00
Physician Assistant	-----	\$75,000.00	\$85,000.00
Pharmacist	\$75,000.00	\$82,000.00	\$95,000.00
Nurses(2 or 3)	\$115,000.00	\$155,000.00	\$175,000.00
Counselor(7 or 8 or 9)	\$100,000.00	\$250,000.00	\$310,000.00
Administrative Office	\$55,000.00	\$83,000.00	\$115,000.00
Totals	\$749,250.00	\$1,181,500.00	\$1,517,000.00

PROJECTIONS FOR THE NEXT THREE YEARS  
 NEW ERA REHABILITATION CENTER - WATERBURY ,CT  
 INTENSIVE OUTPATIENT (DAY/EVENING TREATMENT PROGRAM /OUTPATIENT)

Items	FIRST YEAR	SECOND YEAR	THIRD YEAR
Rent	\$24,000.00	\$31,000.00	\$36,000.00
Utilities	\$5,500.00	\$7,500.00	\$13,000.00
Malpractice Insurance	\$26,000.00	\$32,000.00	\$34,000.00
Employee Medical Inst	\$24,000.00	\$31,000.00	\$35,000.00
Workers Compensation	\$3,200.00	\$4,500.00	\$5,500.00
Billing Service	\$21,000.00	\$29,000.00	\$43,000.00
Pay roll Service	\$4,500.00	\$11,000.00	\$11,500.00
Stationery	\$11,000.00	\$14,500.00	\$23,000.00
Bottles/Labels/Caps	\$10,000.00	\$14,000.00	\$34,000.00
Security	\$9,500.00	\$8,000.00	\$11,000.00
Unforeseen Expenses	\$5,500.00		
salaires			
Physician	\$125,000.00	\$155,000.00	\$160,000.00
Counselor(7 or 8 or 9)	\$85,000.00	\$122,000.00	\$165,000.00
Administrative Office	\$32,000.00	\$51,000.00	\$65,000.00
Totals	\$386,200.00	\$510,500.00	\$636,000.00



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE
(860) 424-5693

TDD/TTY
1-800-842-4524

FAX
(860) 424-4860

EMAIL
Kathleen.brennan@ct.gov

KATHLEEN M. BRENNAN
Deputy Commissioner

November 26, 2012

New Era Rehabilitation Center
Attention: Chief Financial Officer
311 East Street, 2nd Floor
New Haven, CT 06511

Dear Provider:

This letter is to advise you that the Department has Medicaid rates for New Era Rehabilitation Center. Rates for Medicaid covered services rendered by provider number(s) listed below on or after January 1, 2012 are as follows:

Table with 4 columns: Provider Number, Service, Code, Rate. Row 1: 008003032, Methadone Maintenance, H0020, \$85.91

Please note that this revised rate is effective retroactive to January 1, 2012. Payment for Medicaid services provided to HUSKY clients on or after January 1, 2012 will be adjusted.

If you have questions regarding this rate increase, please contact William Halsey at 860.424.5077.

Sincerely,

Kathleen M. Brennan (handwritten signature)

Kathleen M. Brennan
Deputy Commissioner

KMB/jb

Cc: Kate McEvoy
Uma Ganesan
William Halsey
Christopher Lavigne

**Bold Attachment for Question 2 V**

Question 2V

City	Provider	Level of Care	Address	Count
Waterbury	Central Naugatuck Valley (CNV)	Standard Outpatient	900 Watertown Avenue Waterbury, CT 06708	22
Waterbury	Connecticut Counseling Centers Inc.	Standard IOP	4 Midland Road Waterbury, CT 06705	19
Waterbury	Connecticut Counseling Centers Inc.	Methadone Maintenance	5 Midland Road Waterbury, CT 06705	859
Waterbury	Connecticut Counseling Centers Inc.	Standard Outpatient	6 Midland Road Waterbury, CT 06705	18
Waterbury	Connecticut Junior Republic	Standard Outpatient	58 Holmes Ave, Waterbury, CT 06710	12
Waterbury	Family Intervention	Standard Outpatient	1875 Thomaston Ave Waterbury, CT 06704	490
Waterbury	Midwestern CT Council on Alcoholism (MCCA)	Standard Outpatient		677
Waterbury	Wellmore (Morris Foundation Inc)	Standard Outpatient	402 East Main St. Waterbury, CT 06702	610
Waterbury	Wellmore (Morris Foundation Inc)	Standard IOP	402 East Main St. Waterbury, CT 06702	252
Total Clients in Waterbury				2959

1 1 5 = 107. 21-5

# *Estimated Economic Cost to Society*

## *Due to Substance Abuse and Addiction:*

**Illegal drugs: \$181 billion/year**

**Alcohol: \$185 billion/year**

**Tobacco: \$158 billion/year**

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**Total: \$524 billion/year**

## CONNECTICUT

**Table 23. Selected Drug Use, Perceptions of Great Risk, Average Annual Marijuana Initiates, Past Year Substance Dependence or Abuse, Needing But Not Receiving Treatment, and Past Year Mental Health Measures in Connecticut, by Age Group: Estimated Numbers (in Thousands), Annual Averages Based on 2008-2009 NSDUHs**

Measure	12+	12-17	18-25	26+	18+
<b>ILLICIT DRUGS</b>					
Past Month Illicit Drug Use <sup>1</sup>	261	30	91	141	231
Past Year Marijuana Use	368	46	134	188	322
Past Month Marijuana Use	212	24	82	106	188
Past Month Use of Illicit Drugs Other Than Marijuana <sup>1</sup>	100	13	31	56	88
Past Year Cocaine Use	61	4	23	35	57
Past Year Nonmedical Pain Reliever Use	111	14	38	59	97
Perception of Great Risk of Smoking Marijuana Once a Month	969	82	65	822	887
Average Annual Number of Marijuana Initiates <sup>2</sup>	34	17	15	2	17
<b>ALCOHOL</b>					
Past Month Alcohol Use	1,736	54	246	1,436	1,683
Past Month Binge Alcohol Use <sup>3</sup>	792	38	170	583	754
Perception of Great Risk of Drinking Five or More Drinks Once or Twice a Week	1,195	117	117	961	1,078
Past Month Alcohol Use (Persons Aged 12 to 20)	129 <sup>4</sup>	--	--	--	--
Past Month Binge Alcohol Use (Persons Aged 12 to 20) <sup>3</sup>	99 <sup>4</sup>	--	--	--	--
<b>TOBACCO PRODUCTS</b>					
Past Month Tobacco Product Use <sup>5</sup>	744	31	151	561	712
Past Month Cigarette Use	629	25	133	472	605
Perception of Great Risk of Smoking One or More Packs of Cigarettes Per Day	2,175	203	251	1,721	1,972
<b>PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT<sup>6</sup></b>					
Illicit Drug Dependence <sup>1</sup>	55	7	21	27	48
Illicit Drug Dependence or Abuse <sup>1</sup>	86	13	33	40	73
Alcohol Dependence	102	6	26	70	96
Alcohol Dependence or Abuse	253	17	73	163	236
Alcohol or Illicit Drug Dependence or Abuse <sup>1</sup>	287	23	86	179	265
Needing But Not Receiving Treatment for Illicit Drug Use <sup>1,7</sup>	75	12	29	35	63
Needing But Not Receiving Treatment for Alcohol Use <sup>7</sup>	244	17	71	156	227
<b>PAST YEAR MENTAL HEALTH</b>					
Had at Least One Major Depressive Episode <sup>8,9</sup>	--	23	29	127	156
Serious Mental Illness <sup>9,10</sup>	--	--	30	86	116
Any Mental Illness <sup>9,11</sup>	--	--	121	399	521
Had Serious Thoughts of Suicide	--	--	24	80	104

-- Not available.

NOTE: Estimates are based on a survey-weighted hierarchical Bayes estimation approach.

<sup>1</sup> Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. These estimates are based on data from original questions, excluding those on the use of over-the-counter drugs or new methamphetamine items that were added in 2005 and 2006. See Section B.4.8 in Appendix B of the *Results from the 2008 National Survey on Drug Use and Health: National Findings*.

<sup>2</sup> Average annual number of marijuana initiates =  $X_1 + 2$ , where  $X_1$  is the number of marijuana initiates in past 24 months.

<sup>3</sup> Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

<sup>4</sup> Underage drinking is defined for persons aged 12 to 20; therefore, the "Total" estimate reflects that age group and not persons aged 12 or older.

<sup>5</sup> Tobacco Products include cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.

<sup>6</sup> Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

<sup>7</sup> Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs (or alcohol), but not receiving treatment for an illicit drug (or alcohol) problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

<sup>8</sup> Major depressive episode is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. There are minor wording differences in the questions in the adult and adolescent major depressive episode modules. Therefore, data from youths aged 12 to 17 were not combined with data from persons aged 18 or older to get an overall estimate (12 or older).

<sup>9</sup> For more details, see Section A.11 in Appendix A of the report on *State Estimates of Substance Use and Mental Disorders from the 2008-2009 NSDUHs*.

<sup>10</sup> Serious mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* and resulted in serious functional impairment.

<sup>11</sup> Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies), National Survey on Drug Use and Health, 2008 and 2009.

**Table 7.9** *Needing But Not Receiving Treatment for Alcohol Use in Past Year and Needing But Not Receiving Treatment for Illicit Drug Use in Past Year in Connecticut among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2008, 2009, and 2010 NSDUHs*

State/Substate Region	Needing But Not Receiving Treatment for Alcohol Use in Past Year <sup>1</sup>		Needing But Not Receiving Treatment for Illicit Drug Use in Past Year <sup>2</sup>	
	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval
Connecticut	7.71	(6.62 - 8.98)	2.42	(1.95 - 3.01)
Eastern	9.06	(7.14 - 11.43)	2.49	(1.73 - 3.58)
North Central	7.00	(5.64 - 8.64)	2.31	(1.65 - 3.21)
Northwestern	7.35	(5.81 - 9.26)	2.54	(1.80 - 3.58)
South Central	8.10	(6.49 - 10.07)	2.59	(1.87 - 3.59)
Southwest	7.78	(6.08 - 9.92)	2.23	(1.55 - 3.21)

NOTE: For substate region definitions, see the "2008-2010 National Survey on Drug Use and Health Substate Region Definitions" at <http://www.samhsa.gov/data/NSDUH/substate2k10/toc.aspx>.

NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

<sup>1</sup>Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but not receiving treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers).

<sup>2</sup>Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. See Section B.4.8 in the Appendix B of the *Results from the 2008 National Survey on Drug Use and Health: National Findings*.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008, 2009, and 2010 (Revised March 2012).

# The National Treatment Improvement Evaluation Study

**Final Report:**

**March 1997**

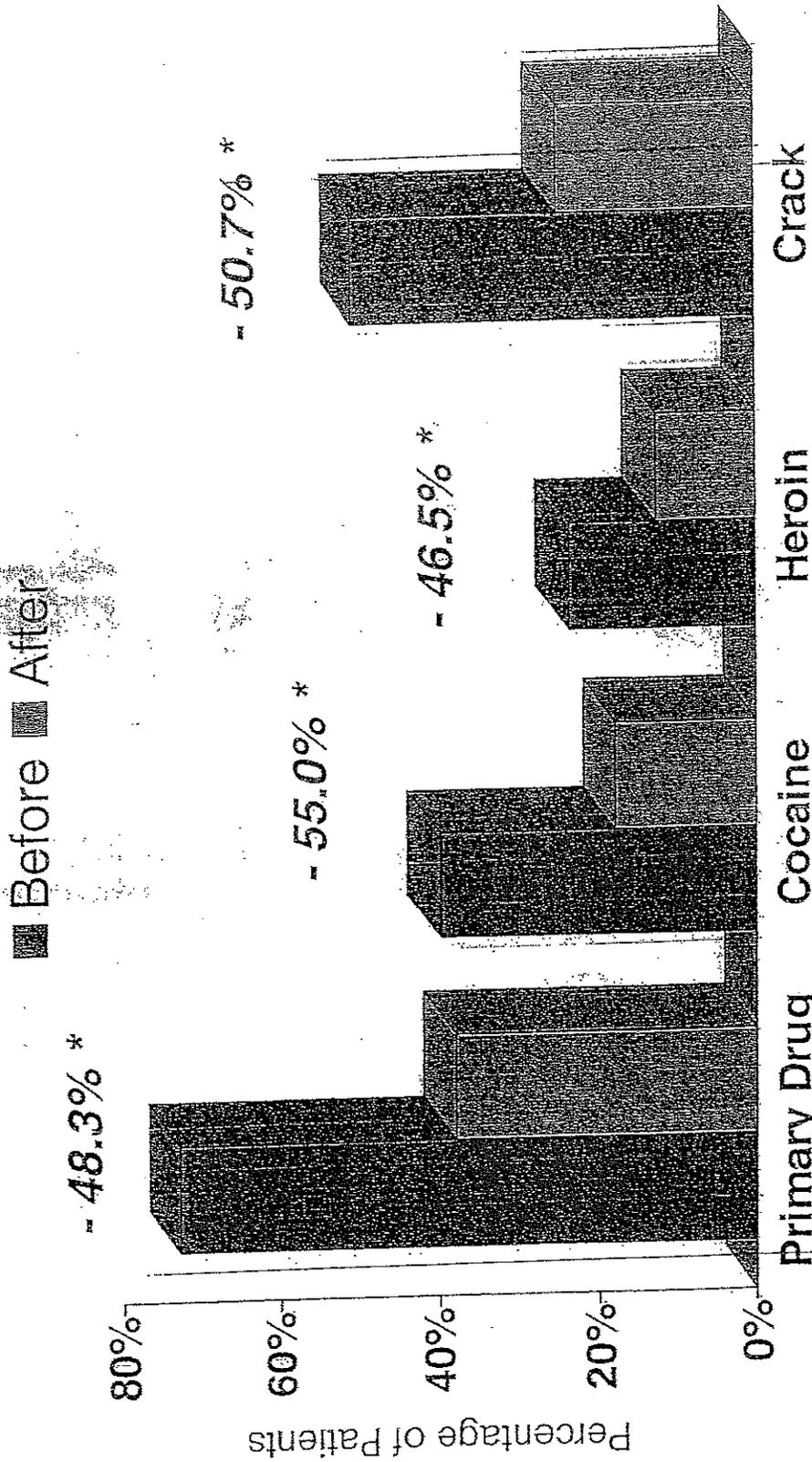
U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services  
Administration  
Center for Substance Abuse Treatment

**NCADI (National Clearinghouse for Alcohol and Drug  
Information)**

**1-800-729-6686**

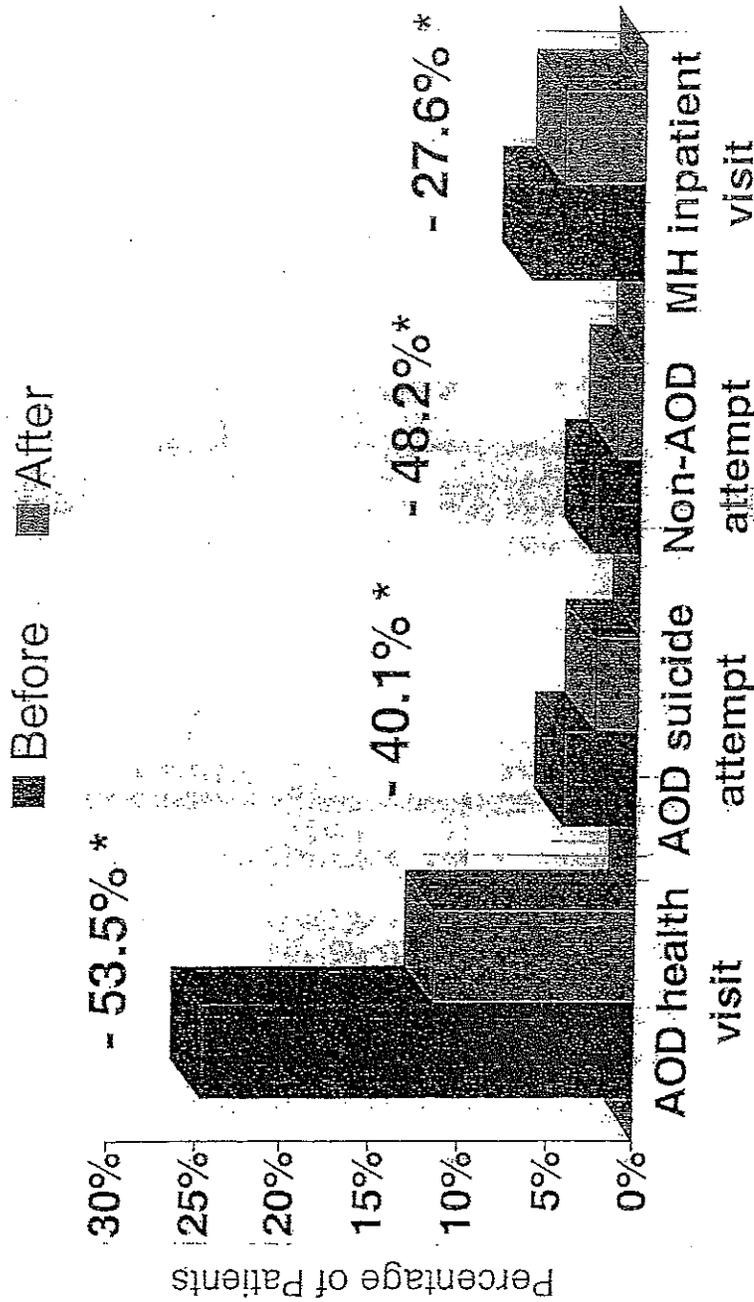
**1-800-SAY-NO-TO (DRUGS)**

# Changes in drug and alcohol use 12 months before and after treatment (N=4,411)



Source: NTIES, 1997 \* Difference is significant at  $p < 0.05$

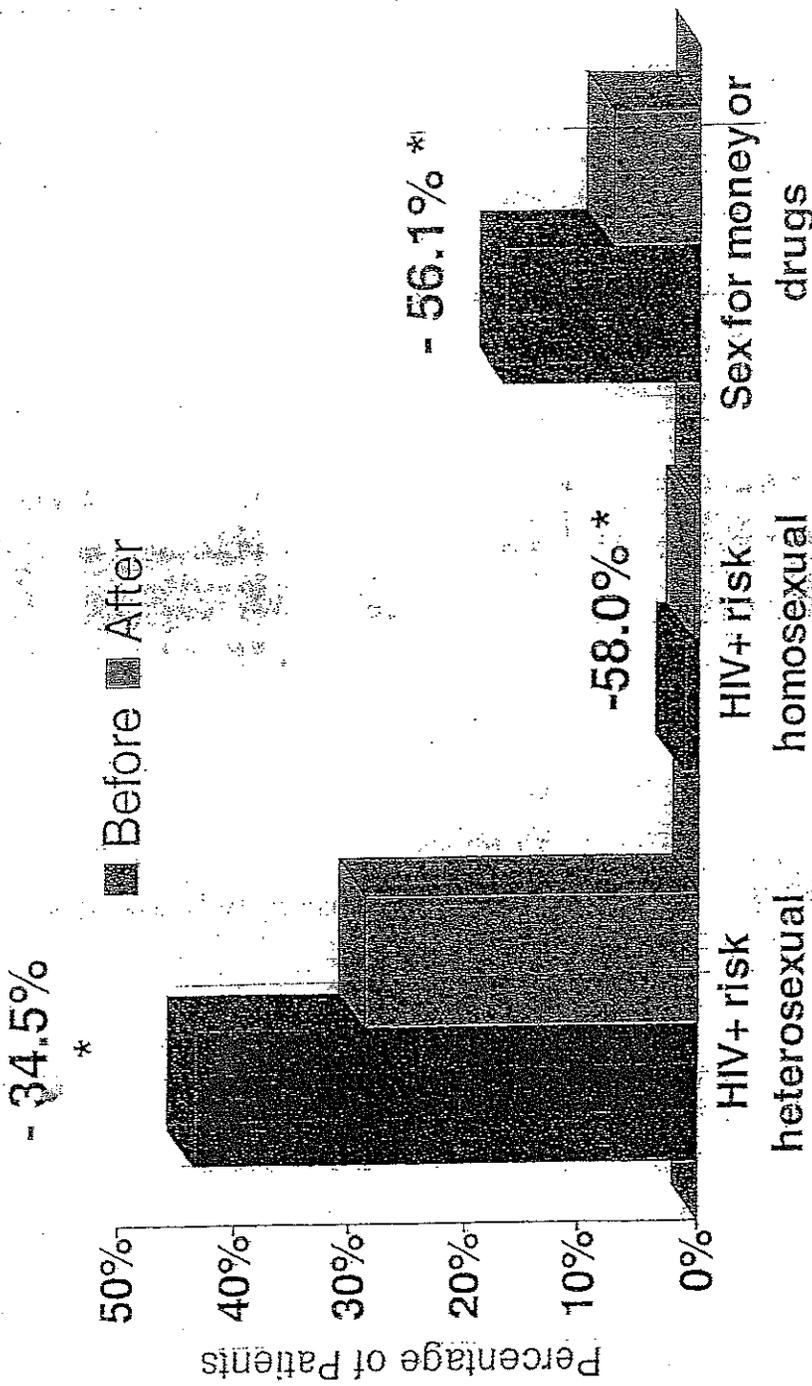
Changes in physical and mental health (MH) measures  
 12 months before and after treatment (N=4,411)



Source: NTIES, 1997

\*Difference is significant at  $p < 0.05$

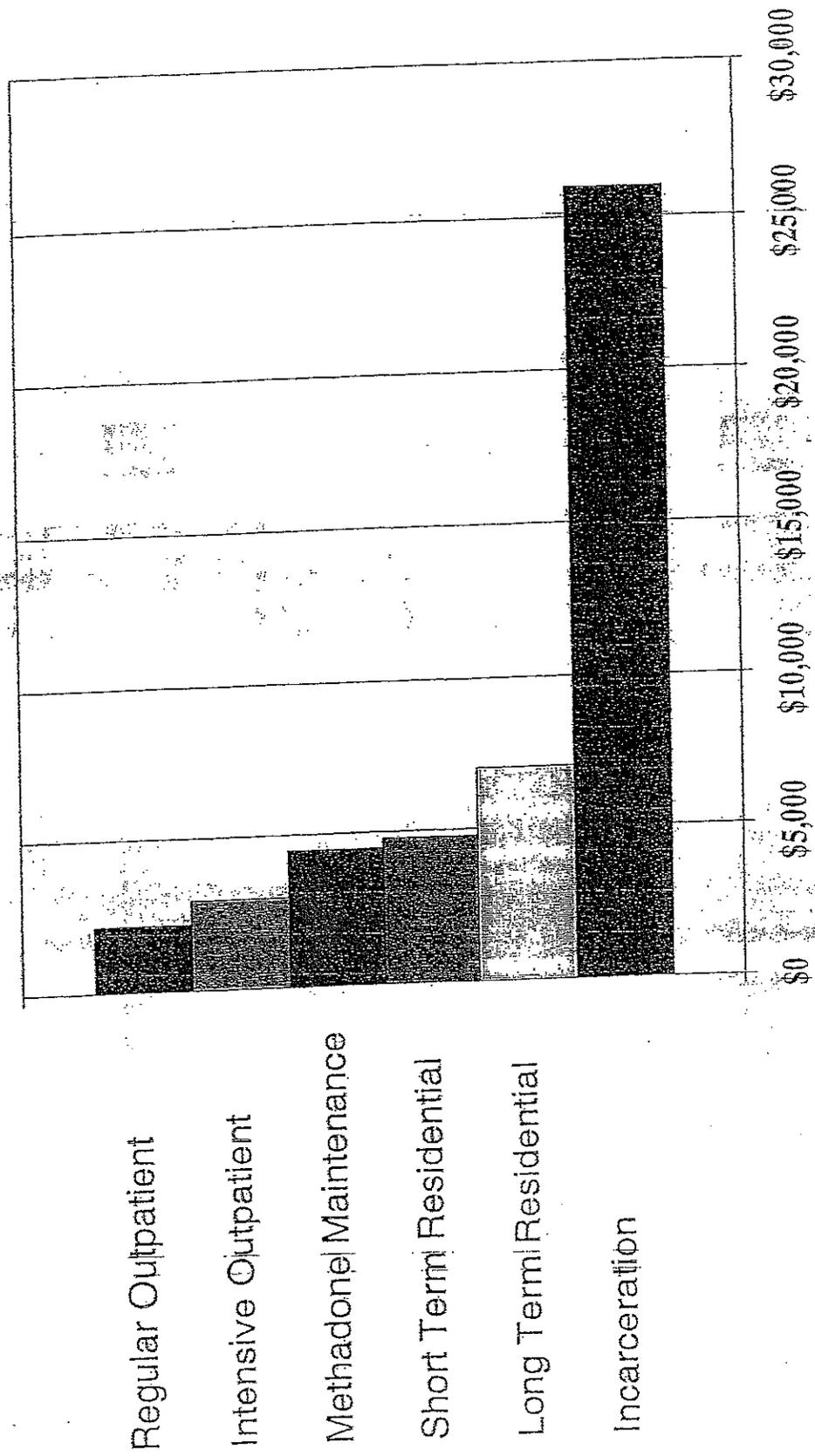
Changes in HIV+ risk relevant sexual behaviors  
12 months before and after treatment (N=4,411)



Source: NTIES, 1997

\*Difference is significant at  $p < 0.05$

# Weighing the Costs Annual Cost per Drug Addict



Physician Leadership on National Drug Policy

## Summary of Socioeconomic Findings

---

Every \$1 invested in prevention or treatment saves \$7 in later costs

- Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)

**Table 6.14: Criminal Activity Before and After Treatment  
in Correctional (N=709)**

Behavior	Percentage or Quantity			Percentage Change
	Before	After	Difference	
<b>Percent Committing Activity in Past 12 Months</b>				
Selling Drugs <sup>1</sup>	72.8	13.8	-59.0*	<b>-81.0%</b>
Shoplifting <sup>2</sup>	69.4	8.1	-61.3*	<b>-88.3%</b>
Beating Someone Up <sup>3</sup>	52.9	14.4	-38.5*	<b>-72.8%</b>
<b>Percent Arrested in Past 12 Months</b>				
for Drug Possession <sup>4</sup>	27.5	9.4	-18.1*	<b>-65.7%</b>
on Any Charge <sup>5</sup>	89.3	21.3	-68.0*	<b>-76.1%</b>
<b>Percent Mostly Supported by Illegal Activities in Past 12 Months<sup>6</sup></b>				
	26.8	9.6	-17.2*	<b>-64.3%</b>

\*Difference is significant at  $p < .05$ .

<sup>1</sup> r324, r345c/p380 <sup>2</sup> r331, r345j/p387 <sup>3</sup> r337, r345p/p393 <sup>4</sup> r348a, r351a/p404a

<sup>5</sup> r348a-s, r351a-s/p404a-m <sup>6</sup> r377, r380/p430

**Table 6.13: Criminal Activity Before and After Treatment  
in Long-Term Residential (N=841)**

Behavior	Percentage or Quantity			Percentage Change
	Before	After	Difference	
<b>Percent Committing Activity in Past 12 Months</b>				
Selling Drugs <sup>1</sup>	64.7	16.1	-48.6*	<b>-75.1%</b>
Shoplifting <sup>2</sup>	64.8	15.0	-49.9*	<b>-76.9%</b>
Beating Someone Up <sup>3</sup>	48.4	13.9	-34.5*	<b>-71.3%</b>
<b>Percent Arrested in Past 12 Months</b>				
for Drug Possession <sup>4</sup>	11.2	5.5	-5.7*	<b>-50.5%</b>
on Any Charge <sup>5</sup>	42.1	16.1	-26.0*	<b>-61.8%</b>
<b>Percent Mostly Supported by Illegal Activities in Past 12 Months<sup>6</sup></b>				
	22.1	11.8	-10.3*	<b>-46.8%</b>

\*Difference is significant at  $p < .05$ .

<sup>1</sup> r324, r345c/p380 <sup>2</sup> r331, r345j/p387 <sup>3</sup> r337, r345p/p393 <sup>4</sup> r348a, r351a/p404a

<sup>5</sup> r348a-s, r351a-s/p404a-m <sup>6</sup> r377, r380/p430

**Table 6.12: Criminal Activity Before and After Treatment  
in Short-Term Residential (N=873)**

Behavior	Percentage or Quantity			Percentage Change
	Before	After	Difference	
<b>Percent Committing Activity in Past 12 Months</b>				
Selling Drugs <sup>1</sup>	64.4	13.0	-51.3*	<b>-79.7%</b>
Shoplifting <sup>2</sup>	62.9	10.8	-52.1*	<b>-82.8%</b>
Beating Someone Up <sup>3</sup>	48.1	9.1	-39.0*	<b>-81.1%</b>
<b>Percent Arrested in Past 12 Months</b>				
for Drug Possession <sup>4</sup>	13.5	5.5	-8.0*	<b>-59.2%</b>
on Any Charge <sup>5</sup>	42.5	15.6	-26.9*	<b>-63.3%</b>
<b>Percent Mostly Supported by Illegal Activities in Past 12 Months<sup>6</sup></b>				
	19.4	6.8	-12.6*	<b>-65.0%</b>

\*Difference is significant at  $p < .05$ .

<sup>1</sup> r324, r345c/p380 <sup>2</sup> r331, r345j/p387 <sup>3</sup> r337, r345p/p393 <sup>4</sup> r348a, r351a/p404a

<sup>5</sup> r348a-s, r351a-s/p404a-m <sup>6</sup> r377, r380/p430

**Table 6.11: Criminal Activity Before and After Treatment  
in Nonmethadone Outpatient (N=1,566)**

Behavior	Percentage or Quantity			Percentage Change
	Before	After	Difference	
<b>Percent Committing Activity in Past 12 Months</b>				
Selling Drugs <sup>1</sup>	56.6	12.1	-44.5*	-78.6%
Shoplifting <sup>2</sup>	60.8	9.1	-51.7*	-85.0%
Beating Someone Up <sup>3</sup>	50.4	10.2	-40.3*	-79.8%
<b>Percent Arrested in Past 12 Months</b>				
for Drug Possession <sup>4</sup>	10.9	6.4	-4.5*	-41.2%
on Any Charge <sup>5</sup>	39.6	16.0	-23.6*	-60.0%
<b>Percent Mostly Supported by Illegal Activities in Past 12 Months<sup>6</sup></b>				
	9.4	5.5	-3.9*	-41.4%

\*Difference is significant at  $p < .05$ .

<sup>1</sup> r324, r345c/p380 <sup>2</sup> r331, r345j/p387 <sup>3</sup> r337, r345p/p393 <sup>4</sup> r348a, r351a/p404a

<sup>5</sup> r348a-s, r351a-s/p404a-m <sup>6</sup> r377, r380/p430

**Table 6.10: Criminal Activity Before and After Treatment  
in Methadone Detoxification (N = 278)**

Behavior	Percentage or Quantity			Percentage Change
	Before	After	Difference	
<b>Percent Committing Activity in Past 12 Months</b>				
Selling Drugs <sup>1</sup>	73.0	25.2	-47.8*	-65.4%
Shoplifting <sup>2</sup>	63.3	27.3	-36.0*	-56.9%
Beating Someone Up <sup>3</sup>	41.4	7.7	-33.7*	-81.5%
<b>Percent Arrested in Past 12 Months</b>				
for Drug Possession <sup>4</sup>	18.4	16.7	-1.7	-9.2%
on Any Charge <sup>5</sup>	37.4	24.6	-12.8*	-34.3%
<b>Percent Mostly Supported by Illegal Activities in Past 12 Months<sup>6</sup></b>				
	21.6	22.4	0.8	3.9%

\*Difference is significant at  $p < .05$ .

<sup>1</sup> r324, r345c/p380 <sup>2</sup> r331, r345j/p387 <sup>3</sup> r337, r345p/p393 <sup>4</sup> r348a, r351a/p404a

<sup>5</sup> r348a-s, r351a-s/p404a-m <sup>6</sup> r377, r380/p430

**Table 6.9: Criminal Activity Before and After Treatment  
in Methadone Maintenance (N=144)**

Behavior	Percentage or Quantity			Percentage Change
	Before	After	Difference	
<b>Percent Committing Activity in Past 12 Months</b>				
Selling Drugs <sup>1</sup>	76.4	5.0	-71.4*	<b>-93.5%</b>
Shoplifting <sup>2</sup>	66.0	13.6	-52.4*	<b>-79.4%</b>
Beating Someone Up <sup>3</sup>	47.2	5.4	-41.9*	<b>-88.6%</b>
<b>Percent Arrested in Past 12 Months</b>				
for Drug Possession <sup>4</sup>	9.7	6.3	-3.4	<b>-35.4%</b>
on Any Charge <sup>5</sup>	29.2	13.2	16.0*	<b>-54.8%</b>
<b>Percent Mostly Supported by Illegal Activities in Past 12 Months<sup>6</sup></b>				
	11.8	14.7	2.9	<b>24.2%</b>

\*Difference is significant at  $p < .05$ .

<sup>1</sup> r324, r345c/p380 <sup>2</sup> r331, r345j/p387 <sup>3</sup> r337, r345p/p393 <sup>4</sup> r348a, r351a/p404a

<sup>5</sup> r348a-s, r351a-s/p404a-m <sup>6</sup> r377, r380/p430

**Table 6.8: Criminal Activity Before and After Treatment  
in All SDUs (N=4,411)**

Behavior	Percentage or Quantity			Percentage Change
	Before	After	Difference	
<b>Percent Committing Activity in Past 12 Months</b>				
Selling Drugs <sup>1</sup>	64.0	13.9	-50.0*	-78.2%
Shoplifting <sup>2</sup>	63.7	11.7	-52.0*	-81.6%
Beating Someone Up <sup>3</sup>	49.3	11.0	-38.3*	-77.6%
<b>Percent Arrested in Past 12 Months</b>				
for Drug Possession <sup>4</sup>	14.6	7.2	-7.4*	-50.7%
on Any Charge <sup>5</sup>	48.2	17.2	-30.9*	-64.2%
<b>Percent Mostly Supported by Illegal Activities in Past 12 Months<sup>6</sup></b>				
	17.4	9.0	-8.5*	-48.6%

\*Difference is significant at  $p < .05$ .

<sup>1</sup> r324, r345c/p380 <sup>2</sup> r331, r345j/p387 <sup>3</sup> r337, r345p/p393 <sup>4</sup> r348a, r351a/p404a

<sup>5</sup> r348a-s, r351a-s/p404a-m <sup>6</sup> r377, r380/p430

incarcerated for a much longer period. Without further inquiry, we must use caution in interpreting our results for correctional groups in the same way as we interpret those for other treatment types.

In summary, we observed a pattern of substantially reduced alcohol and drug use in every type of treatment modality, with reductions typically between one-third and two-thirds depending on the type of service unit and the specific measure. There were some differences by type of service unit. Methadone treatment appeared to have little or no effect on the use of crack, which was less prevalent in the methadone group to begin with; while residential treatment often evidenced substantial declines from relatively high pre-treatment levels to levels in line with other treatment types. We also observe that users of heroin, whether in methadone or other types of service units, appear to spend considerably more money on their drugs than nonusers of heroin. Finally, the analysis of before/after changes in the correctional units probably calls for a more intensive type of adjustment for periods of confinement.

### **Criminal Behavior**

From 34 measures we initially examined, we used the criteria discussed in the previous 'drug and alcohol use' section of this report to select six measures to represent the major crime-related outcomes that are of public concern and/or highest prevalence among NTIES clients. These measures are of three types. The first measure is whether any crime of a specific type was committed by a client during the past-year reference period. The crimes enumerated here in Tables 6.8 through 6.14 (see pages 22ff) are drug trafficking (selling), theft from a store (shoplifting), and beating someone up without a weapon (unarmed violence). The second type is an arrest measure: whether the client was arrested during the year for the specific charge of drug possession, or on any charge at all. The final measure is whether the client obtained financial support over the prior 12 months mostly through illegal activities.

#### ***Results for all SDUs***

Table 6.8 presents results for criminal behavior and arrests for the entire NTIES sample during the 12 month periods directly before and after receiving treatment. The results show substantial, and statistically significant, reductions in both criminal behavior and arrests after treatment, with a somewhat smaller decrease in the percentage of clients mostly supported through illegal activities.

Changes in arrest rates were in the range of changes in drug and alcohol use discussed above; the percentage of clients arrested for drug possession declined by 51 percent while the percentage arrested for any charge declined by 64 percent. Changes in criminal behavior were larger, between seventy and ninety percent.

# **Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings**

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Behavioral Health Statistics and Quality

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September 2012

## Table of Contents

Chapter	Page
List of Figures .....	vii
List of Tables .....	xi
Highlights.....	1
1. Introduction.....	7
Summary of NSDUH .....	7
Limitations on Trend Measurement.....	8
Format of Report and Data Presentation.....	9
Other NSDUH Reports and Data.....	10
2. Illicit Drug Use .....	13
Age.....	16
Youths Aged 12 to 17 .....	18
Young Adults Aged 18 to 25 .....	20
Adults Aged 26 or Older.....	21
Gender.....	21
Pregnant Women.....	23
Race/Ethnicity.....	23
Education .....	23
College Students .....	23
Employment.....	24
Geographic Area .....	25
Criminal Justice Populations.....	26
Frequency of Marijuana Use.....	27
Association with Cigarette and Alcohol Use.....	27
Driving Under the Influence of Illicit Drugs .....	27
Source of Prescription Drugs.....	28
3. Alcohol Use .....	31
3.1. Alcohol Use among Persons Aged 12 or Older .....	31
Age.....	32
Gender.....	33
Pregnant Women.....	33
Race/Ethnicity.....	33
Education .....	34
College Students .....	35
Employment.....	36
Geographic Area .....	36
Association with Illicit Drug and Tobacco Use.....	36
Driving Under the Influence of Alcohol.....	37
3.2. Underage Alcohol Use.....	38

## Table of Contents (continued)

Chapter	Page
4. Tobacco Use.....	43
Age.....	44
Gender.....	46
Pregnant Women.....	47
Race/Ethnicity.....	48
Education.....	48
College Students.....	48
Employment.....	49
Geographic Area.....	49
Association with Illicit Drug and Alcohol Use.....	49
Frequency of Cigarette Use.....	50
5. Initiation of Substance Use.....	51
Initiation of Illicit Drug Use.....	52
Comparison, by Drug.....	53
Marijuana.....	55
Cocaine.....	56
Heroin.....	56
Hallucinogens.....	56
Inhalants.....	58
Psychotherapeutics.....	58
Alcohol.....	58
Tobacco.....	59
6. Youth Prevention-Related Measures.....	63
Perceived Risk of Substance Use.....	63
Perceived Availability.....	67
Perceived Parental Disapproval of Substance Use.....	68
Attitudes toward Peer Substance Use.....	68
Fighting and Delinquent Behavior.....	69
Religious Beliefs and Participation in Activities.....	69
Exposure to Substance Use Prevention Messages and Programs.....	70
Parental Involvement.....	71
7. Substance Dependence, Abuse, and Treatment.....	73
7.1. Substance Dependence or Abuse.....	73
Age at First Use.....	76
Age.....	77
Gender.....	78
Race/Ethnicity.....	78
Education.....	79
Employment.....	79

## 7. Substance Dependence, Abuse, and Treatment

The National Survey on Drug Use and Health (NSDUH) includes a series of questions to assess the prevalence of substance use disorders (substance dependence or abuse) in the past 12 months. Substances include alcohol and illicit drugs, such as marijuana, cocaine, heroin, hallucinogens, inhalants, and the nonmedical use of prescription-type psychotherapeutic drugs. These questions are used to classify persons as dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994).

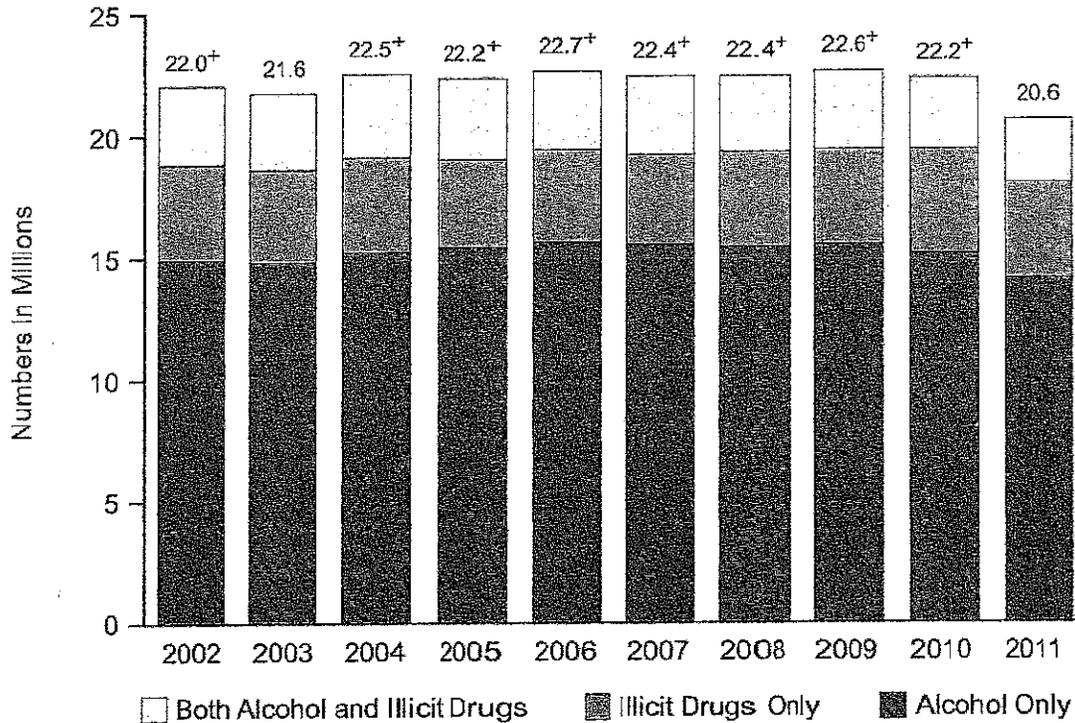
The questions related to dependence ask about health and emotional problems associated with substance use, unsuccessful attempts to cut down on use, tolerance, withdrawal, reducing other activities to use substances, spending a lot of time engaging in activities related to substance use, or using the substance in greater quantities or for a longer time than intended. The questions on abuse ask about problems at work, home, and school; problems with family or friends; physical danger; and trouble with the law due to substance use. Dependence is considered to be a more severe substance use problem than abuse because it involves the psychological and physiological effects of tolerance and withdrawal.

This chapter provides estimates of the prevalence and patterns of substance use disorders occurring in the past year from the 2011 NSDUH and compares these estimates against the results from the 2002 through 2010 surveys. It also provides estimates of the prevalence and patterns of the receipt of treatment in the past year for problems related to substance use. This chapter concludes with a discussion of the need for and the receipt of treatment at specialty facilities for problems associated with substance use.

### 7.1. Substance Dependence or Abuse

- In 2011, an estimated 20.6 million persons aged 12 or older were classified with substance dependence or abuse in the past year (8.0 percent of the population aged 12 or older) (Figure 7.1). Of these, 7.6 million were classified with dependence or abuse of both alcohol and illicit drugs, 3.9 million had dependence or abuse of illicit drugs but not alcohol, and 14.1 million had dependence or abuse of alcohol but not illicit drugs.
- The annual number of persons with substance dependence or abuse remained stable between 2002 and 2010, ranging from 21.6 million to 22.7 million. However, the number in 2011 (20.6 million) was lower than the number in 2010 (22.2 million).
- In 2011, 16.7 million persons aged 12 or older were classified with alcohol dependence or abuse, which was lower than the number in 2010 (18.0 million) and in each year from 2002 to 2009 (18.1 million in 2002, 17.8 million in 2003, 18.7 million in 2004, 18.7 million in 2005, 18.9 million in 2006, 18.7 million in 2007, 18.5 million in 2008, and 18.8 million in 2009).

**Figure 7.1 Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2002-2011**



<sup>+</sup> Difference between this estimate and the 2011 estimate is statistically significant at the .05 level.

- In 2011, 6.5 percent of the population aged 12 or older had alcohol dependence or abuse, which was lower than the rate in each year since 2002 (7.7 percent in 2002, 7.5 percent in 2003, 7.8 percent in 2004, 7.7 percent in 2005, 7.7 percent in 2006, 7.5 percent in 2007, 7.4 percent in 2008, 7.5 percent in 2009, and 7.1 percent in 2010).
- The number of persons aged 12 or older who had illicit drug dependence or abuse was similar between 2010 (7.1 million) and 2011 (6.5 million) and between 2002 (7.1 million) and 2011. However, the rate of persons aged 12 or older who had illicit drug dependence or abuse in 2011 (2.5 percent) was lower than the rate in 2010 (2.8 percent) and in most years from 2002 to 2009. The rate of illicit drug dependence or abuse in 2002 to 2009 ranged from 2.8 to 3.0 percent.
- Marijuana was the illicit drug with the highest rate of past year dependence or abuse in 2011, followed by pain relievers and cocaine. Of the 6.5 million persons aged 12 or older classified with illicit drug dependence or abuse in 2011, 4.2 million had marijuana dependence or abuse (representing 1.6 percent of the total population aged 12 or older, and 63.8 percent of all those classified with illicit drug dependence or abuse), 1.8 million persons had pain reliever dependence or abuse, and 821,000 persons had cocaine dependence or abuse (Figure 7.2).

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## Appendix: Conference panels and participants

### Welcome

Michael Merson, Yale University School of Medicine, Department of Epidemiology and Public Health (EPH) -- Center for Interdisciplinary Research on AIDS (CIRA)  
Barbara Geller, Department of Mental Health and Addiction Services (DMHAS)  
Kim Blankenship, Yale University School of Medicine, EPH-CIRA

### Panel 1: Pharmacological Innovations

"Comments on Cocaine Vaccine Research," and "Buprenorphine Studies," Richard Schottenfeld, Yale University School of Medicine, Department of Psychiatry; Connecticut Mental Health Center (CMHC)

Video: Excerpt from 60 Minutes: "Where Have all the Addicts Gone?"

Alternative Opiate Therapies," Robert Heimer, Yale University School of Medicine, EPH-CIRA

Panel Chair: Kaveh Khoshnood, Yale University School of Medicine, EPH-CIRA

Discussant: Mark Kinzly, Corporation for Supportive Housing

### Panel 2: Innovations in Delivery

Methadone: A Medical Model, Prison Issues, and Impact on HIV Transmission," Peter Tenore, Albert Einstein College of Medicine, Riker's Island Correctional Facility

Physician Prescribed Methadone," Richard Schottenfeld, Yale University School of Medicine, Department of Psychiatry; CMHC

Treatment on Demand: Expanding Public Capacity for Substance Abuse Treatment," Edward Kaplan, Yale University School of Management; EPH-CIRA

Panel Chair: Jody Sindelar, Yale University School of Medicine, EPH

Discussants: David Biklen, CT Law Revision Commission; Mary Barr, Motivational Movement

### Commissioners Panel

Thomas Kirk, Commissioner, Department of Mental Health and Addiction Services

Elise Kramer, Department of Public Health

Robert Leuba, Chief Court Administrator, Judicial Branch of the State of Connecticut

Richard Parrella, Director of Medical Care Administration, Department of Social Services

Rayford, Director of Health, Mental Health and Addiction Services, Department of Corrections

Thomas Gilman, Deputy Commissioner, Department of Children & Families

Panel Chair: Michael Merson, Yale University School of Medicine, EPH-CIRA

### Panel 3: Diversionary Programs

Panel Supported Diversionary Programming," William Carbone, Court Support Services Division, Judicial Branch of the State of Connecticut

Alternatives to Arrest and Re-Arrest," Nicholas Pastore, Criminal Justice Policy Foundation, Washington, DC

Connecticut's Jail Diversion Program: Creating Partnerships Between Mental Health Services and the Criminal Justice System," Madelon Baranoski, Yale University School of Medicine, Department of Psychiatry; CMHC

Panel Chair: Barbara Geller, DMHAS

Panelists: Jelani Lawson, Connecticut Drug Policy Leadership Council; Representative John Martinez, District

### Panel 4: Integrative Approaches

Panel Supportive Housing and Substance Use," Janice Elliot, Corporation for Supportive Housing

Panel Supportive Housing and Substance Use," Linda Frisman, DMHAS

Assertive Mental Health Outreach: What is it and Does it Work with Substance Users," Michael Rowe,  
Yale University School of Medicine, Department of Psychiatry, CMHC  
el Chair: Kim Blankenship, Yale University School of Medicine, EPH-CIRA  
discussants: Representative Patricia Dillon, 92<sup>nd</sup> District; David Martineau, Immaculate Conception  
Shelter & Housing Corporation



State &amp; County QuickFacts

**Waterbury (city), Connecticut**

<b>People QuickFacts</b>	<b>Waterbury Connecticut</b>	
Population, 2012 estimate	109,915	3,590,347
Population, 2010 (April 1) estimates base	110,366	3,574,097
Population, percent change, April 1, 2010 to July 1, 2012	-0.4%	0.5%
Population, 2010	110,366	3,574,097
Persons under 5 years, percent, 2010	7.2%	5.7%
Persons under 18 years, percent, 2010	25.6%	22.9%
Persons 65 years and over, percent, 2010	12.6%	14.2%
Female persons, percent, 2010	52.4%	51.3%
White persons, percent, 2010 (a)	58.8%	77.6%
Black persons, percent, 2010 (a)	20.1%	10.1%
American Indian and Alaska Native persons, percent, 2010 (a)	0.6%	0.3%
Asian persons, percent, 2010 (a)	1.8%	3.8%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	0.0%
Persons reporting two or more races, percent, 2010	4.6%	2.6%
Persons of Hispanic or Latino origin, percent, 2010 (b)	31.2%	13.4%
White persons not Hispanic, percent, 2010	45.4%	71.2%
Living in same house 1 year & over, percent, 2007-2011	86.6%	88.0%
Foreign born persons, percent, 2007-2011	14.4%	13.3%
Language other than English spoken at home, percent age 5+, 2007-2011	31.6%	20.8%
High school graduate or higher, percent of persons age 25+, 2007-2011	78.7%	88.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	17.2%	35.7%
Veterans, 2007-2011	5,926	235,132
Mean travel time to work (minutes), workers age 16+, 2007-2011	23.7	24.7
Housing units, 2010	47,991	1,487,891
Homeownership rate, 2007-2011	49.6%	68.9%
Housing units in multi-unit structures, percent, 2007-2011	55.9%	34.6%
Median value of owner-occupied housing units, 2007-2011	\$164,000	\$293,100
Households, 2007-2011	42,599	1,360,115
Persons per household, 2007-2011	2.54	2.53
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$22,004	\$37,627
Median household income, 2007-2011	\$41,499	\$69,243
Persons below poverty level, percent, 2007-2011	20.6%	9.5%
<b>Business QuickFacts</b>	<b>Waterbury Connecticut</b>	
Total number of firms, 2007	7,267	332,150
Black-owned firms, percent, 2007	9.3%	4.4%
American Indian- and Alaska Native-owned firms, percent, 2007	1.6%	0.5%
Asian-owned firms, percent, 2007	4.1%	3.3%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.0%
Hispanic-owned firms, percent, 2007	10.8%	4.2%
Women-owned firms, percent, 2007	24.7%	28.1%
Manufacturers shipments, 2007 (\$1000)	1,009,392	58,404,898
Merchant wholesaler sales, 2007 (\$1000)	622,865	107,917,037
Retail sales, 2007 (\$1000)	1,526,412	52,165,480
Retail sales per capita, 2007	\$14,293	\$14,953
Accommodation and food services sales, 2007 (\$1000)	138,717	9,138,437

<b>Geography QuickFacts</b>	<b>Waterbury Connecticut</b>	
Land area in square miles, 2010	28.52	4,842.36
Persons per square mile, 2010	3,869.9	738.1
FIPS Code	80000	09
Counties		

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 25 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed; does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, County Business Patterns, Economic Census, Survey of Business Owners, Building Permits, Census of Governments

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- Home
- Statistics
- Recovery Process
- News
- FAQ
- Staff
- Research
- Self Assessment
- Help Organizations
- Donations
- Location
- Education
- Contact

See Page 3

**STATISTICS**



Each year, millions of people countless more are affected disorder is defined as a depe including prescription drugs.

Specifically, in 2007, an estir treatment for a substance us rate of current illicit drug use significantly from 2002 to 20 start using substances at an

For example, in 2007:

- 85.9 percent of people aged 12 or older who initiated alcohol use within the past 21. Of those people, they average they began misusing alcohol was 15.8 years.
- An estimated 2.7 million people aged 12 or older used an illicit drug for the first ti than 18 at the time. Among people ages 12 to 49, the average age of first use w:
- Inhalants - 17.1 years
- Marijuana - 17.6 years
- Cocaine - 20.2 years
- Ecstasy - 20.2 years
- Nonmedical use of pain relievers - 21.26

Many young Americans began their drug use by taking pain relievers nonmedica 2.1 million people had misused pain relievers for the first time within the past with an average age at first use os 21.2 years.

2.1 million people had used Marijuana for the first time within the past year (approximately 6,000 people per day). Most (62.2 percent) were younger tha 18 when they first used it.

Most people aged 12 and older who had used any illicit drug for the first time the past year reported that their first drug was Marijuana (56.2 percent). Nea percent started with the nonmedical use of prescription drugs.

A substance use disorder does not discriminate against its victims based on age, r

community. This disease controls people's lives and has devastating effects on their friends and families one of the most deadly ailments, with one in four deaths each year attributed to alcohol, tobacco, or illicit substances contribute to numerous negative health issues:

Heavy drinking contributes to illnesses associated with each of the top three causes of death: heart disease. Cocaine has been shown to contribute to deaths from heart attacks, respiratory failure, strokes, and on some occasions, sudden death can occur on the first use of cocaine.

Heroin is associated with fatal overdoses and infectious diseases such as HIV/AIDS and hepatitis - particularly the drug.

Methamphetamine, known to many as speed or meth, can cause psychotic behavior, hallucinations, and a long period of time.

These tragedies concern all of us. All Americans, not just those directly affected by substance use disorders, are people with the disease. The Institute of Addiction Medicine seeks to raise awareness in the community associated with this powerful disease and encourage support and healing.

### KEY FACTS: PREVALENCE

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From 1992 to 2003, misuse of opioid prescription painkillers increased by 140%

Americans, who represent less than 5% of the world's population, are by far the largest group of opioid users. The supply of opioids (and 99% of the hydrocodone available globally) are used by people in the United States. The increase in the legitimate use of opioids has been paralleled by a rise in abuse of these drugs, with 100,000 deaths during the 5-year period from 1999 to 2004.

Multiple investigations have shown prevalence of drug abuse around 20% and as high as 58% in patients with chronic pain

According to the 2005 National Survey on Drug Use and Health:

- Almost 2 million Americans are opioid dependent

- Approximately 4.7 million teenagers and adults used opioid prescription painkillers for nonmedical purposes

- Approximately 32.7 million Americans report having used opioid prescription painkillers for nonmedical purposes at least once in their lives

- Statistics for your state may be available at <http://nsduhweb.rti.org>

### KEY FACTS: THE DISEASE OF OPIOID DEPENDENCE

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Opioid dependence is recognized by the World Health Organization as a brain disease

Opioid dependence is a condition that involves the physical, psychological, and behavioral need for an aspect of a person's life

The misuse of opioids can create euphoria of such intensity that it reinforces drugtaking behavior and that opioids are necessary to survive.

Opioid prescription painkillers are chemically similar to heroin and can be as addictive.

Adults abusing opioids typically acquire them by one of the following methods: doctor shopping -- MOYOUTHS abusing opioids typically acquire them by: stealing them from parents or relatives; buying them from friends; selling legitimate prescriptions or buying them from illegal Internet pharmacies or other vendors

When an opioid-dependent person stops taking opioids, severe physical withdrawal symptoms occur, including intense cravings for the drug. These cravings can be so powerful that people find it extremely difficult to resist. The social stigma attached to opioid dependence is so strong that some people will continue using opioids even after exposure by seeking treatments

## KEY FACTS: TREATING OPIOID DEPENDENCE

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Historically, the primary treatment option for patients with opioid dependence has been methadone, in a clinic setting

Psychosocial counseling is a critical component of opioid-dependence treatment

A new treatment option has been available since 2003, which can be prescribed by trained physicians in an office setting

Opioid dependence can now be managed medically -- in the same way that other chronic illnesses like diabetes are managed.

Many individuals are more inclined to be treated in the privacy and convenience of a physician's office. According to several conservative estimates, every dollar invested in opioid dependence treatment may save \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft alone; when savings related to other areas are included, the ratio can equal 12:1 for every dollar invested.

## SOURCES

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"Heroin." National Institute on Drug Abuse Web site: <http://www.drugabuse.gov/DrugPages/Heroin.htm>

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Accessed August 14, 2008.

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## **Education**

### Undergraduate

College of Medicine University of Ibadan

Ibadan, Nigeria  
September 1975- 1981

### Postgraduate

Internship in Internal Medicine  
Brookdale University Medical Center

Brooklyn, NY  
July 1989 - June 1990

Residency in Internal Medicine  
St. Barnabas Hospital

Bronx, NY  
June 1990 - June 1992

Addiction Medicine Training

Bronx, NY  
1998- 2000

## **Experience**

**New Era Rehabilitation Center**  
**President and Cofounder**

**Bridgeport, CT**  
**July 2002-Present**

- Management of medical, pharmacy, nursing and counseling department of two major treatment facilities.
- Development of clinical standards and the policies for patient management.
- Development of administrative and counseling protocol for the running of the facilities and treatment of patients.
- Negotiation of reimbursement rates with the insurance companies
- Development and launching of community outreach program to engage patients within the community
- Establishing of new facilities
- Implementation and management of relevant and statistics and metrics for the facility including increasing increase patient census, counselor to patient ratio.
- Revision of policies and policies of the facility code of ethics, risk management plan, healthy and safety plan
- Maintaining all administrative, operational, and financial documents as required by state licensing authorities and accreditation organizations
- Supervising medical and clinical management of patients
- Clinically evaluated the patients before admission into the facility

**St. Barnabas Hospital  
Medical Director**

**Bronx, New York  
July 2001- May 2002**

- In patient alcohol and drug detoxification program
- Supervised clinics and assured efficiency
- Composed protocol on standard of care on patient management

**Associate Professor / Senior Attendant**

**October 1998 -June 2001**

- Taught medical students and residents internal medicine and addiction medicine principles and procedures
- Over saw activities of patients and junior colleagues

**Attending Physician**

**June 1992-September 1998**

- Primary care physicians for in the New York area
- Responsible for the diagnosis, treatment , and referrals for many patients
- Handled daily paperwork, including patients treatment forms
- Database management of patients histories
- Handled the diagnosis, treatment, and referrals for patients
- Medical consultation in surgical, psychiatric, obstetrics, and gynecology departments

**Union Hospital**

**Bronx, New York**

**Attendant /Emergency Room Attending Physician (Per Diem )**

**July 1992- September 1998**

- Managing medical inpatients and running outpatient clinics
- Management inpatient alcohol and drug detoxification unit
- Medical consultations in surgical, psychiatric, obstetrics , and gynecology unit

**St. Barnabas Hospital  
Residency in Internal Medicine**

**Bronx , NY  
July 1990 – June 1992**

**Brookdale Hospital Medical Center  
Intern (Internal Medicine Department)**

**Brooklyn, New York  
July 1989 – June 1990**

**Parkway Medical Office  
Physician Assistant**

**Brooklyn, New York  
August 1986-June 1989**

- Prior to getting American medical license he assisted physicians in daily activities

**University College Hospital  
Resident (Obstetrics and Gynecology)**

**Ibadan, Nigeria  
July 1986- June 1987**

- Outpatient and inpatient management
- Medical student and resident teaching

**Mariere Memorial Hospital  
National Youth Corp Member**

**Ughelli, Nigeria  
July1982-June 1983**

- Administered rural medicine to the citizens of Ughelli

**Rotating Internship**

**July 1981-1982**

**Certification**

**Addiction Medicine Certification**

**November 2000**

American Board of Internal Medicine	September 1992
Federation Licensing Examination	December 1990
Foreign Medical Graduate Examination Medical Sciences	January 1987

**Hospital Appointments**

- Member, Medical Board , Union Hospital 1993-1997
- Chairman , Medical Records Committee , Union Hospital 1993-1997
- Member , Morbidity and Mortality Committee 1993-1997
- Member , Utilization Review Committee , Union Hospital 1993-1997
- Academic Appointments 1993-1997

New York College of Osteopathic Medicine , Old Westbury, New York  
 Assistant Clinical Professor of Medicine May 1997- May2002

St. Barnabas Hospital Bronx, New York  
 July 1992-May2002

**Honors/ Skills/ Activities**

- Donator and Volunteer World Vision Christian Charity
- Excellent Interpersonal Skills
- Excellent Presentation Skills
- Excellent business network within Nigeria and the United States

**Organization Membership**

- Member, American College of Physician
- American Society of Addiction Medicine
- Connecticut Chapter of American College of Physicians
- Connecticut Society of Addiction Medicine

**Hospital Affiliation**

Attending Physician

Bridgeport Hospital  
 Bridgeport, Connecticut

Attending Physician

St. Vincent Hospital Medical Center  
 Bridgeport , Connecticut

**CHRISTINA M.KOLADE,DO**  
**38 Crawford Road Westport,CT 06880**  
**Office:203-372-3333, Fax:203-374-7515**  
**Email:cmkolade@gmail.com**

**New Era Rehabilitation Center,  
Bridgeport, Connecticut**

**Vice President and Medical Director  
June 2005-Present**

- Addiction treatment and medical centre oversight.
- Involved in clinical and administrative responsibilities.
- Responsible for supervision of the design and construction of the facility.
- Obtaining necessary licenses and certificates for medical facilities.
- Involved in accreditation process by Joint Commission on Accreditation of Hospitals and Health Care Organization (Highest accreditation body in USA).
- Development of policy and procedures.
- Purchase of equipment and set up of medical facilities.
- Negotiation of reimbursement rates with insurance companies.
- Supervision of directors of departments including Nursing, Medicine, Counseling and Administration.
- Reports to the President/Chief Executive Officer.
- Member of the Executive Board of New Era Rehabilitation Center.

**Residency in Family Medicine  
Bronx, NY**

**July 2003 –June 2005**

**Internship in Intern Medicine  
Bronx, NY**

**Intern  
July 2002- June 2003**

**New York College of Osteopathic Medicine  
Old Westbury, New York**

**Medical Student  
July 1997- May 2002**

**Premier Pharmacy,  
Yonkers, New York**

**Staff Pharmacist  
Jan 1993-1997**

- Compounding medicines.
- Making blister packs for nursing homes and treatment centers.
- Supervision of pharmacy technicians and pharmacy interns

**All Care Nurse Registry  
Long Island, New York**

**Registered Nurse (R.N.)  
1988-1993**

**Oyo State Health Council  
Oyo State, Nigeria**

**Registered Nurse (R.N.)  
July 1983-1987**

**STELLA PHARMACY  
Brooklyn, New York USA**

**Staff Pharmacist  
Jan 1992-Dec 1992**

- Filling of prescriptions.

**BOARD CERTIFICATION**

Diplomat of American Board of Osteopathic Medicine  
(June 2005)

### Education

New York College of Osteopathic Medicine  
Old Westbury, New York

Doctor of Osteopathic Medicine  
Aug 1998- May 2002

St. John's University  
Queens, New York

Bachelor of Science Pharmacy  
Aug 1989-Jan 1993

School of Nursing University College Hospital  
Ibadan, Oyo state

Registered Nurse  
Aug 1980-June 1983

Sacred Heart School of Midwifery  
Abeokuta, Ogun state  
1981

Registered Midwife  
Aug 1980-June

Egba High school  
Abeokuta, Ogun state

West African Examination Council  
Jan 1973-June 1978

### LICENSES

- Licensed Physician, New York and Connecticut
- Registered Pharmacist, New York and Connecticut
- Registered Nurse New York, Connecticut and Maryland

### ORGANIZATIONS MEMBERSHIP

- American College of Family physicians.
- American College of Osteopathic Family physicians.
- American Society of Addiction Medicine.
- Connecticut Osteopathic Medicine Society.
- Connecticut Society of Addiction Medicine.
- President of Psychiatric Medical Student Association (1999-2000) at NYCOM
- Founder/ President Christian Medical Student Associate (2000-2001) at NYCOM

**Angela N. Beckerman**  
327 Brainard Rd, # 506  
Enfield, CT 06082  
(860) 227-7326

**Clinical Coordinator**

**Objective:**

Highly motivated, conscientious licensed administrative professional with 25 years of counseling experience in behavioral health systems seeking the opportunity to ensure that patients receive cost-effective treatment services while maintaining high quality care under a perpetually changing behavioral health care system.

**Major accomplishments include:**

Twenty percent increase in revenues by the development of a network of supportive alliances and facilitation of regional service meetings.

Gained profits and increased customer/client base by 15% by utilizing marketing and promotional strategies with medical, legal and governmental agencies.

Fifteen percent reduction in treatment costs and increased efficiency by streamlining services and eliminating overlapping functions among agency departments.

Cut medical costs by 15% by tracking drug abuse rates and designing/implementing high utilizer programs.

Increased customer satisfaction scores by 20% resulting from the facilitation of Total Quality Management and Continuous Quality Improvement projects.

**Professional Experience**

12/2007 - present **New Directions, Inc. Enfield CT**

***Clinical Director***

Effectively coordinate clinical operations by ensuring immediate scheduling of biopsychosocial assessment evaluations and timely client access to treatment programs. Monitored group census, clinician caseloads and productivity of clinical services.

Incorporate efficient clinical workflow processes/procedures consistent with agency policies by providing accurate financial data to insurances, tracking clinical cases, and facilitating referral correspondence from client admission to client discharge.

Obtain positive quality outcome measures in accordance with DPH and DMHAS requirements by reviewing client cases and clinical documentation of intakes, 30/60/90 day treatment plan reviews, and discharges.

Enhance clinical professional development by providing clinical orientation, clinical supervision ( individual and group), and effective annual performance reviews of 4 Master level and 4 Bachelor level clinicians. Lead clinical meetings.

## Angela N. Beckerman

2005 - 2007 **Community Substance Abuse Center, Inc. Hartford, CT****Clinical Supervisor**

Developed and designed program services. Managed multiple services with limited staff and resources. Coordinated schedules to include the implementation of orientation and training methods of clinical staff.

Provided clinical and administrative supervision of clinical staff. Utilized clinician productivity/ performance measures in monitoring compliance to regulatory bodies and assisted in *Quality Improvement Program* initiatives and goals.

Improved the efficiency and effectiveness of systems and procedures which increased client contacts. Assisted in the role of Hearing and Appeals Officer by responding to consumer grievances and mediating clinician/patient conflicts, and utilized customer satisfaction surveys in outcome studies to promote consumer advocacy efforts. Maintained compliance to CARF guidelines.

Rapidly responded to client needs by providing on-call services, implemented accurate assessment, utilization of referring agencies and collaborated with ABH and other insurances to pre-certify and authorize individualized treatment plans

2001 - 2003 **Connections, Inc., Middletown, CT**  
**Behavioral Health Clinician**

Coordinated treatment program services at two company sites and ensured services were consistent with the needs of the local community, managed care systems and government assistance programs.

Designed and implemented psychoeducational modalities and evidence-based approaches to group, family and individual treatments sessions that would meet the criteria and budget restrictions of state agencies.

Collaborated with government agencies of probation, DCF and ABH for case management functions that included biopsychosocial assessments, referral and continued case management to determine levels of care.

1998 - 2001 **Rushford Center, Inc., Middletown, CT**  
**Behavioral Health Unit Manager**

Networked with funding resources and referring agencies to gain transportation, employment, housing and financial support for patients as a means to ensure treatment attendance.

Created the *Integrated Service Plan* and utilized it in five different treatment settings in the Middlesex Region. Recommended and coordinated services to appropriate agencies for referrals, treatment, and case management functions for long-term care identified upon intake and evaluation assessments.

Facilitated utilization management by tracking relapse rates of high utilizers. Evaluated outcomes and cost efficiencies to create proposals for service modifications.

Angela N. Beckerman

1994 - 1997 **Midstate Hospital, Meriden, CT**  
**Psychotherapist**

Coordinated *Total Quality Management* projects to consolidate mental health and substance abuse partial hospitalization services.

Streamlined program services by designing services according to patient group needs, eliminating activities that added little value, and assimilated new modalities that increased treatment effectiveness.

Authored and implemented a proposal for intensive outpatient programs that served diverse substance abuse, mental health and dual diagnosis populations.

1991- 1993 **CARE Center, New London, CT**  
**Mental Health and Substance Abuse Counselor**

Diagnosed patients with dual/co-occurring disorders. Participated in interdisciplinary teams that designed service programs. Implemented cognitive- behavioral modes of group and individual therapy including identification of high risk situations, relapse prevention, defense mechanisms, behavior modification, relaxation techniques, assertive training, stress management, and N.A/A.A utilization. Evaluated and provided counseling on an outpatient basis.

1986 - 1989 **New Britain Hospital, New Britain, CT**  
**Substance Abuse Clinician**

Provided intakes, evaluations, and biopsychosocial assessments in a Partial Hospitalization Program. Conducted weekly individual and family sessions as well as daily behavioral psychotherapy groups. Devised and implemented short and long- term outpatient treatment plans.

### Education

Albertus Magnus College, New Haven. CT  
Master of Business Administration, January, 2005  
Master of Science in Management, 2004  
Membership in the National Honor Society Kappa Gamma Pi

Licensed Practicing Counselor (pending exam)  
Licensed Alcohol and Drug Counselor. 1988  
Certified Counselor Supervisor, 2009  
Certified Co-Occurring Disorder Professional, 2008  
Connecticut Certification Board  
Connecticut Public Health

Connecticut College, New London  
Masters of Arts: Clinical Psychology, 1987  
Membership in the National Honor Society Psi Chi

University of Rhode Island, Kingston, RI  
Bachelor of Arts in Elementary Education, 1984

**GLENN GIARRATANA, M.D.,D.A.B.U.C.M.**

Specialty-Urgent Care Medicine  
Sub-Specialty-Occupational Medicine

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**PRACTICE**

October 2009-present	Hartford Dispensary, Hartford, CT.-Program Physician
June 2008- August 2009	Charter Oaks Health Center, Hartford, CT. - Family Practice
November 1999 - April 2007	Correctional Managed Health Care, CT. - Dept. of Corrections, Principal Physician
November 1996 - June 2002	Southern Connecticut State University - University Physician
November 1995 - January 1999	Medical Rehabilitation Center, P.C., West Haven, CT. - Medical Director
November 1990 - February 1995	Apple Valley Medical Ctr., Southington, CT. - Medical Director
January 1990 - December 1990	Griffin Hospital, Derby, CT.-Emergency Services/Urgent Care
August 1986 -December 1989	Ambulatory/Occupational Medicine, New Haven County, CT

**EDUCATION/MEDICAL TRAINING**

March 23,-March 28, 2001	University of Cincinnati
June 30,-July 14, 2000	Occupational Medicine Training Course
October 29,-November 3, 1999	Cincinnati, OH
June 1984 -June 1986	PGY 1/PGY 2, General Surgery, Hospital of St. Raphael 1450 Chapel Street, New Haven, CT 06511 Major affiliate of Yale College of Medicine
August 1983 - June 1984	PGY 1, Fifth Channel Flexible Internship Program Hackensack Medical Center, University of Medicine & Dentistry of NJ Hackensack, NJ
June 1979 - June 1983	University Autonoma de Guadalajara Guadalajara, Mexico - M.D.
June 1974 - June 1978	Ohio State University, Columbus, OH B.S. Zoology

**CERTIFICATION**

Board Certified- American Board of Urgent Care Medicine  
Certification # 99125, (3/2000 w/ re-cert. exp. 1/2016)

**LICENSING**

Connecticut State License #027467  
New York State License # 1600024

**APPOINTMENTS**

Clinical Instructor @ SCSU-Athletic Training Program  
Clinical Electromedical Research Academy-Clinical Associate  
Civil Surgeon Federal  
Medical Review Officer  
CLIA Laboratory Director

**ORGANIZATIONS**

Member of Connecticut State Medical Association  
Member of New Haven County Medical Association  
Member of American Academy of Urgent Care Medicine

# **Tiawuana Walker**

180 Weber Avenue  
Bridgeport, CT 06610  
(203) 334-0736

**JOB OBJECTIVES** To secure a challenging and responsible position where I can use my acquired skills and abilities as Licensed Practical Nurse.

**EDUCATION** Bullard-Havens RVTS, Bridgeport, CT – Practical Nurse  
Education Program – Graduation January 2004

Housatonic Community College – Part Time  
Major – General Studies 1999 – 2001

Bullard-Havens RVTS, Bridgeport, CT – Certified Nurses  
Assistant Program – Graduation December 1985

## **WORK EXPERIENCE**

8/89 – 7/03 Certified Nurses Assistant  
3030 Park Nursing Facility – Bridgeport, CT

Provided assigned residents with routine daily nursing care as directed by a Registered Nurse.

3/99 – 9/99 Home Health Aide  
Connecticut Home Health Care Agency – Bridgeport, CT

Provided in-home health care. Assisted the elderly with baths, food preparation, doctors visits, and ensured a safe/clean environment.

4/87 – 1/88 Home Health Aide  
Visiting Nurses Association – Bridgeport, CT

Assisted the elderly with daily activities by providing lighthouse keeping, and food preparation to ensure a safe and clean environment.

**SPECIAL SKILLS** Computer knowledge (Data Entry)

**INTEREST** Cooking, music, reading, traveling, and taking care of the elderly.

**REFERENCES** Available upon request.

## **JOHN A. MCKEITHEN**

172 Beechmont Ave. Apt. #B  
Bridgeport CT. 06606  
(203) 612-4181 HOME / (203) 784-8792 WORK / (203) 612-0721 CELL

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### **PROFESSIONAL ORGANIZATIONS**

NEART: New England Association of Reality Therapy, Associate Member since 1992,  
Reality Therapist Certified – August 1, 1997  
LADC: Licensed Alcohol & Drug Counselor-October 30, 2002  
LPC: Licensed Professional Counselor-January 2010  
Oral Presentation Evaluator for the CT., CERT., Board (CCB) – October 2002  
Hartford Youth Project (HYP): MET/CBT Therapist – April 2003

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### **EDUCATION**

Certified Advanced Graduate Studies (CAGS) / Mental Health  
Cambridge College, Springfield, Massachusetts

M.Ed. / Counseling Psychology  
Cambridge College, Springfield, Massachusetts  
Graduated May 2002

A.S. / Drug and Alcohol Rehabilitation Counselor (DARC)  
Manchester Community Technical College (MCTC) Manchester CT.  
Graduated December 1995

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### **INTERNSHIP PLACEMENT**

Sept. 1994 - May 1995 Internship, Substance Abuse Counselor  
Dept. of Children and Families  
Long Lane School, Middletown, CT.  
Jan. 2002 – May 2002 Internship, Counseling Psychology  
Dept. of Children and Families  
Long Lane School, Middletown, CT.

## **EMPLOYMENT HISTORY**

### ***Substance Abuse & Mental Health***

February 2009- to present: PHP/IOP Program Clinical Coordinator, Adult Psychiatric Services, Saint Raphaels Hospital New Haven CT.

September 2007- February 2009: Criminal Justice Program Coordinator, Catholic Charities. New Haven CT.

February 2006 –September 2007: Clinical Coordinator, New Era Rehabilitation Center, Inc. Bridgeport CT.

February 2005 – February 2006: Coordinator of Substance Abuse Services, Community Partners in Action (CPA) Hartford CT.

March 2004 – February 2005: “2<sup>nd</sup> Shift Supervisor” Intensive & Intermediate Residential Program, ADRC, Hartford CT.

November 2002 – March 2004: (IOP) Out Patient Counseling Center, ADRC Hartford, CT.

March 1999 – November 2002: (VRC), Dept. Veterans Affairs, Rocky Hill, CT.

October 1998 - March 1999: Adult Rehabilitation Center, Salvation Army Hartford, CT.

May 1998 - October 1998: Manchester Alternate Incarceration Center (AIC), C.P.A. Manchester, CT.

May 1996 - May 1998: Substance Abuse Work Release Program, C.P.A. Hartford, CT.

### ***Corrections Officer 1977 - 1979***

Danbury Federal Correctional Institution Danbury,

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2001: Create the Anger Management Curriculum utilized at the Veterans Recovery Center, Dept. of Veterans Affairs in Rocky Hill CT.

2005: Work Shop Instructor /Anger Management / Cambridge College Springfield Mass.

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## **MILITARY SERVICE**

U.S. Marine Corps. 1971-1985 Honorable Discharge,

Vietnam Veteran (1971 - 1973)

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**REFERENCES AVAILABLE UPON REQUEST**

*attached.*

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# Federal Register

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Wednesday,  
January 17, 2001

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## Part II

### Department of Health and Human Services

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Substance Abuse and Mental Health  
Services Administration

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21 CFR Part 291

42 CFR Part 8

Opioid Drugs in Maintenance and  
Detoxification Treatment of Opiate  
Addiction; Final Rule

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Service Administration**

**21 CFR Part 291**

**42 CFR Part 8**

[Docket No. 98N-0617]

RIN 0910-AA52

**Opioid Drugs in Maintenance and Detoxification Treatment of Opiate Addiction;**

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Final rule.

**SUMMARY:** The Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA) are issuing final regulations for the use of narcotic drugs in maintenance and detoxification treatment of opioid addiction. This final rule repeals the existing narcotic treatment regulations enforced by the Food and Drug Administration (FDA), and creates a new regulatory system based on an accreditation model. In addition, this final rule shifts administrative responsibility and oversight from FDA to SAMHSA. This rulemaking initiative follows a study by the Institute of Medicine (IOM) and reflects recommendations by the IOM and several other entities to improve opioid addiction treatment by allowing for increased medical judgment in treatment.

**DATES:** This final rule will become effective on March 19, 2001.

**FOR FURTHER INFORMATION CONTACT:** Nicholas Reuter, Center for Substance Abuse Treatment (CSAT), SAMHSA, Rockwall II, 5600 Fishers Lane, Rm 12-05, Rockville, MD 20857, 301-443-0457, email: nreuter@samhsa.gov.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

In the *Federal Register* of July 22, 1999, (64 FR 39810, July 22, 1999, hereinafter referred to as the July 22, 1999, notice or July 22, 1999, proposal) SAMHSA, FDA, and the Secretary, Health and Human Services (HHS), jointly published a Notice of Proposed Rulemaking (NPRM) to revise the conditions for the use of narcotic drugs in maintenance and detoxification treatment of opioid addiction. The agencies also proposed the repeal of the existing narcotic treatment regulations enforced by the FDA, the creation of a new regulatory system based on an

accreditation model under new 42 CFR part 8, and a shift in administrative responsibility and oversight from FDA to SAMHSA.

The July 22, 1999, notice traced the history of Federal regulatory oversight of Opioid Treatment Programs ("OTPs," also known as narcotic treatment programs, or, methadone programs), focusing on Federal regulations enforced by FDA since 1972. The July 22, 1999, notice summarized the periodic reviews, studies, and reports on the Federal oversight system, culminating with the 1995 Institute of Medicine (IOM) Report entitled, *Federal Regulation of Methadone Treatment* (Ref. 1). As noted in the July 22, 1999, proposal, the IOM report recommended that the existing FDA process-oriented regulations should be reduced in scope to allow more clinical judgment in treatment and greater reliance on guidelines. The IOM report also recommended designing a single inspection format, having multiple elements, that would (1) provide for consolidated, comprehensive inspections conducted by one agency (under a delegation of Federal authority, if necessary), which serves all agencies (Federal, State, local) and (2) improve the efficiency of the provision of methadone services by reducing the number of inspections and consolidating their purposes.

To address these recommendations, SAMHSA proposed a "certification" system, with certification based on accreditation. Under the system, as set forth in the July 22, 1999, proposal, a practitioner who intends to dispense opioid agonist medications in the treatment of opiate addiction must first obtain from SAMHSA, a certification that the practitioner is qualified under the Secretary's standards and will comply with such standards. Eligibility for certification will depend upon the practitioner obtaining accreditation from a private nonprofit entity, or from a State agency, that has been approved by SAMHSA to accredit OTPs. Accreditation bodies would base accreditation decisions on a review of an application for accreditation and on surveys (on site inspections) conducted every three years by addiction treatment experts. In addition, accreditation bodies will apply specific opioid treatment accreditation elements that reflect "state-of-the-art" opioid treatment guidelines. Moreover, accreditation standards will require that OTPs have quality assurance systems that consider patient outcomes.

As noted in the July 22, 1999, proposal, this new system would replace the existing FDA regulatory

system. The existing system provides for FDA "approval" of programs, with direct government inspection in accordance with more detailed process-oriented regulations. These process-oriented regulations are less flexible and prescribe many aspects of treatment. The existing regulations do not require that programs have quality assurance systems. Finally, under the existing system, programs are not subject to periodic certification and there is no set schedule for inspections.

Proposed Subpart A addressed accreditation and included steps that accreditation bodies will follow to achieve approval to accredit OTPs under the new system. It also set forth the accreditation bodies' responsibilities, including the use of accreditation elements during accreditation surveys. Proposed Subpart B established the sequence and requirements for obtaining certification. This section addressed how and when programs must apply for initial certification and renewal of their certification. Finally, Subpart C of proposed part 8 established the procedures for review of the withdrawal of approval of the accreditation body or the suspension and proposed revocation of an OTP certification.

In addition to proposing an entirely new oversight system, the July 22, 1999, proposal included several other new provisions. For example, the Federal opioid treatment standards were significantly reduced in scope to allow more flexibility and greater medical judgment in treatment. Certain restrictions on dosage forms were eliminated so that OTPs may now use solid dosage forms. Under the previous rules, OTPs were limited to the use of liquid dosage forms. Several reporting requirements and reporting forms were eliminated, including the requirements for physician notifications (FDA Reporting Form 2633) and the requirement that programs obtain FDA approval prior to dosing a patient above 100 milligrams. The proposal included a more flexible schedule for medications dispensed to patients for unsupervised use, including provisions that permit up to a 31-day supply. Under the current regulations, patients are limited to a maximum 6-day supply of medication. Many of these regulatory requirements had been in place essentially unchanged for almost 30 years.

SAMHSA distributed the July 22, 1999, notice to each OTP listed in the current FDA inventory, each State Methadone Authority, and to other interested parties. Interested parties were given 120 days, until November 19, 1999, to comment on the July 22,

1999, proposal. In addition, on November 1, 1999, SAMHSA, FDA, the Office of National Drug Control Policy (ONDCP), the Drug Enforcement Administration (DEA), and other Federal agencies convened a Public Hearing on the proposal. The Public Hearing was announced in the *Federal Register* published October 19, 1999, (64 FR 59624, October 19, 1999), and was held in Rockville, MD. On January 31 and May 10, 2000, the SAMHSA/CSAT National Advisory Council Subcommittee on Accreditation met to assist SAMHSA/CSAT in its review of data and information from SAMHSA/CSAT's ongoing accreditation project. The SAMHSA/CSAT National Advisory Council convened to discuss the opioid accreditation project on May 12, 2000. The May 12, 2000, Council meeting provided an opportunity for comments from the public (65 FR 25352, May 1, 2000).

## II. Comments and Agency Response

In response to the July 22, 1999, proposal, SAMHSA received almost 200 submissions, each containing one or more comments. The comments were from government, industry, industry trade associations, academia, health professionals, professional organizations, patient advocacy organizations, and individual patients.

### A. General Comments

1. Many comments agreed in principle that the shift to an accreditation-based system will encourage OTPs to use individualized, clinically determined treatment plans that are guided by current, best-practice medical and clinical guidelines and to evaluate clinical outcomes. Other comments noted that the accreditation proposal recognizes that opiate addiction is a medical condition. Several comments affirmed that a major segment of the healthcare system in the United States is being reviewed through accreditation systems. As such, these comments stated that applying accreditation requirements to OTPs provides the potential for mainstream medicine to embrace opioid treatment.

While not opposing the proposal, some comments stated there should be no Federal regulations in this area. Other comments expressed concerns about additional costs to OTPs and, ultimately patients, for accreditation and duplicative assessments, noting that some States will continue to enforce process-oriented regulations, supported by considerable licensing fees. Based upon these "uncertainties," these comments suggest that SAMHSA wait

for the results of further study before implementing new regulations.

The Secretary agrees that the SAMHSA-administered accreditation-based regulatory system will encourage the use of best-practice clinical guidelines and require quality improvement standards with outcome assessments. As set forth below, the Secretary does not agree that comments on the uncertainty about accreditation costs or State regulatory activities warrant additional study before implementing these new rules.

2. Several comments addressed the costs associated with accreditation and challenged the estimates provided in the July 22, 1999, proposed rule. One comment included the results from a survey of OTPs with accreditation experience to indicate the indirect costs of accreditation will be considerable. According to the comment, these OTPs have had to spend considerable sums to hire consultants and additional staff, upgrade computers, develop infection control manuals, and make physical plant improvements. In some cases these costs were reported to approach \$50,000. Some of these comments suggested that SAMHSA await the completion of the "accreditation impact study" to obtain additional information on costs, before proceeding. Other comments stated that accreditation can lead to increased treatment capacity, but only if additional funds are provided. One comment suggested that SAMHSA create a capital improvement fund, while another suggested that SAMHSA allow block grant funds to be used to pay for accreditation.

The Secretary believes that the estimated costs as set forth in the July 22, 1999, notice remain reasonably accurate. As discussed in greater detail below, information on accreditation developed under the accreditation impact study, together with other ongoing SAMHSA technical assistance programs, indicates that the accreditation system will not produce an excessive burden to programs to warrant delaying the implementation of this final rule.

There are many components to SAMHSA's accreditation project that have been proceeding concurrently with this rulemaking. In April 1999, SAMSHA's Center for Substance Abuse Treatment (CSAT) issued "Guidelines for the Accreditation of Opioid Treatment Programs." These guidelines are up-to-date best-practice guidelines that are based upon the Federal opioid treatment standards set forth under proposed section 8.12 as well as SAMHSA/CSAT's Treatment Improvement Protocols (TIPs) that

address opiate addiction treatment. Two accreditation bodies, the Commission for the Accreditation of Rehabilitation Facilities (CARF) and the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), under contract to SAMHSA/CSAT, used these guidelines to develop "state-of-the-art" accreditation elements. These two accreditation bodies have surveyed dozens of programs with these new accreditation standards.

The July 22, 1999, proposal described an ongoing accreditation impact study. Under the accreditation impact study, CARF and JCAHO trained over 170 participating OTPs. In addition, more than 50 OTPs have been accredited under this system with technical assistance provided through a contract funded by SAMHSA/CSAT. None of the accredited programs have had to incur the kind of "physical plant" and other costly expenses predicted by some of the comments previously discussed. This direct and up-to-date information indicates that the cost estimates in the July 22, 1999, notice are up-to-date and reasonable. On the other hand, the survey discussed above that was submitted with one comment reflected accreditation surveys performed over 10 years ago. And, in some cases, the accreditation experiences discussed in these comments reflect accreditation of psychiatric hospitals, not OTPs.

The accreditation-based system which is the subject of this rule includes safeguards to reduce the risk of unnecessary and overly burdensome accreditation activities relating to OTPs. For example, SAMHSA will approve each accreditation body after reviewing its accreditation elements, accreditation procedures, and other pertinent information. SAMHSA will convene periodically an accreditation subcommittee, as part of the SAMHSA/CSAT National Advisory Council. The subcommittee will review accreditation activities and accreditation outcomes and make recommendations to the full SAMHSA/CSAT Council, and ultimately to SAMHSA on accreditation activities and guidelines. Finally, SAMHSA/CSAT has been providing technical assistance to OTPs in the accreditation impact study that has helped programs in achieving accreditation. SAMHSA/CSAT intends to continue providing technical assistance on accreditation during the 3-5 year transition period and possibly longer.

The Secretary does not agree that it is necessary to establish a special fund to help programs pay for accreditation fees and indirect "physical plant" improvements in order for OTPs to be

able to achieve accreditation. As noted above, the Secretary believes that the estimates in the July 22, 1999, proposal for the cost of accreditation are reasonably accurate (approximately \$4–5 million per year, \$5400 per OTP per year, \$39 per patient per year). Nonetheless, the Secretary has taken steps to minimize the potential effects of this burden to OTPs, especially to OTPs that are small businesses or that operate in under-served communities. First, the Secretary has determined that States could use funds provided by SAMHSA under their Substance Abuse Prevention and Treatment (SAPT) Block Grants to offset costs of accreditation for programs qualified to receive assistance under the State's SAPT block grant. Second, SAMHSA has included in its budget, a plan to continue funding accreditation. Finally, SAMHSA will continue to provide technical assistance which will aid those programs that need help in achieving accreditation.

3. One OTP that is participating in the accreditation impact study, while commending the accreditation experience and accreditation in general, commented that the proposed change is premature. Some comments suggested that SAMHSA postpone implementation for an indefinite period to allow for an unspecified number of CARF and JCAHO accreditation results. Another comment stated that the first series of surveys will determine the utility of the first generation of standards, noting that the process can be focused and modified in response to results from the impact study. A few comments questioned whether all providers can make the transition.

On the other hand, many comments stated that the field has been subject to regulatory neglect long enough, and that SAMHSA should minimize the delay in finalizing rules. One comment submitted the results of a survey that suggested that as many as 155 OTPs currently need technical assistance in order to provide treatment in accordance with standards and regulations.

The Secretary does not believe that these final regulations should be delayed until the completion of the accreditation impact study. As stated in the July 22, 1999, proposal, the Department of Health and Human Services (HHS) has determined that accreditation is a valid and reliable system for providing external monitoring of the quality of health care—including substance abuse and methadone treatment. The SAMHSA/CSAT study is designed to provide additional information on the processes, barriers, administrative outcomes, and

costs associated with an accreditation-based system. In addition, the study is expected to provide important information to allow SAMHSA to keep its guidelines, and its accreditation program, as responsive and up-to-date as possible. Among other things, the study will allow HHS to continuously monitor the monetary costs of accreditation, to ensure that successful OTPs are not precluded from operating by the costs of accreditation, and that patients are not denied treatment based on costs. The full study, which compares a representative sample of OTPs 6 months following accreditation to their baseline status across several variables, will require a few years to complete. Regulations can be modified at any time. If SAMHSA believes that the results of the study merit changes in the regulations, then such changes will be the subject of a future rulemaking.

The Secretary has reviewed preliminary results from the accreditation study by two accreditation bodies, CARF and JCAHO, of almost 10 percent (approximately 80 OTPs) of the entire inventory of approved outpatient OTPs. Well over 90 percent of the OTPs surveyed achieved accreditation under the "methadone specific" accreditation standards. Only a very few programs required a follow-up survey to achieve accreditation. And, to date, only one OTP failed to achieve accreditation. These accreditation outcome results are comparable to the historical compliance rate under the previous FDA process-oriented regulatory system. In addition, these rates correspond to the assumed accreditation resurvey rate stated in the July 22, 1999, proposal for estimating the indirect costs of accreditation.

These accreditation outcome results have been analyzed and presented to SAMHSA/CSAT's National Advisory Council's Accreditation Subcommittee (NACAS). As discussed in the July 22, 1999, proposal, SAMHSA/CSAT augmented NACAS with consultants representing OTPs (both large and small programs), medical and other substance abuse professionals, patients, and State officials. The subcommittee has met twice, on January 31 and May 10, 2000, and the public was provided an opportunity to participate in this advisory process. On May 12, 2000, the SAMHSA/CSAT National Advisory Council urged SAMHSA/CSAT to move expeditiously to finalize the July 22, 1999, proposal.

The Secretary believes that the interim results from the accreditation impact study confirm that the accreditation guidelines, along with the accreditation process itself, are a valid and reliable method for monitoring the

quality of care provided by OTPs. The results indicate that most OTPs can achieve accreditation and that treatment capacity has not declined as a result. While SAMHSA intends to continue the study to fulfill its objectives, the Secretary does not believe that it is appropriate or necessary to delay implementation of these new rules until the full study is complete.

4. Many comments, especially from current and past OTP patients, questioned the impact of revised Federal regulations in light of State regulations. These comments contend that State regulations are much more restrictive on medical and clinical practices than Federal regulations, and that State regulatory authorities have expressed little or no interest in changing their regulations or the way State regulations are enforced. Comments from OTP sponsors stated that accreditation costs would add to State licensing fees, which, in some States, exceed several thousand dollars annually.

The Secretary shares the concerns expressed in these comments about State regulations and licensing requirements. Indeed, the July 22, 1999, proposal discussed State licensure and regulatory issues. The proposal also noted that there was considerable variation in the nature and extent of oversight at the State level. Some States have regulations and enforcement programs that exceed Federal regulations. Others have relied exclusively upon FDA and DEA regulatory oversight. An increasing number of States rely on accreditation, by nationally recognized accreditation bodies, for all or part of their healthcare licensing functions.

The Secretary believes that SAMHSA's ongoing coordination activities with States will minimize the impact of Federal-State regulatory disparities upon OTPs. One objective of these activities is to increase State authorities' acceptance of the new accreditation-based system. First, SAMHSA/CSAT's OTP accreditation guidelines were developed by a consensus process that included representation from State Methadone Authorities. In addition, some State officials have accompanied CARF and JCAHO accreditation survey teams to observe site visits. Finally, SAMHSA/CSAT has distributed information on accreditation to each State. This information includes the SAMHSA/CSAT OTP accreditation guidelines, the CARF OTP accreditation standards and the JCAHO OTP accreditation standards. SAMHSA/CSAT convened three national meetings of State officials

between 1997 and 2000 and intends to continue coordinating activities with State authorities and national organizations such as the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

This final rule includes provisions that would permit any State to apply for approval as an accreditation body and, if approved, accredit OTPs under the new Federal opioid treatment standards. Based on the above, the Secretary expects that many states will consider OTP accreditation and Federal certification requirements as sufficient to fulfill all or a substantial part of their licensing requirements. Taken together, the Secretary believes that these measures will minimize significantly the existing disparity between Federal and State regulation of OTPs.

5. Office-Based Treatment. The July 22, 1999, proposal discussed the concept of "office-based opioid treatment" and specifically solicited comments on how the Federal opioid treatment standards might be modified to accommodate office-based treatment and on whether a separate set of Federal opioid treatment standards should be included in this rule for office-based treatment.

The Secretary received many diverse comments on the office-based treatment issue. Several comments from patients and individual physicians believed that office-based treatment provided an excellent opportunity to expand opioid agonist treatment. These comments reference opioid treatment delivery systems in other countries and suggest that the U.S. should adopt similar systems. A few comments recommended that community pharmacies be encouraged to dispense methadone and LAAM as "medication units" as a way to make treatment more convenient for patients.

While many comments suggested separate standards for office-based treatment, others feared that different standards would result in a two-tiered system of treatment. Overall many comments stated that existing and proposed rules do not facilitate the development of the office-based practice model. As such, accreditation and certification would be prohibitively expensive for individual physicians.

On the other hand, many comments expressed concerns with the concept of "office-based" treatment and prescribing methadone and LAAM. Many of these comments reflected concern about the lack of trained and experienced practitioners. One comment referenced literature reports that described experiences in Australia and the United Kingdom with deaths

from iatrogenic methadone toxicity associated with patients early in treatment. The experiences in these two countries were associated with an accelerated rate of patient admissions and the involvement of new, inexperienced practitioners. One comment cited research on methadone medical maintenance that indicated that approximately 15 percent of the patients treated in physicians offices were referred back to OTPs after "relapsing" to illicit opiate use.

Generally, most comments on this issue stated that there was not enough information on office-based practice. These comments suggest that based on the available information, office-based treatment warrants a gradual, step-wise approach, along with more use of medication units. This approach would serve to "diffuse opioid agonist maintenance treatment into traditional settings."

After carefully considering the diverse comments, as well as other legal and regulatory factors, the Secretary is not including in this rule specific standards that would permit physicians to prescribe methadone and LAAM in office-based settings without an affiliation with an OTP. Instead, until additional information is generated, the Secretary is announcing administrative measures to facilitate the treatment of patients under a "medical maintenance" model.

Current regulations enforced by DEA do not permit registrants to prescribe narcotic drugs, including opioid agonist medications such as methadone and LAAM for the treatment of narcotic addiction (see 21 CFR 1306.07(a)). In addition, the Secretary agrees that, at the present time, there should be some linkage between OTPs and physicians who treat stable patients with methadone and LAAM in their offices to address patients' psychosocial needs in the event of relapse. The Secretary agrees with the comments about the lack of trained and experienced practitioners to diagnose, admit, and treat opiate addicts who are not sufficiently stabilized, without the support of an OTP.

The Secretary has taken steps to facilitate "medical maintenance," that will result in more patients receiving treatment with methadone and LAAM in an office-based setting. Medical maintenance refers to the treatment of stabilized patients with increased amounts of take-home medication for unsupervised use and fewer clinic visits for counseling or other services. First, the "take home" provisions in these rules have been revised from the previous regulations under 21 CFR

§ 291.505 to permit stabilized patients up to a one-month supply of treatment medication. In addition, SAMHSA/CSAT has developed treatment guidelines and training curricula for practitioners to increase the information and education for practitioners in this area. Finally, SAMHSA/CSAT has issued announcements to the field explaining how patients and treatment programs can obtain authorizations for medical maintenance. These authorizations were developed to address program-wide exemptions under 21 CFR 291.505; however, SAMHSA/CSAT envisions a similar approach will be used under the program-wide exemption provisions of 42 CFR 8.11(h).

Under the medical maintenance model, office-based physicians maintain formal arrangements with established OTPs. Typically, patients who have been determined by a physician to be stabilized in treatment may be referred to office-based physicians. It has been estimated that over 12,000 current patients would be eligible for medical maintenance treatment. The Secretary believes that this is a reasonable approach that will expand treatment capacity gradually while additional information and experience is developed to evaluate and refine office-based treatment models.

#### *B. Comments on Subpart A—Definitions and Accreditation*

Proposed subpart A sets forth definitions as well as procedures, criteria, responsibilities and requirements relating to accreditation.

1. A comment from a State authority suggested that the treatment plan definition under § 8.2 should be modified to require a reference to the services determined necessary to meet the goals identified in the plan. The Secretary agrees with this suggestion and has revised the treatment plan definition accordingly.

2. One comment suggested that the proposed definition of detoxification treatment specifies agonist and therefore precludes the use of mixed agonist or agonists in combination with other drugs. The Secretary has announced plans to develop new rules specifically for partial agonist medications for the treatment of opiate addiction (See 65 FR 25894, May 4, 2000). Therefore, use of the term "agonist" is appropriate in this context.

The use of "other drugs" (interpreted to mean non-narcotic substances) in combination with methadone and LAAM are not subject to the regulatory requirements of this rule.

3. Several comments were submitted on the proposed definition of opiate addiction. Some comments suggested that the definition should be revised to remove behavior-oriented concepts and rely on medical constructs only. One comment suggested substituting the definition of opiate addiction contained in the recent NIH consensus panel report. The Secretary concurs, and has revised the definition of opiate addiction to be more consistent with the recent NIH Consensus panel's recommendations.

4. A few comments were concerned that there would be only two accreditation bodies, CARF and JCAHO. In addition, these comments reflect concern that accreditation would be an additional requirement on top of existing FDA regulations.

As proposed in the July 22, 1999, notice (section 8.3(a)) any private nonprofit organization, State governmental entity, or political subdivision thereof, capable of meeting the requirements of subpart A is eligible to apply to become an accreditation body under the new rules. As discussed elsewhere in this final rule, some State authorities have contacted SAMHSA and expressed interest in becoming an accreditation body under subpart A. In addition, a number of non-governmental entities have expressed similar interest. Accordingly, the Secretary believes that there will be more than two accreditation bodies that seek and obtain approval to become an accreditation body under these rules.

The requirements for accreditation and SAMSHA certification under this final rule will replace the requirements for FDA approval of OTPs under previous regulations. The previous regulations in place under 21 CFR 291.505 will be rescinded on March 19, 2001.

5. The Secretary received a considerable number of diverse comments from State authorities, OTPs, and patients on the provision proposed under section 8.3(a) that would permit States to serve as accreditation bodies under the new rules. The preamble to the July 22, 1999, notice emphasized the need for States to consider serving as accreditation bodies. This emphasis was based upon the recommendation in the IOM Report that strongly suggested that the Federal Government design a consolidated inspection system that reduces the burden on OTPs from multiple (Federal, State, local) inspections.

State authorities provided a mixed response in their comments on this issue. As discussed below, several States expressed an interest in becoming

accrediting bodies under the new rules but believed that they were ineligible because they could not accredit 50 OTPs a year under proposed section 8.3. On the other hand, many States indicated that they were not interested in becoming accreditation bodies, while several indicated that they were undecided and would await additional information.

Comments from OTPs, for the most part, reflect a longstanding cooperative relationship with State regulatory authorities. OTPs, in general, did not appear to oppose the concept of State authorities serving as accreditation bodies under the proposed new system. Indeed, some OTPs, located within States that assess extensive licensing fees, commented that it would be imperative that States take on the role of accreditation bodies under the new system in order to eliminate the financial impact of licensing and accreditation fees.

Comments from patients on this issue suggested caution. Many patients sensed that State regulators would retain strict, "process-oriented" regulations or philosophies. These comments urged that if SAMHSA permitted States to serve as accreditation bodies then the agency should carefully monitor accreditation standards and practices to assure that they conform with the Federal opioid treatment standards.

After considering the comments on this issue, the Secretary is retaining the provision that allows States to serve as accreditation bodies under the new rules. The Secretary acknowledges that many States will choose not to participate as accreditation bodies. Some of these States already accept accreditation by recognized accreditation bodies for licensing purposes. It is expected that more States, especially States with relatively few OTPs, will also choose to accept accreditation as meeting State licensure requirements in time. Indeed, legislation enacted recently in New Hampshire to allow methadone maintenance treatment incorporated a requirement for CARF accreditation (Ref. 2). Finally, some States will apply accreditation reviews and findings to complement their licensing activities. The Secretary recognizes that the States' role in adapting to the new system will change over time as additional information on accreditation is developed.

The Secretary believes that there are adequate safeguards to address patient concerns about overly restrictive State regulations and oversight. Under section 8.3(b)(3), SAMHSA will review each applicant accreditation body's proposed accreditation standards. As part of this

review, SAMHSA will determine the extent to which the accreditation standards are consistent with the Federal opioid treatment standards. In addition, under section 8.5, SAMHSA will evaluate periodically the performance of accreditation bodies by inspecting a selected sample of the OTPs accredited by the accreditation body. As part of this effort SAMHSA may also consider follow-up inspections in cases where accreditation activities identify public health, public safety, and patient care issues.

The Secretary continues to believe, as outlined in the July 22 proposal, that there are benefits to States serving as accreditation bodies under this rule. This feature provides the potential to reduce the overall number of OTP inspections. It also permits the use and application of the vast expertise available within many State oversight agencies.

6. A number of State authorities and an accreditation body questioned the restriction under proposed section 8.3(b)(3) that would require accreditation bodies to be able to survey no less than 50 OTPs annually. Some comments contend that this would unfairly and inappropriately exclude smaller States or States with fewer OTPs from participating. These comments suggested that other requirements should be considered and applied or a waiver provision added. One accreditation body commented that accreditation bodies recognized by the Health Care Financing Administration are not subject to such arbitrary limitations. Other comments suggested that the 50 survey per year minimum was not necessary to achieve its stated purpose—to ensure the quality of accreditation services and minimize the variability of accreditation standards.

The Secretary concurs with these comments. The provisions of section 8.3(b)(3) (submission and review of proposed accreditation standards) and section 8.5 (periodic evaluation of accreditation bodies) are adequate to enable SAMHSA to ensure the quality of accreditation services and minimize the potential variability in accreditation standards. Accordingly, section 8.3(b) has been modified to remove this requirement.

7. A few comments suggested that State authorities and patient advocates should be permitted to participate in the approval of accreditation bodies under the new rules and in the accreditation process in general. These comments believe that they can make substantial contributions to the process.

The Secretary agrees that patients and State authorities can contribute

substantially to the successful operation of the new system. State authorities and patients have participated in the committees that have developed SAMHSA/CSAT's Accreditation Guidelines. In addition, representatives from both these groups have served on the Accreditation Subcommittee of the SAMHSA/CSAT National Advisory Council. Accreditation standards include several provisions designed to solicit and consider individual patient views regarding treatment planning and other areas. Some, though not all, accreditation bodies also have patient hotlines that allow patients to convey concerns directly to accreditation bodies. Finally, SAMHSA and State authorities will continue to consult and interact under the new rules. The Secretary believes that these measures are adequate to assure the appropriate level of State authority and patient input into the accreditation process.

8. Several comments addressed proposed section 8.3(b)(6), pertaining to the qualifications of accreditation body personnel and proposed section 8.4(h) on accreditation teams. One State authority objected that the requirement that there be a licensed physician on the accreditation body staff was an unnecessary expense to accreditation bodies. Another comment recommended that accreditation teams should include a physician certified for dispensing opioids. Some patients advocated that the accreditation team should include a current patient.

The Secretary believes the requirements for accreditation personnel and accreditation teams as set forth in the July 22, 1999, proposal are sufficient. It is not clear that every OTP would benefit from having a physician or opioid agonist patient on the accreditation team. The Secretary has reviewed the results of accreditation surveys under the SAMHSA/CSAT methadone accreditation project. Based on these reviews, the requirements set forth under section 8.4(h) are adequate to assure that accreditation bodies carefully consider the qualifications of accreditation surveyors and accreditation teams.

9. A considerable number of comments were submitted, mostly by State authorities, concerning the absence of a definition for State authority. These comments suggested that adding a definition for state authority could reduce confusion in States that serve as accreditation bodies. In addition, these comments reflect a belief that this change would help clarify the Federal-State consultation process set forth in the proposed rule. The Secretary agrees with these

comments and has added a definition of State Authority. This definition tracks closely with the definition contained in the previous regulations under section 21 CFR 291.505.

#### C. Subpart B—Certification

Subpart B establishes the criteria and procedures for the certification of OTPs. This section also addresses the conditions for certification and the interaction between the Federal Government and State authorities under the new rules.

1. Many comments from State regulators noted that there was no reference to a requirement that OTPs obtain a license or permit from States before receiving certification from the Federal Government. These comments reflect a concern that SAMHSA may certify a program in a State where no methadone authority exists, or without the knowledge of the State authority. Other comments urged Federal certification to pre-empt State licensing, noting that "initial State approval will remain a de facto requirement."

The Secretary believes that the conditions for certification as set forth in the July 22, 1999, proposal, including the provisions relating to State licensure, are adequate and appropriate to fulfill the objectives of this rule. The Secretary's role in the oversight of narcotic treatment is to set standards for the appropriate use of narcotic drugs in the treatment of addiction, and then to ensure compliance with those standards. The States, on the other hand, have a broader set of responsibilities, including regional and local considerations such as the number and distribution of treatment facilities, the structural safety of each facility, and issues relating to the types of treatment services that should be available. Nothing in this part is intended to restrict State governments from regulating the use of opioid drugs in the treatment of opioid addiction. The Secretary notes that many States exercise this authority by choosing not to authorize methadone treatment at all.

The Secretary does not believe that OTPs will open and begin treating patients without State notification, review, and approval. The Secretary has been careful to state throughout this rule that OTPs (including medication units) must comply with all pertinent State and local laws as a condition of Federal certification. As such, OTPs will also be responsible for assuring that they have the necessary approvals and licensure at the State. Moreover, OTPs must obtain DEA registration prior to accepting opioid addiction treatment drugs for the treatment of opiate addiction. DEA

registration is explicitly contingent upon State authority approval. Importantly, as noted below, there will be extensive consultation, coordination, and cooperation between SAMHSA and relevant State authorities.

2. One State regulator requested that the regulation be modified at section 8.11(c)(1) to add a requirement that SAMSHA notify the State upon receipt of applications for certification as well as approval and withdrawal. This comment was based upon a concern that provisionally certified programs could operate without a State's knowledge.

The Secretary agrees that it is imperative for States to be notified of significant certification activities, including new program applications, program suspensions and withdrawals. SAMHSA intends to notify States of all such developments under the provisions of section 8.11(c)(1). The Secretary believes that the rules are sufficiently clear on this point.

3. Some State authorities suggested revising proposed section 8.11(h), which states that SAMHSA "may" consult with State authorities prior to granting exemptions from a requirement under sections 8.11 or 8.12.

Section 8.11(h) permits OTPs to request exemptions from the requirements set forth under the regulation. This represents a continuation of a long-standing provision from the previous regulation under 21 CFR 291.505. The Secretary anticipates that most exemption requests under the new rule will be to permit variations from the treatment standards, including program-wide exemptions for medical maintenance. The Secretary agrees that it is appropriate and necessary to consult with State authorities on requests for variations from existing standards. Accordingly, section 8.11(h) is revised to require consultation with the State authority prior to granting an exemption.

4. Several comments from patients suggested that Federal regulations should prevent States from imposing additional regulatory requirements beyond the Federal regulations. Many of these comments contend that State regulations prevent treatment expansion, hinder accountability for quality treatment, limit patient access, and lead to patient abuses.

As noted above, the Secretary acknowledges the authority within State government to regulate the practice of medicine. This rule does not pre-empt States from enacting regulations necessary to carry out these important responsibilities.

Many State regulations closely resemble the previous Federal regulations under 21 CFR 291.505. In addition, many States are currently reevaluating their regulations to determine if modifications are necessary to reflect the changes in Federal rules. The Secretary encourages States to consider the new information on changes in the opioid addiction treatment field, including phases of treatment, measuring accountability for improving the quality of patient care, and modern medication dosing practices, as States proceed in revising their regulations.

The Secretary also invites States to continue to enhance their partnership with Federal authorities in this area. As noted above, the final rule includes a new feature—the opportunity for States to serve as accreditation bodies. This new activity adds to existing partnership opportunities, such as the participation in the SAPT Block Grant program and its related technical assistance program. The Secretary hopes that these actions collectively will continue the regulatory reform started with the July 22, 1999, proposal.

5. A few comments expressed concern about proposed section 8.11(e), which permits provisional certification for one year, while a program obtains accreditation. These comments believe that one year was “too long for a program to go without accreditation.”

The Secretary believes that the maximum 1-year term (not including the 90-day extension allowed under section 8.11(e)(2)) for provisional certification is reasonable and customary with accreditation in other areas of healthcare. The purpose of this provision is to permit new OTPs to initiate operations and generate patient records to aid in the accreditation application, survey, and review process. It should be noted that OTPs will be subject to SAMHSA, DEA, and State oversight during the tenure of provisional accreditation. These OTPs must comply with Federal opioid treatment regulations and are subject to compliance actions at any time.

6. Section 8.11(i)(2) proposed that certification as an OTP would not be required for the maintenance or detoxification treatment of a patient who is admitted to a hospital or long-term care facility for the treatment of medical conditions other than addiction. One comment noted that, as written, patients admitted to hospitals for cocaine or alcohol addiction would not be eligible for treatment under this provision. The comment suggested that adding the word “opioid” before “addiction” would help to clarify this

issue. The Secretary concurs and the section 8.11(i)(2) has been changed to reflect this change.

#### *D. Subpart B—Treatment Standards*

1. A number of comments were submitted on proposed section 8.12 in general. These comments stated that the Federal Opioid Treatment standards are vague and lack specificity. As such, these comments contend that the standards are unenforceable as regulations. One comment suggested that the SAMHSA/CSAT Accreditation Guidelines be incorporated as regulations.

The Secretary believes that the Federal Opioid Treatment Standards are enforceable, and do not need to be modified to accomplish their purpose under the new rules. The July 22, 1999, proposal noted that in the past, HHS has attempted to write all facets of treatment, including required services, into regulation. In addition, the proposal acknowledged that it is now accepted that (a) different patients, at different times, may need vastly different services, and (b) the state of the clinical art has changed, to reflect scientific developments and clinical experience, and is likely to continue to change and evolve as our understanding of more effective treatment methods increases. Accordingly, the Secretary proposed a more flexible approach with a greater emphasis on performance and outcome measurement. With guidance from SAMHSA, the accreditation bodies will develop the elements needed to determine whether a given OTP is meeting patient needs for required services. SAMHSA will review these elements as part of the accreditation body's initial and renewal applications to ensure that accreditation bodies have incorporated the Federal opioid treatment standards into their accreditation elements. SAMHSA will also review accreditation body elements to ensure that the elements do not exceed Federal expectations in terms of opioid agonist treatment. Incorporating accreditation guidelines into regulations would subvert this approach.

As noted in the July 22, 1999, proposal, the Secretary believes that the standards are “enforceable regulatory requirements that treatment programs must follow as a condition of certification (64 FR 39810, July 22, 1999).” While the new regulations increase the flexibility and clinical judgement in the way OTPs meet the regulatory requirements, they are set forth under section 8.12 as the services, assessments, procedures, etc., that OTPs “must” and “shall” provide. As such, the new standards are as enforceable as

the previous regulations under 21 CFR 291.505. OTPs that do not substantially conform with the Federal Opioid Treatment standards set forth under section 8.12 will risk losing SAMHSA certification.

2. One comment recommended that proposed section 8.12(b) should be modified to require a standard that OTPs should have adequate facilities. The comment stated that this provision existed in the previous regulation. The Secretary agrees and has added a requirement that OTP's must maintain adequate facilities. The Secretary notes, however, that SAMHSA/CSAT accreditation guidelines and accreditation standards used in the SAMHSA accreditation impact study, address the adequacy of the OTP's facility. These accreditation standards, in conjunction with treatment outcomes, will help determine whether facilities are adequate under the new rules.

3. One comment addressed proposed section 8.12(b), stating that rules should expressly require compliance with civil rights laws, not just “pertinent” Federal laws. As such, the comment suggests that the standards should require detailed patient grievance procedures, including appeals to neutral parties. The Secretary believes that it is not necessary to modify the rule to reflect civil rights laws specifically. These laws are included under the requirement as written. In addition, SAMHSA/CSAT Accreditation Guidelines, as well as the accreditation standards developed from them include provisions for accepting and acting upon patient grievances.

4. A number of respondents commented on proposed section 8.12(d) which addresses OTP staff credentials. Under the July 22, 1999, proposal, the Secretary proposed that each person engaged in the treatment of opiate addiction must have sufficient education, training, or experience or any combination thereof, to enable that person to perform the assigned functions. Further, all licensed professional care providers must comply with the credentialing requirements of their professions. The proposal encouraged, but did not require, that treatment programs retain credentialed staff.

Some comments requested that this standard be clarified to require American Society of Addiction Medicine (ASAM)-certified medical professionals. Another comment questioned whether personnel had to be licensed in the State where the treatment program is located. Another comment from a State Authority, recommended that the regulations

specify the license, training, experience, as well as the number of licensed counselors in a program, including a minimum counselor-to-patient ratio. On the other hand, an OTP medical director commented that none of the cited credentials "conferred competence in dealing with opioid dependent patients, per se." According to this comment, SAMHSA/CSAT should instead develop curricula for medical directors and other care givers.

Except for the requirements of section 8.12(h), which relate to the qualifications for practitioners who administer or order medications, the Secretary does not believe that it is appropriate to further prescribe the qualifications for health professionals in this regulation. Under sections 8.12(b), (d), (e), (f) services must be provided by professionals qualified by education and training. The Secretary does not believe that one credentialing organization should be specified as a requirement for qualifications. Instead, the Secretary intends to rely on guidelines and accreditation standards together with patient outcome assessments to determine the adequacy of training and education level of professionals in OTPs. SAMHSA/CSAT is actively developing model training curricula in this area.

5. A few comments suggested that the regulations specify the outcome measures for quality assessment plans under section 8.12(c)(1). Similarly, some comments suggested that diversion control plans, which OTPs are required to develop under section 8.12(c)(2), should also be spelled out in regulations.

The Secretary believes that the regulation as proposed provides sufficient detail on outcome measures and diversion control plans. In keeping with the intent of the regulation reform, these general requirements are elaborated in best-practice guidelines and in "state-of-the-art" accreditation standards. Indeed, following a review of the accreditation standards that are based upon SAMHSA/CSAT's opioid treatment accreditation guidelines, the Secretary has determined that they are adequate to ensure that OTPs will be able to develop meaningful outcome assessment and diversion control plans. In addition, these SAMHSA/CSAT accreditation guidelines and accreditation standards reflect the latest research findings in this area. Unlike the Federal regulations, these guidelines and standards will be updated periodically to reflect new research and clinical experience.

6. The Secretary received a considerable number of comments on

the proposed definition and the standards for short-and long-term detoxification treatment. Most of these comments suggested that the word "detoxification" is a pejorative non-medical term and does not constitute treatment, because few, if any, patients can be stabilized in such a short period of time. These comments suggested that all references to detoxification should be deleted from the regulations, or at least renamed.

These comments fail to recognize the distinction between opiate dependence, for which detoxification treatment is appropriate, and opiate addiction, for which maintenance treatment is appropriate. The Narcotic Addiction Treatment Act of 1974 (NATA) and regulations have long recognized these distinctions. While a majority of the available treatment research, including recent studies, concludes that maintenance treatment is much more effective than detoxification regimens, the Secretary believes that it is still necessary to retain distinct standards for maintenance and detoxification treatment (Ref. 3).

7. Several comments were submitted in response to the Secretary's specific request for comments on proposed section 8.12(e)(4) which set forth minimum requirements for detoxification treatment. The July 22, 1999, proposal retained the requirement from the existing regulation that "a patient is required to wait no less than 7 days between concluding one detoxification episode before beginning another." Essentially, while sympathetic to the need for limits on detoxification treatment, all the comments on this item opposed continuing any waiting period between detoxification episodes. These respondents believe that seven days is "artificial \* \* \* or more time than is needed." In addition, these comments indicate that OTPs often request and are granted exemptions from the waiting period requirement under the existing regulation, creating an unnecessary paperwork burden for OTPs, as well as State and Federal regulators. Instead, the comments suggested a limit on the number of unsuccessful detoxification episodes in one year before the patient is assessed for opioid agonist maintenance or other treatment. In addition, these comments recommended that an unsuccessful detoxification attempt be defined to include any relapse to abuse.

The Secretary agrees with the recommendations that the intent of the restrictions on detoxification can be accomplished without a mandated time interval between detoxification admissions. The standards for

detoxification treatment set forth under section 8.12(e)(2) and (4) have been revised to state that patients with two or more unsuccessful detoxification episodes within a 12-month period must be assessed by the OTP physician for other forms of treatment. This change is consistent with SAMHSA/CSAT accreditation guidelines which also elaborate on unsuccessful detoxification treatment attempts.

8. A considerable number of diverse comments addressed proposed section 8.12(f) relating to required services. This section of the July 22, 1999, proposal requires that "adequate medical, counseling, vocational, educational and assessment services are fully and reasonably available to patients enrolled in an OTP."

Two comments strongly recommended that the regulation require integrated, simultaneous treatment by specially cross-trained staff, for co-occurring opioid treatment and mental illness. These respondents believe that integrated services for persons with an addiction(s) and a psychiatric disorder are crucial. These dually-diagnosed patients represent 50-80 percent of substance dependent populations.

The Secretary agrees with the importance of providing adequate integrated services for opiate-addicted patients who also suffer from psychiatric disorders. Indeed, the SAMHSA/CSAT Accreditation Guidelines, along with the accreditation standards developed by CARF and JCAHO all address the need to evaluate patients for co-occurring illnesses, including mental illness. CARF Opioid Treatment Program Accreditation Standards state that services for co-occurring illness should be provided on site or by referral. However, the same standards note that "coexisting conditions, especially in persons from disenfranchised populations, are most effectively treated at a single site." The Secretary takes note that these provisions for co-occurring disorders under these new rules will be a vast improvement over the previous regulatory system, which did not address co-occurring opiate addiction and psychiatric disorders at all. As such, under the new rules, patients' access to effective treatment for co-occurring disorders will be enhanced substantially. However, the Secretary believes that it would be prohibitively expensive to require every OTP to hire and retain specialists in the treatment of co-occurring disorders.

Other comments on this section stated that the regulations should specify a schedule for services. Some comments

recommended that the regulations require OTPs to document that patients actually receive services when they are referred to off-site providers. Other comments suggested that accreditation bodies should monitor the extent to which services are provided as part of their periodic onsite surveys. Still other comments, mostly from patients, suggested the requirement for services be eliminated, maintaining that medication is all they needed.

The Secretary believes that the requirements for services as stated in the July 22, 1999, proposal, together with the accreditation process, provide adequate assurance that patients enrolled in OTPs receive the services that they have been assessed to need. The July 22, 1999, proposal emphasized the need for these services as an essential part of treatment. However, in shifting to an accreditation approach with an emphasis on performance outcomes, the Secretary was no longer attempting to "write all facets of these required services into regulation." OTPs must initially and periodically assess each patient and ensure that adequate services are available to patients determined to need them. SAMHSA/CSAT Accreditation Guidelines and accreditation standards will elaborate on the standards for services. OTPs will be accountable through the accreditation process to assure that patients receive the appropriate services they need for successful treatment outcomes; for some patients, medication services may be sufficient to produce positive outcomes.

9. A number of respondents submitted comments on proposed section 8.12(f)(2), which requires a complete medical examination within the first 30 days following admission. Some of these comments noted that this provision, as proposed, permitted patients to enter treatment while tests, some of which required several days, are completed. Others commented that the 30 days was too long to wait for a medical exam to be completed, noting that information from the exam is crucial to the first few days of treatment. Finally, some comments suggested that regulations should specify the contents of the medical exam.

The intent of proposing 30 days for the completion of the physical exam was to allow patients into treatment while OTPs wait for the results of serology and other tests that require, in some cases, several days to complete. Section 8.12(f)(2) has been revised to clarify the requirement for a physical exam upon admission, with serology and other tests results completed w/in 14 days. The Secretary does not agree

that regulations should specify the contents of the medical examination. Instead, the Secretary believes that accreditation guidelines should express the state-of-the-art content for a medical exam appropriate for the treatment of opiate addiction.

10. The July 22, 1999, notice proposed that OTPs conduct at least eight random drug abuse tests per year for each patient. Many comments suggested that the Federal standards specify more frequent drug abuse tests, including weekly testing, to balance the more flexible proposed take-home schedule. Other comments suggested that Federal regulations should specify measures to prevent adulteration. On the other hand, some comments suggested that quarterly drug abuse testing is appropriate. Moreover, one comment recommended substituting an "honor system" because patients can corrupt the testing process and falsify results.

After considering the comments on this issue, the Secretary is retaining the requirement for a minimum of eight random drug abuse tests per year for maintenance treatment. The Secretary believes that this is an adequate and balanced standard for drug abuse testing. There is extensive discussion on drug abuse testing issues in the SAMHSA/CSAT Treatment Improvement Protocols and the SAMHSA/CSAT Accreditation Guidelines. In addition, these guidelines elaborate on measures to address the corruption and falsification of results. Finally, as the Federal standard is a minimum, OTPs can require more frequent tests if desired.

11. The Secretary received many comments on proposed section 8.12(g)(2) which requires OTPs to determine and document that patients are not enrolled in other programs. Most respondents question how such determinations could be made without a patient registry. One comment stated that multiple enrollments are attributable to inadequate medication dosing practices.

The July 22, 1999, proposal retained the provisions relating to multiple enrollments from the previous regulations under 21 CFR 291.505. In proposing to retain the requirement, the Secretary noted that there have been cases of patients enrolling in more than one treatment program; however, the extent of this practice is undetermined but not considered to be widespread. The intent of this provision is for OTPs to make a good faith effort, using available resources and mechanisms to ascertain whether or not a prospective patient was currently enrolled in another OTP. Some individual States

with OTPs concentrated within a community have established a patient registry and require OTPs to report new patients and patients who have discontinued in treatment. In other jurisdictions, patient registries are developed and maintained voluntarily by OTPs. OTPs also often contact other OTPs in the vicinity to determine if the patient is currently enrolled in an OTP, or they ask the patient. If used, these mechanisms must be used in accordance with the provisions at 42 CFR 2.34, regarding disclosures to prevent multiple enrollments. The Secretary acknowledges that none of these mechanisms can determine with complete certainty whether or not a patient is enrolled in more than one OTP. Accordingly, the Secretary expects that OTPs will document in each patient's record that the OTP made a good faith effort to review whether or not the patient is enrolled in any other OTP. Section 8.12(g)(2) has been revised accordingly.

12. The Secretary received many comments on proposed section 8.12(j), relating to interim methadone maintenance. Most of these comments were from patients who suggested interim maintenance as a model for long standing patients who have been stabilized in treatment. As such, these comments suggested that the term for interim methadone maintenance be extended beyond 120 days.

These comments reflect a misunderstanding of interim methadone maintenance. Interim methadone maintenance was mandated by the ADAMHA Reorganization Act of 1992 as a measure to address shortages in treatment capacity and documented waiting lists (Pub. L. 102-321, See also 58 FR 495, January 5, 1993). The legislation included several restrictions which were incorporated and retained into Federal regulations. Although very few programs have applied for authorization to provide interim methadone maintenance, the Secretary does not at this time believe it is necessary or appropriate to change the standards. Instead, as discussed elsewhere in this notice, the Secretary believes that medical maintenance provides a more reasonable approach for expanding treatment capacity.

13. The Secretary received comments on proposed section 8.11(h), which provides for exemptions from treatment standards or certification requirements. One comment suggested that the examples in the previous regulation for exemptions, be retained in the final new regulations. The comment suggests that this would encourage individual physicians, pharmacists, or both to

provide methadone treatment in rural areas where methadone treatment is scarce or unavailable. Another comment suggested that SAMHSA streamline the exemption process and do more to publicize the availability of such regulatory options. The Secretary accepts both of these suggestions, and section 8.11(h) has been revised accordingly. In addition, SAMHSA has already taken steps to streamline the exemption process and publicize the availability of certain exemptions (Ref. 4).

14. Most comments strongly supported the provisions in proposed section 8.12(h)(3)(i) which permits OTPs to use solid dosage forms. Some patients reported spoilage and decomposition problems with 14-day supplies of liquid dosage form. Other comments suggested that the use of solid medication will reduce treatment cost modestly by eliminating the need for dosage bottles for solutions. The Secretary agrees that permitting OTPs to use solid medication will reduce treatment costs and increase treatment convenience to patients.

15. The Secretary received many comments on proposed section 8.11(h)(3)(iii) that would have required the program physician to justify in the patient record all doses above 100 mg. Most comments viewed this requirement as an inappropriate "value judgement" that hampers clinical judgement. The Secretary agrees that the requirement to justify a dose above 100 mg, which is a modification of a requirement under the previous regulation, is not necessary to reduce the risk of medication diversion. Accordingly, this requirement has been eliminated from the final rule.

16. The Secretary specifically requested and received comments on proposed changes to the requirements under section 8.12(i) pertaining to medications dispensed for unsupervised use (hereinafter "take-homes"). The July 22, 1999, proposal set forth four options for addressing take-homes. These options ranged from retaining the previous requirements to a scheme based on a maximum dose. Option number 2 was discussed as the option preferred by HHS and endorsed by DEA. This option resembles the requirement under the previous regulations and retains the 8-point take-home criteria. However, option number 2 permitted patients in stable treatment for one year to receive up to a 31-day supply of medication, while the previous regulation included a maximum take-home supply of 6 days.

Most comments supported proposed option 2, with modifications. In

supporting option 2, current patients stated that less frequent clinic attendance will make treatment much more convenient. In addition, Option 2 will eliminate travel hardships and facilitate employment commitments, ultimately increasing retention in treatment and rehabilitation. Option 1, which encompassed the take-home schedule from the previous regulation, was viewed by many comments as too restrictive. Many comments opposed option 3, which proposed a set 2-week maximum milligram amount for take-homes, because it unfairly penalized patients receiving higher doses.

On the other hand, a form letter circulated and submitted by several treatment programs stated that no patients should be eligible for a 31-day take-home supply. According to these comments, all patients must report to clinics often so that their rehabilitation can be monitored appropriately. In addition, these comments stated that allowing any patient a 31-day take-home supply presents an unacceptable risk of diversion.

The Secretary does not agree with these comments. Indeed, there is considerable evidence that many patients can responsibly handle supplies of take-home medications beyond the 6-day maximum allowed under the previous regulations. In addition, FDA has permitted hundreds of patients to receive monthly take-home supplies of methadone through exemptions or Investigational New Drug Applications. These investigations have been analyzed and reported in scientific literature and indicate that patients successfully continue in rehabilitation (Ref. 5). Moreover, these cases indicate that rehabilitation is enhanced through these "medical maintenance" models. Accordingly, and in response to an increased interest in this issue, FDA and SAMHSA/CSAT issued a "Dear Colleague" letter on March 30, 2000, that advised the field on procedures for obtaining OTP exemptions for medical maintenance, which include a provision for up to a 31-day supply of take-home medication (Ref. 4).

The Secretary notes that many comments provided suggestions on refining the basic schedule for take-home eligibility outlined in proposed option 2. For example, many comments suggested that one year of stable treatment was still too short a period of time to evaluate whether patients can responsibly handle a 31-day supply of take-home medication. These comments suggested an interim step that permits a 14-day take-home supply after one year of stable treatment before a patient is eligible for a 31-day supply.

The Secretary concurs with these comments. The 2-year time in treatment requirement is more consistent with the studies and exemptions for medical maintenance granted to date under the previous rules. In addition, this schedule is more consonant with the schedule set forth in the SAMHSA/CSAT Accreditation Guidelines and the accreditation body standards. Accordingly, section 8.12(i)(3) has been revised to reflect a 14-day take-home step after one year of stable treatment and to reflect that patients are eligible for a take-home supply up to 31 days after two years of stable treatment. The language in other parts of section 8.12(i)(3) has been modified slightly for clarity to lengthen the duration of the steps within the first year of treatment, and to remove some requirements for observed ingestion.

17. Comments overwhelmingly supported the proposal to permit take-home use of LAAM and suggest that the Secretary apply the same schedule as methadone, e.g. option 2. A comment from a practitioner who has treated over 500 patients, stated that patients dislike being switched from LAAM to methadone when necessary for travel purposes. Most comments suggested that diversion of LAAM is no more likely than the diversion of methadone which generally is not problematic. One comment submitted the results of a 149-patient study on LAAM take-home use. Patients were randomized into take-home and clinic only groups. As part of the study, 545 take-home doses of LAAM were distributed to patients, and patients were subject to random "callbacks." There was no evidence of tampering, diversion, or interest in obtaining LAAM take-home supplies illicitly. In addition, there were no differences between the two groups in the measured outcome variables. The investigator concluded that methadone and LAAM should be subject to the same take-home requirements. The Secretary concludes that LAAM should be available for take-home use under this rule.

18. A comment submitted by a physician discussed his successful experience using LAAM for detoxification treatment, finding LAAM to be superior to methadone for detoxification with some patients. The comment suggested that the regulations should be modified to permit the use of LAAM for detoxification.

Although previous Federal Register notices may have suggested that LAAM was not available for use in detoxification treatment (58 FR 38704, July 20, 1993), the July 22, 1999, proposal does not prohibit the use of

methadone or LAAM for detoxification treatment. Indeed, the current FDA approved labeling for LAAM discusses and provides guidance on withdrawing patients from LAAM therapy:

ORLAAM is indicated for the management of opiate dependence \* \* \* There is a limited experience with detoxifying patients from ORLAAM in a systematic manner, and both gradual reduction (5 to 10% a week) and abrupt withdrawal schedules have been used successfully. The decision to discontinue ORLAAM therapy should be made as part of a comprehensive treatment plan.

The Secretary believes that the regulations are adequately clear on this point.

19. A few respondents commented upon the proposed implementation plan and whether OTPs could be expected to comply with the timetables for achieving accreditation. Under proposed section 8.11(d), treatment programs approved under the previous regulations are deemed certified under the new rules. This "transitional certification" would expire on June 18, 2001 unless the OTPs certify with a written statement signed by the program sponsor that they will apply for accreditation within 90 days of the date SAMHSA approves the first accreditation body. Transitional certification, in that case, will expire on March 19, 2003. SAMHSA may extend transitional certification on a case-by-case basis for up to one year under certain conditions. The comments questioned whether SAMHSA had empirical evidence that OTPs could meet this timetable.

The Secretary believes that the timetables proposed in the July 22, 1999, notice remain reasonable. A significant number of OTPs have already had experience with accreditation. This includes programs located in Department of Veterans Affairs Medical Centers, as well as OTPs located in the several States that require accreditation of OTPs (Maryland, Indiana, North Carolina, Georgia, South Carolina, and Michigan). Moreover, as discussed previously, as part of SAMHSA/CSAT's accreditation implementation plan, two accreditation bodies conducted accreditation surveys of OTPs and accredited over 50 OTPs in just a few months. SAMHSA/CSAT has planned additional training and technical assistance to enable OTPs to understand and comply with the new regulations. In addition, the regulations have been streamlined with fewer reporting and recordkeeping requirements. OTPs have had ample opportunity to prepare for this final rule, and the SAMHSA/CSAT Accreditation Guidelines as well as the

CARF and JCAHO accreditation standards have been widely available for years. Taken together, these factors provide the Secretary with reasonable confidence that OTPs can apply for and achieve accreditation within two years from the effective date of this rule.

The Secretary is sensitive to concerns about OTPs contacting accreditation bodies and scheduling accreditation reviews in a convenient manner. Therefore, while not changing the timetables for achieving accreditation under the final rule, the Secretary has modified section 8.11(d) to state that programs will agree to apply for accreditation within 90 days from the date SAMSHA announces the approval of the second accreditation body. The Secretary believes that tying this certification for OTPs to apply from the date SAMHSA announces the approval of the first accreditation body to the date SAMHSA announces approval of the second accreditation body will facilitate OTPs contacting and achieving accreditation under the final rule.

20. A few comments requested that OTPs that have been previously accredited by JCAHO and CARF should be "grandfathered" somehow under the new final regulations.

There are no provisions in the final rule to accept accreditation by accreditation bodies that have not been approved by SAMHSA under section 8.3(d). These accreditation bodies did not develop and apply accreditation standards that were based upon the opioid agonist treatment standards set forth under section 8.12. SAMHSA, however, will consider on a case-by-case basis, whether OTPs that achieved accreditation under the SAMHSA/CSAT implementation initiative can be exempted from re-accreditation under this final rule, pursuant to section 8.11(h).

#### *E. Subpart C—Procedures for Review of Suspension or Proposed Revocation of OTP Certification, and of Adverse Action Regarding Withdrawal of Approval of an Accreditation Body*

1. One comment recommended that subpart C should be revised to add discovery provisions. This would enable OTPs to obtain crucial information on how "accreditation bodies conducted their investigation." The Secretary believes that the provisions of subpart A that require that accreditation bodies have appeals procedures in their accreditation decision-making process is adequate to assure that OTPs can obtain the information they need on accreditation activities.

2. One comment suggested that subpart C should be revised to allow

applicant OTPs to appeal decisions to deny approval of an initial application. The Secretary does not agree and points out that OTPs will be able to appeal denials of accreditation by accreditation bodies under § 8.3(b)(4)(vii).

3. Response times in § 8.26(a), (b) and (c) have been lengthened, as have the oral presentation timeframes in § 8.27(d), and expedited procedures in § 8.28(a) and (d).

#### *F. Conclusion and Delegation of Authority*

After considering the comments submitted in response to the July 22, 1999, proposal, along with the information presented during the November 1, 1999, Public Hearing, the Secretary has determined that the administrative record in this proceeding supports the finalization of new rules under 42 CFR part 8.

In a notice to be published in a future issue of the **Federal Register**, the Secretary will announce the delegation of authority to the Administrator of SAMHSA, with the authority to redelegate, responsibility for the administration of 42 CFR part 8.

#### **III. Analysis of Economic Impacts**

The Secretary has examined the impact of this rule under Executive Order 12866. Executive Order 12866 directs Federal agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety, and other advantages, distributive impacts, and equity). According to Executive Order 12866, a regulatory action is "significant" if it meets any one of a number of specified conditions, including having an annual effect on the economy of \$100 million; adversely affecting in a material way a sector of the economy, competition, or jobs; or if it raises novel legal or policy issues. While this rule is not a significant economic regulation, the Secretary finds that this rule is a significant regulatory action as defined by Executive Order 12866. As such, this rule has been reviewed by the Office of Management and Budget (OMB) under the provisions of that Executive Order. In addition, it has been determined that this rule is not a major rule for the purpose of congressional review. For the purpose of congressional review, a major rule is one which is likely to cause an annual effect on the economy of \$100 million; a major increase in costs or prices; significant effects on competition, employment, productivity, or

innovation; or significant effects on the ability of U.S.-based enterprises to compete with foreign-based enterprises in domestic or export markets.

#### A. Introduction

As noted in the July 22, 1999, proposal, approximately 900 OTPs provide opioid agonist treatment to approximately 140,000 patients in the U.S. For almost 30 years, FDA has applied process-oriented regulations with periodic inspections to approve and monitor these OTPs. This final rule establishes an accreditation-based regulatory system, administered by SAMHSA, to carry out these responsibilities. In addition, this final rule includes changes that will make the regulations more flexible, and provide the opportunity to increase treatment capacity. OTPs will incur additional costs under the new accreditation-based system, but these additional costs are modest, and the Secretary believes are offset by benefits set forth under the new rules.

The additional costs under these new rules are attributable to the costs of accreditation. FDA did not assess fees for inspections under the previous regulations. Under the new rules, private not-for-profit accreditation bodies will assess accreditation survey fees, and if necessary, reinspection fees. The July 22, 1999, proposal estimated that the direct and indirect costs of accreditation at \$4.9 million per year. These annual costs equal approximately \$5,400 per facility and \$39 per patient. The cost estimates were based on discussions with three accreditation bodies. Overall, the net costs of the new system over the existing FDA system, factoring in SAMHSA's estimated annual oversight costs of \$3.4 million, was \$4.4 million. The July 22, 1999, proposal noted that additional information on accreditation costs would be derived from SAMHSA/CSAT ongoing accreditation implementation project and requested specific comments on the estimates provided.

As discussed above, although a number of comments submitted in response to the July 22, 1999, proposal predicted that accreditation costs could be higher, these predictions were based upon accreditation experiences in the past, not associated with the specific accreditation standards set forth under the new system. The results from approximately 50 accreditation surveys under the SAMHSA accreditation impact study suggest that the costs, as estimated in the July 22, 1999, proposal, are reasonably accurate.

The July 22, 1999, proposal discussed the benefits of the proposed rule in

terms of the advantages of accreditation and in terms of relapse rates as a function of retention in treatment. Although difficult to quantify, the Secretary believes that the accreditation-based system will provide more frequent quality surveys of OTPs and allow greater flexibility in the delivery of opioid treatment. In addition, patients have commented that the increased flexibility of the new regulations, particularly in the standards for medications dispensed for unsupervised use, will increase patient convenience, increase patient satisfaction, and increase patient retention in treatment. Importantly, changes in the regulations will facilitate and expand medical maintenance treatment freeing resources to expand treatment capacity. As noted in the July 22, 1999, proposal, increasing retention in treatment and increasing the number of patients in treatment will lead to decreases in mortality and morbidity associated with opiate addiction, decrease health expenditures, and decrease criminal activity. These benefits are likely to be significantly greater than the costs of these new regulations.

#### B. Small Entity Analysis

The Regulatory Flexibility Act (RFA) requires agencies to analyze regulatory options that would minimize any significant impact of a rule on a substantial number of small entities. SAMHSA included such an analysis in the July 22, 1999, proposal.

##### 1. Description of Impact

The July 22, 1999, proposal provided an extensive description of the industry, and concluded that, although the regulations were streamlined under the proposal with fewer forms and reporting requirements, the proposed rule constituted a significant impact on a substantial number of small entities. This impact is attributable to the requirement that all OTPs, regardless of size, must be accredited and maintain accreditation in order to continue to treat patients. Overall, the July 22, 1999, proposal estimated that the cost per patient for a "small" OTP (defined as an OTP treating 50 or fewer patients) would increase slightly more than the industry average (\$50 compared to \$39).

##### 2. Analysis of Alternatives

The July 22, 1999, notice included a brief discussion of alternatives to the proposed accreditation-based regulatory scheme. In the analysis set forth initially in the July 22, 1999 notice, the Department discussed but dismissed the alternative of continuing the existing

direct, FDA monitored, regulatory system because of the findings and criticisms of that system identified in the Institute of Medicine Report and elsewhere. In addition, the alternative of allowing self-certification was discussed, but rejected due to concerns about diversion and insufficient enforceability.

The preamble to the proposed rule also included a brief discussion of alternatives that would minimize the economic impact of the new regulations on small businesses and other small entities. For example, the notice discussed the alternative of exempting small facilities from some requirements. It was also noted that small facilities could seek arrangements with larger facilities that could lower costs with economy-of-scale features.

The issues in this initial analysis were highlighted for specific comment, and the notice itself was sent to every OTP identified in the FDA inventory of approved programs. Except to say that small programs should not have to close under the new rules, or that small programs should be exempt from accreditation, very few comments addressed the issue specifically, or provided information on alternatives. Therefore, this initial analysis does not require changing and is adopted as the final regulatory flexibility analysis.

##### 3. Response to Comments From Small Entities

These issues were highlighted for specific comment, and the notice itself was sent to every OTP identified in the FDA inventory of approved programs. Except to say that small programs should not have to close under the new rules, or that small programs should be exempt from accreditation, very few comments addressed the issue specifically, or provided information on alternatives.

As discussed above, SAMHSA has evaluated the results of accreditation surveys of OTPs conducted pursuant to the proposed Federal opioid treatment standards. As such, SAMHSA has a better understanding of how accreditation will work in both large and small OTPs. Moreover, SAMHSA has provided technical assistance to participating programs to help them achieve accreditation. SAMHSA expects to continue providing technical assistance to programs during and after the transition to the new system.

The accreditation-based system, the subject of these new rules, includes flexibility measures for small OTPs. The Secretary anticipates that there will be a number of approved accreditation bodies to choose from, including those

that will adjust accreditation fees on a sliding scale tied to the patient census. In addition, SAMHSA will retain the authority to certify programs without accreditation and could apply this provision, if necessary, to address burdens to OTPs with low patient censuses. SAMHSA prefers this case-by-case approach to a blanket exemption from accreditation requirements for programs below an arbitrary size. Such a blanket exemption would not be consistent with the intent of this regulatory initiative—to enhance the quality of opioid agonist treatment. The Secretary believes that, taken together, these considerations can mitigate the impact on small entities, while still meeting the objectives of this rulemaking.

#### C. Unfunded Mandates Reform Act of 1995

The Secretary has examined the impact of this rule under the Unfunded Mandates Reform Act of 1995 (UMRA) (Public Law 104-4). This rule does not trigger the requirement for a written statement under section 202(a) of the UMRA because it does not impose a mandate that results in an expenditure of \$100 million (adjusted annually for inflation) or more by State, local, and tribal governments in the aggregate, or by the private sector, in any one year.

#### IV. Environmental Impact

The Secretary has previously considered the environmental effects of this rule as announced in the proposed rule (64 FR 39810 at 39825). No new information or comments have been received that would affect the agency's previous determination that there is no significant impact on the human environment and that neither an environmental assessment nor an environmental impact statement is required.

#### V. Executive Order 13132: Federalism

The Secretary has analyzed this final rule in accordance with Executive Order

13132: Federalism. Executive Order 13132 requires Federal agencies to carefully examine actions to determine if they contain policies that have federalism implications or that preempt State law. As defined in the Order, "policies that have federalism implications" refer to regulations, legislative comments or proposed legislation, and other policy statements or actions that have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

The Secretary is publishing this final rule to set forth treatment regulations that provide for the use of approved opioid agonist treatment medications in the treatment of opiate addiction. The Narcotic Addict Treatment Act (the NATA, Pub. L. 93-281) modified the Controlled Substances Act (CSA) to establish the basis for the Federal control of narcotic addiction treatment by the Attorney General and the Secretary. Because enforcement of these sections of the CSA is a Federal responsibility, there should be little, if any, impact from this rule on the distribution of power and responsibilities among the various levels of government. In addition, this regulation does not preempt State law. Accordingly, the Secretary has determined that this final rule does not contain policies that have federalism implications or that preempt State law.

#### VI. Paperwork Reduction Act of 1995

This final rule contains information collection provisions which are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (the PRA) (44 U.S.C. 3507(d)). The title, description and respondent description of the information collections are shown in the following paragraphs with an estimate of the annual reporting burden. Included in the estimate is the time for

reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

*Title:* Narcotic Drugs in Maintenance and Detoxification Treatment of Narcotic Dependence; Repeal of Current Regulations and Adoption of New Regulations.

*Description:* The Secretary is issuing regulations to establish an accreditation-based regulatory system to replace the current system that relies solely upon direct Federal inspection of treatment programs for compliance with process-oriented regulations.

These new rules are intended to enhance the quality of opioid treatment by allowing increased clinical judgment in treatment and by the accreditation process itself with its emphasis on continuous quality assessment. As set forth in this final rule, there will be fewer reporting requirements and fewer required forms under the new system. The total reporting requirements are estimated at 2,071 hours for treatment programs, and 341 hours for accrediting organizations as outlined in Tables 1 and 2.

The regulation requires a one-time reporting requirement for transitioning from the old system to the new system. The estimated reporting burden for "transitional certification" is approximately 475 hours. The proposal also requires ongoing certification on a 3-year cycle, with an estimated reporting burden of approximately 300 hours.

*Description of Respondents:* Business or other for-profit; Not-for-profit institutions; Federal Government; State, local or tribal government.

No comments were submitted in response to the Secretary's invitation in the July 22, 1999, proposal to comment on the information collection requirements.

TABLE 1.—ANNUAL REPORTING BURDEN FOR TREATMENT PROGRAMS

42 CFR citation	Purpose	Number of respondents	Responses/respondent	Hours/response	Total hours
8.11(b)	New programs approval (SMA-162)	75	1	1.50	112.50
8.11(b)	Renewal of approval (SMA-162) <sup>1</sup>	300	1	1.00	300.00
8.11(b)	Relocation of program (SMA-162)	35	1	1.17	40.83
8.11(d)	Application for transitional certification (SMA-162) <sup>2</sup>	300	1	1.58	475.00
8.11(e)(1)	Application for provisional certification	75	1	.50	37.50
8.11(e)(2)	Application for extension of provisional certification	30	1	.25	7.50
8.11(f)(5)	Notification of sponsor or medical director change	60	1	.33	20.00
8.11(g)(2)	Documentation to SAMHSA for interim maintenance.	1	1	2	2.00
8.11(h)	Request to SAMHSA for Exemption from 8.11 and 8.12.	800	3	.438	1050.00

TABLE 1.—ANNUAL REPORTING BURDEN FOR TREATMENT PROGRAMS—Continued

42 CFR citation	Purpose	Number of respondents	Responses/ respondent	Hours/ response	Total hours
8.11(i)(1) .....	Notification to SAMHSA Before Establishing Medication Units.	3	1	.25	.75
8.12(j)(2) .....	Notification to State Health Officer When Patient Begins Interim Maintenance.	1	1	.33	.33
8.24 .....	Contents of Appellant Request for Review of Suspension.	2	1	.25	.50
8.25(a) .....	Informal Review Request .....	2	1	1.00	2.00
8.26(a) .....	Appellant's Review File and Written Statement .....	2	1	5.00	10.00
8.28(a) .....	Appellant's Request for Expedited Review .....	2	1	1.00	2.00
8.28(c) .....	Appellant's Review File and Written Statement .....	2	1	5.00	10.00
<b>Total</b> .....					<b>2,070.91</b>

<sup>1</sup> Applications for renewal of certification are required every 3 years.

<sup>2</sup> Transitional Certification is a one-time requirement and will be included in the total annualized burden but averaged over the 3-year period of the OMB collection activity approval.

The final rule does not increase the estimated annualized burden. Certain reporting requirements have been eliminated, such as submissions for authorizations to use LAAM, the requirement to submit a physician responsibility statement (FDA Form 2633), and elimination of the requirement to obtain Federal approval for take-home doses of methadone in excess of 100 mg that exceed a 6-day supply. The new rule adds a one-time

requirement for existing programs to apply for transitional certification, and a requirement to apply for certification renewal every third year. The annualized burdens associated with these new reporting requirements offset the burdens eliminated, resulting in no estimated net change.

Accreditation bodies will also require treatment programs to submit information as part of the standard operating procedures for accreditation.

As mentioned earlier in this notice, accreditation bodies, under contract to SAMHSA, have accredited existing OTPs as part of an initiative to gain more information on the accreditation of OTPs. SAMHSA prepared a separate OMB Paperwork Reduction notice and analysis for that information collection activity (63 FR 10030, February 27, 1998, OMB approval number 0930-0194).

TABLE 2.—ANNUAL REPORTING BURDEN FOR ACCREDITATION ORGANIZATIONS

42 CFR citation	Purpose	No. of respondents	Responses/ respondent	Hours/ response	Total hours
8.3 (b) (1-11) .....	Initial approval (SMA-163) .....	10	1	3.0	30.0
8.3 (c) .....	Renewal of approval (SMA-163) .....	3	1	1.0	3.0
8.3 (e) .....	Relinquishment notification .....	1	1	0.5	0.5
8.3 (f) (2) .....	Non-renewal notification to accredited OTP's .....	1	90	0.1	9.0
8.4 (b) (1) (ii) .....	Notification to SAMHSA for serious noncompliant programs.	2	2	1.0	4.0
8.4 (b) (1) (iii) .....	Notification to OTP for serious noncompliance .....	2	2	1.0	4.0
8.4 (d) (1) .....	General document and information to SAMHSA upon request.	10	2	0.5	10.0
8.4 (d) (2) .....	Accreditation survey to SAMHSA upon request .....	10	6	0.2	12.0
8.4 (d) (3) .....	List of surveys, surveyors to SAMHSA upon request.	10	6	0.2	12.0
8.4 (d) (4) .....	Less than full accreditation report to SAMHSA .....	10	7.5	0.5	37.5
8.4 (d) (5) .....	Summaries of Inspections .....	10	30	0.5	150.0
8.4 (e) .....	Notifications of Compliers .....	10	1	0.5	5.0
8.6 (a) (2) and (b) (3) .....	Revocation notification to Accredited OTP's .....	1	90	0.3	27.0
8.6 (b) .....	Submission of 90-day Corrective plan to SAMHSA	1	1	10	10.0
8.6 (b) (1) .....	Notification to accredited OTP's of Probationary Status.	1	90	0.3	27.0
<b>Total</b> .....		<b>82</b>			<b>341</b>

**Note:** Because some of the numbers underlying these estimates have been rounded, figures in this table are approximate. There are no maintenance and operation costs nor start up and capital costs.

**Recordkeeping**—The recordkeeping requirements for OTPs set forth in sec. 8.12 include maintenance of the following: A patient's medical evaluation and other assessments when admitted to treatment, and periodically throughout treatment Sec. 8.12(f)(4);

the provision of needed services, including any prenatal support provided the patient (Sec. 8.12(f)(3) and (f)(4)) justification of exceptional initial doses; changes in a patient's dose and dosage schedule; justification for variations from the approved product

labeling for LAAM and future medications (Sec. 8.12(h)(4)); and the rationale for decreasing a patient's clinic attendance (Sec. 8.12(i)(3)).

In addition, sec. 8.4(c)(1) will require accreditation bodies to keep and retain for 5 years certain records pertaining to their respective accreditation activities.

These recordkeeping requirements for OTPs and accreditation bodies are customary and usual practices within the medical and rehabilitative communities, and thus impose no additional response burden hours or costs.

**Disclosure**—This final rule retains requirements that OTPs and accreditation organizations disclose information. For example, sec. 8.12(e)(1) requires that a physician explain the facts concerning the use of opioid drug treatment to each patient. This type of disclosure is considered to be consistent with the common medical practice and is not considered an additional burden. Further, the new rules require under sec. 8.4(i)(1) that each accreditation organization shall make public its fee structure. The Secretary notes that the preceding section of this notice contains publicly available information on the fee structure for each of three accreditation bodies. This type of disclosure is standard business practice and is not considered a burden in this analysis.

Individuals and organizations may submit comments on these burden estimates or any other aspect of these information collection provisions, including suggestions for reducing the burden, and should direct them to: SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

The information collection provisions in this final rule have been approved under OMB control number 0930-0206. This approval expires 09/30/2002. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Nelba Chavez,**

*Administrator, Substance Abuse and Mental Health Services Administration.*

Dated: January 5, 2001.

**Donna E. Shalala,**

*Secretary of Health and Human Services.*

## VII. References

The following references have been placed on display at SAMHSA/CSAT Reading Room (7-220), 5515 Security Lane, Rockville, MD 20852.

1. Institute of Medicine, *Federal Regulation of Methadone Treatment*, National Academy Press, 1995.

2. "New Hampshire Legislature Allows Methadone Treatment," Copyright 2000, Alcoholism & Drug Abuse Weekly, Manisses Communications Group, Inc., Vol. 12, No. 23, Monday, June 5, 2000.

3. Sees, K.L., D.O., et al., "Methadone Maintenance vs 180-Day Psychosocially Enriched Detoxification for Treatment of

Opioid Dependence, A Randomized Controlled Trial," *Journal of the American Medical Association*, Vol 283, No. 10 p1303-1310, March 8, 2000.

4. Clark, H. Westly, M.D., Lepay, David, M.D., "Dear Colleague Letter on Medical Maintenance", March 30, 2000.

5. Schwartz, M.D., et al., "A 12-Year Follow-Up of a Methadone Medical Maintenance Program, *Am J Addiction*, Vol. 8, pp 293-299, 1999.

## List of Subjects

### 21 CFR Part 291

Health professions, Methadone, Reporting and recordkeeping requirements.

### 42 CFR Part 8

Health professions, Levo-Alpha-Acetyl-Methadol (LAAM), Methadone, Reporting and recordkeeping requirements.

Therefore, under the Comprehensive Drug Abuse Prevention and Control Act of 1970, the Controlled Substances Act as amended by the Narcotic Addict Treatment Act of 1974, the Public Health Service Act, and applicable delegations of authority thereunder, titles 21 and 42 of the Code of Federal Regulations are amended as follows:

## 21 CFR Chapter I

### PART 291—[REMOVED]

1. Under authority of sections 301(d), 543, 1976 of the Public Health Service Act (42 U.S.C. 241(d), 290dd-2, 300y-11); 38 U.S.C. 7332, 42 U.S.C. 257a; and section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)), amend title 21 of the Code of Federal Regulations by removing part 291.

## 42 CFR Chapter I

2. Amend 42 CFR Chapter I by adding part 8 to subchapter A to read as follows:

### PART 8—CERTIFICATION OF OPIOID TREATMENT PROGRAMS

#### Subpart A—Accreditation

Sec.

- 8.1 Scope.
- 8.2 Definitions.
- 8.3 Application for approval as an accreditation body.
- 8.4 Accreditation body responsibilities.
- 8.5 Periodic evaluation of accreditation bodies.
- 8.6 Withdrawal of approval of accreditation bodies.

#### Subpart B—Certification and Treatment Standards

- 8.11 Opioid treatment program certification.
- 8.12 Federal opioid treatment standards.

8.13 Revocation of accreditation and accreditation body approval.

8.14 Suspension or revocation of certification.

8.15 Forms.

#### Subpart C—Procedures for Review of Suspension or Proposed Revocation of OTP Certification, and of Adverse Action Regarding Withdrawal of Approval of an Accreditation Body

- 8.21 Applicability.
- 8.22 Definitions.
- 8.23 Limitation on issues subject to review.
- 8.24 Specifying who represents the parties.
- 8.25 Informal review and the reviewing official's response.
- 8.26 Preparation of the review file and written arguments.
- 8.27 Opportunity for oral presentation.
- 8.28 Expedited procedures for review of immediate suspension.
- 8.29 Ex parte communications.
- 8.30 Transmission of written communications by reviewing official and calculation of deadlines.
- 8.31 Authority and responsibilities of the reviewing official.
- 8.32 Administrative record.
- 8.33 Written decision.
- 8.34 Court review of final administrative action; exhaustion of administrative remedies.

**Authority:** 21 U.S.C. 823; 42 U.S.C. 257a, 290aa(d), 290dd-2, 300x-23, 300x-27(a), 300y-11.

#### Subpart A—Accreditation

##### § 8.1 Scope.

The regulations in this part establish the procedures by which the Secretary of Health and Human Services (the Secretary) will determine whether a practitioner is qualified under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to dispense opioid drugs in the treatment of opioid addiction. These regulations also establish the Secretary's standards regarding the appropriate quantities of opioid drugs that may be provided for unsupervised use by individuals undergoing such treatment (21 U.S.C. 823(g)(1)). Under these regulations, a practitioner who intends to dispense opioid drugs in the treatment of opioid addiction must first obtain from the Secretary or by delegation, from the Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA), a certification that the practitioner is qualified under the Secretary's standards and will comply with such standards. Eligibility for certification will depend upon the practitioner obtaining accreditation from an accreditation body that has been approved by SAMHSA. These regulations establish the procedures whereby an entity can apply to become an approved accreditation body. This

part also establishes requirements and general standards for accreditation bodies to ensure that practitioners are consistently evaluated for compliance with the Secretary's standards for opiate addiction treatment with an opioid agonist treatment medication.

### § 8.2 Definitions.

The following definitions apply to this part:

*Accreditation* means the process of review and acceptance by an accreditation body.

*Accreditation body* means a body that has been approved by SAMHSA under § 8.3 to accredit opioid treatment programs using opioid agonist treatment medications.

*Accreditation body application* means the application filed with SAMHSA for purposes of obtaining approval as an accreditation body, as described in § 8.3(b).

*Accreditation elements* mean the elements or standards that are developed and adopted by an accreditation body and approved by SAMHSA.

*Accreditation survey* means an onsite review and evaluation of an opioid treatment program by an accreditation body for the purpose of determining compliance with the Federal opioid treatment standards described in § 8.12.

*Accredited opioid treatment program* means an opioid treatment program that is the subject of a current, valid accreditation from an accreditation body approved by SAMHSA under § 8.3(d).

*Certification* means the process by which SAMHSA determines that an opioid treatment program is qualified to provide opioid treatment under the Federal opioid treatment standards.

*Certification application* means the application filed by an opioid treatment program for purposes of obtaining certification from SAMHSA, as described in § 8.11(b).

*Certified opioid treatment program* means an opioid treatment program that is the subject of a current, valid certification under § 8.11.

*Comprehensive maintenance treatment* is maintenance treatment provided in conjunction with a comprehensive range of appropriate medical and rehabilitative services.

*Detoxification treatment* means the dispensing of an opioid agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects incident to withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug-free state within such period.

*Federal opioid treatment standards* means the standards established by the Secretary in § 8.12 that are used to determine whether an opioid treatment program is qualified to engage in opioid treatment. The Federal opioid treatment standards established in § 8.12 also include the standards established by the Secretary regarding the quantities of opioid drugs which may be provided for unsupervised use.

*For-cause inspection* means an inspection of an opioid treatment program by the Secretary, or by an accreditation body, that may be operating in violation of Federal opioid treatment standards, may be providing substandard treatment, or may be serving as a possible source of diverted medications.

*Interim maintenance treatment* means maintenance treatment provided in conjunction with appropriate medical services while a patient is awaiting transfer to a program that provides comprehensive maintenance treatment.

*Long-term detoxification treatment* means detoxification treatment for a period more than 30 days but not in excess of 180 days.

*Maintenance treatment* means the dispensing of an opioid agonist treatment medication at stable dosage levels for a period in excess of 21 days in the treatment of an individual for opioid addiction.

*Medical director* means a physician, licensed to practice medicine in the jurisdiction in which the opioid treatment program is located, who assumes responsibility for administering all medical services performed by the program, either by performing them directly or by delegating specific responsibility to authorized program physicians and healthcare professionals functioning under the medical director's direct supervision.

*Medical and rehabilitative services* means services such as medical evaluations, counseling, and rehabilitative and other social programs (e.g., vocational and educational guidance, employment placement), that are intended to help patients in opioid treatment programs become and/or remain productive members of society.

*Medication unit* means a facility established as part of, but geographically separate from, an opioid treatment program from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis.

*Opiate addiction* is defined as a cluster of cognitive, behavioral, and physiological symptoms in which the

individual continues use of opiates despite significant opiate-induced problems. Opiate dependence is characterized by repeated self-administration that usually results in opiate tolerance, withdrawal symptoms, and compulsive drug-taking. Dependence may occur with or without the physiological symptoms of tolerance and withdrawal.

*Opioid agonist treatment medication* means any opioid agonist drug that is approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opiate addiction.

*Opioid drug* means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

*Opioid treatment* means the dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opiate addiction. This term encompasses detoxification treatment, short-term detoxification treatment, long-term detoxification treatment, maintenance treatment, comprehensive maintenance treatment, and interim maintenance treatment.

*Opioid treatment program* or "OTP" means a program or practitioner engaged in opioid treatment of individuals with an opioid agonist treatment medication.

*Patient* means any individual who undergoes treatment in an opioid treatment program.

*Program sponsor* means the person named in the application for certification described in § 8.11(b) as responsible for the operation of the opioid treatment program and who assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any of its medication units. The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director.

*Registered opioid treatment program* means an opioid treatment program that is registered under 21 U.S.C. 823(g).

*Short-term detoxification treatment* means detoxification treatment for a period not in excess of 30 days.

*State Authority* is the agency designated by the Governor or other appropriate official designated by the

Governor to exercise the responsibility and authority within the State or Territory for governing the treatment of opiate addiction with an opioid drug.

*Treatment plan* means a plan that outlines for each patient attainable short-term treatment goals that are mutually acceptable to the patient and the opioid treatment program and which specifies the services to be provided and the frequency and schedule for their provision.

**§ 8.3 Application for approval as an accreditation body.**

(a) *Eligibility.* Private nonprofit organizations or State governmental entities, or political subdivisions thereof, capable of meeting the requirements of this part may apply for approval as an accreditation body.

(b) *Application for initial approval.* Three copies of an accreditation body application form (SMA-163) shall be submitted to SAMHSA at rm. 12-105, 5600 Fishers Lane, Rockville, MD 20857, and marked ATTENTION: OTP Certification Program. SAMHSA will consider and accept the electronic submission of these materials when electronic submission systems are developed and available. Accreditation body applications shall include the following information and supporting documentation:

(1) Name, address, and telephone number of the applicant and a responsible official for the accreditation body. The application shall be signed by the responsible official;

(2) Evidence of the nonprofit status of the applicant (*i.e.*, of fulfilling Internal Revenue Service requirements as a nonprofit organization) if the applicant is not a State governmental entity or political subdivision;

(3) A set of the accreditation elements or standards and a detailed discussion showing how the proposed accreditation elements or standards will ensure that each OTP surveyed by the applicant is qualified to meet or is meeting each of the Federal opioid treatment standards set forth in § 8.12;

(4) A detailed description of the applicant's decisionmaking process, including:

(i) Procedures for initiating and performing onsite accreditation surveys of OTPs;

(ii) Procedures for assessing OTP personnel qualifications;

(iii) Copies of an application for accreditation, guidelines, instructions, and other materials the applicant will send to OTPs during the accreditation process, including a request for a complete history of prior accreditation activities and a statement that all

information and data submitted in the application for accreditation is true and accurate, and that no material fact has been omitted;

(iv) Policies and procedures for notifying OTPs and SAMHSA of deficiencies and for monitoring corrections of deficiencies by OTPs;

(v) Policies and procedures for suspending or revoking an OTP's accreditation;

(vi) Policies and procedures that will ensure processing of applications for accreditation and applications for renewal of accreditation within a timeframe approved by SAMHSA; and

(vii) A description of the applicant's appeals process to allow OTPs to contest adverse accreditation decisions.

(5) Policies and procedures established by the accreditation body to avoid conflicts of interest, or the appearance of conflicts of interest, by the applicant's board members, commissioners, professional personnel, consultants, administrative personnel, and other representatives;

(6) A description of the education, experience, and training requirements for the applicant's professional staff, accreditation survey team membership, and the identification of at least one licensed physician on the applicant's staff;

(7) A description of the applicant's training policies;

(8) Fee schedules, with supporting cost data;

(9) Satisfactory assurances that the body will comply with the requirements of § 8.4, including a contingency plan for investigating complaints under § 8.4(e);

(10) Policies and procedures established to protect confidential information the applicant will collect or receive in its role as an accreditation body; and

(11) Any other information SAMHSA may require.

(c) *Application for renewal of approval.* An accreditation body that intends to continue to serve as an accreditation body beyond its current term shall apply to SAMHSA for renewal, or notify SAMHSA of its intention not to apply for renewal, in accordance with the following procedures and schedule:

(1) At least 9 months before the date of expiration of an accreditation body's term of approval, the body shall inform SAMHSA in writing of its intent to seek renewal.

(2) SAMHSA will notify the applicant of the relevant information, materials, and supporting documentation required under paragraph (b) of this section that

the applicant shall submit as part of the renewal procedure.

(3) At least 3 months before the date of expiration of the accreditation body's term of approval, the applicant shall furnish to SAMHSA three copies of a renewal application containing the information, materials, and supporting documentation requested by SAMHSA under paragraph (c)(2) of this section.

(4) An accreditation body that does not intend to renew its approval shall so notify SAMHSA at least 9 months before the expiration of the body's term of approval.

(d) *Rulings on applications for initial approval or renewal of approval.* (1) SAMHSA will grant an application for initial approval or an application for renewal of approval if it determines the applicant substantially meets the accreditation body requirements of this subpart.

(2) If SAMHSA determines that the applicant does not substantially meet the requirements set forth in this subpart, SAMHSA will notify the applicant of the deficiencies in the application and request that the applicant resolve such deficiencies within 90 days of receipt of the notice. If the deficiencies are resolved to the satisfaction of SAMHSA within the 90-day time period, the body will be approved as an accreditation body. If the deficiencies have not been resolved to the satisfaction of SAMHSA within the 90-day time period, the application for approval as an accreditation body will be denied.

(3) If SAMHSA does not reach a final decision on a renewal application before the expiration of an accreditation body's term of approval, the approval will be deemed extended until SAMHSA reaches a final decision, unless an accreditation body does not rectify deficiencies in the application within the specified time period, as required in paragraph (d)(2) of this section.

(e) *Relinquishment of approval.* An accreditation body that intends to relinquish its accreditation approval before expiration of the body's term of approval shall submit a letter of such intent to SAMHSA, at the address in paragraph (b) of this section, at least 9 months before relinquishing such approval.

(f) *Notification.* An accreditation body that does not apply for renewal of approval, or is denied such approval by SAMHSA, relinquishes its accreditation approval before expiration of its term of approval, or has its approval withdrawn, shall:

(1) Transfer copies of records and other related information as required by SAMHSA to a location, including

another accreditation body, and according to a schedule approved by SAMHSA; and

(2) Notify, in a manner and time period approved by SAMHSA, all OTPs accredited or seeking accreditation by the body that the body will no longer have approval to provide accreditation services.

(g) *Term of approval.* An accreditation body's term of approval is for a period not to exceed 5 years.

(h) *State accreditation bodies.* State governmental entities, including political subdivisions thereof, may establish organizational units that may act as accreditation bodies, provided such units meet the requirements of this section, are approved by SAMHSA under this section, and have taken appropriate measures to prevent actual or apparent conflicts of interest, including cases in which State or Federal funds are used to support opioid treatment services.

#### § 8.4 Accreditation body responsibilities.

(a) *Accreditation surveys and for cause inspections.* (1) Accreditation bodies shall conduct routine accreditation surveys for initial, renewal, and continued accreditation of each OTP at least every 3 years.

(2) Accreditation bodies must agree to conduct for-cause inspections upon the request of SAMHSA.

(3) Accreditation decisions shall be fully consistent with the policies and procedures submitted as part of the approved accreditation body application.

(b) *Response to noncompliant programs.* (1) If an accreditation body receives or discovers information that suggests that an OTP is not meeting Federal opioid treatment standards, or if survey of the OTP by the accreditation body otherwise demonstrates one or more deficiencies in the OTP, the accreditation body shall as appropriate either require and monitor corrective action or shall suspend or revoke accreditation of the OTP, as appropriate based on the significance of the deficiencies.

(i) Accreditation bodies shall either not accredit or shall revoke the accreditation of any OTP that substantially fails to meet the Federal opioid treatment standards.

(ii) Accreditation bodies shall notify SAMHSA as soon as possible but in no case longer than 48 hours after becoming aware of any practice or condition in an OTP that may pose a serious risk to public health or safety or patient care.

(iii) If an accreditation body determines that an OTP is substantially

meeting the Federal opioid treatment standards, but is not meeting one or more accreditation elements, the accreditation body shall determine the necessary corrective measures to be taken by the OTP, establish a schedule for implementation of such measures, and notify the OTP in writing that it must implement such measures within the specified schedule in order to ensure continued accreditation. The accreditation body shall verify that the necessary steps are taken by the OTP within the schedule specified and that all accreditation elements are being substantially met or will be substantially met.

(2) Nothing in this part shall prevent accreditation bodies from granting accreditation, contingent on promised programmatic or performance changes, to OTPs with less substantial violations. Such accreditation shall not exceed 12 months. OTPs that have been granted such accreditation must have their accreditation revoked if they fail to make changes to receive unconditional accreditation upon resurvey or reinspection.

(c) *Recordkeeping.* (1) Accreditation bodies shall maintain records of their accreditation activities for at least 5 years from the creation of the record. Such records must contain sufficient detail to support each accreditation decision made by the accreditation body.

(2) Accreditation bodies shall establish procedures to protect confidential information collected or received in their role as accreditation bodies that are consistent with, and that are designed to ensure compliance with, all Federal and State laws, including 42 CFR part 2.

(i) Information collected or received for the purpose of carrying out accreditation body responsibilities shall not be used for any other purpose or disclosed, other than to SAMHSA or its duly designated representatives, unless otherwise required by law or with the consent of the OTP.

(ii) Nonpublic information that SAMHSA shares with the accreditation body concerning an OTP shall not be further disclosed except with the written permission of SAMHSA.

(d) *Reporting.* (1) Accreditation bodies shall provide to SAMHSA any documents and information requested by SAMHSA within 5 days of receipt of the request.

(2) Accreditation bodies shall make a summary of the results of each accreditation survey available to SAMHSA upon request. Such summaries shall contain sufficient

detail to justify the accreditation action taken.

(3) Accreditation bodies shall provide SAMHSA upon request a list of each OTP surveyed and the identity of all individuals involved in the conduct and reporting of survey results.

(4) Accreditation bodies shall submit to SAMHSA the name of each OTP for which the accreditation body accredits conditionally, denies, suspends, or revokes accreditation, and the basis for the action, within 48 hours of the action.

(5) Notwithstanding any reports made to SAMHSA under paragraphs (d)(1) through (d)(4) of this section, each accreditation body shall submit to SAMHSA semiannually, on January 15 and July 15 of each calendar year, a report consisting of a summary of the results of each accreditation survey conducted in the past year. The summary shall contain sufficient detail to justify each accreditation action taken.

(6) All reporting requirements listed in this section shall be provided to SAMHSA at the address specified in § 8.3(b).

(e) *Complaint response.* Accreditation bodies shall have policies and procedures to respond to complaints from SAMHSA, patients, facility staff, and others, within a reasonable period of time but not more than 5 days of the receipt of the complaint. Accreditation bodies shall also agree to notify SAMHSA within 48 hours of receipt of a complaint and keep SAMHSA informed of all aspects of the response to the complaint.

(f) *Modifications of accreditation elements.* Accreditation bodies shall obtain SAMHSA's authorization prior to making any substantive (*i.e.*, noneditorial) change in accreditation elements.

(g) *Conflicts of interest.* The accreditation body shall maintain and apply policies and procedures that SAMHSA has approved in accordance with § 8.3 to reduce the possibility of actual conflict of interest, or the appearance of a conflict of interest, on the part of individuals who act on behalf of the accreditation body. Individuals who participate in accreditation surveys or otherwise participate in the accreditation decision or an appeal of the accreditation decision, as well as their spouses and minor children, shall not have a financial interest in the OTP that is the subject of the accreditation survey or decision.

(h) *Accreditation teams.* (1) An accreditation body survey team shall consist of healthcare professionals with

expertise in drug abuse treatment and, in particular, opioid treatment. The accreditation body shall consider factors such as the size of the OTP, the anticipated number of problems, and the OTP's accreditation history, in determining the composition of the team. At a minimum, survey teams shall consist of at least two healthcare professionals whose combined expertise includes:

(i) The dispensing and administration of drugs subject to control under the Controlled Substances Act (21 U.S.C. 801 *et seq.*);

(ii) Medical issues relating to the dosing and administration of opioid agonist treatment medications for the treatment of opioid addiction;

(iii) Psychosocial counseling of individuals undergoing opioid treatment; and

(iv) Organizational and administrative issues associated with opioid treatment programs.

(2) Members of the accreditation team must be able to recuse themselves at any time from any survey in which either they or the OTP believes there is an actual conflict of interest or the appearance of a conflict of interest.

(i) *Accreditation fees.* Fees charged to OTPs for accreditation shall be reasonable. SAMHSA generally will find fees to be reasonable if the fees are limited to recovering costs to the accreditation body, including overhead incurred. Accreditation body activities that are not related to accreditation functions are not recoverable through fees established for accreditation.

(1) The accreditation body shall make public its fee structure, including those factors, if any, contributing to variations in fees for different OTPs.

(2) At SAMHSA's request, accreditation bodies shall provide to SAMHSA financial records or other materials, in a manner specified by SAMHSA, to assist in assessing the reasonableness of accreditation body fees.

#### § 8.5 Periodic evaluation of accreditation bodies.

SAMHSA will evaluate periodically the performance of accreditation bodies primarily by inspecting a selected sample of the OTPs accredited by the accrediting body and by evaluating the accreditation body's reports of surveys conducted, to determine whether the OTPs surveyed and accredited by the accreditation body are in compliance with the Federal opioid treatment standards. The evaluation will include a determination of whether there are major deficiencies in the accreditation body's performance that, if not

corrected, would warrant withdrawal of the approval of the accreditation body under § 8.6.

#### § 8.6 Withdrawal of approval of accreditation bodies.

If SAMHSA determines that an accreditation body is not in substantial compliance with this subpart, SAMHSA shall take appropriate action as follows:

(a) *Major deficiencies.* If SAMHSA determines that the accreditation body has a major deficiency, such as commission of fraud, material false statement, failure to perform a major accreditation function satisfactorily, or significant noncompliance with the requirements of this subpart, SAMHSA shall withdraw approval of that accreditation body.

(1) In the event of a major deficiency, SAMHSA shall notify the accreditation body of the agency's action and the grounds on which the approval was withdrawn.

(2) An accreditation body that has lost its approval shall notify each OTP that has been accredited or is seeking accreditation that the accreditation body's approval has been withdrawn. Such notification shall be made within a time period and in a manner approved by SAMHSA.

(b) *Minor deficiencies.* If SAMHSA determines that the accreditation body has minor deficiencies in the performance of an accreditation function, that are less serious or more limited than the types of deficiencies described in paragraph (a) of this section, SAMHSA will notify the body that it has 90 days to submit to SAMHSA a plan of corrective action. The plan must include a summary of corrective actions and a schedule for their implementation. SAMHSA may place the body on probationary status for a period of time determined by SAMHSA, or may withdraw approval of the body if corrective action is not taken.

(1) If SAMHSA places an accreditation body on probationary status, the body shall notify all OTPs that have been accredited, or that are seeking accreditation, of the accreditation body's probationary status within a time period and in a manner approved by SAMHSA.

(2) Probationary status will remain in effect until such time as the body can demonstrate to the satisfaction of SAMHSA that it has successfully implemented or is implementing the corrective action plan within the established schedule, and the corrective actions taken have substantially eliminated all identified problems.

(3) If SAMHSA determines that an accreditation body that has been placed on probationary status is not implementing corrective actions satisfactorily or within the established schedule, SAMHSA may withdraw approval of the accreditation body. The accreditation body shall notify all OTPs that have been accredited, or are seeking accreditation, of the accreditation body's loss of SAMHSA approval within a time period and in a manner approved by SAMHSA.

(c) *Reapplication.* (1) An accreditation body that has had its approval withdrawn may submit a new application for approval if the body can provide information to SAMHSA to establish that the problems that were grounds for withdrawal of approval have been resolved.

(2) If SAMHSA determines that the new application demonstrates that the body satisfactorily has addressed the causes of its previous unacceptable performance, SAMHSA may reinstate approval of the accreditation body.

(3) SAMHSA may request additional information or establish additional conditions that must be met before SAMHSA approves the reapplication.

(4) SAMHSA may refuse to accept an application from a former accreditation body whose approval was withdrawn because of fraud, material false statement, or willful disregard of public health.

(d) *Hearings.* An opportunity to challenge an adverse action taken regarding withdrawal of approval of an accreditation body shall be addressed through the relevant procedures set forth in subpart C of this part, except that the procedures in § 8.28 for expedited review of an immediate suspension would not apply to an accreditation body that has been notified under paragraph (a) or (b) of this section of the withdrawal of its approval.

#### Subpart B—Certification and Treatment Standards

#### § 8.11 Opioid treatment program certification.

(a) *General.* (1) An OTP must be the subject of a current, valid certification from SAMHSA to be considered qualified by the Secretary under section 303(g)(1) of the Controlled Substances Act (21 U.S.C. 823(g)(1)) to dispense opioid drugs in the treatment of opioid addiction. An OTP must be determined to be qualified under section 303(g)(1) of the Controlled Substances Act, and must be determined to be qualified by the Attorney General under section 303(g)(1), to be registered by the

Attorney General to dispense opioid agonist treatment medications to individuals for treatment of opioid addiction.

(2) To obtain certification from SAMHSA, an OTP must meet the Federal opioid treatment standards in § 8.12, must be the subject of a current, valid accreditation by an accreditation body or other entity designated by SAMHSA, and must comply with any other conditions for certification established by SAMHSA.

(3) Certification shall be granted for a term not to exceed 3 years, except that certification may be extended during the third year if an application for accreditation is pending.

(b) *Application for certification.* Three copies of an application for certification must be submitted by the OTP to the address identified in § 8.3(b). SAMHSA will consider and accept the electronic submission of these materials when electronic submission systems are developed and available. The application for certification shall include:

(1) A description of the current accreditation status of the OTP;

(2) A description of the organizational structure of the OTP;

(3) The names of the persons responsible for the OTP;

(4) The addresses of the OTP and of each medication unit or other facility under the control of the OTP;

(5) The sources of funding for the OTP and the name and address of each governmental entity that provides such funding; and

(6) A statement that the OTP will comply with the conditions of certification set forth in paragraph (f) of this section.

(7) The application shall be signed by the program sponsor who shall certify that the information submitted in the application is truthful and accurate.

(c) *Action on application.* (1) Following SAMHSA's receipt of an application for certification of an OTP, and after consultation with the appropriate State authority regarding the qualifications of the applicant, SAMHSA may grant the application for certification, or renew an existing certification, if SAMHSA determines that the OTP has satisfied the requirements for certification or renewal of certification.

(2) SAMHSA may deny the application if SAMHSA determines that:

(i) The application for certification is deficient in any respect;

(ii) The OTP will not be operated in accordance with the Federal opioid treatment standards established under § 8.12;

(iii) The OTP will not permit an inspection or a survey to proceed, or will not permit in a timely manner access to relevant records or information; or

(iv) The OTP has made misrepresentations in obtaining accreditation or in applying for certification.

(3) Within 5 days after it reaches a final determination that an OTP meets the requirements for certification, SAMHSA will notify the Drug Enforcement Administration (DEA) that the OTP has been determined to be qualified to provide opioid treatment under section 303(g)(1) of the Controlled Substances Act.

(d) *Transitional certification.* OTPs that before March 19, 2001 were the subject of a current, valid approval by FDA under 21 CFR, part 291 (contained in the 21 CFR Parts 200 to 299 edition, revised as of July 1, 2000), are deemed to be the subject of a current valid certification for purposes of paragraph (a)(11) of this section. Such 'transitional certification' will expire on June 18, 2001 unless the OTP submits the information required by paragraph (b) of this section to SAMHSA on or before June 18, 2001. In addition to this application, OTPs must certify with a written statement signed by the program sponsor, that they will apply for accreditation within 90 days of the date SAMHSA approves the second accreditation body. Transitional certification, in that case, will expire on March 19, 2003. SAMHSA may extend the transitional certification of an OTP for up to one additional year provided the OTP demonstrates that it has applied for accreditation, that an accreditation survey has taken place or is scheduled to take place, and that an accreditation decision is expected within a reasonable period of time (e.g., within 90 days from the date of survey). Transitional certification under this section may be suspended or revoked in accordance with § 8.14.

(e) *Provisional certification.* (1) OTPs that have no current certification from SAMHSA, but have applied for accreditation with an accreditation body, are eligible to receive a provisional certification for up to 1 year. To receive a provisional certification, an OTP shall submit the information required by paragraph (b) of this section to SAMHSA along with a statement identifying the accreditation body to which the OTP has applied for accreditation, the date on which the OTP applied for accreditation, the dates of any accreditation surveys that have taken place or are expected to take place, and the expected schedule for

completing the accreditation process. A provisional certification for up to 1 year will be granted, following receipt of the information described in this paragraph, unless SAMHSA determines that patient health would be adversely affected by the granting of provisional certification.

(2) An extension of provisional certification may be granted in extraordinary circumstances or otherwise to protect public health. To apply for a 90-day extension of provisional certification, an OTP shall submit to SAMHSA a statement explaining its efforts to obtain accreditation and a schedule for obtaining accreditation as expeditiously as possible.

(f) *Conditions for certification.* (1) OTPs shall comply with all pertinent State laws and regulations. Nothing in this part is intended to limit the authority of State and, as appropriate, local governmental entities to regulate the use of opioid drugs in the treatment of opioid addiction. The provisions of this section requiring compliance with requirements imposed by State law, or the submission of applications or reports required by the State authority, do not apply to OTPs operated directly by the Department of Veterans Affairs, the Indian Health Service, or any other department or agency of the United States. Federal agencies operating OTPs have agreed to cooperate voluntarily with State agencies by granting permission on an informal basis for designated State representatives to visit Federal OTPs and by furnishing a copy of Federal reports to the State authority, including the reports required under this section.

(2) OTPs shall allow, in accordance with Federal controlled substances laws and Federal confidentiality laws, inspections and surveys by duly authorized employees of SAMHSA, by accreditation bodies, by the DEA, and by authorized employees of any relevant State or Federal governmental authority.

(3) Disclosure of patient records maintained by an OTP is governed by the provisions of 42 CFR part 2, and every program must comply with that part. Records on the receipt, storage, and distribution of opioid agonist treatment medications are also subject to inspection under Federal controlled substances laws and under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321 et seq.). Federally-sponsored treatment programs are subject to applicable Federal confidentiality statutes.

(4) A treatment program or medication unit or any part thereof, including any facility or any individual, shall permit a duly authorized employee

of SAMHSA to have access to and to copy all records on the use of opioid drugs in accordance with the provisions of 42 CFR part 2.

(5) OTPs shall notify SAMHSA within 3 weeks of any replacement or other change in the status of the program sponsor or medical director.

(6) OTPs shall comply with all regulations enforced by the DEA under 21 CFR chapter II, and must be registered by the DEA before administering or dispensing opioid agonist treatment medications.

(7) OTPs must operate in accordance with Federal opioid treatment standards and approved accreditation elements.

(g) *Conditions for interim maintenance treatment program approval.* (1) Before a public or nonprofit private OTP may provide interim maintenance treatment, the program must receive the approval of both SAMHSA and the chief public health officer of the State in which the OTP operates.

(2) Before SAMHSA may grant such approval, the OTP must provide SAMHSA with documentation from the chief public health officer of the State in which the OTP operates demonstrating that:

(i) Such officer does not object to the providing of interim maintenance treatment in the State;

(ii) The OTP seeking to provide such treatment is unable to place patients in a public or nonprofit private comprehensive treatment program within a reasonable geographic area within 14 days of the time patients seek admission to such programs;

(iii) The authorization of the OTP to provide interim maintenance treatment will not otherwise reduce the capacity of comprehensive maintenance treatment programs in the State to admit individuals (relative to the date on which such officer so certifies); and

(iv) The State certifies that each individual enrolled in interim maintenance treatment will be transferred to a comprehensive maintenance treatment program no later than 120 days from the date on which each individual first requested treatment, as provided in section 1923 of the Public Health Service Act (21 U.S.C. 300x-23).

(3) SAMHSA will provide notice to the OTP denying or approving the request to provide interim maintenance treatment. The OTP shall not provide such treatment until it has received such notice from SAMHSA.

(h) *Exemptions.* An OTP may, at the time of application for certification or any time thereafter, request from SAMHSA exemption from the

regulatory requirements set forth under this section and § 8.12. An example of a case in which an exemption might be granted would be for a private practitioner who wishes to treat a limited number of patients in a non-metropolitan area with few physicians and no rehabilitative services geographically accessible and requests exemption from some of the staffing and service standards. The OTP shall support the rationale for the exemption with thorough documentation, to be supplied in an appendix to the initial application for certification or in a separate submission. SAMHSA will approve or deny such exemptions at the time of application, or any time thereafter, if appropriate. SAMHSA shall consult with the appropriate State authority prior to taking action on an exemption request.

(i) *Medication units, long-term care facilities and hospitals.* (1) Certified OTPs may establish medication units that are authorized to dispense opioid agonist treatment medications for observed ingestion. Before establishing a medication unit, a certified OTP must notify SAMHSA by submitting form SMA-162. The OTP must also comply with the provisions of 21 CFR part 1300 before establishing a medication unit. Medication units shall comply with all pertinent state laws and regulations.

(2) Certification as an OTP under this part will not be required for the maintenance or detoxification treatment of a patient who is admitted to a hospital or long-term care facility for the treatment of medical conditions other than opiate addiction and who requires maintenance or detoxification treatment during the period of his or her stay in that hospital or long-term care facility. The terms "hospital" and "long-term care facility" as used in this section are to have the meaning that is assigned under the law of the State in which the treatment is being provided. Nothing in this section is intended to relieve hospitals and long-term care facilities from the obligation to obtain registration from the Attorney General, as appropriate, under section 303(g) of the Controlled Substances Act.

#### § 8.12 Federal opioid treatment standards.

(a) *General.* OTPs must provide treatment in accordance with the standards in this section and must comply with these standards as a condition of certification.

(b) *Administrative and organizational structure.* An OTP's organizational structure and facilities shall be adequate to ensure quality patient care and to meet the requirements of all pertinent Federal, State, and local laws and

regulations. At a minimum, each OTP shall formally designate a program sponsor and medical director. The program sponsor shall agree on behalf of the OTP to adhere to all requirements set forth in this part and any regulations regarding the use of opioid agonist treatment medications in the treatment of opioid addiction which may be promulgated in the future. The medical director shall assume responsibility for administering all medical services performed by the OTP. In addition, the medical director shall be responsible for ensuring that the OTP is in compliance with all applicable Federal, State, and local laws and regulations.

(c) *Continuous quality improvement.*

(1) An OTP must maintain current quality assurance and quality control plans that include, among other things, annual reviews of program policies and procedures and ongoing assessment of patient outcomes.

(2) An OTP must maintain a current "Diversion Control Plan" or "DCP" as part of its quality assurance program that contains specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use and that assigns specific responsibility to the medical and administrative staff of the OTP for carrying out the diversion control measures and functions described in the DCP.

(d) *Staff credentials.* Each person engaged in the treatment of opioid addiction must have sufficient education, training, and experience, or any combination thereof, to enable that person to perform the assigned functions. All physicians, nurses, and other licensed professional care providers, including addiction counselors, must comply with the credentialing requirements of their respective professions.

(e) *Patient admission criteria.*—(1) *Maintenance treatment.* An OTP shall maintain current procedures designed to ensure that patients are admitted to maintenance treatment by qualified personnel who have determined, using accepted medical criteria such as those listed in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), that the person is currently addicted to an opioid drug, and that the person became addicted at least 1 year before admission for treatment. In addition, a program physician shall ensure that each patient voluntarily chooses maintenance treatment and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed written consent to treatment.

(2) Maintenance treatment for persons under age 18. A person under 18 years of age is required to have had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period to be eligible for maintenance treatment. No person under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant State authority consents in writing to such treatment.

(3) Maintenance treatment admission exceptions. If clinically appropriate, the program physician may waive the requirement of a 1-year history of addiction under paragraph (e)(1) of this section, for patients released from penal institutions (within 6 months after release), for pregnant patients (program physician must certify pregnancy), and for previously treated patients (up to 2 years after discharge).

(4) Detoxification treatment. An OTP shall maintain current procedures that are designed to ensure that patients are admitted to short- or long-term detoxification treatment by qualified personnel, such as a program physician, who determines that such treatment is appropriate for the specific patient by applying established diagnostic criteria. Patients with two or more unsuccessful detoxification episodes within a 12-month period must be assessed by the OTP physician for other forms of treatment. A program shall not admit a patient for more than two detoxification treatment episodes in one year.

(f) *Required services.*—(1) *General.* OTPs shall provide adequate medical, counseling, vocational, educational, and other assessment and treatment services. These services must be available at the primary facility, except where the program sponsor has entered into a formal, documented agreement with a private or public agency, organization, practitioner, or institution to provide these services to patients enrolled in the OTP. The program sponsor, in any event, must be able to document that these services are fully and reasonably available to patients.

(2) *Initial medical examination services.* OTPs shall require each patient to undergo a complete, fully documented physical evaluation by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician, before admission to the OTP. The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission.

(3) *Special services for pregnant patients.* OTPs must maintain current

policies and procedures that reflect the special needs of patients who are pregnant. Prenatal care and other gender specific services or pregnant patients must be provided either by the OTP or by referral to appropriate healthcare providers.

(4) *Initial and periodic assessment services.* Each patient accepted for treatment at an OTP shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment. The initial assessment must include preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psychosocial, economic, legal, or other supportive services that a patient needs. The treatment plan also must identify the frequency with which these services are to be provided. The plan must be reviewed and updated to reflect that patient's personal history, his or her current needs for medical, social, and psychological services, and his or her current needs for education, vocational rehabilitation, and employment services.

(5) *Counseling services.* (i) OTPs must provide adequate substance abuse counseling to each patient as clinically necessary. This counseling shall be provided by a program counselor, qualified by education, training, or experience to assess the psychological and sociological background of patients, to contribute to the appropriate treatment plan for the patient and to monitor patient progress.

(ii) OTPs must provide counseling on preventing exposure to, and the transmission of, human immunodeficiency virus (HIV) disease for each patient admitted or readmitted to maintenance or detoxification treatment.

(iii) OTPs must provide directly, or through referral to adequate and reasonably accessible community resources, vocational rehabilitation, education, and employment services for patients who either request such services or who have been determined by the program staff to be in need of such services.

(6) *Drug abuse testing services.* OTPs must provide adequate testing or analysis for drugs of abuse, including at least eight random drug abuse tests per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice. For patients in short-term detoxification treatment, the OTP shall perform at least one

initial drug abuse test. For patients receiving long-term detoxification treatment, the program shall perform initial and monthly random tests on each patient.

(g) *Recordkeeping and patient confidentiality.* (1) OTPs shall establish and maintain a recordkeeping system that is adequate to document and monitor patient care. This system is required to comply with all Federal and State reporting requirements relevant to treatment of opioid addiction. All records are required to be kept confidential in accordance with all applicable Federal and State requirements.

(2) OTPs shall include, as an essential part of the recordkeeping system, documentation in each patient's record that the OTP made a good faith effort to review whether or not the patient is enrolled any other OTP. A patient enrolled in an OTP shall not be permitted to obtain treatment in any other OTP except in exceptional circumstances. If the medical director or program physician of the OTP in which the patient is enrolled determines that such exceptional circumstances exist, the patient may be granted permission to seek treatment at another OTP, provided the justification for finding exceptional circumstances is noted in the patient's record both at the OTP in which the patient is enrolled and at the OTP that will provide the treatment.

(h) *Medication administration, dispensing, and use.* (1) OTPs must ensure that opioid agonist treatment medications are administered or dispensed only by a practitioner licensed under the appropriate State law and registered under the appropriate State and Federal laws to administer or dispense opioid drugs, or by an agent of such a practitioner, supervised by and under the order of the licensed practitioner. This agent is required to be a pharmacist, registered nurse, or licensed practical nurse, or any other healthcare professional authorized by Federal and State law to administer or dispense opioid drugs.

(2) OTPs shall use only those opioid agonist treatment medications that are approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opioid addiction. In addition, OTPs who are fully compliant with the protocol of an investigational use of a drug and other conditions set forth in the application may administer a drug that has been authorized by the Food and Drug Administration under an investigational new drug application

under section 505(i) of the Federal Food, Drug, and Cosmetic Act for investigational use in the treatment of opioid addiction. Currently the following opioid agonist treatment medications will be considered to be approved by the Food and Drug Administration for use in the treatment of opioid addiction:

- (i) Methadone; and
- (ii) Levomethadyl acetate (LAAM).

(3) OTPs shall maintain current procedures that are adequate to ensure that the following dosage form and initial dosing requirements are met:

(i) Methadone shall be administered or dispensed only in oral form and shall be formulated in such a way as to reduce its potential for parenteral abuse.

(ii) For each new patient enrolled in a program, the initial dose of methadone shall not exceed 30 milligrams and the total dose for the first day shall not exceed 40 milligrams, unless the program physician documents in the patient's record that 40 milligrams did not suppress opiate abstinence symptoms.

(4) OTPs shall maintain current procedures adequate to ensure that each opioid agonist treatment medication used by the program is administered and dispensed in accordance with its approved product labeling. Dosing and administration decisions shall be made by a program physician familiar with the most up-to-date product labeling. These procedures must ensure that any significant deviations from the approved labeling, including deviations with regard to dose, frequency, or the conditions of use described in the approved labeling, are specifically documented in the patient's record.

(i) Unsupervised or "take-home" use. To limit the potential for diversion of opioid agonist treatment medications to the illicit market, opioid agonist treatment medications dispensed to patients for unsupervised use shall be subject to the following requirements.

(1) Any patient in comprehensive maintenance treatment may receive a single take-home dose for a day that the clinic is closed for business, including Sundays and State and Federal holidays.

(2) Treatment program decisions on dispensing opioid treatment medications to patients for unsupervised use beyond that set forth in paragraph (i)(1) of this section, shall be determined by the medical director. In determining which patients may be permitted unsupervised use, the medical director shall consider the following take-home criteria in determining whether a patient is

responsible in handling opioid drugs for unsupervised use.

- (i) Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol;
- (ii) Regularity of clinic attendance;
- (iii) Absence of serious behavioral problems at the clinic;
- (iv) Absence of known recent criminal activity, e.g., drug dealing;
- (v) Stability of the patient's home environment and social relationships;
- (vi) Length of time in comprehensive maintenance treatment;
- (vii) Assurance that take-home medication can be safely stored within the patient's home; and
- (viii) Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

(3) Such determinations and the basis for such determinations consistent with the criteria outlined in paragraph (i)(2) of this section shall be documented in the patient's medical record. If it is determined that a patient is responsible in handling opioid drugs, the following restrictions apply:

(i) During the first 90 days of treatment, the take-home supply (beyond that of paragraph (i)(1) of this section) is limited to a single dose each week and the patient shall ingest all other doses under appropriate supervision as provided for under the regulations in this subpart.

(ii) In the second 90 days of treatment, the take-home supply (beyond that of paragraph (i)(1) of this section) is two doses per week.

(iii) In the third 90 days of treatment, the take-home supply (beyond that of paragraph (i)(1) of this section) is three doses per week.

(iv) In the remaining months of the first year, a patient may be given a maximum 6-day supply of take-home medication.

(v) After 1 year of continuous treatment, a patient may be given a maximum 2-week supply of take-home medication.

(vi) After 2 years of continuous treatment, a patient may be given a maximum one-month supply of take-home medication, but must make monthly visits.

(4) No medications shall be dispensed to patients in short-term detoxification treatment or interim maintenance treatment for unsupervised or take-home use.

(5) OTPs must maintain current procedures adequate to identify the theft or diversion of take-home medications, including labeling containers with the OTP's name, address, and telephone

number. Programs also must ensure that take-home supplies are packaged in a manner that is designed to reduce the risk of accidental ingestion, including child-proof containers (see Poison Prevention Packaging Act, Public Law 91-601 (15 U.S.C. 1471 *et seq.*)).

(j) *Interim maintenance treatment.* (1) The program sponsor of a public or nonprofit private OTP may place an individual, who is eligible for admission to comprehensive maintenance treatment, in interim maintenance treatment if the individual cannot be placed in a public or nonprofit private comprehensive program within a reasonable geographic area and within 14 days of the individual's application for admission to comprehensive maintenance treatment. An initial and at least two other urine screens shall be taken from interim patients during the maximum of 120 days permitted for such treatment. A program shall establish and follow reasonable criteria for establishing priorities for transferring patients from interim maintenance to comprehensive maintenance treatment. These transfer criteria shall be in writing and shall include, at a minimum, a preference for pregnant women in admitting patients to interim maintenance and in transferring patients from interim maintenance to comprehensive maintenance treatment. Interim maintenance shall be provided in a manner consistent with all applicable Federal and State laws, including sections 1923, 1927(a), and 1976 of the Public Health Service Act (21 U.S.C. 300x-23, 300x-27(a), and 300y-11).

(2) The program shall notify the State health officer when a patient begins interim maintenance treatment, when a patient leaves interim maintenance treatment, and before the date of mandatory transfer to a comprehensive program, and shall document such notifications.

(3) SAMHSA may revoke the interim maintenance authorization for programs that fail to comply with the provisions of this paragraph (j). Likewise, SAMHSA will consider revoking the interim maintenance authorization of a program if the State in which the program operates is not in compliance with the provisions of § 8.11(g).

(4) All requirements for comprehensive maintenance treatment apply to interim maintenance treatment with the following exceptions:

- (i) The opioid agonist treatment medication is required to be administered daily under observation;
- (ii) Unsupervised or "take-home" use is not allowed;

(iii) An initial treatment plan and periodic treatment plan evaluations are not required;

(iv) A primary counselor is not required to be assigned to the patient;

(v) Interim maintenance cannot be provided for longer than 120 days in any 12-month period; and

(vi) Rehabilitative, education, and other counseling services described in paragraphs (f)(4), (f)(5)(i), and (f)(5)(iii) of this section are not required to be provided to the patient.

#### § 8.13 Revocation of accreditation and accreditation body approval.

(a) *SAMHSA action following revocation of accreditation.* If an accreditation body revokes an OTP's accreditation, SAMHSA may conduct an investigation into the reasons for the revocation. Following such investigation, SAMHSA may determine that the OTP's certification should no longer be in effect, at which time SAMHSA will initiate procedures to revoke the facility's certification in accordance with § 8.14. Alternatively, SAMHSA may determine that another action or combination of actions would better serve the public health, including the establishment and implementation of a corrective plan of action that will permit the certification to continue in effect while the OTP seeks reaccreditation.

(b) *Accreditation body approval.* (1) If SAMHSA withdraws the approval of an accreditation body under § 8.6, the certifications of OTPs accredited by such body shall remain in effect for a period of 1 year after the date of withdrawal of approval of the accreditation body, unless SAMHSA determines that to protect public health or safety, or because the accreditation body fraudulently accredited treatment programs, the certifications of some or all of the programs should be revoked or suspended or that a shorter time period should be established for the certifications to remain in effect. SAMHSA may extend the time in which a certification remains in effect under this paragraph on a case-by-case basis.

(2) Within 1 year from the date of withdrawal of approval of an accreditation body, or within any shorter period of time established by SAMHSA, OTPs currently accredited by the accreditation body must obtain accreditation from another accreditation body. SAMHSA may extend the time period for obtaining reaccreditation on a case-by-case basis.

#### § 8.14 Suspension or revocation of certification.

(a) *Revocation.* Except as provided in paragraph (b) of this section, SAMHSA may revoke the certification of an OTP if SAMHSA finds, after providing the program sponsor with notice and an opportunity for a hearing in accordance with subpart C of this part, that the program sponsor, or any employee of the OTP:

(1) Has been found guilty of misrepresentation in obtaining the certification;

(2) Has failed to comply with the Federal opioid treatment standards in any respect;

(3) Has failed to comply with reasonable requests from SAMHSA or from an accreditation body for records, information, reports, or materials that are necessary to determine the continued eligibility of the OTP for certification or continued compliance with the Federal opioid treatment standards; or

(4) Has refused a reasonable request of a duly designated SAMHSA inspector, Drug Enforcement Administration (DEA) Inspector, State Inspector, or accreditation body representative for permission to inspect the program or the program's operations or its records.

(b) *Suspension.* Whenever SAMHSA has reason to believe that revocation may be required and that immediate action is necessary to protect public health or safety, SAMHSA may immediately suspend the certification of an OTP before holding a hearing under subpart C of this part. SAMHSA may immediately suspend as well as propose revocation of the certification of an OTP before holding a hearing under subpart C of this part if SAMHSA makes a finding described in paragraph (a) of this section and also determines that:

(1) The failure to comply with the Federal opioid treatment standards presents an imminent danger to the public health or safety;

(2) The refusal to permit inspection makes immediate suspension necessary; or

(3) There is reason to believe that the failure to comply with the Federal opioid treatment standards was intentional or was associated with fraud.

(c) *Written notification.* In the event that SAMHSA suspends the certification of an OTP in accordance with paragraph (b) of this section or proposes to revoke the certification of an OTP in accordance with paragraph (a) of this section, SAMHSA shall promptly provide the sponsor of the OTP with written notice of the suspension or proposed revocation by facsimile

transmission, personal service, commercial overnight delivery service, or certified mail, return receipt requested. Such notice shall state the reasons for the action and shall state that the OTP may seek review of the action in accordance with the procedures in subpart C of this part.

(d)(1) If SAMHSA suspends certification in accordance with paragraph (b) of this section:

(i) SAMHSA will immediately notify DEA that the OTP's registration should be suspended under 21 U.S.C. 824(d); and

(ii) SAMHSA will provide an opportunity for a hearing under subpart C of this part.

(2) Suspension of certification under paragraph (b) of this section shall remain in effect until the agency determines that:

(i) The basis for the suspension cannot be substantiated;

(ii) Violations of required standards have been corrected to the agency's satisfaction; or

(iii) The OTP's certification shall be revoked.

#### § 8.15 Forms.

(a) SMA-162—Application for Certification to Use Opioid Agonist Treatment Medications for Opioid Treatment.

(b) SMA-163—Application for Becoming an Accreditation Body under § 8.3.

#### Subpart C—Procedures for Review of Suspension or Proposed Revocation of OTP Certification, and of Adverse Action Regarding Withdrawal of Approval of an Accreditation Body

##### § 8.21 Applicability.

The procedures in this subpart apply when:

(a) SAMHSA has notified an OTP in writing that its certification under the regulations in subpart B of this part has been suspended or that SAMHSA proposes to revoke the certification; and

(b) The OTP has, within 30 days of the date of the notification or within 3 days of the date of the notification when seeking an expedited review of a suspension, requested in writing an opportunity for a review of the suspension or proposed revocation.

(c) SAMHSA has notified an accreditation body of an adverse action taken regarding withdrawal of approval of the accreditation body under the regulations in subpart A of this part; and

(d) The accreditation body has, within 30 days of the date of the notification, requested in writing an opportunity for a review of the adverse action.

**§ 8.22 Definitions.**

The following definitions apply to this subpart C.

(a) *Appellant* means:

(1) The treatment program which has been notified of its suspension or proposed revocation of its certification under the regulations of this part and has requested a review of the suspension or proposed revocation, or

(2) The accreditation body which has been notified of adverse action regarding withdrawal of approval under the regulations of this subpart and has requested a review of the adverse action.

(b) *Respondent* means SAMHSA.

(c) *Reviewing official* means the person or persons designated by the Secretary who will review the suspension or proposed revocation. The reviewing official may be assisted by one or more HHS officers or employees or consultants in assessing and weighing the scientific and technical evidence and other information submitted by the appellant and respondent on the reasons for the suspension and proposed revocation.

**§ 8.23 Limitation on issues subject to review.**

The scope of review shall be limited to the facts relevant to any suspension, or proposed revocation, or adverse action, the necessary interpretations of the facts the regulations, in the subpart, and other relevant law.

**§ 8.24 Specifying who represents the parties.**

The appellant's request for review shall specify the name, address, and phone number of the appellant's representative. In its first written submission to the reviewing official, the respondent shall specify the name, address, and phone number of the respondent's representative.

**§ 8.25 Informal review and the reviewing official's response.**

(a) *Request for review.* Within 30 days of the date of the notice of the suspension or proposed revocation, the appellant must submit a written request to the reviewing official seeking review, unless some other time period is agreed to by the parties. A copy must also be sent to the respondent. The request for review must include a copy of the notice of suspension, proposed revocation, or adverse action, a brief statement of why the decision to suspend, propose revocation, or take an adverse action is incorrect, and the appellant's request for an oral presentation, if desired.

(b) *Acknowledgment.* Within 5 days after receiving the request for review,

the reviewing official will send an acknowledgment and advise the appellant of the next steps. The reviewing official will also send a copy of the acknowledgment to the respondent.

**§ 8.26 Preparation of the review file and written arguments.**

The appellant and the respondent each participate in developing the file for the reviewing official and in submitting written arguments. The procedures for development of the review file and submission of written argument are:

(a) *Appellant's documents and brief.* Within 30 days after receiving the acknowledgment of the request for review, the appellant shall submit to the reviewing official the following (with a copy to the respondent):

(1) A review file containing the documents supporting appellant's argument, tabbed and organized chronologically, and accompanied by an index identifying each document. Only essential documents should be submitted to the reviewing official.

(2) A written statement, not to exceed 20 double-spaced pages, explaining why respondent's decision to suspend or propose revocation of appellant's certification or to take adverse action regarding withdrawal of approval of the accreditation body is incorrect (appellant's brief).

(b) *Respondent's documents and brief.* Within 30 days after receiving a copy of the acknowledgment of the request for review, the respondent shall submit to the reviewing official the following (with a copy to the appellant):

(1) A review file containing documents supporting respondent's decision to suspend or revoke appellant's certification, or approval as an accreditation body, tabbed and organized chronologically, and accompanied by an index identifying each document. Only essential documents should be submitted to the reviewing official.

(2) A written statement, not exceeding 20 double-spaced pages in length, explaining the basis for suspension, proposed revocation, or adverse action (respondent's brief).

(c) *Reply briefs.* Within 10 days after receiving the opposing party's submission, or 20 days after receiving acknowledgment of the request for review, whichever is later, each party may submit a short reply not to exceed 10 double-spaced pages.

(d) *Cooperative efforts.* Whenever feasible, the parties should attempt to develop a joint review file.

(e) *Excessive documentation.* The reviewing official may take any appropriate steps to reduce excessive documentation, including the return of or refusal to consider documentation found to be irrelevant, redundant, or unnecessary.

(f) *Discovery.* The use of interrogatories, depositions, and other forms of discovery shall not be allowed.

**§ 8.27 Opportunity for oral presentation.**

(a) *Electing oral presentation.* If an opportunity for an oral presentation is desired, the appellant shall request it at the time it submits its written request for review to the reviewing official. The reviewing official will grant the request if the official determines that the decisionmaking process will be substantially aided by oral presentations and arguments. The reviewing official may also provide for an oral presentation at the official's own initiative or at the request of the respondent.

(b) *Presiding official.* The reviewing official or designee will be the presiding official responsible for conducting the oral presentation.

(c) *Preliminary conference.* The presiding official may hold a prehearing conference (usually a telephone conference call) to consider any of the following: Simplifying and clarifying issues; stipulations and admissions; limitations on evidence and witnesses that will be presented at the hearing; time allotted for each witness and the hearing altogether; scheduling the hearing; and any other matter that will assist in the review process. Normally, this conference will be conducted informally and off the record; however, the presiding official may, at the presiding official's discretion, produce a written document summarizing the conference or transcribe the conference, either of which will be made a part of the record.

(d) *Time and place of oral presentation.* The presiding official will attempt to schedule the oral presentation within 45 days of the date appellant's request for review is received or within 15 days of submission of the last reply brief, whichever is later. The oral presentation will be held at a time and place determined by the presiding official following consultation with the parties.

(e) *Conduct of the oral presentation.*—  
(1) General. The presiding official is responsible for conducting the oral presentation. The presiding official may be assisted by one or more HHS officers or employees or consultants in conducting the oral presentation and reviewing the evidence. While the oral

presentation will be kept as informal as possible, the presiding official may take all necessary steps to ensure an orderly proceeding.

(2) **Burden of proof/standard of proof.** In all cases, the respondent bears the burden of proving by a preponderance of the evidence that its decision to suspend, propose revocation, or take adverse action is appropriate. The appellant, however, has a responsibility to respond to the respondent's allegations with evidence and argument to show that the respondent is incorrect.

(3) **Admission of evidence.** The rules of evidence do not apply and the presiding official will generally admit all testimonial evidence unless it is clearly irrelevant, immaterial, or unduly repetitious. Each party may make an opening and closing statement, may present witnesses as agreed upon in the pre-hearing conference or otherwise, and may question the opposing party's witnesses. Since the parties have ample opportunity to prepare the review file, a party may introduce additional documentation during the oral presentation only with the permission of the presiding official. The presiding official may question witnesses directly and take such other steps necessary to ensure an effective and efficient consideration of the evidence, including setting time limitations on direct and cross-examinations.

(4) **Motions.** The presiding official may rule on motions including, for example, motions to exclude or strike redundant or immaterial evidence, motions to dismiss the case for insufficient evidence, or motions for summary judgment. Except for those made during the hearing, all motions and opposition to motions, including argument, must be in writing and be no more than 10 double-spaced pages in length. The presiding official will set a reasonable time for the party opposing the motion to reply.

(5) **Transcripts.** The presiding official shall have the oral presentation transcribed and the transcript shall be made a part of the record. Either party may request a copy of the transcript and the requesting party shall be responsible for paying for its copy of the transcript.

(f) **Obstruction of justice or making of false statements.** Obstruction of justice or the making of false statements by a witness or any other person may be the basis for a criminal prosecution under 18 U.S.C. 1001 or 1505.

(g) **Post-hearing procedures.** At the presiding official's discretion, the presiding official may require or permit the parties to submit post-hearing briefs or proposed findings and conclusions. Each party may submit comments on

any major prejudicial errors in the transcript.

**§ 8.28 Expedited procedures for review of immediate suspension.**

(a) **Applicability.** When the Secretary notifies a treatment program in writing that its certification has been immediately suspended, the appellant may request an expedited review of the suspension and any proposed revocation. The appellant must submit this request in writing to the reviewing official within 10 days of the date the OTP received notice of the suspension. The request for review must include a copy of the suspension and any proposed revocation, a brief statement of why the decision to suspend and propose revocation is incorrect, and the appellant's request for an oral presentation, if desired. A copy of the request for review must also be sent to the respondent.

(b) **Reviewing official's response.** As soon as practicable after the request for review is received, the reviewing official will send an acknowledgment with a copy to the respondent.

(c) **Review file and briefs.** Within 10 days of the date the request for review is received, but no later than 2 days before an oral presentation, each party shall submit to the reviewing official the following:

(1) A review file containing essential documents relevant to the review, tabbed, indexed, and organized chronologically; and

(2) A written statement, not to exceed 20 double-spaced pages, explaining the party's position concerning the suspension and any proposed revocation. No reply brief is permitted.

(d) **Oral presentation.** If an oral presentation is requested by the appellant or otherwise granted by the reviewing official in accordance with § 8.27(a), the presiding official will attempt to schedule the oral presentation within 20 to 30 days of the date of appellant's request for review at a time and place determined by the presiding official following consultation with the parties. The presiding official may hold a pre-hearing conference in accordance with § 8.27(c) and will conduct the oral presentation in accordance with the procedures of §§ 8.27(e), (f), and (g).

(e) **Written decision.** The reviewing official shall issue a written decision upholding or denying the suspension or proposed revocation and will attempt to issue the decision within 7 to 10 days of the date of the oral presentation or within 3 days of the date on which the transcript is received or the date of the last submission by either party,

whichever is later. All other provisions set forth in § 8.33 apply.

(f) **Transmission of written communications.** Because of the importance of timeliness for these expedited procedures, all written communications between the parties and between either party and the reviewing official shall be sent by facsimile transmission, personal service, or commercial overnight delivery service.

**§ 8.29 Ex parte communications.**

Except for routine administrative and procedural matters, a party shall not communicate with the reviewing or presiding official without notice to the other party.

**§ 8.30 Transmission of written communications by reviewing official and calculation of deadlines.**

(a) **Timely review.** Because of the importance of a timely review, the reviewing official should normally transmit written communications to either party by facsimile transmission, personal service, or commercial overnight delivery service, or certified mail, return receipt requested, in which case the date of transmission or day following mailing will be considered the date of receipt. In the case of communications sent by regular mail, the date of receipt will be considered 3 days after the date of mailing.

(b) **Due date.** In counting days, include Saturdays, Sundays, and holidays. However, if a due date falls on a Saturday, Sunday, or Federal holiday, then the due date is the next Federal working day.

**§ 8.31 Authority and responsibilities of the reviewing official.**

In addition to any other authority specified in this subpart C, the reviewing official and the presiding official, with respect to those authorities involving the oral presentation, shall have the authority to issue orders; examine witnesses; take all steps necessary for the conduct of an orderly hearing; rule on requests and motions; grant extensions of time for good reasons; dismiss for failure to meet deadlines or other requirements; order the parties to submit relevant information or witnesses; remand a case for further action by the respondent; waive or modify these procedures in a specific case, usually with notice to the parties; reconsider a decision of the reviewing official where a party promptly alleges a clear error of fact or law; and to take any other action necessary to resolve disputes in accordance with the objectives of the procedures in this subpart.

**§ 8.32 Administrative record.**

The administrative record of review consists of the review file; other submissions by the parties; transcripts or other records of any meetings, conference calls, or oral presentation; evidence submitted at the oral presentation; and orders and other documents issued by the reviewing and presiding officials.

**§ 8.33 Written decision.**

(a) *Issuance of decision.* The reviewing official shall issue a written decision upholding or denying the suspension, proposed revocation, or adverse action. The decision will set forth the reasons for the decision and describe the basis for that decision in the record. Furthermore, the reviewing official may remand the matter to the respondent for such further action as the reviewing official deems appropriate.

(b) *Date of decision.* The reviewing official will attempt to issue the

decision within 15 days of the date of the oral presentation, the date on which the transcript is received, or the date of the last submission by either party, whichever is later. If there is no oral presentation, the decision will normally be issued within 15 days of the date of receipt of the last reply brief. Once issued, the reviewing official will immediately communicate the decision to each party.

(c) *Public notice and communications to the Drug Enforcement Administration (DEA).* (1) If the suspension and proposed revocation of OTP certification are upheld, the revocation of certification will become effective immediately and the public will be notified by publication of a notice in the **Federal Register**. SAMHSA will notify DEA within 5 days that the OTP's registration should be revoked.

(2) If the suspension and proposed revocation of OTP certification are

denied, the revocation will not take effect and the suspension will be lifted immediately. Public notice will be given by publication in the **Federal Register**. SAMHSA will notify DEA within 5 days that the OTP's registration should be restored, if applicable.

**§ 8.34 Court review of final administrative action; exhaustion of administrative remedies.**

Before any legal action is filed in court challenging the suspension, proposed revocation, or adverse action, respondent shall exhaust administrative remedies provided under this subpart, unless otherwise provided by Federal law. The reviewing official's decision, under § 8.28(e) or § 8.33(a), constitutes final agency action as of the date of the decision.

[FR Doc. 01-723 Filed 1-16-01; 8:45 am]

BILLING CODE 4160-01-P

Question 5C

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0381

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:

New Era Rehabilitation Center, Inc, of Bridgeport, CT, d/b/a New Era Rehabilitation Center, Inc, is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**New Era Rehabilitation Center, Inc**, is located at 311 East St, New Haven CT 06511 with:

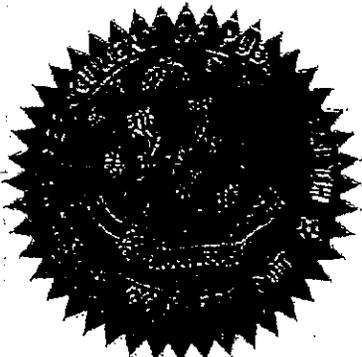
Ebenezer Adekunle Kolade MD as Executive Director.

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

- Ambulatory Chemical Detoxification Treatment
- Chemical Maintenance Treatment
- Day and Evening Treatment
- 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



*Jewel Mullen MD*  
Jewel Mullen, MD, MPH, MPA  
Commissioner

Question 5C

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0266

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:

New Era Rehabilitation Center, Inc. of Bridgeport, CT, d/b/a New Era Rehabilitation Center, Inc. is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

New Era Rehabilitation Center, Inc. is located at 3851 Main St, Bridgeport, CT 06606 with:

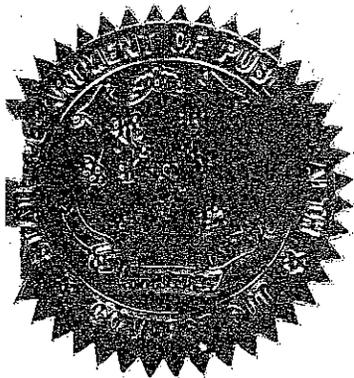
Ebenezer Adekunle Kolade, MD as Executive Director.

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

Chemical Maintenance Treatment  
Ambulatory Chemical Detoxification Treatment  
Day and Evening Treatment  
Outpatient Treatment

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

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



*Jewel Mullen MD*  
Jewel Mullen, MD, MPH, MPA  
Commissioner

11:31 AM  
05/30/13  
Accrual Basis

**NEW ERA REHABILITATION INC**  
**Balance Sheet**  
As of December 31, 2012

	<u>Dec 31, 12</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
1000 - PEOPLE'S BANK	21,792.40
Total Checking/Savings	<u>21,792.40</u>
Other Current Assets	
1320 - SECURITY DEPOSIT	16,400.00
1560 - EQUIPMENT- NEW HAVEN	3,256.00
Total Other Current Assets	<u>19,656.00</u>
Total Current Assets	41,448.40
<b>Fixed Assets</b>	
1570 - EQUIPMENT	
1571 - A/D- EQUIPMENT	-86,885.00
1570 - EQUIPMENT - Other	294,933.19
Total 1570 - EQUIPMENT	<u>208,048.19</u>
1620 - FURNITURES & FIXTURES	
1621 - A/D- FURNITURES & FIXTURES	-51,131.00
1620 - FURNITURES & FIXTURES - Other	158,278.92
Total 1620 - FURNITURES & FIXTURES	<u>107,147.92</u>
1900 - MEDICAL BUILDING	1,477,675.00
Total Fixed Assets	<u>1,792,871.11</u>
<b>Other Assets</b>	
1520 - BUILDING IMPROVMENT	
1521 - A/D- BUILDING IMPROVMENT	-185,056.87
1520 - BUILDING IMPROVMENT - Other	1,321,613.43
Total 1520 - BUILDING IMPROVMENT	<u>1,136,556.56</u>
1530 - BUILDING IMPROV - NEW HAVEN	7,043.75
1540 - LEASEHOLD IMPROVMENT	67,818.00
1541 - AMORT- LEASEHOLD IMP	-15,535.00
1720 - SOFTWARE	
1721 - ACC-DPR-SOFTWARE	-10,000.00
1720 - SOFTWARE - Other	32,822.10
Total 1720 - SOFTWARE	<u>22,822.10</u>
1750 - VEHICLES	
1751 - A/D- VEHICLES	-20,000.00
1750 - VEHICLES - Other	100,000.00
Total 1750 - VEHICLES	<u>80,000.00</u>
1800 - ORGANIZATION COSTS	
1805 - ACCUM AMORTIZATION-ORG COSTS	-23,074.16
1800 - ORGANIZATION COSTS - Other	67,654.00
Total 1800 - ORGANIZATION COSTS	<u>44,579.84</u>
Total Other Assets	<u>1,343,285.25</u>
<b>TOTAL ASSETS</b>	<u><u>3,177,804.76</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Other Current Liabilities	
2992 - BOA- CAR LOAN	9,430.96
Total Other Current Liabilities	<u>9,430.96</u>
Total Current Liabilities	9,430.96

11:31 AM

05/30/13

Accrual Basis

**NEW ERA REHABILITATION INC****Balance Sheet**

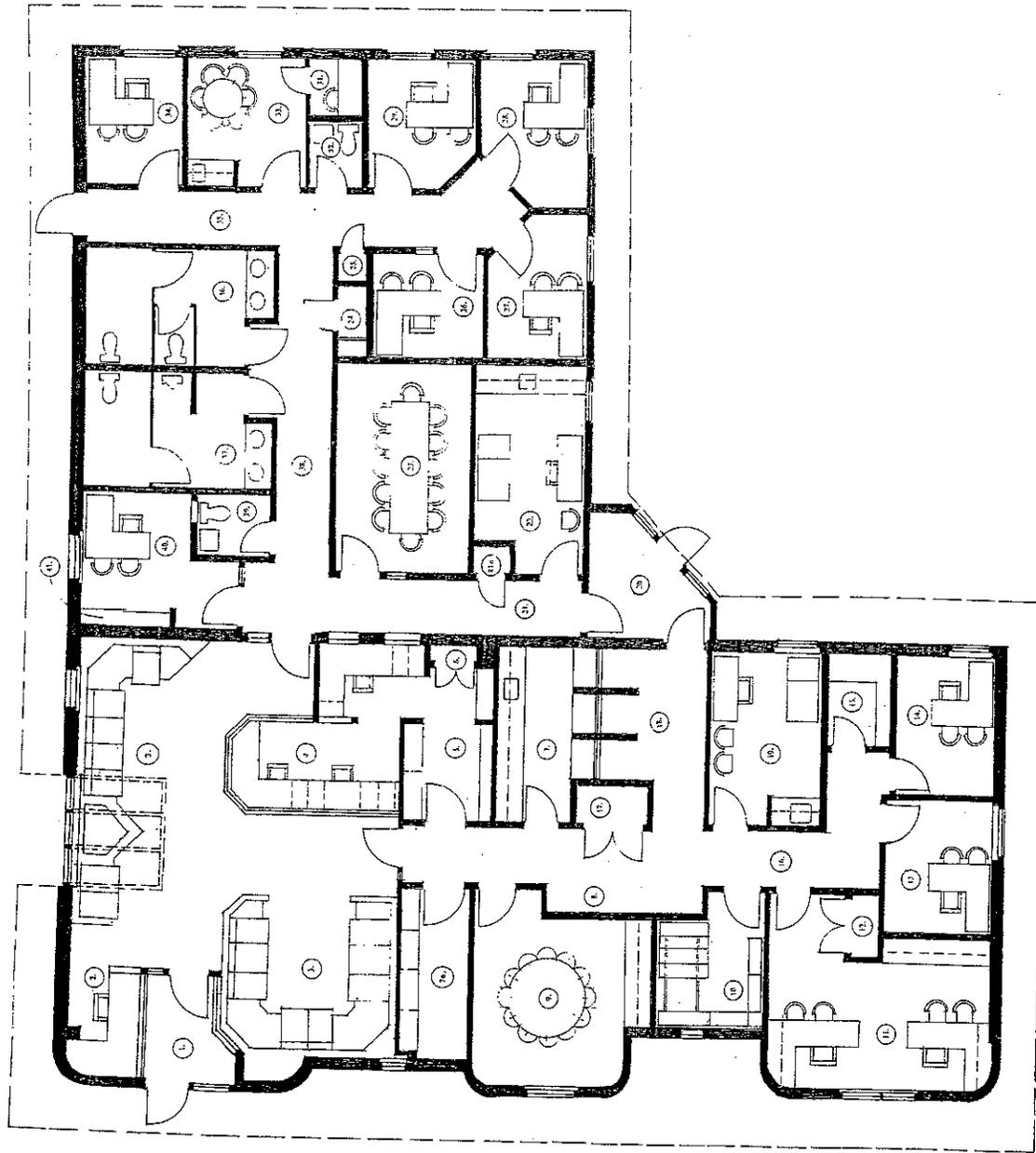
As of December 31, 2012

	<u>Dec 31, 12</u>
<b>Long Term Liabilities</b>	
2800 - NOTES PAYABLE- MBNA	17,131.85
2900 - CITI-MORTGAGE PAYABLE	289,285.00
2990 - BOA-CONSTRUCTION LOAN-NEW HAVEN	196,625.16
<b>Total Long Term Liabilities</b>	<u>503,042.01</u>
<b>Total Liabilities</b>	512,472.97
<b>Equity</b>	
1110 - Retained Earnings	1,073,607.99
3000 - Opening Bal Equity	1,012,462.49
Net Income	579,061.31
<b>Total Equity</b>	<u>2,665,131.79</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>3,177,604.76</u></u>



**INDEX**

1. MAIN ENTRY
2. WAITING AREA
3. RECEPTION/INTAKE
4. WAITING AREA
5. CHART ROOM
6. MEDICATION
7. CHART ROOM
8. WAITING AREA
9. GROUP ROOM
10. CONFERENCE
11. OFFICE
12. COUNSELOR
13. COUNSELOR
14. COUNSELOR
15. HALL
16. HALL
17. CLOSET
18. EXAM ROOM
19. EXAM ROOM
20. EMPLOYEE ENTRANCE
21. CLOSET
22. EXAM ROOM
23. CONFERENCE
24. JANITOR'S CLOSET
25. CLOSET
26. COUNSELOR
27. COUNSELOR
28. COUNSELOR
29. NOT USED
30. SERVER
31. BANK
32. POLICY
33. COUNSELOR
34. COUNSELOR
35. WOMEN
36. MEN
37. MEN
38. USING TEST
39. OFFICE COUNSELOR
40. ELECTRIC TELEPHONE CLOSET



FLOOR PLAN

## Olejarz, Barbara

---

**From:** Martone, Kim  
**Sent:** Thursday, August 29, 2013 1:32 PM  
**To:** Olejarz, Barbara  
**Subject:** FW: Re. New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury

---

**From:** Riggott, Kaila  
**Sent:** Wednesday, August 28, 2013 8:49 AM  
**To:** [lreisman@familyservicesgw.org](mailto:lreisman@familyservicesgw.org)  
**Subject:** RE: Re. New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury

Dear Ms. Reisman,

On behalf of Commissioner Mullen, thank you for your email regarding Docket No. 13-31857-CON. It has been forwarded to the Office of Health Care Access within the Department of Public Health.

**Kaila Riggott, MPA**  
Planning Specialist  
State of Connecticut  
Department of Public Health  
Office of Health Care Access  
Hartford, CT 06134  
phone: 860.418.7037  
fax: 860.418.7053  
<http://www.ct.gov/ohca>

---

**From:** Laurie Reisman [<mailto:lreisman@familyservicesgw.org>]  
**Sent:** Monday, August 26, 2013 3:33 PM  
**To:** Commissioner, DPH  
**Subject:** Re. New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury

Dear Commissioner Mullen,

I'm writing to express my concern about the Establishment of an Outpatient Substance Abuse Treatment Center in Waterbury CT. I'm very confused over how many treatment centers we actually have. But aside from that, this one would be near a school. Our children don't need to see lines of adults waiting for services, and I fear some of those adults could be prior sexual offenders which would be against the law. I do not believe in the "not in my backyard" theory at all. I believe people deserve respectful treatment and should be served with dignity no matter what they are recovering from. I do think we need to be careful where we place mental health or substance abuse treatment centers. Near a school is unacceptable.

I also believe we need to know how many treatment centers are now available. Morris foundation used to be a large center, but as I read of Wellmore's services now, Methadone Maintenance is not listed. I know CT Counseling has a waiting list, but when I google centers, not one other comes up.

So, I'd think a thorough search of what is being provided and by whom is in order. I am in full support of a recovery center, but not near a school.

With much Admiration,

*Laurie*

**Laurie M. Reisman, LCSW**  
**Director of Operations**  
**Family Services of Greater Waterbury, Inc.**  
**34 Murray Street**  
**Waterbury, CT 06710**  
[www.familyservicesgw.org](http://www.familyservicesgw.org)

**203-756-8317 Ext. 3004**  
203-591-2381 Private Line

"I am different, not less"  
~**Temple Grandin**

Please consider the environment before printing this email~

~Confidentiality Notice~

This email transmission and/or the attachments accompanying it may contain confidential information. This information is only for the use of the intended recipient, you are hereby notified that any disclosure, copying or distribution of any information in the transmission is strictly prohibited. If you received this transmission in error, please promptly notify the sender by reply email, and then destroy all copies of this transmission. Thank you.

## Olejarz, Barbara

---

**From:** Martone, Kim  
**Sent:** Thursday, August 29, 2013 1:32 PM  
**To:** Olejarz, Barbara  
**Subject:** FW: Re. New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury Docket No. 13-31857-CON

---

**From:** Riggott, Kaila  
**Sent:** Wednesday, August 28, 2013 8:40 AM  
**To:** [dpiombosr@gmail.com](mailto:dpiombosr@gmail.com)  
**Subject:** FW: Re. New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury Docket No. 13-31857-CON

Dear Mr. Piombo,

On behalf of Commissioner Mullen, thank you for your email regarding Docket No. 13-31857-CON. It has been forwarded to the Office of Health Care Access within the Department of Public Health.

**Kaila Riggott, MPA**  
Planning Specialist  
State of Connecticut  
Department of Public Health  
Office of Health Care Access  
Hartford, CT 06134  
phone: 860.418.7037  
fax: 860.418.7053  
<http://www.ct.gov/ohca>

---

**From:** [dpiombosr@gmail.com](mailto:dpiombosr@gmail.com) [<mailto:dpiombosr@gmail.com>] **On Behalf Of** Donald Piombo  
**Sent:** Monday, August 26, 2013 3:52 PM  
**To:** Commissioner, DPH  
**Cc:** Selim Noujaim  
**Subject:** Re. New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury Docket No. 13-31857-CON

Dr. Jewel Mullen, Commissioner  
State of Connecticut, Department of Health  
410 Capitol Avenue  
Hartford, CT 06134

**Re. New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury**

**Docket No. 13-31857-CON**

Dear Dr. Jewel Mullen,

With regards to the above referenced placement of a methadone clinic in Waterbury, CT, I would ask that your office NOT do so. This is just one more example of Hartford using Waterbury as a "dumping ground". We have shouldered far more than our share (too many to count) of halfway houses, group homes and methadone clinics. This sort of "product placement" is nothing less than another well placed slap in the face for Waterburians'.

Sincerely,  
Donald Piombo  
Waterbury, Ct.

## Greer, Leslie

---

**From:** Martone, Kim  
**Sent:** Tuesday, September 03, 2013 11:45 AM  
**To:** Greer, Leslie; Fiducia, Paolo  
**Cc:** Riggott, Kaila; Roberts, Karen; Olejarz, Barbara  
**Subject:** FW: New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury  
**Attachments:** Dr Jewel Mullen Commissioner Letter.wps

---

**From:** Mullen, Jewel  
**Sent:** Tuesday, September 03, 2013 9:40 AM  
**To:** Sitler, Dana; Davis, Lisa; Martone, Kim  
**Subject:** FW: New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury

fyi

***Jewel Mullen, MD, MPH, MPA***

Commissioner

Connecticut Department of Public Health

410 Capitol Avenue MS# 13 COM

P.O. Box 340308

Hartford, CT 06134-0308

Phone: 860-509-7101

Fax: 860-509-7111

[Jewel.mullen@ct.gov](mailto:Jewel.mullen@ct.gov)

---

**From:** Joplinrose [<mailto:joplinrose1@yahoo.com>]  
**Sent:** Saturday, August 31, 2013 8:03 PM  
**To:** Mullen, Jewel  
**Cc:** [joplinrose1@yahoo.com](mailto:joplinrose1@yahoo.com)  
**Subject:** New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury

Dr. Jewel Mullen, Commissioner  
State of Connecticut, Department of Health  
410 Capitol Avenue  
Hartford, CT 06134  
Email: [jewel.mullen@ct.gov](mailto:jewel.mullen@ct.gov) / 860-509-7101

Re. New Era Rehabilitation Center. Establishment of Outpatient Substance Abuse Treatment Center in Waterbury  
Docket No. 13-31857-CON  
August 31, 2013

Dear Commissioner Mullen,

I am writing in regards to the above proposed Outpatient Substance Abuse Treatment Center in Waterbury, CT. & would like to ask you to please do not let this happen & especially not next to a school. We already have to many facilities of this nature, not to mention the Halfway/Boarding Houses (ie: 417 East Main St.) & Group Homes where these individuals seeking out treatment live, in our town & don't need another one especially when no one is addressing the many health related issues w/where these people live & how they live. The health department really needs to look into that instead...I've lived here for over 20 years & it's as if this town has become

the designated town for all this kinda stuff & I'm tired of it being the one responsible to take on all these special needs situations...This isn't what I want my taxes going towards to support.

What about factories for people to get back to work? Why aren't they making a come back & why is it all down to K-Mart are now closing...I cant even begin to guess how many businesses have left our town just on Wolcott Street.... I remember 20 years ago when I bought my first home, my first impression of Waterbury when driving down Wolcott Street was, Man???? This looks like a mini Vegas??? All the business signs just lit up the road & it was just so cool & now? The town is dying. No jobs, nothing to do, no where to go. Why? Apparently it's our responsibility to take on all the rest of the state doesn't want to...We've become the town were all the people w/problems needing to be addressed reside & get treatment.

The following link will prove that statement true...<http://www.yellowpages.com/waterbury-ct/drug-treatment-centers>. It advertises, 191 listings of **Drug Abuse & Addiction Centers in Waterbury** on YP.com. Find reviews, directions & phone numbers for the best **drug treatment centers in Waterbury, CT**.

I feel people deserve respectful treatment & should be served w/dignity & respect no matter what they are recovering from, I just think we need to be careful where we place mental health/substance abuse treatment centers. Near a school isn't acceptable. Especially where there could be a pedophiles and/or sex offender involved.

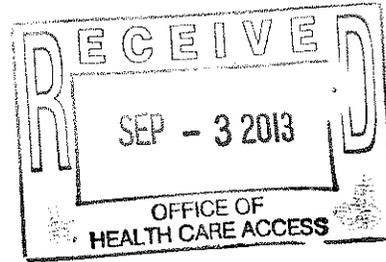
Thank you for your time and consideration in this matter.

Sincerely,

Rose

28 August 2013

To: Dr. Jewel Mullen, Commissioner  
Dept. Public Health  
Hartford , Ct. 06134



Subject: Docket 13-31857-con

Sir:: This correspondence is being forwarded to you urgently requesting that Action being sought in the above Docket No. , be rejected. The principal reason For this request is as follows. The location of the building in which the approval for a Methadone Clinic is being sought is located 300 to 500 ft. past a grammar school which houses K1 thru K8 grade children.

In the past when school was in session, I witnessed many parents who would park In this bldgs. Parking facilities while waiting for their children to exit the school from their school day. This practice would in all probability continue should the clinic be allowed. Children would in all probability be exposed to those who would be treated for their drug affliction.

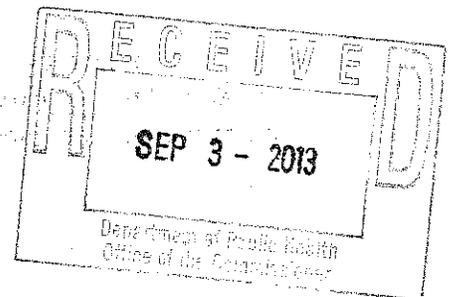
It is my understanding that we already have a Methodone treatment facility located on Midland st. which is within a mile of the facility for which approval is being sought. Again I repeat, I am urgently requesting subject document action be denied.

Thank you for your consideration in this matter.

Sincerely,

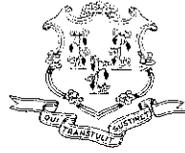
*Leslie Beland*  
Leslie Beland

101 Enoch St.  
Waterbury, Ct. 06705



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

September 3, 2013

The Honorable Joe Markley  
Senator  
State of Connecticut  
Legislative Office Building, Room 3400  
Hartford, CT 06106-1591

Re: Certificate of Need, Docket Number 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent Persons  
in Waterbury

Dear Senator Markley:

On August 29, 2013, the Department of Public Health ("DPH") received your letter addressed to Commissioner Mullen concerning the Certificate of Need ("CON") for the proposal by New Era Rehabilitation Center, Inc. to establish a facility for the care or treatment of substance abusive or dependent persons in Waterbury.

I welcome and appreciate your comments regarding this matter. I have forwarded your letter to DPH's Office of Health Care Access ("OHCA"). Your letter will be made part of OHCA's formal record of the CON application docket. Please be advised, once a decision has been rendered it will be posted and available on OHCA's website at [http:// www.ct.gov/dph/ohca](http://www.ct.gov/dph/ohca). Meanwhile, OHCA's website maintains status reports and hearing notices that you may review at your convenience.

If you have any further concerns or questions, please feel free to contact Kimberly Martone at (860) 418-7029.

Sincerely,

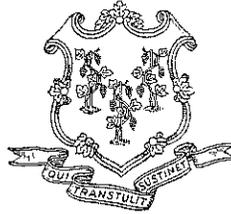
A handwritten signature in black ink, appearing to read "Lisa A. Davis".

Lisa A. Davis, MBA, BSN, RN  
Deputy Commissioner



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

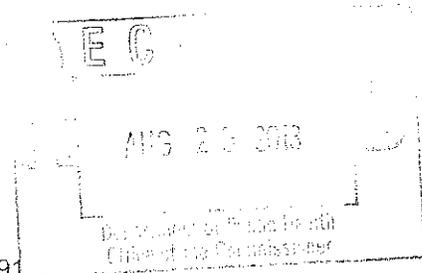
*Affirmative Action/Equal Opportunity Employer*



## State of Connecticut

### SENATE

STATE CAPITOL  
HARTFORD, CONNECTICUT 06106-1591



**SENATOR JOE MARKLEY**  
SIXTEENTH DISTRICT

LEGISLATIVE OFFICE BUILDING  
SUITE 3400  
HARTFORD, CT 06106-1591  
Capitol: (860) 240-0381  
Toll Free: (800) 842-1421  
E-mail: Joe.Markley@cga.ct.gov  
Website: www.SenatorMarkley.com

**RANKING MEMBER**  
HUMAN SERVICES COMMITTEE  
LABOR COMMITTEE

**MEMBER**  
APPROPRIATIONS COMMITTEE  
PROGRAM REVIEW &  
INVESTIGATIONS COMMITTEE

Dr. Jewel Mullen, Commissioner  
State of Connecticut  
Department of Health  
410 Capitol Avenue  
Hartford, CT 06134

Re: New Era Rehabilitation Center, Establishment of Outpatient Substance Abuse Treatment Center in Waterbury, Docket No. 13-31857-CON

Dr. Mullen,

I am writing to you regarding an issue of great importance to my district and the city of Waterbury. New Era Rehabilitation Center has submitted a certificate of need application which would allow the company to open a methadone clinic at 447 Meriden Road in Waterbury. I would like to express my strong opposition to this proposal, which represents a threat to nearby students and an affront to Waterbury's closely-knit East End neighborhood.

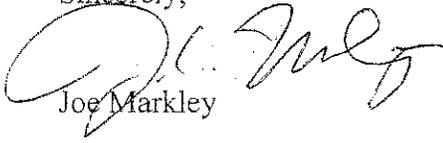
The proposed site of this clinic is less than 400 feet from Chase Elementary School, which is located at 40 Woodtick Road but is largely bordered by Meriden Road. The proximity of such a center to a city school would present an unacceptable risk to student safety. While the aims of methadone clinics are undoubtedly well-intentioned, the process of weaning patients off drugs is liable to encourage undesirable activity at such a location. Drug dealers, well-aware of the vulnerability of patients at these clinics, will likely frequent the surrounding area; the patients themselves, in some instances, are subject to the physical and mental stresses of detoxification as well as addictive behaviors resulting from the methadone itself. In short, the unfortunate fact is that the area surrounding a methadone clinic is not suitable for children of any age, but especially the youngest and most defenseless children in our communities. With five such clinics already in the city of Waterbury, opening a sixth this close to a school would be reckless and irresponsible.

In addition to its proximity to Chase Elementary, the proposed clinic would threaten the community fiber of Waterbury's incredibly strong East End. The distinctive history of this

neighborhood, combined with its unique economic and community independence, has created an identity which would ultimately be endangered by the adverse effects of a methadone clinic at this location. The uncommon loyalty and pride many East Enders feel towards their community means that residents are largely opposed to any threat to neighborhood solidarity and wholesomeness. A methadone clinic on Meriden Road represents an imposition on the citizens of the East End and a danger to a close-knit community of a sort all too rare in today's world.

I hope you will consider this opposition and that of many East End residents in your assessment of the clinic's certificate of need application. I would be glad to answer any questions you may have regarding this issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Markley". The signature is fluid and cursive, with a large initial "J" and "M".

Joe Markley

## Greer, Leslie

---

**From:** Martone, Kim  
**Sent:** Tuesday, September 03, 2013 11:42 AM  
**To:** Greer, Leslie; Fiducia, Paolo  
**Cc:** Olejarz, Barbara; Riggott, Kaila; Roberts, Karen  
**Subject:** FW: Methadone Clinic proposed for Meriden Rd., Waterbury

---

**From:** Sittler, Dana  
**Sent:** Tuesday, September 03, 2013 9:30 AM  
**To:** Martone, Kim; Davis, Lisa  
**Cc:** Foreman, Rebecca  
**Subject:** FW: Methadone Clinic proposed for Meriden Rd., Waterbury

FYI

---

**From:** Phyllis DeLeo [<mailto:ard13@sbcglobal.net>]  
**Sent:** Saturday, August 31, 2013 1:02 PM  
**To:** Commissioner, DPH  
**Subject:** Methadone Clinic proposed for Meriden Rd., Waterbury

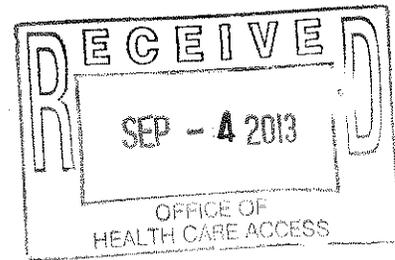
Dear Dr. Mullen,

I am writing to express my concern relative to the methadone clinic proposed at 447 Meriden Road in Waterbury. Frankly, that the location of a methadone clinic adjacent to an academic institution--an elementary school at that-- is under discussion/consideration at all is simply unconscionable. Having spent my entire working life in academe, I cannot think of anything more preposterous than this proposal and, indeed, I am shocked that the clinic's primary proponent, a medical professional himself, would not consider the potentially adverse consequences of such a move. In full disclosure, my family owns a quasi-commercial building close to the Chase School too; and, indeed, our tenants may well decide to relocate if the Meriden Rd. clinic comes to pass. However, despite their interests and apprehensions, my primary objection is that the Methadone Clinic does not protect and preserve the safety of the young children who attend the school and live in the neighborhood, nor can it assuage the fears and justifiable concerns of their parents and we taxpayers who seemingly have little say in the state/local approval process.. I therefore implore you to reject this proposal for the security of the children attending Chase Elementary School and to consider a locale that is more feasible and traffic friendly as a site. Thank you for your consideration.

Sincerely,

Phyllis C. DeLeo, Ph.D.

Dr. Jewel Mullen  
Commissioner  
State of Connecticut  
Department of Health  
410 Capitol Avenue  
Hartford, CT 06134



Re. New Era Rehabilitation Center  
Docket No. 13-31857-CON  
Establishment of Outpatient Substance Abuse Treatment Center in Waterbury

Dear Dr. Mullen,

While I do agree that patients have a right to treatment for their ailments, I am totally opposed to another methadone clinic treatment center being located in the East End of Waterbury.

The East End of Waterbury has already showed its support of rehabilitation and I feel that our East End residents have done their share in supporting those in need of treatment. I believe another treatment center in our area will add unneeded stress on our residents, especially being located so closely to a school.

There are many other locations, not only in Waterbury, that should be considered as treatment center locations. Locations that have bus lines close to them, locations that will not add burden to the residents of the East End of Waterbury.

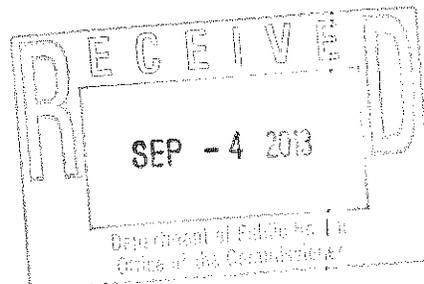
If I am correct, patients on several insurances are allowed travel vouchers, which should also be considered—their ability to get to any facility in any locations would not be a main issue.

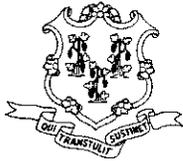
I would ask that you and your commission put yourselves in homes and locations of those who will be affected by your decision. Would you want a treatment center of this type in your neighborhood? If you can honestly answer yes then I think you have just found the location for this proposed clinic.

Sincerely,

A handwritten signature in cursive script that reads "Terry Longo".

Terry Longo  
Proud President East End Community Center  
East End Resident





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

September 6, 2013

VIA FAX ONLY

Ebenezer Kolade  
Chief Executive Officer  
New Era Rehabilitation Center, Inc.  
3851 Main Street  
Bridgeport, CT 06606

RE: Certificate of Need Application, Docket Number 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent Persons in  
Waterbury

Dear Mr. Kolade:

On August 7, 2013, the Office of Health Care Access ("OHCA") received your initial Certificate of Need application filing on behalf of New Era Rehabilitation Center, Inc. ("Applicant") for the establishment of a facility for the care or treatment of substance abusive or dependent persons in Waterbury, with an associated capital expenditure of \$185,000.

OHCA has reviewed the CON application pursuant to Section 19a-639a(c) and requests the following additional information:

1. On page 4 of the CON Application, the Applicant states that the facility will treat individuals addicted or dependent on opiates, alcohol and/or comorbid individuals. Please specify the age range of the individuals that will be treated at the proposed facility.
2. Please provide a discussion and any available supporting information which explains how the Applicant determined that there is a clear public need for the proposed facility in Waterbury, as opposed to another location.
3. On page 4 of the CON Application, the Applicant states that there are 859 patients currently in a methadone maintenance program in Waterbury, compared to 3,865 in New Haven. Please provide specific details and documentation to support the above statement.

4. Using the tables below, provide the actual number of patients by town of residence that have been treated in Bridgeport and New Haven for all services for the last 3 years:

BRIDGEPORT		# PATIENTS		
SERVICE	TOWN OF ORIGIN	FY 2011	FY 2012	FY 2013

NEW HAVEN		# PATIENTS		
SERVICE	TOWN OF ORIGIN	FY 2011	FY 2012	FY 2013

5. On page 6 of the CON Application, the Applicant states that within the first three years it is proposing to treat 600 individuals out of an estimated 12,000 that currently need treatment but are unable to get the care they need due to lack of access to the proper facility. Please provide further discussion and documentation to support your claim of lack of access to the proposed services in Waterbury.
6. On page 6 of the CON Application, the Applicant states that the proposed facility will not have an effect on existing providers since the existing providers provide service to approximately 20% of the estimated population that are addicted to illicit drugs. Please provide evidence that existing licensed facilities are at capacity.
7. Please identify the specific Fiscal Years (e.g., FY 14, FY 15, FY 16) covered by the Applicant's FY on table 1 (projected volume), on page 7 of the CON Application.
8. Please provide a list of key professional, clinical, and direct service personnel that will provide the services at the Waterbury location.
9. On page 13 of the CON Application, the Applicant provided the rate schedule for the proposed services and on page 16 it provided the rate schedule for the proposed services for Medicaid reimbursement. Please describe the relationship between the two and how they relate to the financial projections.

10. On page 17 of the CON Application, the Applicant lists the existing providers located in Waterbury. What is the source of this listing? Does the Applicant have any relationship with these providers for referral purposes? What is the source of your referrals for the proposed services? Please discuss in detail how these programs differ from the Applicant's proposed service, thereby not duplicating the services offered by existing providers. Further, please indicate if there are any providers located in any of the surrounding towns listed on page 5 of the Application, and if so, the source of the information.
11. Please complete the following table for all existing licensed facilities including hospitals, that currently provide the proposed services in the Applicant's service area towns.

<b>Licensed Facility Name</b>	<b>Address</b>	<b>Town</b>	<b>Capacity</b>

Note: The Department of Mental Health and Addiction Services ("DMHAS") collects capacity and actual population statistics on most existing licensed and state operated providers by town/city, and service/program.

12. Please complete the following table stating how and where the proposed patient population is currently being served:

<b>Licensed Facility Name</b>	<b>Address</b>	<b>Town</b>

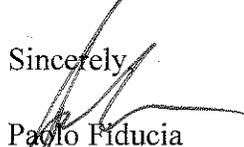
13. The Applicant states 600 clients will be treated in three years but on page 7 it states that the projected volume for the year three will be 700. Please confirm the projected volume for the first three fiscal years of the proposed services. Provide details as to the source of your projected number of clients (i.e. majority of clients coming from where, do you have any relationships with any other providers for referral patterns, the assumptions/calculation in derivation of the projected volumes, etc.).

14. Provide an explanation regarding the relevance to this proposal of the selected articles included in the CON Application.
15. On page 13 of the CON Application, the Applicant presented a fee schedule. Will the proposed rates be the same for all payers, including self-pay? Does the Applicant have a sliding-fee scale? Please provide a discussion.
16. Please resubmit in the original format provided in the CON Application form, Financial Attachment I, providing a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements). The projections must include the first three full fiscal years of the project.
17. Please resubmit in the original format provided in the CON Application form, Financial Attachment II, providing a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. The projections must include the first three full fiscal years of the project.
18. Provide the assumptions utilized in developing both Financial Attachments I and II (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

In responding to the questions contained in this letter, please repeat each question before providing your response. Paginate and date your response, i.e., each page in its entirety. Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please begin your submission using Page 115 and reference "Docket Number: 13-31857-CON." Submit one (1) original and two (2) hard copies of your response. In addition, please submit a scanned copy of your response, in an Adobe format (.pdf) including all attachments on CD. If available, a copy of the response in MS Word should also be copied to the CD.

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information not later than sixty days after the date that this request was transmitted. Therefore, please provide your written responses to OHCA no later than November 6, 2013, otherwise your application will be automatically considered withdrawn. If you have any questions concerning this letter, please feel free to contact me by email or at (860) 418-7035.

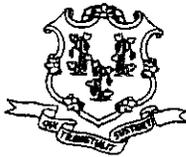
Sincerely,

  
Paolo Fiducia  
Associate Health Care Analyst

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 3678  
RECIPIENT ADDRESS 912033747515  
DESTINATION ID  
ST. TIME 09/06 15:06  
TIME USE 01'04  
PAGES SENT 5  
RESULT OK



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: DR. ERENIZER KOLADE  
FAX: 203 374 7515  
AGENCY: NEW ERA REHABILITATION CENTER, INC.  
FROM: PAOLO FIROUCIA  
DATE: 9/6/13 TIME: 2:45 PM  
NUMBER OF PAGES: 5  
(including transmittal sheet)

Comments: 13-31857-CON  
COMPLETENESS LETTER

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

September 3, 2013

Dr. Jewel Mullen  
Commissioner  
State of Connecticut  
Department of Health  
410 Capitol Avenue  
Hartford, CT 06134

Re. New Era Rehabilitation Center  
Docket No. 13-31857-CON  
Establishment of Outpatient Substance Abuse Treatment Center in  
Waterbury

Dr. Jewel Mullen:

Please take note on what I'm about to say.

A Substance Abuse Treatment Center at 447 Meriden Road next to Chase School where children attend! Quiet neighborhoods. REALLY???

Please put your thinking cap on and imagine what this will become. There is enough crime in this city without watching it happen.

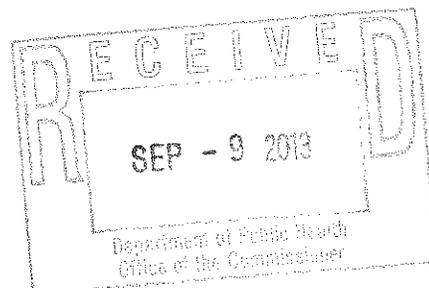
This is NO place for a Substance Abuse Treatment Center here in this area.

I speak for myself as a concerned Senior Citizen and other citizens in this area.

I'm a firm Protester of this abominable center that might take place here in this City of Waterbury, CT.

Please, Reconsider.....please don't do this.

Rosemarie Carrafa  
440 Meriden Road Apt 109  
Waterbury, CT 06705



September 5, 2013

Dr. Jewel Mullen  
Commissioner  
State of Connecticut  
Department of Health  
410 Capital Avenue  
Hartford, CT 06134

Re: New ERA Rehabilitation Center  
Docket # 13-31857-CON

Dear Dr. Mullen,

What are you thinking, 447 Meriden Road? Does anyone realize that Chase Elementary School is just a block away from the proposed site? The East End of Waterbury has enough of this type of rehabilitation centers.

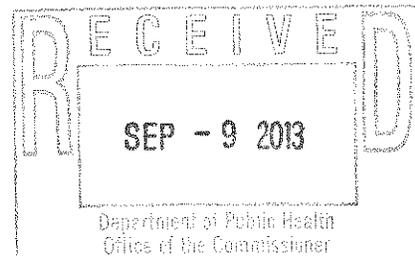
Why does everyone think Waterbury and especially the East End when they are looking to drop these type of centers? Thanks, but no thanks. I know we are not the only residents in Waterbury and especially residents of the East End that are opposed to this substance abuse treatment center.

Please consider another location for this project, possibly out of Waterbury!

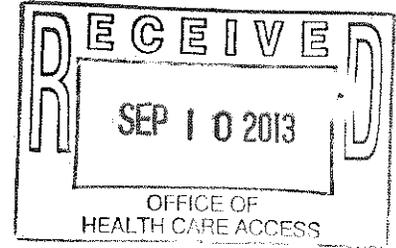
Very truly yours,

  
John and Barbara Sticco  
85 Stonybrook Road  
Waterbury, CT  
06705-3711





**Phyllis C. DeLeo, Ph.D.**  
**85 Center Street**  
**Wolcott, CT 06716**



September 6, 2013

**Dr. Jewel Mullen, Commissioner**  
**State of Connecticut**  
**Department of Health**  
**410 Capitol Ave.**  
**Hartford, CT 06134**

**RE: New Era Rehabilitation Center**  
**Docket 13-31857-CON**  
**Establishment of an Outpatient Substance Abuse**  
**Treatment Center in Waterbury**

Dear Dr. Mullen,

I am writing to express my grave concern relative to the Substance Abuse Treatment Center proposed at 447 Meriden Road in Waterbury. Frankly, that the desirability of locating a methadone clinic adjacent to an academic institution—an elementary school at that—is under discussion/consideration at all is simply unconscionable. Having spent my entire career in academe, I cannot think of any proposal more preposterous than this; and, indeed, I am shocked that the clinic's primary proponent—a medical professional himself—does not acknowledge the potentially adverse consequences of such a move. Moreover, since a treatment center already exists on Midland Road, in Waterbury's East End—barely a mile away—a needs assessment for the proposed location seems questionable at best.

In full disclosure, my family owns a quasi-commercial building close to the Chase School too; and, indeed, our tenants may well decide to relocate should the Meriden Rd. clinic comes to pass. However, their interests and apprehensions aside, my primary objection to this proposal is that the clinic does not protect and preserve the safety of the young children who attend Chase School and/or live in the neighborhood, nor can it assuage the fears and justifiable concerns of their parents as well as taxpayers like myself who seemingly have little say in the state or local approval process.

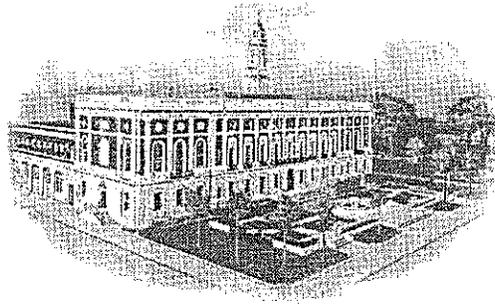
I therefore implore you to reject this proposal for the security and safety of the children attending Chase Elementary School and to consider a locale that is more feasible and traffic friendly as a site. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Phyllis C. DeLeo".

**Phyllis C. DeLeo, Ph.D.**

LINDA T. WIHBEY  
CORPORATION COUNSEL



PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL

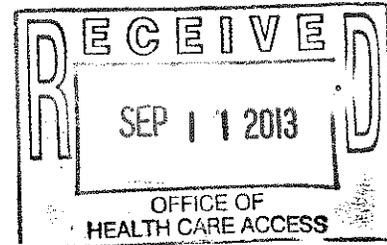
OFFICE OF THE CORPORATION COUNSEL

# THE CITY OF WATERBURY

CONNECTICUT

September 9, 2013

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



RE: New Era Rehabilitation Center, initial filing August 7, 2013  
Docket No. 13-31857-CON  
City File #LND13-013

Dear Sir/Madam:

Pursuant to Conn. Gen. Stat. §19a(e), the City of Waterbury requests a public hearing with respect to the above identified CON Application.

Representatives of the City of Waterbury will present information regarding the impact of the proposed establishment of an Outpatient Substance Abuse Treatment Facility. Said information will include the negative impact on traffic patterns due to the proximity of a local Public School. Further anticipated submissions will include but are not limited to the lack of need, existing services and access to existing services. Further information may be provided upon review of completed CON.

Very truly yours,

Linda T. Wihbey

LTW:mmm

# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

September 16, 2013

The Honorable Selim G. Noujaim  
Representative, 74<sup>th</sup> Assembly District  
104 Dinatali Drive  
Waterbury, Connecticut 06705

Re: Certificate of Need, Docket Number 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent Persons  
in Waterbury

Dear Representative Noujaim:

Thank you for your letter dated August 26, 2013 to Department of Public Health Commissioner Dr. Jewel Mullen concerning the Certificate of Need (CON) for the proposal by New Era Rehabilitation Center, Inc. to establish a facility for the care or treatment of substance abusive or dependent persons in Waterbury.

I have forwarded your letter to the department's Office of Health Care Access (OHCA), which administers the CON process. Your letter will be made part of OHCA's formal record of the CON application docket.

A public hearing has not yet been scheduled regarding this matter. Our Government Relations staff will notify you of the date, time, and location of the public hearing once it is scheduled. Please also know that CON applications, status reports, and decisions are posted on the OHCA website at [www.ct.gov/dph/ohca](http://www.ct.gov/dph/ohca) for the public's access and convenience.

Again, thank you for contacting us and sharing your concerns about this application. Please feel free to contact OHCA Director Kimberly Martone directly at (860) 418-7029 should you have questions or require assistance.

Sincerely,

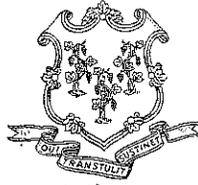
  
Lisa A. Davis, MBA, BSN, RN  
Deputy Commissioner

Cc: Elizabeth Keyes, Office of Government Relations



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



## State of Connecticut

### HOUSE OF REPRESENTATIVES STATE CAPITOL

REPRESENTATIVE SELIM G. NOUJAIM  
SEVENTY FOURTH ASSEMBLY DISTRICT

104 DINATALI DRIVE  
WATERBURY, CT 06705

TOLL FREE: (800) 842-1423  
HOME: (203) 591-9190  
Selim.Noujaim@housegop.ct.gov

August 26, 2013

HOUSE REPUBLICAN WHIP

CHAIRMAN  
REGULATIONS REVIEW COMMITTEE

MEMBER  
COMMERCE COMMITTEE  
EXECUTIVE AND LEGISLATIVE NOMINATIONS  
INTERNSHIP COMMITTEE

Dr. Jewel Mullen, Commissioner  
Connecticut Department of Health  
410 Capitol Avenue  
Hartford, CT 06106

Re: New Era Rehabilitation Center, Establishment of Substance Abuse Treatment Center in Waterbury

Docket No. 13-31857-CON

Dear Commissioner Mullen:

I am writing to offer strong objection to the certificate of need which has been submitted to your office. The proposed location is adjacent to Chase Elementary School which is the home to 850 students. An after school program has also been established at the school where students and parents frequent this inner city institution day in and day out. Additionally, the school houses a gym and is the location for a precinct during every election.

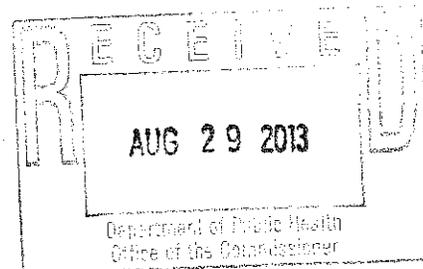
The streets around the school are narrow and every morning and afternoon they become very congested with private vehicles dropping off and picking up students as well as school buses arriving to and departing of the facility.

Our students, the future leaders of our society must be afforded every opportunity to learn and grow in a safe environment. Locating such a clinic near the school sends the wrong message to the community. Therefore, on behalf of my constituents I urge to reject this application and I request that you inform me of the time, date, and location of the public hearing which you would convene in reference to this proposal so that we may address your committee.

I look forward to your response.

Sincerely,

Selim G. Noujaim



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

September 18, 2013

The Honorable Anthony J. D'Amelio  
Representative, 71<sup>st</sup> Assembly District  
State of Connecticut  
Legislative Office Building, Room 4200  
Hartford, CT 06106-1591

Re: Certificate of Need, Docket Number 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent Persons  
in Waterbury

Dear Representative D'Amelio:

Thank you for your letter dated September 9, 2013 to Department of Public Health Commissioner Dr. Jewel Mullen concerning the Certificate of Need (CON) for the proposal by New Era Rehabilitation Center, Inc. to establish a facility for the care or treatment of substance abusive or dependent persons in Waterbury.

I have forwarded your letter to the department's Office of Health Care Access (OHCA), which administers the CON process. Your letter will be made part of OHCA's formal record of the CON application docket.

A public hearing has not yet been scheduled regarding this matter. Our Government Relations staff will notify you of the date, time, and location of the public hearing once it is scheduled. Please also know that CON applications, status reports, and decisions are posted on the OHCA website at [www.ct.gov/dph/ohca](http://www.ct.gov/dph/ohca) for the public's access and convenience.

Again, thank you for contacting us and sharing your concerns about this application. Please feel free to contact OHCA Director Kimberly Martone directly at (860) 418-7029 should you have questions or require assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa A. Davis".

Lisa A. Davis, MBA, BSN, RN  
Deputy Commissioner

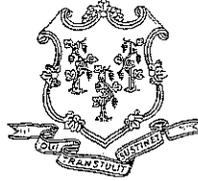
Cc: Elizabeth Keyes, Office of Government Relations



Connecticut Department  
of Public Health

Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

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State of Connecticut

HOUSE OF REPRESENTATIVES
STATE CAPITOL

REPRESENTATIVE ANTHONY J. D'AMELIO
SEVENTY-FIRST ASSEMBLY DISTRICT

HOUSE REPUBLICAN WHIP

LEGISLATIVE OFFICE BUILDING ROOM 4200
300 CAPITOL AVENUE
HARTFORD, CT 06106-1591

MEMBER
COMMERCE COMMITTEE
GENERAL LAW COMMITTEE
PUBLIC SAFETY AND SECURITY COMMITTEE

TOLL FREE: (800) 842-1423
FAX: (860) 240-0207
Anthony.DAmelio@housegop.ct.gov

September 9, 2013

Dr. Jewel Mullen, Commissioner
Connecticut Department of Health
410 Capitol Avenue
Hartford, CT 06106

Re: New Era Rehabilitation Center, Establishment of Substance Abuse Treatment Center in Waterbury
Docket No. 13-31857-CON

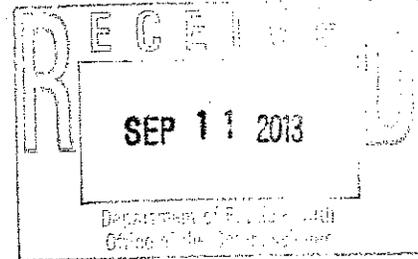
Dear Commissioner Mullen:

I am writing to offer strong objection to the certificate of need which has been submitted to your office. The proposed location is adjacent to Chase Elementary School which is the home to 850 students.

Our students, the future leaders of our society must be afforded every opportunity to learn and grow in a safe environment. Locating such a clinic near the school sends the wrong message to the community. Therefore, on behalf of my constituents I urge to reject this application and I request that you please inform me of the time, date, and location of the public hearing which you would convene in reference to this proposal so that my constituents and I may address your committee.

I look forward to your response.

Sincerely,
Tony D'Amelio
State Representative, 71st District



RE:New Era Rehabilitation Center  
Docket No.13-31857-CON  
Est.of another outpatient abuse Rx center in Waterbury

Dear Dr. Mullen,

I live right around the corner from the proposed Rx site. Elementary aged children will be walking past this clinic every morning and afternoon Monday through Friday. The school yard play area is where recess and part of the after school program is held. This same play area is utilized by neighborhood children on weekends and after school hours.

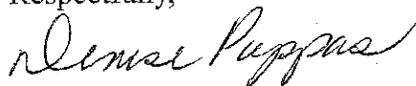
My husband and I walk around the school several times during our daily walk. Each trip around the school takes us right past this proposed clinic. When our grandchildren sleep over,which is often,they accompany us on our walk and when done,enjoy an italian ice from John's Pizza which they eat on the picnic table in the school yard play area.

Both John and I where born and raised in the East End. Despite the problems and increased taxes, we still love our city and try to do our part to improve it.We are both members of the East End Community Club and participate in several functions toward that end. John is on the board of directors and I am also a business member.

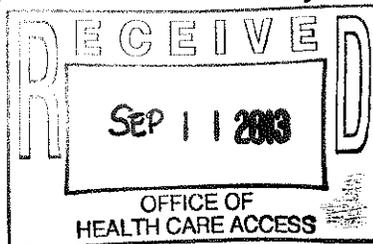
I am a Realtor/Broker with the Greater Waterbury Board Of Realtors and the chairwoman of the Front Porch Program. Our purpose is to help instill a feeling of pride and community within our neighborhoods. The volunteer response has been amazing and we will be holding our second annual event this month. We are proud and pleased with our results thus far. This clinic will affect property values in a large portion of the East End.

Please let those of us who are trying to make a difference succeed by not adding to our burden. For the quality of our lives, the walks around the block,the value of our properties and the safety of our neighborhood, please relocate to a more commercial area where home owners are less affected. I would be curious to know how many out of town people are serviced by the clinics in Waterbury and if there are clinics in any of the surrounding towns.

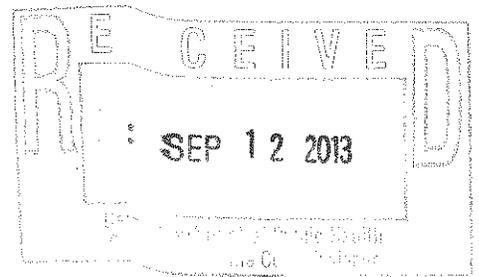
Respectfully,



Denise Pappas  
178 Woodtick Road  
Waterbury,06705



September 6, 2013



Dr. Jewel Mullen  
Commissioner  
State of Connecticut  
Department of Health  
410 Capitol Avenue  
Hartford, CT 06134

Re. New Era Rehabilitation Center  
Docket No. 13-31857-CON  
Establishment of Outpatient Substance Abuse Treatment Center in Waterbury

Dear Dr. Mullen,

We the undersigned are opposed to any other methadone clinic in the Waterbury area.

We are not opposed to offering treatment to those requiring any treatment, however, we feel that Waterbury, especially the East End of Waterbury, has done its share supporting these patients with the clinic that already exists on Midland Road.

Transportation for those being treated should not be the only consideration when finding a location for a treatment center/ The wellbeing of those residents affected by such a clinic in their neighborhood should be a major consideration and we the residents of Waterbury CT strongly oppose the proposed methadone clinic.

Name	Address	City	State	Zip
Nicholas J Lougo Sr	552 Scott Rd	Wtby	CT	
Jean M Benjamin	138 Stamford Road	Waterbury	CT	06705
Cindy Tomkowicz	68 Arling Dr	Waterbury	CT	06705
Anna Ritucci	39 Glenbrook Ave	Wtby	CT	06705
Donna Smith	101 Melrose Ave	Waterbury	CT	06705
Sharon Smith	608 Quadrant Dr	Wtby	CT	06705
Marie I Ursini	78 Oakley Terr	Waterbury	CT	06705
Dante Ursini	78 Oakley Terr	Waterbury	CT	06705
Thomas Mulkah	30 Maple Ridge Dr	Wtby	CT	06705
Michael Ryan	702 Frost Road	Wtby	CT	06705-2310
Robert Mulcahy	119 Birchfield Dr	Wtby	CT	06705
Patricia Goodin	214 Scott Rd	Waterbury	CT	06705
Carolyn Gutzwiller	94 Midland Ave	Waterbury	CT	06705
Amelina MASOTTA	75 Greenleaf Ave	Wtby	CT	06705
Barbara GENOVESE	68 Enoch St	Wtby	CT	06705
Marianne Callahan	49 Hillcrest Av.	Wtby	CT	06705
Nancy Decker	15 Jennifer Ln	Wtby	CT	06705
Dolores Milo	59 Addison St	Wtby	CT	06708
Mr. + Mrs Edward Bessie	54 Maple Ridge Road	Wtby	CT	06708
Mario SANTI	19 Woodbore Rd	Wtby	CT	06705

\* Andre Balogun 3137 E Main St B3 Waterbury CT 06705  
\* the clinic should be farther from a school because there are always people attracted to a clinic to buy & sell illegally

September 11, 2013

Dr. Jewel Mullen  
Commissioner  
State of Connecticut  
Department of Health  
410 Capitol Avenue  
Hartford, CT 06134  
Re. New Era Rehabilitation Center  
Docket No. 13-31857-CON  
Establishment of Outpatient Substance Abuse Treatment Center in Waterbury

Dr. Mullen,

I write today to ask you to deny the Certificate of Need (CON) for the clinic referenced above.

While I feel for those affected by this addiction, Waterbury doesn't not need another methadone clinic within its city limits. It certainly does not need one within feet of an elementary school.

I thank you for your time and consideration on this matter.

Sincerely,



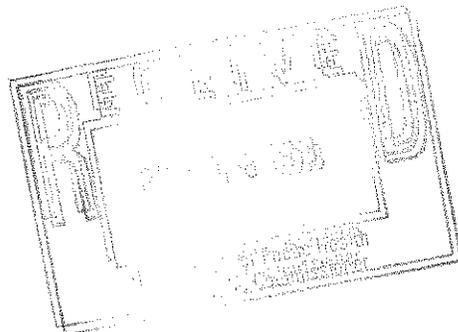
Jason Van Stone

Commissioner

Waterbury Board of Education

369 Clough Road

Waterbury CT 06708



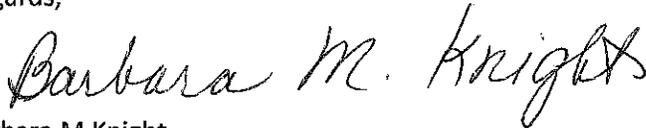
September 10, 2013

Re: New Era Rehabilitation Center, Docket No: 13-31857-CON

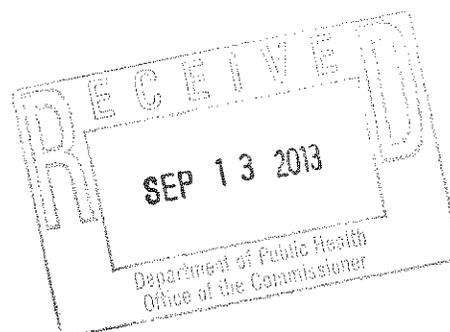
Dear Dr. Jewel Mullen,

I am writing you today in hopes that you will re- reconsider the application to place a substance abuse center next to Chase School in Waterbury. While I understand the need for such facilities, we already have a few within the city that are professionally managed. To even consider setting up another one, especially next to a school is outrageous. I am totally opposed to such an endeavor. I do not think that another facility is needed nor is wanted here in our city. I am hoping others will send letters and let you know how we, as a city, feel about this. I do not have any children within the school system in Waterbury at this time, but am still very concerned for them if this facility is placed next to the school. Please, give this some thought before anything is done and contracts are signed.

Regards,



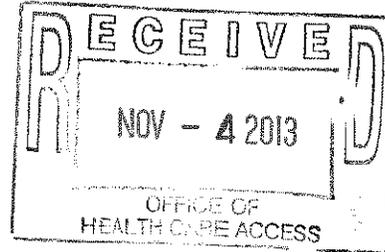
Barbara M Knight



# New Era Rehabilitation Center, Inc.

November 2, 2013

Paolo Fiducia  
Associate Health Care Analyst  
State of Connecticut  
Department of Public Health  
Office of Health Case Access



RE: Certificate of Need Application, Docket Number 13-31857-CON

Dear Mr. Fiducia,

Attached is the response to the request for additional information regarding the CON application Docket Number 13-31857-CON.

Best Regards,

A handwritten signature in cursive script, appearing to read "Ebenezer Kolade".

Ebenezer Kolade, M.D.  
Chief Executive Officer

1. On page 4 of the CON Application, the Applicant states that the facility will treat individuals addicted or dependent on opiates, alcohol and/or comorbid individuals. Please specify the age range of the individuals that will be treated at the proposed facility.

a. The proposed facility will focus its services to adults ranging 18 years and older.

2. Please provide a discussion and any available supporting information, which explains how the Applicant determined that there is a clear public need for the proposed facility in Waterbury, as opposed to another location.

a. According to data from the U.S. Census Bureau in 2012 the city of Waterbury was the 5<sup>th</sup> most populous city in the state of Connecticut with a population of 109,915 inhabitants. Within the total population the latest National Survey of Drug Use and Health conducted by SAMHSA estimated the percentage of individuals needing but not receiving treatment for alcohol abuse and illicit drug use to be 8.10% and 2.59% respectively. Utilizing this data we can estimate the total population needing but not receiving treatment for both alcohol abuse and illicit drug use to be 10.69% of the population or 11,750 people.

b. Estimated Population Needing but Not Receiving Treatment for Alcohol Abuse<sup>1</sup>

	Name	Population	Sub-State Region	Addiction Factor*	Underserved Population
1	Bridgeport	146,425	Southwest	7.78%	11,391.87
2	New Haven	130,741	South Central	8.10%	10,590.02
3	Stamford	125,109	Southwest	7.78%	9,733.48
4	Hartford	124,893	North Central	7.00%	8,742.51
5	Waterbury	109,915	South Central	8.10%	8,903.12

c. Estimated Population Needing but Not Receiving Treatment for Illicit Drug Use<sup>1</sup>

	Name	Population	Sub-State Region	Addiction Factor*	Underserved Population
1	Bridgeport	146,425	Southwest	2.23%	3,265.28
2	New Haven	130,741	South Central	2.59%	3,386.19
3	Stamford	125,109	Southwest	2.23%	2,789.93
4	Hartford	124,893	North Central	2.31%	2,885.03
5	Waterbury	109,915	South Central	2.59%	2,846.80

d. Estimated Population Needing but Not Receiving Treatment for Illicit Drug and Alcohol Use<sup>1</sup>

	Name	Population	Sub-State Region	Addiction Factor*	Underserved Population
1	Bridgeport	146,425	Southwest	10.01%	14,657.14
2	New Haven	130,741	South Central	10.69%	13,976.21
3	Stamford	125,109	Southwest	10.01%	12,523.41
4	Hartford	124,893	North Central	9.31%	11,627.54
5	Waterbury	109,915	South Central	10.69%	11,749.91

e. According to the Connecticut Department of Mental Health and Addiction Services there are 9 specialized treatment facilities located in the city of Waterbury. This is significantly less than comparable cities in the state, all of which range from at least 16 to at most 26 facilities.

f. **Number of Specialized Treatment Programs in Connecticut Most Populous Cities FY 2013-** Refer to DHMAS FOI Letter Pgs: 17-18

City	Service Provided	# of Facilities
Bridgeport	Ambulatory Detox	2
	Methadone Maintenance	3
	Partial Hospitalization Services	1
	Standard IOP	6
	Standard Outpatient	8
	Total	20

Hartford	Ambulatory Detox	2
	Methadone Maintenance	3
	Partial Hospitalization Services	0
	Standard IOP	4
	Standard Outpatient	7
	Total	16

New Haven	Ambulatory Detox	0
	Methadone Maintenance	8
	Partial Hospitalization Services	2
	Standard IOP	1
	Standard Outpatient	16
	Total	27

Waterbury	Ambulatory Detox	0
	Methadone Maintenance	1
	Partial Hospitalization Services	0
	Standard IOP	2
	Standard Outpatient	6
	Total	9

g. Within these 9 facilities the city of Waterbury treats roughly 2,959 patients. Among these 2,959 patients a disproportionate amount, an estimated 69%, access care in standard outpatient settings. The city lags behind all its metropolitan counterparts in terms of Ambulatory Detoxification and Methadone Maintenance, where it serves no patients in Ambulatory Detox and merely 859 patients in Methadone Maintenance.

**h. Number of Patients being treated in Addiction Services in Selected Cities in Connecticut-** Refer to DHMAS FOI Letter Pgs: 17-18

	Ambulatory Detox	Methadone Maintenance	Partial Hospitalization Services	Standard IOP	Standard Outpatient	Total
Bridgeport	15.00	1,482.00	18.00	218.00	434.00	2,167.00
Hartford	159.00	2,238.00	0.00	325.00	1,847.00	4,569.00
New Haven	0.00	3,865.00	647.00	181.00	2,555.00	7,248.00
Waterbury	0.00	859.00	0.00	271.00	1,829.00	2,959.00
Total	174.00	8,444.00	665.00	995.00	6,665.00	16,943.00

i. In conclusion, despite the similar size of Waterbury in comparison to other the major urban centers in the state of Connecticut, the city possesses an intense need for addiction treatment services. On average the city possesses between 55% less facilities than its statewide counterparts. This dearth in treatment facilities results in a substantial treatment gap. With an estimated treatment gap of 11,749 patients; the city possesses the 2<sup>nd</sup> highest gap in the state, following only Bridgeport (where the facility has already established a program). This gap in treatment implies that there are 4 times as many patients needing treatment that will not receive treatment in comparison to patients in treatment. The combination of these findings has led the facility to believe that patients in Waterbury are generally underserved. Thereby establishing a facility in Waterbury will increase the cities much needed access to care.

**3. On page 4 of the CON Application, the Applicant states there are 859 patients currently in a methadone maintenance program in Waterbury, compared to 3,865 in New Haven. Please provide specific details and documentation to support the above statement.**

a. In April 2013, the Connecticut Department of Mental Health and Addiction Services provided a list of all the methadone maintenance facilities in Waterbury and their corresponding censuses in a group of select cities. As of April 2013, there was 1 facility in Waterbury providing methadone maintenance services, Connecticut Counseling Centers Inc. The facility possessed a census of 859 patients representing the total number of patients being served of methadone maintenance treatment.

**b. Detailed List of Addiction Facilities in Selected Cities in Connecticut**

	Ambulatory Detox	Methadone Maintenance	Partial Hospitalization Services	Standard IOP	Standard Outpatient	Total
Bridgeport	15.00	1,482.00	18.00	218.00	434.00	2,167.00
Hartford	159.00	2,238.00	0.00	325.00	1,847.00	4,569.00
New Haven	0.00	3,865.00	647.00	181.00	2,555.00	7,248.00
Waterbury	0.00	859.00	0.00	271.00	1,829.00	2,959.00
Total	174.00	8,444.00	665.00	995.00	6,665.00	16,943.00

4. Using the tables below, provide the actual numbers of patients by town of residence that have been treated in Bridgeport and New Haven for all services for the last 3 years.

**Methodone Maintenance**

New Era Bridgeport 2011	
TOWN	TOTAL
OTHER	12
ANSONIA	10
APO AE	1
BEACON FALLS	2
BELOMT, MA	1
BETHEL	3
BETHLEHEM	1
BRANFORD	1
BRIDGEPORT	253
BRISTOL	2
BROOKFIELD	2
CHESIRE	3
DANBURY	28
DERBY	9
EAST HAVEN	1
FAIRFIELD	17
GUILFORD	2
MADISON	1
MIDDLEBURY	1
MIDDLETOWN	1
MILFORD	26
MONROE	8
NAUGATUCK	13
NEW FARIFIELD	1
NEW HAVEN	1
NEW MILFORD	10
NEW PRESTON	2
NEWINGTON	1
NEWTON	5
NORWALK	5
ORANGE	3
OXFORD	6
PLYMOUTH	1
REDDING	2
RIDGEFIELD	1
SANDY HOOK	5
SEYMOUR	11
SHELTON	20
STAMFORD	3
STRATFORD	26
TENNANT HARB MAINE	1
THOMASTON	1

New Era Bridgeport 2012	
TOWN	TOTAL
OTHER	19
ANSONIA	11
BEACON FALLS	3
BETHEL	2
BETHLEHEM	1
BRIDGEPORT	252
BRISTOL	2
BROOKFIELD	3
CHESIRE	2
COS COB	1
DANBURY	33
DERBY	10
EAST HAVEN	4
EASTON	1
FAIRFIELD	17
GUILFORD	1
HAMDEN	1
MERIDEN	1
MIDDLEBURY	1
MILFORD	21
MONROE	8
NAUGATUCK	16
NEW HAVEN	5
NEW MILFORD	10
NEW PRESTON	2
NEWINGTON	2
NEWTON	7
NORWALK	5
OLD SAYBROOK	1
ORANGE	2
OXFORD	5
PROSPECT	1
REDDING	2
RIDGEFIELD	1
SANDY HOOK	6
SEYMOUR	13
SHELTON	21
STAMFORD	4
STRATFORD	35
TENNANT HARB MAINE	1
THOMASTON	1
TORRINGTON	1

New Era Bridgeport 2013	
TOWN	TOTAL
OTHER	18
ANSONIA	12
BEACON FALLS	3
BETHEL	3
BETHLEHEM	1
BRIDGEPORT	236
BRIDGEWATER	1
BRISTOL	2
BROOKFIELD	4
CHESIRE	1
GREENWICH	1
DANBURY	35
DERBY	7
EAST HAVEN	1
FAIRFIELD	17
GUILFORD	1
HAMDEN	2
LEXINGTON NC	1
MIDDLEBURY	1
MILFORD	16
MONROE	8
NAUGATUCK	18
NEW FARIFIELD	1
NEW HAVEN	4
NEW MILFORD	14
NEW PRESTON	1
NEWINGTON	1
NEWTON	2
NORWALK	7
ORANGE	2
OXFORD	3
PITTSBURGH PA	1
REDDING	3
RIDGEFIELD	1
SANDY HOOK	6
SEYMOUR	15
SHELTON	23
SHERMAN	1
SOUTHBURY	2
STAMFORD	4
STRATFORD	35
TENNANT HARB MAINE	2

TORRINGTON	2
TRUMBULL	21
WALLINGFORD	2
WATERBURY	58
WATERTOWN	4
WEST HAVEN	4
WESTON	1
WESTPORT	1
WINCHESTER	1
WOLCOTT	1
TOTAL	598

TRUMBULL	27
WATERBURY	53
WATERTOWN	4
WEST HAVEN	4
WESTON	1
WESTPORT	2
WINCHESTER	1
TOTAL	627

TORRINGTON	4
TRUMBULL	26
WATERBURY	51
WATERTOWN	4
WEST HAVEN	4
WESTON	1
WESTPORT	3
WINCHESTER	1
TOTAL	611

**Intensive Outpatient**

<b>New Era Bridgeport 2011</b>	
TOWN	TOTAL
BRIDGEPORT	27
FAIRFIELD	1
MILFORD	3
NAUGATUCK	1
NEW HAVEN	1
NEW MILFORD	1
NEWTON	1
OAKVILLE	1
OXFORD	1
SEYMOUR	1
SHELTON	2
STRATFORD	3
TRUMBULL	2
WATERBURY	2
TOTAL	47

<b>New Era Bridgeport 2012</b>	
TOWN	TOTAL
ANSONIA	2
BRIDGEPORT	23
DANBURY	2
FAIRFIELD	2
MILFORD	3
OXFORD	1
SHELTON	1
STRATFORD	6
TRUMBULL	2
WATERBURY	3
TOTAL	45

<b>New Era Bridgeport 2013</b>	
TOWN	TOTAL
ANSONIA	1
BRIDGEPORT	27
DANBURY	4
FAIRFIELD	5
OXFORD	1
SHELTON	3
STRATFORD	1
TRUMBULL	2
WATERBURY	4
TOTAL	48

**Methadone Maintenance**

New Era New Haven 2011		New Era New Haven 2012		New Era New Haven 2013	
TOWN	TOTAL	TOWN	TOTAL	TOWN	TOTAL
ANSONIA	5	ANSONIA	4	ANSONIA	3
BEACON FALLS	4	BEACON FALLS	3	BEACON FALLS	3
BRANFORD	23	BRANFORD	26	BRANFORD	17
BRISTOL	1	BRISTOL	1	BRIDGEPORT	1
CHESIRE	2	CHESIRE	3	BRISTOL	2
CROMWELL	2	CLINTON	2	BROOKFIELD	1
DANBURY	2	COLCHESTER	1	CHESIRE	3
DERBY	6	CROMWELL	2	CLINTON	1
EAST HAMPTON	1	DANBURY	3	COLCHESTER	1
EAST HAVEN	45	DEEP RIVER	1	CROMWELL	1
GOSHEN	1	DERBY	5	DANBURY	2
GUILFORD	2	DURHAM	1	DEEP RIVER	1
HAMDEN	20	EAST HAMPTON	1	DERBY	4
HARTFORD	1	GOSHEN	1	DURHAM	1
MADISON	2	GUILFORD	4	GOSHEN	1
MERIDEN	19	HAMDEN	8	GUILFORD	1
MIDDLEFIELD	3	HARTFORD	2	HAMDEN	19
MIDDLETOWN	3	MADISON	4	HARTFORD	1
MILFORD	3	MERIDEN	25	JEWET CITY	1
NAUGATUCK	5	MIDDLEFIELD	2	MADISON	2
NEW HAVEN	166	MIDDLESEX	1	MERIDEN	15
NEWINGTON	1	MIDDLETOWN	3	MIDDLETOWN	2
NORTH BRANFORD	2	MILFORD	7	MILFORD	6
NORTH CANNON	1	NAUGATUCK	3	NAUGATUCK	3
NORTH HAVEN	6	NEW HAVEN	244	NEW HAVEN	188
NORTHFORD	2	NEWINGTON	1	NORTH BRANFORD	4
OAKVILLE	1	NORTH BRANFORD	3	NORTH CANNON	1
OXFORD	4	NORTH CANNON	1	NORTH HAVEN	7
PORTLAND	1	NORTH HAVEN	10	NORTHFIELD	1
REDDING	1	NORTHFORD	2	OAKVILLE	1
SEYMOUR	1	OAKVILLE	2	OXFORD	1
SHELTON	4	OXFORD	4	REDDING	1
SOUTHBURY	1	REDDING	1	SEYMOUR	3
TORRINGTON	1	SEYMOUR	4	SHELTON	1
WALLINGFORD	12	SHELTON	2	SOUTHBURY	1
WATERBURY	49	TORRINGTON	1	SOUTHINGTON	1
WEST HAVEN	28	WALLINGFORD	14	WALLINGFORD	10
WESTBROOK	1	WATERBURY	63	WATERBURY	60
WOODBIDGE	1	WEST HARTFORD	1	WATERTOWN	2
UNKNOWN	10	WEST HAVEN	34	WEST HARTFORD	1
TOTAL	443	WETHERSFIELD	1	WEST HAVEN	22

**Intensive Outpatient**

<b>New Era New Haven 2011</b>	
TOWN	TOTAL
DERBY	1
HAMDEN	5
NEW HAVEN	7
REDDING	1
WALLINGFORD	2
WESTBROOK	1
TOTAL	17

<b>New Era New Haven 2012</b>	
TOWN	TOTAL
HARTFORD	1
HAMDEN	9
MERIDEN	2
NEW HAVEN	18
REDDING	1
WATERBURY	1
WALLINGFORD	2
TOTAL	34

<b>New Era New Haven 2013</b>	
TOWN	TOTAL
ANSONIA	1
BRANFORD	1
DANBURY	1
HAMDEN	2
NEW HAVEN	10
REDDING	1
TOTAL	16

5. **On page 6 of the CON Application, the Applicant states within the first 3 years it is proposing to treat 600 individuals out of an estimated 12,000 that currently need treatment but are unable to get the care they need due to lack of access to the proper facility. Please provide further discussion and documentation to support your claim of lack of access to the proposed services in Waterbury.**
- a. Utilizing the statistics calculated for question 2, specifically, Tables 2b, 2c, 2d, 2f, 2h and 2j. The data provided displays that despite the fact Waterbury is one of the most populous cities in Connecticut, it possesses on average 55% less facilities than comparable cities in Connecticut. The lack of facilities result in a direct lack to access to patients living in the city. Comparing the number of patients currently in treatment with those that needed but did receive treatment, we find that those that needed but did not receive treatment are 4 times greater in number than all the patients currently in treatment.
  - b. Furthermore, the city of Waterbury possesses only 1 methadone facility. This program treats 871 patients; this is 55% of the patients treated in Bridgeport, 38% of the patients treated in Hartford and 22% of the patients treated in New Haven. The statistic is congruent with the findings of the NSDUH. Who have calculated that Waterbury (and the larger South Central region of Connecticut) possess 8.1% of the population needing but not receiving treatment for illicit substance and alcohol abuse. This is the highest percent of individuals needing but not receiving treatment in the entire state.
  - c. Lastly, according to our in-house research. New Era currently treats 111 patients from the Greater Waterbury Area. We also know that Connecticut Counseling Inc. is over capacity and also has an intake-waiting period between 3 to 4 weeks. The combination of empirical data and internal research displays that an increase the capacity for addiction treatment services is clearly needed in Waterbury.

**6. On page 6 of the CON Application, the Applicant states that the proposed facility will not have an effect on existing providers since the existing providers provide service to approximately 20% of the estimated population that are addicted to illicit drugs. Please provide evidence that existing facilities are at capacity. Refer to DHMAS FOI Letter Pgs: 17-18**

a. According to DHMAS there is 1 facility in Waterbury providing methadone maintenance services, Connecticut Counseling Centers Inc. As of August 31, 2013 the facility possessed a census of 871 patients versus a maximum capacity of 800. Furthermore, Waterbury contains a single methadone treatment while New Haven, a city that is only mildly more populated possesses 5 programs and services 3869 patients. Considering the similarities in the population demographics, if we extrapolate this and assume a similar patient population in Waterbury as New Haven, Waterbury should contain roughly 4 facilities treating about 3273 patients. In addition, from our own internal research we have found that Waterbury patients undergo a 3-4 week waiting period before being able to begin treatment in Waterbury. As a facility, we feel this poses a great risk to the lives and well being on the Waterbury patients especially those that are in dire need of help.

**7. Please identify the specific Fiscal Years (e.g., FY14, FY15, FY16) covered by the Applicant’s FY on table 1 (projected volume), on page 7 of the CON Application.**

a.

	2014	2015	2016
Methadone Maintenance	100	225	465
Ambulatory Detoxification	15	35	55
Intensive Outpatient Program	40	50	80
Total	155	310	600

**8. Please provide a list of key professional, clinical, and direct service personnel that will provide the services at the Waterbury location.**

a.

Key Professional	Role
Dr. Ebenezer Kolade	CEO
Dr. Christina Kolade	CMO
Mr. John Mckeithen	Program Director
Angela Beckerman	Clinical Coordinator
Dr. Glenn Giarattana	Attending Physician
Tiawuana Walker	Medicating Nurse

**9. On page 13 of the CON Application, the Applicant provided the rate schedule for the proposed services and on page 16 it provided the rate schedule for the proposed services for medical reimbursement. Please describe the relationship between the two and how they relate to the financial projection.**

- a. Historically, New Era Rehabilitation has experienced a payor mix of 90% Medicaid, 5% Private Insurance and 5% Self Pay. The schedule on page 13 is the rate at which we bill for all our services regardless of the payor. However we utilize the minimum rate for reimbursement for our financial projections. This schedule is available on page 15.
- b. In reference to the financial projections the fee schedule on page 13 is only relevant to our Self-Pay clients. Considering the small percentage of Self-Pay clients the facility [explain how these numbers were used]. Due to the high number of Medicaid clients in New Era, the fee schedule on page 16 in combination with census estimates was used to drive the revenue projections throughout the financial model.

**10. On page 17 of the CON Application, the Applicant lists the existing providers located in Waterbury. What is the source of this listing? Does the Applicant have any relationship with these providers for referral purposes? What is the source of your referrals for the proposed services? Please discuss in detail how these programs differ from the Applicant's proposed service, thereby not duplicating the services offered by existing providers. Further, please indicate if there are any providers located in any of the surrounding towns listed on page 5 of the application, and if so, the source of the information.**

- a. Connecticut Counseling Centers Inc. is currently the only (Source: DMHAS)
- b. We do not have any existing relationship with the existing provider in Waterbury.
- c. The New Era Rehabilitation Model differs in several ways in we stress timeliness do not no wait list, walk-ins (REVIEW)
- d. There are no methadone maintenance treatment facilities in the towns listed on page 5 of the applications. (Source: SAMHSA)

**11. Please complete the following table for all existing licensed facilities including hospitals, which currently provide the proposed services in the Applicants service area towns.**

a.

Licensed Facility Name	Address	Town	Capacity
Catholic Charities - of Hartford	Waterbury Family Services Center	Waterbury	n/a
Central Naugatuck Valley (CNV) Help Inc.	CNV Help OP100421	Waterbury	n/a
Connecticut Counseling Centers Inc.	Waterbury SA OP 051201	Waterbury	800
Connecticut Renaissance Inc.	McAuliffe Center 301752	Waterbury	27
Family Intervention Center	Thomaston Ave.SA OP 893200	Waterbury	n/a
Guardian Ad Litem	Region 1 – New Program	Waterbury	n/a
Midwestern CT Council on Alcoholism (MCCA)	MCCA Intensive OP 945351	Waterbury	n/a
Sober Solutions	187-189 Wolcott Street	Waterbury	n/a
Wellmore (Morris Foundation Inc)	Waterbury IOP 931350	Waterbury	n/a

**12. Please complete the following table stating how and where the proposed patient population is being served.**

- a. The majority of patients within Waterbury are currently not receiving any treatment services. The danger associated with lack of access to care is that when patient are motivated to seek treatment and are unable to receive that treatment they become easily frustrated and continue to use illicit substances. However, some of these patients may be receiving treatment services in the surrounding urban areas with better access to car such as New Haven and Bridgeport, if they are motivated and can afford to travel to these cities. We are only aware that New Era Rehabilitation Center, Inc. treats 111 patients residing in Waterbury

Licensed Facility Name	Address	City
New Era, Meth Maint.	311 East Street	New Haven
New Era, Meth Maint.	3851 Main Street	Bridgeport

**13. The Applicant states 600 clients will be treated in three years but on page 7 it states that the projected volume for the year will be 700. Please confirm the projected volume for the first three fiscal years of the proposed services. Provide details as to the source of your projected number of clients (i.e. majority of clients coming from where, do you have any relationships with any other providers for referral patterns, the assumptions/calculation in derivation of the projected volumes, etc.)**

- a. The projected volumes of the proposed facility is listed below:

	FY1	FY2	FY3
Methadone Maintenance	100	225	465
Ambulatory Detoxification	15	35	55
Intensive Outpatient Program	40	50	80
Total	155	310	600

- b. Our current volume projections are calculated based on historical trends from New Era Bridgeport and New Haven, the current lack of methadone maintenance treatment facilities in Waterbury and statistics from NSDUH that has identified Waterbury (and the larger South Central region of Connecticut) as the most underserved region of the state. (10.69% of their population needing but not receiving treatment for illicit substance and alcohol abuse NSDUH 2012)
- c. We expect the majority of patients to come the city of Waterbury, specifically patients that need treatment but have not had the ability to receive it due to the lack of facilities in the area.
- d. We currently do not have any firm relationship with facilities in the area, however we do regularly receive referrals from a number of Waterbury based providers for the Bridgeport and New Haven facilities.

- e. According to NSDUH, 10.69% of the South Central region of Connecticut is currently needing but not receiving treatment for substance abuse. Applying this factor to the city of Waterbury results in an underserved population of 11,749. Assuming the facility can reach 5% of the overall underserved population over the course of 3 years, the proposed facility would be able to treat 571 patients, estimating upward due to prior experience we arrived at the figure of 600. This is analogous to the current census and historical trends of our prior facilities in Bridgeport and New Haven. Therefore

**14. Provide an explanation regarding the relevance to this proposal the selected articles included in the CON application.**

**a. National Survey on Drug Use and Health NSDUH (paged) Connecticut part**

- i. The relevance of this article in the CON application is that it displays the high prevalence of drug and alcohol addiction in the proposed area. The articles specifically reference the south central region of Connecticut. Waterbury is the major metropolis of the region. Therefore we have deemed it logical appropriate to extrapolate the NSDUH findings to the city. The study shows the highest percentage of the people who are addicted to drugs and alcohols that need treatment and are not getting the treatment is located in the south central region.
- ii. The study also shows the costs and benefits of treatment. The relevance here is to shows increasing access to treatment to drug and alcohol dependent individuals in the high prevalent area like Waterbury will lead to better economic, and health outcomes and less crime within the city of Waterbury.

**b. Innovations in Substance abuse Treatment and Policy conference findings and future directions**

- i. This article highlights are facts that effective treatment of drug and alcohol dependent individual results in significant reduction in crime and arrests, improvements employment opportunities, and generally increases the quality of life of drug user, reduction of homelessness this also leads to reduction in disease transmission such as human immunodeficiency virus disease, (HIV) Hepatitis B or C.
- ii. It also stresses the importance of increasing access to effective treatment by drug and alcohol dependent individual.
- iii. The article stresses methadone maintenance as a very effective and efficient form of treatment for opiate addiction. The treatment is cost effective and when combined with counseling and social services diminishes the social impact of substance abuse as well as the effect of comorbid diseases such as the transmission of HIV and Hepatitis B and C. The establishment of the proposed program will lead to the reduction in disease transmission, homelessness, improved employment, reduction in crime and arrest in the city of Waterbury.
- iv. Surprisingly, the article also displayed that expanding access to treatment lead to an increase in the waiting list of multiple facilities. This came as a result of an unexpected surge in patients searching for treatment. These patients expressed prior frustration about the lack of access to treatment in San

Francisco and had been newly motivated once treatment expanded. Facilities did not expect the surge and had no idea of the actual population searching for treatment.

**c. National Treatment Improvement Evaluation study final report – March 1997**

- i. The relevance of this study is to prove the efficacy of treatment in the reduction of drug and alcohol. Results include improvements in physical and mental health, reductions in HIV risk and transmission. Improvement in sexual behavior after treatment. Furthermore the positive findings in this study will be transferred to patients treated in the proposed facility in Waterbury, which will eventually improve Waterbury economy and save taxpayers money.
- ii. The chart shows the discrepancy between the annual costs of substance abuse treatment in comparison to incarceration. It suggests that the establishment of the proposed facility in Waterbury will save the city and state a great deal of money in comparison to incarceration.
- iii. According to the study methadone maintenance cost about \$5000 per year. Outpatient cost about \$2500 per year. Intense outpatient cost about \$3500 per year while cost of one incarceration costs over \$25000 per year. In this wise the more the access created to drug and alcohol dependent individual for treatment the less the drug and alcohol related crime and less money spent on incarceration.
- iv. The summary of the findings states that every dollar \$1 invested in prevention or treatment saves \$7 in later costs associated to substance abuse. (California Drugs and Alcohol Treatment Assessment). This article highlights the need to create more access to treatment for drug and alcohol addicted individuals.

**d. The various tables show criminal activity before and after various modalities for treatment. In the CON application**

- i. Page 243 Table 6-14 Treatment in correctional
  - ii. Page 242 Table 6-13 Treatment in long term residential
  - iii. Page 241 Table 6-12 Treatment in short term residential
  - iv. Page 240 Table 6-11 Treatment in non methadone outpatient
  - v. Page 239 Table 6-10 Treatment in methadone detoxification
  - vi. Page 238 Table 6-6 Treatment in methadone maintenance
- e.** All these studies show significant reduction in criminal activity after treatment intervention. It is important to note that methadone maintenance treatment had the best outcome of all these studies and the establishment of the proposed program in Waterbury will create access to treat more drug addicted individual and will further reduce criminal activity in Waterbury as shown in these studies.
- f.** The statistics provided by the institute by addiction medicine article. This article further highlights the prevalence of drugs and alcohol addiction across the country and that there has been rapid increase of opiate addiction as a result of non-medical use of prescription pain medications and Waterbury is no exception from this. Also the damaging effects of alcohol and drug and addiction.

- g. Alcoholism is associated with each of the top three leading causes of death namely heart disease, cancer and chronic lower respiratory disease. Also cocaine has been shown to contribute to deaths from heart attacks, respiratory failure, strokes and sudden deaths.
- h. The relevance of this data to the CON application is that heroin is also associated with a high number fatal overdoses and the increase prevalence of infectious diseases such as HIV and AIDS and Hepatitis B and C. The expansion of much needed access to treatment in Waterbury, will lead to the early intervention to drug treatment and alcohol dependent individuals which will eventually prevent all the aforementioned diseases and complications of the addictive disease.

**15. On page 13 of the CON Application, the applicant presented a fee schedule. Will the proposed rates be the same for all payers, including self-pay/ Does the Applicant have a sliding-fee scale? Please provide discussion.**

- a. The facility has one fee schedule this fee schedule applies to all payers including the self-pay clients. There is no sliding fee scale. New Era Rehabilitation Center is a for profit corporation and does not collect grants and/or donations to offset operational expenses and therefore cannot offer subsidized treatment.

**16. Please resubmit in the original format provided in the CON Application form, Financial Attachment I, providing a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. (Not that the actual results for the fiscal year reported in the first column must agree with the Applicants audited financial statements) The projections must include the first three full fiscal years of the project.**

- a. See page(s): 19

**17. Please resubmit in the original format provided in the CON Application form, Financial Attachment II, providing a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. The projections must include the first three full fiscal years of the project.**

- a. See Page(s): 20-22

**18. Provide the assumptions utilized in developing Financial Attachments I and II (e.g. full-time equivalents, volume statistics, other expense, revenue and expense % increases, project commencement of operation date, etc)**

**a. Revenue Assumptions**

The first step in developing the revenue projections was to multiply the projected patient volumes by the number of weeks in a year, the product of this function resulted in the projected number of units that would be administered in a year. The projected number or units was then multiplied by the given state reimbursement rates for the relevant services. The relevant figures are provided below:

Projected Volumes			
	FY1	FY2	FY3
Methadone Maintenance	100	225	465
Ambulatory Detoxification	15	35	55

Intensive Outpatient Program	40	50	80
Total	155	310	600

Service	State Reimbursement Rate
Methadone Billing	\$87.90
Methadone Billing	\$85.91
Methadone Billing	\$110.00
IOP 3hour group	\$138.46
Ambulatory Detox.	\$27.94

**b. Expense Assumptions**

The first step in calculating the incremental expense increase related to the proposed facility services was to ascertain what added resources were needed to provide to the proposed services. Resources ranged from increased human capital, medication and administrative supplies. The relevant figures are provided below:

Incremental Cost Inputs		
Counselor Salary	35,000.00	1 per every 50 Patients
Supplies and Drugs	0.0038	\$/mg
Avg. Methadone Dose	86.18	mg/Dose/day
Incremental Dose Expense	1532.63	Cost Per Dose x Units
Doses	364	Doses/Patient/Year

**CONNECTICUT**

Table 7.9 – *Needing But Not Receiving Treatment for Alcohol Use in Past Year and Needing But Not Receiving Treatment for Illicit Drug Use in Past Year* in Connecticut among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2008, 2009, and 2010 NSDUHs

State/Substate Region	Needing But Not Receiving Treatment for Alcohol Use in Past Year <sup>1</sup>		Needing But Not Receiving Treatment for Illicit Drug Use in Past Year <sup>2</sup>	
	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval
Connecticut	7.71	(6.62 - 8.98)	2.42	(1.95 - 3.01)
Eastern	9.06	(7.14 - 11.43)	2.49	(1.73 - 3.58)
North Central	7	(5.64 - 8.64)	2.31	(1.65 - 3.21)
Northwestern	7.35	(5.81 - 9.26)	2.54	(1.80 - 3.58)
South Central	8.1	(6.49 - 10.07)	2.59	(1.87 - 3.59)
Southwest	7.78	(6.08 - 9.92)	2.23	(1.55 - 3.21)

[NOTE: For substate region definitions, see the "2008-2010 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/NSDUH/substate2k10/toc.aspx.](http://www.samhsa.gov/data/NSDUH/substate2k10/toc.aspx)

NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

<sup>1</sup> Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but not receiving treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers).

<sup>2</sup> Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers).

Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. See Section B.4.8 in the Appendix B of the *Results from the 2008 National Survey on Drug Use and Health: National Findings*.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008, 2009, and 2010 (Revised March 2012).



**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

**DANNEL P. MALLOY**  
GOVERNOR

**PATRICIA A. REHMER,**  
MSN

September 30, 2013

Deolu Kolade  
New Era Rehabilitation Center  
[akolade@newerarehab.com](mailto:akolade@newerarehab.com)

Subject: Freedom of Information Request:

- The current censuses and full capacities all facilities in Bridgeport, Stamford, New Haven, Hartford and Waterbury
- A list of all facilities in New Haven County, including their addresses, capacities and services administered

Dear Mr. Kolade:

Attached is the document in our possession that is responsive to your request and which can be released to you. Since it is being sent to you electronically, we will waive the statutory copying charge for these documents. Please note that the listed capacities are for DMHAS funded programs only and you should probably contact DPH licensing to get a more accurate picture. I hope this information will be helpful to you.

This will conclude your request and if you have any other questions or require additional assistance, please let me know. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Doreen del Bianco".

Freedom of Information Officer

cc: Jim Siemianowski,  
Director of Evaluation, Quality Management, and Improvement

(AC 860) 418-7000  
410 Capitol Avenue, P.O. Box 341431, Hartford, Connecticut 06134  
[www.dmhas.state.ct.us](http://www.dmhas.state.ct.us)  
*An Equal Opportunity Employer*



**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

**DANNEL P. MALLOY**  
GOVERNOR

**PATRICIA A. REHMER,**  
MSN

October 23, 2013

Deolu Kolade  
New Era Rehabilitation Center  
[akolade@newerarehab.com](mailto:akolade@newerarehab.com)

Subject: Freedom of Information Request:

- current census and capacities for any methadone/substance abuse facilities in the Greater Waterbury Area, specifically the following towns:

Beacon Falls, Bethany, Bethlehem, Cheshire, Middlebury, Naugatuck, Oxford, Plymouth, Prospect, Southbury, Thomaston, Waterbury, Watertown, Wolcott and Woodbury

Dear Mr. Kolade:

Your Freedom of Information request was received on 10-23-13. I estimate it will take approximately ten business days to research the requested information and get back to you.

In accordance with Section 1-212 of the Connecticut General Statutes, please note that there is a charge of \$.25 per page for all documents provided in response to Freedom of Information requests. Once we have determined the total number of pages involved, we will notify you of the cost. If the cost exceeds \$10, then upon receipt of your check for the amount due, made out to the Department of Mental Health and Addiction Services, the documents will then be copied and sent to you. If the amount is under \$10 then once notified, please make arrangements to come to DMHAS to collect the documents.

In the interim, if you have questions or require additional assistance, please let me know. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Joann del Bianco".

Freedom of Information Officer

cc: Jim Siemianowski,  
Director of Evaluation, Quality Management, and Improvement

(AC 860) 418-7000  
410 Capitol Avenue, P.O. Box 341431, Hartford, Connecticut 06134  
[www.dmhas.state.ct.us](http://www.dmhas.state.ct.us)  
*An Equal Opportunity Employer*

13. B i. Please provide one year of actual results and three years of projections of <b>Total Facility</b> revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:											
<b>Total Facility:</b>		<b>FY</b>	<b>FY 1</b>	<b>FY 1</b>	<b>FY 1</b>	<b>FY 2</b>	<b>FY 2</b>	<b>FY 2</b>	<b>FY 3</b>	<b>FY 3</b>	<b>FY 3</b>
<b>Description</b>		<b>Actual</b>	<b>Projected</b>	<b>Projected</b>	<b>Projected</b>	<b>Projected</b>	<b>Projected</b>	<b>Projected</b>	<b>Projected</b>	<b>Projected</b>	<b>Projected</b>
		<b>Results</b>	<b>W/out CON</b>	<b>Incremental</b>	<b>With CON</b>	<b>W/out CON</b>	<b>Incremental</b>	<b>With CON</b>	<b>W/out CON</b>	<b>Incremental</b>	<b>With CON</b>
<b>NET PATIENT REVENUE</b>											
Non-Government		\$162,108	\$183,216	\$21,114	\$204,330	\$20,854	\$25,329	\$46,184	\$238,096	\$29,551	\$267,647
Medicare		\$50,367	\$56,925	\$6,557	\$63,482	\$64,795	\$7,870	\$72,665	\$73,976	\$9,181	\$83,158
Medicaid and Other Medical Assistance		\$3,968,448	\$4,485,173	\$516,725	\$5,001,898	\$5,105,243	\$620,070	\$5,725,313	\$5,828,568	\$723,415	\$6,551,983
Other Government		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Net Patient Patient Revenue		\$4,180,923	\$4,725,313	\$544,396	\$5,269,709	\$5,190,892	\$653,269	\$5,844,161	\$6,140,640	\$762,147	\$6,902,788
Other Operating Revenue		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Revenue from Operations		\$4,180,923	\$4,725,313	\$544,396	\$5,269,709	\$5,190,892	\$653,269	\$5,844,161	\$6,140,640	\$762,147	\$6,902,788
<b>OPERATING EXPENSES</b>											
Salaries and Fringe Benefits		\$2,532,116	\$2,861,819	\$329,703	\$3,191,522	\$3,257,462	\$395,643	\$3,653,106	\$3,719,046	\$461,584	\$4,180,630
Professional / Contracted Services		\$110,485	\$124,872	\$14,386	\$139,258	\$142,135	\$17,263	\$159,398	\$162,276	\$20,141	\$182,416
Supplies and Drugs		\$244,443	\$276,271	\$31,828	\$308,100	\$314,465	\$38,194	\$352,660	\$359,025	\$44,560	\$403,585
Bad Debts		\$20,500	\$23,169	\$2,669	\$25,839	\$26,372	\$3,203	\$29,576	\$30,109	\$3,737	\$33,846
Other Operating Expense		\$415,732	\$469,864	\$54,132	\$523,996	\$534,822	\$64,958	\$599,780	\$610,607	\$75,785	\$686,391
Subtotal		\$3,323,277	\$3,755,995	\$432,718	\$4,188,714	\$4,275,257	\$519,262	\$4,794,519	\$4,881,063	\$605,806	\$5,486,869
Depreciation/Amortization		\$87,044	\$98,378	\$11,334	\$109,712	\$111,978	\$13,601	\$125,579	\$127,846	\$15,867	\$143,713
Interest Expense		\$20,286	\$22,928	\$2,641	\$25,569	\$26,097	\$3,170	\$29,267	\$29,795	\$3,450	\$33,245
Lease Expense		\$171,254	\$193,353	\$22,099	\$215,452	\$220,312	\$26,758	\$247,070	\$251,530	\$31,218	\$282,748
Total Operating Expenses		\$3,601,862	\$4,070,654	\$468,792	\$4,539,446	\$4,633,645	\$562,791	\$5,196,436	\$5,290,234	\$656,341	\$5,946,575
Income (Loss) from Operations		\$579,061	\$654,660	\$75,604	\$730,263	\$557,247	\$90,478	\$647,726	\$850,406	\$105,806	\$956,213
Non-Operating Income		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Income before provision for income		\$579,061	\$654,660	\$75,604	\$730,263	\$557,247	\$90,478	\$647,726	\$850,406	\$105,806	\$956,213
Provision for income taxes		\$231,625	\$261,852	\$30,241	\$337,183	\$297,975	\$36,189	\$426,153	\$340,202	\$42,323	\$521,155
Net Income		\$347,437	\$392,808	\$45,362	\$393,081	\$259,272	\$54,289	\$221,573	\$510,205	\$63,484	\$435,057
Retained earnings, beginning of year			\$347,437	\$347,437	\$347,437	\$740,244	\$392,799	\$740,517	\$999,516	\$447,088	\$962,090
Retained earnings, end of year		\$347,437	\$740,244	\$392,799	\$740,517	\$999,516	\$447,088	\$962,090	\$1,509,721	\$510,572	\$1,397,147
FTEs					0			0			0
*Volume Statistics:		768	868	100	1118	988	120	1413	1128	140	1728

Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

<b>12.C(ii).</b> Please provide <b>three</b> years of projections of <u>incremental</u> revenue, expense and volume statistics <b>attributable to the proposal</b> in the following reporting format:										
FY 1										
Type of Service Description	Methadone Maintenance									
Type of Unit Description:										
# of Months in Operation	12									
<b>FY ___1___</b>	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<b>FY Projected Incremental</b>		Rate	Units	Gross	Allowances /	Charity	Bad	Net	Operating	Gain/(Loss)
Total Incremental Expenses:	<b>81,920.42</b>			Revenue	Deductions	Care	Debt	Revenue	Expenses	from Operations
				Col. 2 * Col. 3				Col.4 - Col.5	Col. 1 Total *	Col. 8 - Col. 9
<b>Total Facility by Payer Category:</b>								-Col.6 - Col.7	Col. 4 / Col. 4 Total	
Medicare		\$-	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid		\$87.90	4,680	\$411,372	\$0	\$0	\$4,114	\$407,258	\$76,595	\$335,338
CHAMPUS/TriCare		\$-	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Governmental</b>		\$87.90	4,680	411,372	0	0	4,114	407,258	76,595	335,338
Commercial Insurers		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Uninsured		\$110.00	520	\$57,200	\$0	\$0	\$0	\$28,600	\$5,325	\$47,200
<b>Total NonGovernment</b>		\$0	520	\$57,200	\$0	\$0	\$0	\$28,600	\$5,325	\$47,200
<b>Total All Payers</b>		\$0	5,200	\$468,572	\$0	\$0	\$4,114	\$464,458	\$81,920	\$382,538

FY 2										
Type of Service Description	Methadone Maintenance									
Type of Unit Description:										
# of Months in Operation	24									
<b>FY 2</b>	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<b>FY Projected Incremental</b>		Rate	Units	Gross	Allowance s/	Charity	Bad	Net	Operating	Gain/(Loss)
Total Incremental Expenses:	<b>184,320.94</b>			Revenue	Deduction s	Care	Debt	Revenue	Expenses	from Operations
				Col. 2 * Col. 3				Col.4 - Col.5	Col. 1 Total *	Col. 8 - Col. 9
<b>Total Facility by Payer Category:</b>								-Col.6 - Col.7	Col. 4 / Col. 4 Total	
Medicare		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid		\$87.90	10,530	\$925,587	\$0	\$0	\$9,256	\$916,331	\$161,820	754,510.80
CHAMPUS/TriCare		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Governmental</b>		\$87.90	10,530	925,587	0	0	9,256	916,331	\$161,820	754,510.80
Commerical Insurers		\$0	\$0	\$0	\$0	\$0	\$0	\$6,705	\$0	\$6,705
Uninsured		\$110.00	585	\$64,350	\$0	\$0	\$644	\$0	\$22,501	\$0
<b>Total NonGovernment</b>		\$0	1,170	64,350	0	0	644	\$6,705	\$22,501	6,705
<b>Total All Payers</b>		\$0	11,700	989,937	0	0	9,899	923,036	184,321	\$761,216

FY 3										
Type of Service Description	Methadone Maintenance									
Type of Unit Description:										
# of Months in Operation	36									
<b>FY 3</b>	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<b>FY Projected Incremental</b>		Rate	Units	Gross	Allowance s/	Charity	Bad	Net	Operating	Gain/(Loss)
Total Incremental Expenses:	<b>380,929.94</b>			Revenue	Deduction s	Care	Debt	Revenue	Expenses	from Operations
				Col. 2 * Col. 3				Col.4 - Col.5	Col. 1 Total *	Col. 8 - Col. 9
<b>Total Facility by</b>								-Col.6 - Col.7	Col. 4 / Col. 4 Total	
<b>Payer Category:</b>										
Medicare		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid		\$87.90	21,762	\$1,912,880	\$0	\$0	\$19,129	\$1,893,751	\$356,168	\$1,559,322
CHAMPUS/TriCare		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Governmental</b>		\$87.90	21,762	\$1,912,880	\$0	\$0	19,129	\$1,893,751	\$356,167.92	\$1,559,322
Commercial Insurers		\$0	2,418	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Uninsured		\$110.00	2,418	\$132,990	\$0	\$0	\$1,330	\$263,320	\$46,501	\$0
<b>Total NonGovernment</b>		\$110.00	4,836	132,990	\$0	\$0	\$0	\$263,320	\$46,501	\$0
<b>Total All Payers</b>		\$0	26,598	2,178,860	0	0	19,129	2,157,071	380,930	\$1,559,322





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

November 12, 2013

Via First Class Mail and Fax

Ebenezer Kolade  
Chief Executive Officer  
New Era Rehabilitation Center, Inc.  
3851 Main Street  
Bridgeport, CT 06606

RE: Certificate of Need Application, Docket Number 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent  
Persons in Waterbury  
Notice of Withdrawal

Dear Mr. Kolade:

On September 6, 2013, the Office of Health Care Access ("OHCA") sent a letter to you requesting additional information for the above referenced Certificate of Need application. The requested information was not submitted to OHCA within the sixty-day period as required under Section 19-639a(c) of the Connecticut General Statutes. Therefore, OHCA considers the above application to have been withdrawn on November 7, 2013.

If you wish to re-apply for CON authorization you may do so by following the procedure set forth in Conn. Gen. Stat. § 19a-639a. Please be advised that since OHCA cannot give legal advise, you may want to seek the advice of an attorney to guide you through the CON process.

Information regarding the CON process can be found on our website at [www.ct.gov/dph/ohca](http://www.ct.gov/dph/ohca). If you have any questions regarding the above, please feel free to contact me at (860) 418-7001.

Sincerely,

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

Kimberly R. Martone  
Director of Operations

KRM:pf

*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

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: EBENEZER KOLADE  
FAX: 1203747515  
AGENCY: NEW ERA REHABILITATION CENTER, INC.  
FROM: PAOLO FIDUCIA  
DATE: 11/12/2013 Time: 11:30 Am  
NUMBER OF PAGES: 2  
*(including transmitted sheet)*

Comments:  
13-31857-  
CON Notice  
of Withdrawal



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

November 13, 2013

Via First Class Mail and Fax

Ebenezer Kolade  
Chief Executive Officer  
New Era Rehabilitation Center, Inc.  
3851 Main Street  
Bridgeport, CT 06606

RE: Certificate of Need Application, Docket Number 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent  
Persons in Waterbury

Dear Mr. Kolade:

Please disregard the notice of withdrawal dated November 12, 2013 regarding the above Certificate of Need ("CON") application. On November 4, 2013 the Office of Health care Access ("OHCA") received completeness responses to the CON application proposing to establish a facility for the care or treatment of substance abusive or dependent persons in Waterbury. The current CON application remains active and under review. This notification will be retained in OHCA's file under Docket Number 13-31857-CON.

If you have any questions regarding this notification, please contact Paolo Fiducia, Associate Health Care Analyst at (860) 418-7001.

Sincerely,

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

Kimberly R. Martone  
Director of Operations

KRM:pf

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 3881  
RECIPIENT ADDRESS 912033747515  
DESTINATION ID  
ST. TIME 11/13 15:25  
TIME USE 00'22  
PAGES SENT 2  
RESULT OK



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: EBENEZER KOLADE  
FAX: 12033747515  
AGENCY: NEW ERA REHABILITATION CENTER, INC.  
FROM: PAOLO FIDUCIA  
DATE: 11/13/2013 Time: 2:15 pm  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

Comments:  
13-31857-  
CON



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

December 4, 2013

VIA FACISIMILE ONLY

Ebenezer Kolade  
Chief Executive Officer  
New Era Rehabilitation Center, Inc.  
3851 Main Street  
Bridgeport, CT 06606

RE: Certificate of Need Application, Docket Number 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent Persons in  
Waterbury

Dear Mr. Kolade,

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of December 4, 2013.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7035.

Sincerely,

A handwritten signature in black ink, appearing to read "Paolo Fiducia".

Paolo Fiducia  
Associate Health Care Analyst

*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

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 3870  
RECIPIENT ADDRESS 912033747515  
DESTINATION ID  
ST. TIME 12/04 11:06  
TIME USE 00'21  
PAGES SENT 2  
RESULT OK



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: EBENEZER K BLADE

FAX: 12033747515

AGENCY: NEW ERA REHABILITATION CENTER, INC.

FROM: PAOLO FIDUCIA

DATE: 12/04/2013 Time: 10:00 am

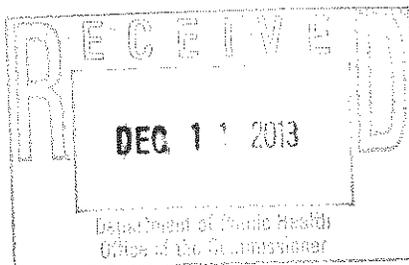
NUMBER OF PAGES: 2  
*(including transmittal sheet)*



Comments:  
13-31857-  
CON Deemed  
Complete  
Letter

December 3<sup>rd</sup>, 2013

Kimberly R. Martone  
Director of Operations  
410 Capitol Ave., MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134



Dear Ms. Martone:

This letter of support is to show our support for New Era Rehabilitation Center (Docket No. 13-31857-CON) and its effort to open a methadone clinic in Waterbury, CT. With the limited amount of transportation, reduced assistance in medical transportation or gas reimbursement; traveling to different parts of Connecticut for treatment is becoming difficult. Having another methadone clinic in Waterbury will increase access to care for substance abuse clients, decrease the number of drug related deaths, and will improve quality of life of affected families. There is a great need for this service in the immediate area of this clinic, because of the amount drugs in this area.

Sincerely,

Cc: Jewel Mullen, MD, MPH MPA  
Commissioner

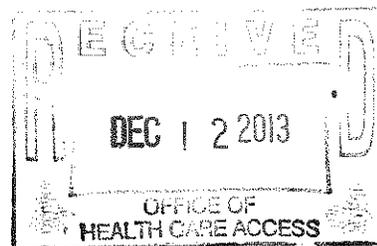
1.	Luella	K Baldwin	C. B. O	51
2.	Susan Paez	John Smith	Nicole S	52
3.	<del>Samuel</del>	<del>John Smith</del>	Len Dombros	53
4.	Danielson Reynolds	<del>John Smith</del>	Ramon Alvarez	54
5.	<del>John</del>	Kari Hunter	Heather Veyne	55
6.	Lindsay Wilson	Daniel Reyes	G. Deane	56
7.	Robert Mammone	Maria Antonetti	Pam Lellett	57
8.	John Guss	Jo's Reelick	W. Gomez	58
9.	Patricia Jarama	Paul Bp	St. Charles	59
10.	Christ Perini	Cynthia Arnan	Donna Ann	60
11.	Andrew Moore	Jillae	Mrs. C. J.	61
12.	C.S. RYSON	Daryl	Kristal Jurne	62
13.	O. Schlesinger	M. Champagne	Robert J.	63
14.	Jose Quinones	<del>John</del>	Samuel K	64
15.	Paul M. Gai	M. Clark	Billie Casaldue	65
16.	David Mee	Hector Burgos	M. D. C. P.	66
17.	Maribel Aguado	Christi Cow	Wilma Rodriguez	67
18.	Roxie P. D.	Mark Boggs	Chris Clark	68
19.	John White	<del>Mark Boggs</del>	Ann D. D.	69
20.	Dorothy Anderson	Maria Alvarez	Jose P.	70
21.	Neer J. J.	Miguel Ortega	Tommy Dinton	71
22.	Philip M. P.	Donny Tesch	Nilton Das Anjos	72
23.	William Danner	Margie L. L.	Hawwanta Naluk	73
24.	Gerard	Ed. J. J.	Ken K.	74
25.	Paul Johnson	James V. J.	M. P.	75

W. J. M.	Rafael Arroyo	N. Waters
<del>Antonio</del>	Alfonso Guzman	J. J. Suro
J. S. Santos	Erika Tolo	Frank and Conny
Rick Stone	Hector Santiago	Jani Polanski
Shaun James	William Lopez	<del>John</del>
Walter McMillan	Melvin Lopez	Carlos Mucado
<del>Frank</del>	<del>Frank</del>	Angel Rivera
Danny Lopez	<del>Frank</del>	Richard Gonzalez
Armando Roman	Epe Delchaska	Bob Garcia
Tom Williams	W. E. Miller	Mark Milton
Ada Rojas	W. B. M.	Robert McLaylin
John Gordon	Jesus Garcia	David May
Aida Duran	Robert	Patricia
Victor Lopez	Alfonso	John W.
John Gunn	Mary Boria	Robert M.
R. Smith	John Zindall	John E. E...
Rich B. S.	John A. Steyer	Alberto Garcia
Danny	Dawn Diglio	John M...
José	Pete San J...	April Coppola
Juan	John	John Coppola
Bob	John	John
Ellen	Juan D. Delgado	John
John	Manuel Delgado	John
John	John	John

Eliya Felix	David Orr	Judith Gallagher
<del>R. B. B.</del>	Paul Ogden	John Not
Alan Terini	Beverly Coe	Rosario Garcia
<del>M. W.</del>	Paula Jones	Chris Blazek
Sharon Lisi	John M. M.	Kody Massey
David Cook	D. J. J.	Sarah Becker
Mononin	John J. J.	J. H. H.
John L. L.	Cynthia J.	Regina R.
Robert Lopez	<del>J. J. J.</del>	<del>J. J. J.</del>
Marie M. M.	<del>J. J. J.</del>	<del>J. J. J.</del>
Roberto Vazquez	<del>J. J. J.</del>	<del>J. J. J.</del>
Raymond M. M.	Jim Calder	Tom Hill
Alberto Hernandez	John C. C.	
Samuel/Santiago Sr.	John D. D.	
Samuel/Santiago Jr.	Weyman M. M.	
Harold A. A.	David M. M.	
William Vargas	Deborah L. L.	
Jorge P. P.	Nick S. S.	
William C. C.	<del>J. J. J.</del>	
James G. G.	Paul L. L.	
R. T. T.	<del>J. J. J.</del>	
Charles S. S.	Marilyn Q. Q.	
John M. M.	Kyle F. F.	
Marie K. K.	W. J. J.	
Concha C. C.	Anthony M. M.	

December 3<sup>rd</sup>, 2013

Kimberly R. Martone  
Director of Operations  
410 Capitol Ave., MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134



Dear Ms. Martone:

This letter of support is to show our support for New Era Rehabilitation Center (Docket No. 13-31857-CON) and its effort to open a methadone clinic in Waterbury, CT. With the limited amount of transportation, reduced assistance in medical transportation or gas reimbursement; traveling to different parts of Connecticut for treatment is becoming difficult. Having another methadone clinic in Waterbury will increase access to care for substance abuse clients, decrease the number of drug related deaths, and will improve quality of life of affected families. There is a great need for this service in the immediate area of this clinic, because of the amount drugs in this area.

Sincerely,

Cc: Jewel Mullen, MD, MPH MPA  
Commissioner

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6.	Jurgen Wilson	Daniel Reyes	G. Derr	56
7.	Robert Harrison	Chris Barrios	Paul Pelletier	57
8.	John Smith	Jo's Reddick	W. Gomez	58
9.	Patricia Kambing	Wall Bp	St. Orens	59
10.	Janet Perilla	Cynthia Arnan	Anna Arnan	60
11.	Andrew Moore	John	Mrs. Cruz	61
12.	C.S. RYSON	Daryl	Kristal Juane	62
13.	O. Charles	M. Champica	Robert	63
14.	Jose Quinones	<del>John Smith</del>	Jimmy	64
15.	Paul R. Lopez	Mr. Clark	Billie Casaldan	65
16.	John Meyer	Hector Burgos	Miguel	66
17.	Maikel Reynolds	Alvin Cruz	Vilma Rodriguez	67
18.	Rosie Diaz	Mark Bogan	Chris Cruz	68
19.	John White	<del>John Smith</del>	John White	69
20.	Dorothy Anderson	Maria Alvarez	Jose	70
21.	Neeraj	Miguel Ortega	Tony Dinton	71
22.	Philip Lopez	Donny Tesch	Nilton DasAyres	72
23.	William Bane	Margie Lopez	Hawanda Nalkin	73
24.	John	Ed. Lopez	Kevin	74
25.	Paul Johnson	Jesus Lopez	M.P.	75

W A G M	Rafael Arroyo	J. V. Valters
<del>John Q. ...</del>	<del>Blanca ...</del>	<del>J. ...</del>
Q. ...	ERIKA TOLLO	Frank and Conny
J. ...	Hector Santiago	Jani Kallanish
Rick Stone	William Lopez	<del>J. ...</del>
Shaun James	Melany ...	Celia Mucado
<del>Walter ...</del>	<del>T. ...</del>	Angel Ruera
<del>Frank ...</del>	<del>...</del>	Richard Gonzalez
Dany ...	J. M. ...	<del>J. ...</del>
Armen ...	Ezequiel ...	Mark ...
Tom Williams	W. E. Miller	Robert ...
Ada ...	W. B. ...	David ...
John ...	Jesus Garcia	Kathleen ...
Aida ...	Robert ...	Juan ...
Victor ...	Alfonso ...	Robert ...
John ...	Mary ...	<del>...</del>
R. ...	John ...	John ...
Rich ...	John ...	Alberto ...
Francisco ...	David ...	John ...
José ...	John ...	Arnal ...
Juan ...	John ...	John ...
Carl ...	Victor ...	Walter ...
Ellen ...	Juan ...	John ...
<del>...</del>	Maria ...	John ...
<del>...</del>	John ...	John ...

Eligio Felix	David Dorn	Judith Gallagher
<del>R. B. B.</del>	Paul Gagnon	John Not
Alan Terini	Beverly Creano	Rosario Sancia
<del>M. W.</del>	Paula Jones	Chris Barzakh
Sharon Lisi	John M. M...	Kody M...
David Cole	Ray J. ...	Sarah Becker
Marcos	Galina ...	Yb. H...
Ant L. ...	Cynthia ...	Lejune ...
Pedro Lopez	<del>...</del>	<del>...</del>
Mario ...	<del>...</del>	<del>...</del>
Ricardo Vazquez	<del>...</del>	<del>...</del>
Ramon ...	Jim Calder	Sam ...
Alberto Hernandez	John Gotti	
Samuel/Santiago Sr.	John ...	
Samuel/Santiago Jr.	Weyman ...	
Harold ...	David Nichols	
William Vargas	Deborah Luther	
Jorge ...	Nick ...	
Walter ...	<del>...</del>	
Henry ...	Tracy ...	
R. ...	<del>...</del>	
Charles ...	Martina ...	
Jose ...	Kyle ...	
Maria Kelley	Anthony ...	
Concha ...	Anthony ...	



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

December 19, 2013

Mr. Ebenezer Kolade  
Chief Executive Officer  
New Era Rehabilitation Center, Inc.  
3851 Main Street  
Bridgeport, CT 06606

RE: Certificate of Need Application, Docket Number 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent  
Persons in Waterbury

Dear Mr. Kolade:

With the receipt of the completed Certificate of Need ("CON") application information submitted by New Era Rehabilitation Center, Inc. ("Applicant") on December 4, 2013, the Office of Health Care Access ("OHCA") has initiated its review of the CON application identified above.

Pursuant to General Statutes § 19a-639a (f), OHCA may hold a hearing with respect to any Certificate of Need application.

This hearing notice is being issued pursuant to General Statutes § 19a-639a (f)

Applicant: New Era Rehabilitation Center, Inc.

Docket Number: 13-31857-CON

Proposal: Establish a Facility for the Care or Treatment of Substance Abusive  
or Dependent Persons in Waterbury with an associated capital  
expenditure of \$125,000

Notice is hereby given of a public hearing to be held in this matter to commence on:

Date: January 30, 2014

Time: 2:00 p.m.

Place: Saint Peter and Paul Church Hall  
67 Southmayd Rd  
Waterbury, CT 06705

The Applicant is designated as a party in this proceeding. Enclosed for your information is a copy of each hearing notice for the public hearing that will be published in the *Republican -American* pursuant to General Statutes § 19a-639a (f).

Sincerely,

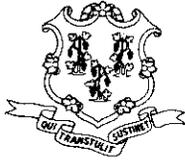


Kimberly R. Martone  
Director of Operations

Enclosure

cc: Henry Salton, Esq., Office of the Attorney General  
Marianne Horn, Department of Public Health  
Kevin Hansted, Department of Public Health  
Steven Lazarus, Department of Public Health  
Wendy Furniss, Department of Public Health  
Marielle Daniels, Connecticut Hospital Association

KRM: PF:lmg



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

December 19, 2013

Requisition # 44042

Republican-American  
389 Meadow Street, P.O. Box 2090  
Waterbury, CT 06722-2090

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Saturday, December 21, 2013**. Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Kaila Riggott at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

---

Kimberly R. Martone  
Director of Operations

Attachment

cc: Danielle Pare, DPH  
Marielle Daniels, Connecticut Hospital Association

KRM:PF:lmg

**PLEASE INSERT THE FOLLOWING:**

Office of Health Care Access Public Hearing

Statute Reference: 19a-638  
Applicant: New Era Rehabilitation Center, Inc.  
Town: Waterbury  
Docket Number: 13-31857-CON  
Proposal: Establish a Facility for the Care or Treatment of Substance Abusive or  
Dependent Persons  
Date: January 30, 2014  
Time: 2:00 p.m.  
Place: Saint Peter and Paul Church Hall  
67 Southmayd Rd  
Waterbury, CT 06705

Any person who wishes to request status in the above listed public hearing may file a written petition no later than January 24, 2014 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at [www.ct.gov/ohca](http://www.ct.gov/ohca) for more information or call OHCA directly at (860) 418-7001. If you require aid or accommodation to participate fully and fairly in this hearing, please phone (860) 418-7001.

## Greer, Leslie

---

**From:** ADS <ADS@graystoneadv.com>  
**Sent:** Thursday, December 19, 2013 11:57 AM  
**To:** Greer, Leslie  
**Subject:** Re: Hearing Notice DN: 13-31857-CON

Good day!

Thanks so much for your ad submission.  
We will be in touch shortly and look forward to serving you.

*Consider adding **color** to your Chronicle of Higher Education print ads or upgrading to a Featured Job Banner online.*

PLEASE NOTE: New Department of Labor guidelines allow web based advertising when hiring foreign nationals. To provide required documentation Graystone will retrieve & archive verification for the 1st and 30th days of posting for \$115.00/web site. If required, notify Graystone when ad placement is approved.

If you have any questions or concerns, please don't hesitate to contact us at the number below.

We sincerely appreciate your business.

Thank you,  
Graystone Group Advertising

2710 North Avenue  
Bridgeport, CT 06604  
Phone: 800-544-0005  
Fax: 203-549-0061

**E-mail new ad requests to:** [ads@graystoneadv.com](mailto:ads@graystoneadv.com)  
<http://www.graystoneadv.com/>

---

**From:** <Greer>, Leslie <Leslie.Greer@ct.gov>  
**Date:** Thursday, December 19, 2013 11:48 AM  
**To:** ads <ads@graystoneadv.com>  
**Subject:** Hearing Notice DN: 13-31857-CON

Please run the attached hearing notice in the Republican-American by 12/21/13. For billing purposes, refer to requisition 44042. In addition, please forward a copy of the "proof of publication" for my records when available.

Thank you,

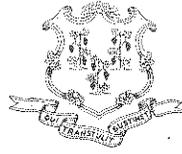
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*Leslie M. Greer* ✉  
CT Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
Hartford, CT 06134  
Phone: (860) 418-7013  
Fax: (860) 418-7053  
Website: [www.ct.gov/ohca](http://www.ct.gov/ohca)

 Please consider the environment before printing this message

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

TO: Kevin Hansted, Hearing Officer

FROM: Jewel Mullen, M.D., M.P.H., M.P.A., Commissioner 

DATE: December 18, 2013

RE: Certificate of Need Application; Docket Number: 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or  
Dependent Persons in Waterbury

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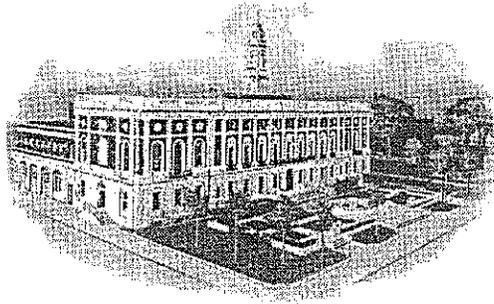
I hereby designate you to sit as a hearing officer in the above-captioned matter to rule on all motions and recommend findings of fact and conclusions of law upon completion of the hearing.



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

LINDA T. WIBBEY  
CORPORATION COUNSEL



PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL

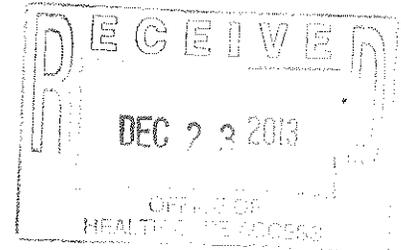
OFFICE OF THE CORPORATION COUNSEL

## THE CITY OF WATERBURY

CONNECTICUT

December 20, 2013

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



RE: New Era Rehabilitation Center, initial filing August 7, 2013  
Docket No. 13-31857-CON  
City File #LND13-013

Dear Sir/Madam:

Please enter the appearance of the City of Waterbury with the regard to the above captioned matter. Enclosed herewith is the City's Motion for Intervener Status.

Kindly direct all future correspondence to my attention.

Thank you.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Linda T. Wihbey". The signature is written in dark ink and is positioned above the printed name.

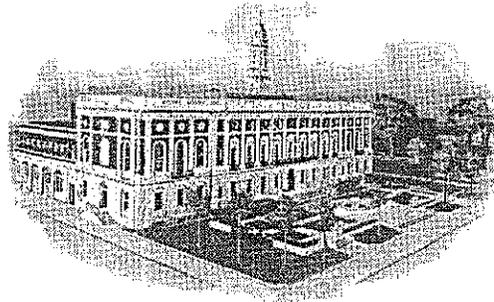
Linda T. Wihbey

LTW:mmmb

cc: Dr. Ebenezer Kolade, New Era Rehabilitation Center

F:\New Electronic Filing System\FILE MANAGEMENT\Property Use and Zoning Related Issues\Land Use\Other\Methadone Clinic(New Era Rehabilitation Clinic) LND13-013\Ltr OHCA encl. Appearance and subm of Intervener Mtn 12.20.13.doc

LINDA T. WIHBEY  
CORPORATION COUNSEL



PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL

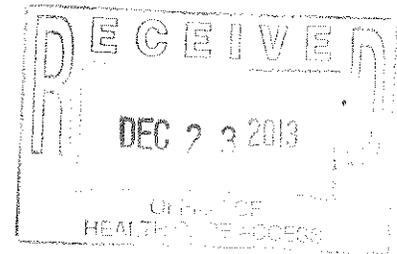
OFFICE OF THE CORPORATION COUNSEL

## THE CITY OF WATERBURY

CONNECTICUT

December 20, 2013

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



RE: New Era Rehabilitation Center, initial filing August 7, 2013  
Docket No. 13-31857-CON  
City File #LND13-013

Dear Sir/Madam:

Please enter the appearance of the City of Waterbury with the regard to the above captioned matter. Enclosed herewith is the City's Motion for Intervener Status.

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Thank you.

Very truly yours,

Linda T. Wihbey

LTW:mmb

cc: Dr. Ebenezer Kolade, New Era Rehabilitation Center

F:\New Electronic Filing System\FILE MANAGEMENT\Property Use and Zoning Related Issues\Land Use\Other\Methadone Clinic(New Era Rehabilitation Clinic) LND13-013\tr OHCA encl. Appearance and subm of Intervener Mtn 12.20.13.doc

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION CENTER,** : **DOCKET NO. 13-31857-CON**  
: :  
: :  
**APPLICANT** : **DECEMBER 20, 2013**

**MOTION OF THE CITY FOR INTERVENER STATUS**

Pursuant to Regulations of Connecticut State Agencies, §19a-9-27, the City of Waterbury requests to participate in the Application of New Era Rehabilitation Center to establish a Methadone Clinic within the City of Waterbury in a location of close proximity to an elementary public school.

1. Requested Intervener:

City of Waterbury  
Office of Corporation Counsel  
Linda T. Wihbey, Esq.  
City Hall Building, 235 Grand Street, 3<sup>rd</sup> floor  
Waterbury, CT 06702

2. Interest affected by the Procedure:

The City of Waterbury, its residents and most especially the children, parents of children and educators in and around the proposed location will be determinately affected if the applicant is granted. The City seeks Intervener status to protect, assert and communicate its interest in the health, safety and welfare of its residents.

3. Requested Participation:

The City requests the opportunity to present pre-filed testimony, and present direct testimony supporting the City's interests and opposition to the application. Lastly, the City requests an opportunity to cross examine any testimony or witnesses presented by the Applicant.

4. Assistance to the Agency:

The City requests the opportunity to present pre-filed testimony, present direct

testimony supporting the City's interests in opposition to the application at the proposed location. Lastly, the City requests an opportunity to cross examine any testimony or witnesses presented by the Applicant Assistance to the Agency

The City's participation will assist the Agency by providing accurate and reliable data concerning the demographics of the City; the Applicant's target population; and will address the lack of need and current access to services proposed within the City.

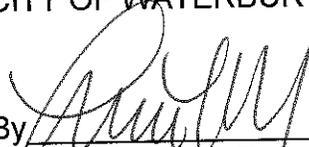
Additionally, the City will present accurate and reliable evidence of the current traffic patterns , City demographics and affect the application will have on the neighboring area, including the close proximity to Chase School, an elementary school with over 800 students.

5. Proposed Evidence:

The City will provide evidence, including but not limited to City officials and expert witnesses with knowledge of traffic patterns in the area. In addition, testimony from fire, safety, and building code officials; and testimony on City demographics. Witnesses may include the City Traffic Engineer, the City Planner, member(s) of Board of Education and Administration and/or personnel, and pro-offered testimony will include evidence regarding Waterbury's current population and demographics.

WHEREFORE, the City respectfully requests designation as an Intervener to present pre-filed and direct testimony and the opportunity to cross-examine the Applicant and its evidence/witnesses, to demonstrate the negative impact on the public welfare and safety, especially to parents, children and Educators of the Chase Elementary School. Additionally, the City proposes to demonstrate, through evidence of current services and demographics, the lack of need and current access to the services proposed.

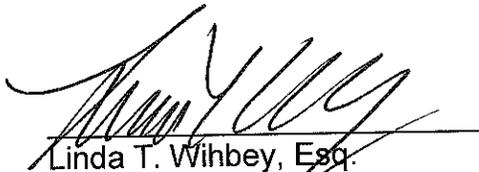
RESPECTFULLY SUBMITTED  
CITY OF WATERBURY

By   
Linda T. Wihbey, Esq.  
Office of Corporation Counsel  
236 Grand Street, 3rd Floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

**CERTIFICATION**

I hereby certify that on this \_\_\_\_\_ day of December 2013 a copy of the Motion of the City of Waterbury for Intervener Status, postage prepaid, to:

Dr. Ebenezer Kolade  
New Era Rehabilitation Center  
3851 Main Street  
Bridgeport, CT 06606



Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION CENTER,** : **DOCKET NO. 13-31857-CON**  
: :  
: :  
**APPLICANT** : **DECEMBER 20, 2013**

**MOTION OF THE CITY FOR INTERVENER STATUS**

Pursuant to Regulations of Connecticut State Agencies, §19a-9-27, the City of Waterbury requests to participate in the Application of New Era Rehabilitation Center to establish a Methadone Clinic within the City of Waterbury in a location of close proximity to an elementary public school.

1. Requested Intervener:

City of Waterbury  
Office of Corporation Counsel  
Linda T. Wihbey, Esq.  
City Hall Building, 235 Grand Street, 3<sup>rd</sup> floor  
Waterbury, CT 06702

2. Interest affected by the Procedure:

The City of Waterbury, its residents and most especially the children, parents of children and educators in and around the proposed location will be determinately affected if the applicant is granted. The City seeks Intervener status to protect, assert and communicate its interest in the health, safety and welfare of its residents.

3. Requested Participation:

The City requests the opportunity to present pre-filed testimony, and present direct testimony supporting the City's interests and opposition to the application. Lastly, the City requests an opportunity to cross examine any testimony or witnesses presented by the Applicant.

4. Assistance to the Agency:

The City requests the opportunity to present pre-filed testimony, present direct

testimony supporting the City's interests in opposition to the application at the proposed location. Lastly, the City requests an opportunity to cross examine any testimony or witnesses presented by the Applicant Assistance to the Agency

The City's participation will assist the Agency by providing accurate and reliable data concerning the demographics of the City; the Applicant's target population; and will address the lack of need and current access to services proposed within the City.

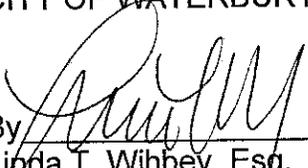
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5. Proposed Evidence:

The City will provide evidence, including but not limited to City officials and expert witnesses with knowledge of traffic patterns in the area. In addition, testimony from fire, safety, and building code officials; and testimony on City demographics. Witnesses may include the City Traffic Engineer, the City Planner, member(s) of Board of Education and Administration and/or personnel, and pro-offered testimony will include evidence regarding Waterbury's current population and demographics.

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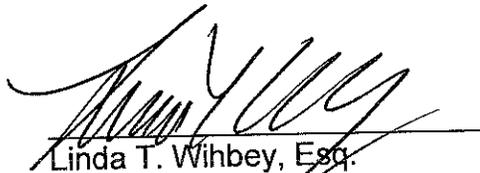
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3851 Main Street  
Bridgeport, CT 06606



Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702  
(203) 574-6731  
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**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

<b>NEW ERA REHABILITATION CENTER,</b>	<b>:</b>	<b>DOCKET NO. 13-31857-CON</b>
	<b>:</b>	
	<b>:</b>	
<b>APPLICANT</b>	<b>:</b>	<b>DECEMBER 20, 2013</b>

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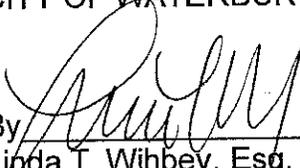
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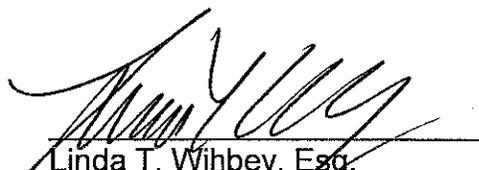
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CITY OF WATERBURY

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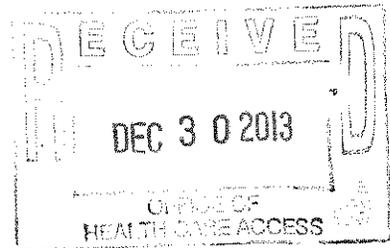
**PULLMAN  
& COMLEY LLC**  
ATTORNEYS

**Michael A. Kurs**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4331  
f 860 424 4370  
mkurs@pullcom.com  
www.pullcom.com

December 27, 2013

**VIA E-MAIL AND UNITED STATES MAIL**

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



Attn: Ms. Kimberly Martone, Director of Operations

**Re: New Era Rehabilitation Center, Inc. – Docket No. 13-31857-CON  
Hearing Request**

Dear Ms. Martone:

I represent and am writing on behalf of Connecticut Counseling Centers, Inc. and The Hartford Dispensary pursuant to General Statutes §19a-639a(e), to request a public hearing on the certificate of need application of New Era Rehabilitation Center, Inc., Docket No. 13-31857-CON.

Connecticut Counseling Centers, Inc. and The Hartford Dispensary are entities comprised of five or more people.

Respectfully,

Michael Kurs

MAK:bac

cc: Clients – U.S. Mail  
Applicant – U.S. Mail

ACTIVE/55126.1/MAK/4427875v1

**Articles for sale**  
SAFE Mesh Insulated approx 17x17 118W x 100W  
\$100.20-879-6388

**SEWING MACHIN** Singer & New Home \$45.20-888-9884

**SEWING MACHIN** Singer Invention 4202 1 different stitches & button holder. \$50. \$60. \$60-235-2121

**SNOW BLOWER** Toro Brand Small 3rd great Control. \$100. \$100-750-2110

**SNOW THROWER** attach 4 speed for Murray riding mower. 42" wide, with 4 wheel weights & chains. Model NY 2484A. \$300. \$60-235-2121

**SNOWBLOWER** by Ride Eide 360. Adjustable Salomon. \$100. \$60-489-9500

**SNOWTHROWER** Murray great for sidewalks. \$100. Call 203-519-0161

**Wanted to buy**  
**ACCORDIAN, GUITAR, DRUMS** Musical instruments. Call 860-235-3338

**ALWAYS ACQUIRE ANTIQUES** Call about my items. \$100-750-2110

**Antiques/Collections/old items** jewelry, art, vinyl, toys, collectibles. \$100-750-2110

**DOWNSIZING** quality goods sold for less. \$100-750-2110

**MAGNET TOOLS AND TOOLS** TOOLS. \$60-235-2121

**WANTED** Diabetic Test Strips. Cash offer up to \$100. \$100-750-2110

**Real Estate For rent**  
**THOMASTON** 1BR apt. \$725. no pets no smoke. \$60-235-3338

**THOMASTON** 3BR apt. \$1,200. no pets no smoke. \$60-235-3338

**THOMASTON & BARTAM** 1st flr. 1000 sq ft. \$1,200. \$60-235-3338

**WATERBURY** 1.5, 2 & 3 BR. \$400-600. \$60-235-3338

**WATERBURY** 1.5, 2 & 3 BR. \$400-600. \$60-235-3338

**Apartments for rent**  
**Country Village Apts** 1.5 BR. \$725. \$60-235-3338

**WATERBURY** 1.5, 2 & 3 BR. \$400-600. \$60-235-3338

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**WATERBURY** 1.5, 2 & 3 BR. \$400-600. \$60-235-3338

**Condos for rent**  
**WATERBURY** 2 Bds. Terrace \$1,500-1,995/mo. \$60-235-3338

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**Mobile home**  
**WATERBURY** 1.5 BR. \$400. \$60-235-3338

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**Legals/Public Notices**  
**WOLCOTT LEGAL NOTICE**  
At its regular meeting on December 18, 2013, the Waterbury Planning & Zoning Commission held the following action:

**Legals/Public Notices**  
**WATERBURY ZONING COMMISSION**  
At its regular meeting on December 18, 2013, the Waterbury Planning & Zoning Commission held the following action:

**Wood & fuel**  
**WATERBURY** 2 yr old. \$100. \$100-750-2110

**WATERBURY** 2 yr old. \$100. \$100-750-2110

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**Legals/Public Notices**  
**WATERBURY ZONING COMMISSION**  
At its regular meeting on December 18, 2013, the Waterbury Planning & Zoning Commission held the following action:

**TERRYVILLE CHEVROLET** FIND NEW ROADS

**GOING MORE SALES EVENT**

ON ALL NEW CHEVROLET CARS & TRUCKS

**NEW CHEVY CRUZE LT**

POWER WINDOWS AND LOCKS. TILT WHEEL AND CRUISE CONTROL, AT, AC, 1.4 LITER TURBO, EXTRA COST PAINT, ALUMINUM WHEELS AND MORE!

**LEASE FOR \$129/month 39mo**

**NEW CHEVY EQUINOX LT**

LT PACKAGE, POWER WINDOWS AND LOCKS, TILT WHEEL AND CRUISE CONTROL, DARK TINT GLASS, ALUMINUM WHEELS, MY LINK STEREO AND MORE!

**LEASE FOR \$199/month 39mo**

**NEW CHEVY SILVERADO 1500**

4DR SHORTBED, 4 WHEEL DRIVE, POWER WINDOWS AND LOCKS, KEYLESS ENTRY, MYLINK AUDIO SYSTEM, DEEP TINT GLASS, POWER HEATED OUTSIDE MIRRORS, CHROME FRONT AND REAR BUMPER PACKAGE, 17" ALL TERRAIN TIRES AND MUCH MORE!

**CREW CAB - 4X4 LEASE FOR \$229/month 39mo**

**GM Certified USED VEHICLES**

ALL GM CERTIFIED PREOWNED VEHICLES COME WITH A 12 MONTH 100,000 MILE WARRANTY AND 2 YEARS 24,000 MILE MAINTENANCE.

**WE OVERPAY FOR YOUR VEHICLE!** We will buy your vehicle outright! We buy cars, trucks, boats, jetskis, RV's, motorcycles, ATVs & MORE!

**WE HAVE OVER 600 NEW AND PREOWNED CERTIFIED VEHICLES IN STOCK. THE BEST SELECTION AROUND!**

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\*All 3 years or 36 months, 10,000 miles per year, with a \$400 fee at signing plus tax, registration and convenience fees. All returns to dealer at price including Chevy finance fee. See Sales Person for Details.

**WATERBURY** 1.5 BR. \$400. \$60-235-3338

**OPERATORS STANDING BY**

24/7

call to place your ad today

1-800-992-3232

**LEGAL NOTICE**  
At the regular meeting on December 18, 2013, the Waterbury Planning & Zoning Commission held the following action:

**AT YOUR SERVICE RESTORATION**

**General services**  
Home improvement  
Roofing  
Tree care

**Carpeting**  
Home improvement  
Roofing  
Tree care

**Handyman & Home Improvement**  
Call 860-235-3338

**PAINTING**  
Call 860-235-3338

**MECHANIC (heavy equipment)**  
Call 860-235-3338

**PLUMBING**  
Call 860-235-3338

**ROOFING**  
Call 860-235-3338

**TREE CARE**  
Call 860-235-3338

**INCREASE BUSINESS! Save Dollars!**

Run Your Ad for 28 Days and SAVE When You Prepay!

DEALS: 4:30pm Mon-Thurs for next day insertion • 4:30pm Fri for Sat, Sun, Mon insertions

Call for Details 203-574-3616 or Place Your Ad Online @ www.rep-am.com



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

January 8, 2014

VIA FAX ONLY

Linda T. Wihbey, Esq.  
Office of Corporation Counsel  
City of Waterbury  
City Hall Building  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702

RE: Certificate of Need Application Docket Number 13-31857-CON  
New Era Rehabilitation Center  
Proposal to Establish a Facility for the Care or Treatment of Substance Abusive or  
Dependent Persons in Waterbury

Dear Attorney Wihbey:

Enclosed is the ruling by the Department Public Health's Office of Health Care Access on your  
Petition to Intervene dated December 20, 2013.

If you have any questions concerning this matter, please contact Paolo Fiducia at (860) 418-7001.

Sincerely,

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

Kimberly R. Martone  
Director of Operations

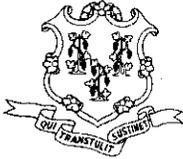
Copy: Ebenezer Kolade, New Era Rehabilitation Center

*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



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

**IN THE MATTER OF:**

A Certificate of Need Application by  
New Era Rehabilitation Center  
Notice to Petitioner re: Request for Status

Docket Number: 13-31857-CON

**RULING ON A PETITION FILED BY  
THE CITY OF WATERBURY  
TO BE DESIGNATED AS AN INTERVENOR WITH FULL PROCEDURAL RIGHTS**

By petition dated December 20, 2013, The City of Waterbury ("Petitioner") requested Intervenor status with full right of cross-examination in the public hearing to be held by the Department of Public Health ("DPH") Office of Health Care Access ("OHCA") regarding the Certificate of Need ("CON") application of New Era Rehabilitation Center ("Applicant") filed under Docket Number: 13-31857-CON.

Pursuant to Connecticut General Statutes § 4-177a, the Petitioner is hereby designated as an Intervenor with full rights of cross-examination at the hearing scheduled for January 30, 2014, 2:00 p.m., at the Saint Peter and Paul Church Hall, 67 Southmayd Road, Waterbury, Connecticut. As an Intervenor with full rights of cross-examination, the Petitioner is allowed to participate as indicated below.

The Petitioner is granted the right to inspect and copy records on file with OHCA related to the CON filed under Docket Number 13-31857-CON and will be copied on all pleadings, correspondence and filings submitted from this point forward by the Applicant until the issuance of a final decision by OHCA. As an Intervenor with full rights of cross-examination, the Petitioner may be cross-examined by the Applicant and the Petitioner has the right to cross-examine the Applicant. The Petitioner shall submit its pre-filed testimony on or before the close of business on January 17, 2014.

OHCA's jurisdiction in this matter is limited to the guidelines and principles set forth in Connecticut General Statutes § 19a-639. Therefore, with respect to pre-filed testimony and direct testimony at the hearing, the Petitioner may present written or verbal evidence related to the guidelines and principles, including but not limited to the Applicant's target population; the need and access of the proposed services within the Applicant's proposed service area and demographics. The Petitioner is not permitted to present written or verbal testimony regarding any matter beyond the scope of the guidelines and principles, including but not limited to traffic patterns; fire, safety and building codes; educational concerns; and/or safety concerns.

OHCA will make any additional rulings as to the extent of the hearing participation rights of the Petitioner throughout the hearing in the interest of justice and to promote the orderly conduct of the proceedings.

1/8/14  
Date

  
Kevin Hansted  
Hearing Officer

*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

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\*\*\* TX REPORT \*\*\*  
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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: EBENEZER K OLADE

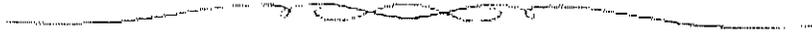
FAX: 203 374-7515

AGENCY: NEW ERA REHABILITATION CENTER

FROM: OFFICE OF HEALTH CARE ACCESS

DATE: 1/8/13 Time: \_\_\_\_\_

NUMBER OF PAGES: 3  
*(including transmittal sheet)*



Comments:  
Ruling on request for intervenor for Docket Number 13-31857

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\*\*\* TX REPORT \*\*\*  
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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: LINDA T. WILBEY, ESQ.

FAX: 203-574-6751 S 370

AGENCY: CITY OF WATERBURY

FROM: OFFICE OF HEALTH CARE ACCESS

DATE: 1/8/13 Time: \_\_\_\_\_

NUMBER OF PAGES: 3  
*(including transmittal sheet)*



Comments:  
Ruling on request for intervenor for Docket Number 13-31857

**Greer, Leslie**

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**From:** Ike Umeugo <umeugoand.associates@snet.net>  
**Sent:** Monday, January 13, 2014 2:08 PM  
**To:** User, OHCA  
**Subject:** Docket # 13-31857-CON  
**Attachments:** New Era Rehab Center Appearance.pdf

To Whom it May Concern:

Please find attached herewith a copy of our appearance in reference to Docket # 13-31857-CON.

Thank you,  
Karen Candelli  
Paralegal

Umeugo & Associates, P.C.  
620 Boston Post Road  
P.O. Box 26373  
West Haven, CT 06516  
(203) 931-2680 / Fax (203) 931-2682

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**ATTORNEY-CLIENT PRIVILEGE AND CONFIDENTIALITY NOTICE**

The information contained in this message is attorney-client privileged and confidential, intended only for the use of the individual(s) or entity(s) named above. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify me by telephone. Further, this message should not be forwarded to anyone outside the attorney-client privilege. Thank you.

UMEUGO & ASSOCIATES, P.C.  
ATTORNEYS AND COUNSELORS AT LAW  
620 Boston Post Road  
Post Office Box 26373  
West Haven, Connecticut 06516  
Tel.: (203) 931-2680 / Fax: (203) 931-2682  
Email: [umeugoand.associates@snet.net](mailto:umeugoand.associates@snet.net)

IKECHUKWU UMEUGO  
\_\_\_\_\_  
*Associates*  
CECRYSTAL O. UMEUGO

*Paralegal*  
KAREN CANDELLI  
*Legal Secretary*  
TWYLA ROBINSON

January 13, 2014

VIA E-MAIL ([OHCA@CT.GOV](mailto:OHCA@CT.GOV)) & FIRST CLASS MAIL

Office of Health Care Access  
Attn.: Ms. Kimberly R. Matone  
410 Capitol Avenue, MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

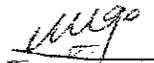
Re: *New Era Rehabilitation Center Inc. Hearing*  
Our Client: New Era Rehabilitation Center, Inc.  
Docket #: 13-31857-CON  
Our File #: U/2754-001

Dear Ms. Martone:

Please be advised that this law firm Umeugo & Associates, PC represents New Era Rehabilitation please enter our appearance in reference to the above captioned matter.

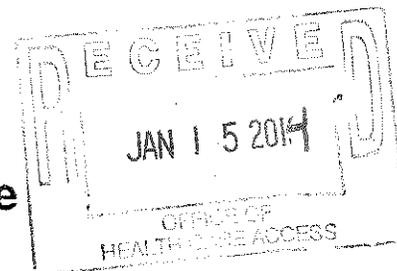
Please forward all future correspondence to our office.

Very truly yours,

  
Ikechukwu Umeugo  
Attorney at Law

Cc: Attorney Linda T. Wihbey  
Attorney Michael Kurs

**City of Waterbury  
Corporation Counsel's Office**



# Facsimile Cover Sheet

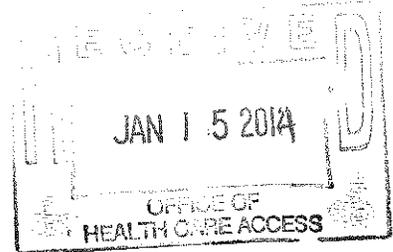
<b>To:</b>	Office of Health Care Access
<b>Company:</b>	
<b>Phone:</b>	860-418-7001
<b>Fax:</b>	860-418-7053
<b>From:</b>	Linda T. Wihbey
<b>Company:</b>	Corporation Counsel
<b>Phone:</b>	(203) 574-6731
<b>Fax:</b>	(203) 574-8340
<b>Date:</b>	January 15, 2014
<b>Pages including cover:</b>	3

RE: New Era Rehabilitation Center  
#13-31857-CON

=====

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE RECEIVER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

PLEASE CALL (203) 574-6731 IF THERE ARE PROBLEMS WITH THIS TRANSMITTAL.  
235 GRAND STREET - 3rd FLOOR - WATERBURY, CT 06702



**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION CENTER,** : **DOCKET NO. 13-31857-CON**  
 :  
 :  
 :  
**APPLICANT** : **JANUARY 15, 2013**

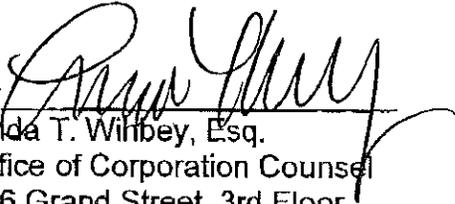
**MOTION OF THE CITY OF WATERBURY  
FOR EXTENSION OF TIME TO SUBMIT PRE-FILED TESTIMONY**

Pursuant to Regulations of Connecticut State Agencies, §19a-97, the Intervenor City of Waterbury hereby requests an extension of time to submit its pre-filed testimony one week, until 5 days prior to the public hearing, currently scheduled for January 30, 2014. In support hereof the Intervening City represents as follows:

1. On January 8, 2014 the City's request for Intervenor status was granted and the City was ordered to submit its pre-filed testimony on or before the close of business on January 17, 2014.
2. In preparation of pre-filed testimony, the Intervener City has learned that the Connecticut Counseling Centers, Inc. will be or has requested Party/Intervenor status in this Certificate of Need proceeding.
3. The Petitioning Party/Intervener Connecticut Counseling Centers, Inc. has cooperated with the City in preparation of its pre-filed testimony. However, the Pre-filed testimony of the City will be dependent on the participation granted to the Petitioning Party/Intervenor Connecticut Counseling Centers, Inc.
4. The requested time is necessary in order to allow the Intervenor City sufficient time to prepare and submit its pre-filed testimony.
5. If Granted, the request will prevent potentially duplicative and repetitive testimony and will allow for the efficient and orderly preparation and presentation of testimony.
6. The request will not cause any delay in the scheduled Public Hearing, on January 30<sup>th</sup>, 2014.

WHEREFORE, the City respectfully requests and Extension of Time to submit pre-filed testimony to 5 days prior to the public hearing, January 24, 2014.

RESPECTFULLY SUBMITTED  
CITY OF WATERBURY

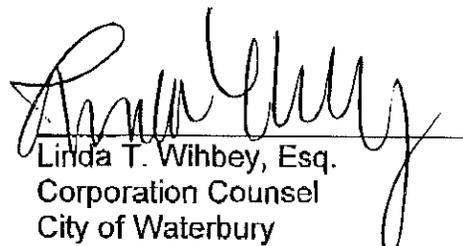
By   
Linda T. Wihbey, Esq.  
Office of Corporation Counsel  
236 Grand Street, 3rd Floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

**CERTIFICATION**

I hereby certify that on this 15th day of January 2014 a copy of the Motion of the City of Waterbury for Extension of Time, postage prepaid, to:

Dr. Ebenezer Kolade  
New Era Rehabilitation Center  
3851 Main Street  
Bridgeport, CT 06606

Michael Kurs, Esq.  
Pullman & Comley  
90 State House Square  
Hartford, CT 06103-3702

  
Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

**UMEUGO & ASSOCIATES, P.C.**

ATTORNEYS AND COUNSELORS AT LAW

620 Boston Post Road

Post Office Box 26373

West Haven, Connecticut 06516

Tel.: (203) 931-2680 / Fax: (203) 931-2682

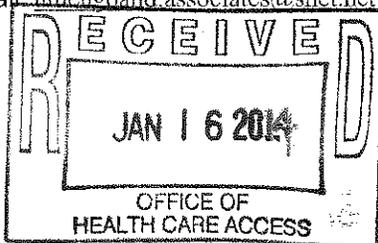
Email: [umeugoandassociates@snet.net](mailto:umeugoandassociates@snet.net)

IKECHUKWU UMEUGO

-----  
*Associates*

CECRYSTAL O. UMEUGO

January 13, 2014



*Paralegal*  
KAREN CANDELLI  
*Legal Secretary*  
TWYLA ROBINSON

VIA E-MAIL ([OHCA@CT.GOV](mailto:OHCA@CT.GOV)) & FIRST CLASS MAIL

Office of Health Care Access  
Attn.: Ms. Kimberly R. Matone  
410 Capitol Avenue, MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: *New Era Rehabilitation Center Inc. Hearing*  
Our Client: New Era Rehabilitation Center, Inc.  
Docket #: 13-31857-CON  
Our File #: U/2754-001

Dear Ms. Martone:

Please be advised that this law firm Umeugo & Associates, PC represents New Era Rehabilitation please enter our appearance in reference to the above captioned matter.

Please forward all future correspondence to our office.

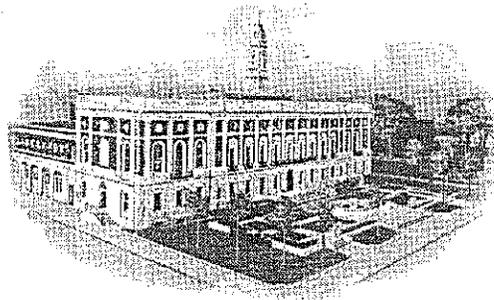
Very truly yours,

A handwritten signature in dark ink, appearing to read "Ikechukwu Umeugo".

Ikechukwu Umeugo  
Attorney at Law

Cc: Attorney Linda T. Wihbey  
Attorney Michael Kurs

LINDA T. WIHBEY  
CORPORATION COUNSEL



PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL

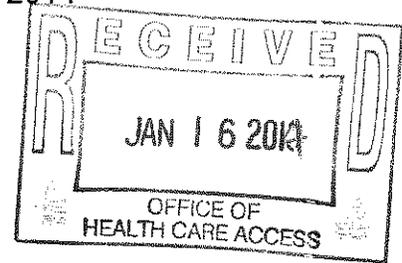
OFFICE OF THE CORPORATION COUNSEL

## THE CITY OF WATERBURY

CONNECTICUT

January 15, 2014

Office of Health Care Access  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue, MS 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308



Re: New Era Rehabilitation Center  
#13-31857-CON

Dear Sir/Madam:

Enclosed please find an original plus two (2) copies of the City of Waterbury's Motion for Extension of Time to Submit Pre-Filed Testimony relative to the above entitled matter.

Thank you.

Very truly yours,

Linda T. Wihbey

LTW:mmb  
Enclosures

F:\New Electronic Filing System\FILE MANAGEMENT\Property Use and Zoning Related Issues\Land Use\Other\Methadone Clinic(New Era Rehabilitation Clinic) LND13-013\Correspondence\Submit letter to OCHA Mtn Ext 1.15.14.doc

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

<b>NEW ERA REHABILITATION CENTER,</b>	<b>:</b>	<b>DOCKET NO. 13-31857-CON</b>
	<b>:</b>	
	<b>:</b>	
<b>APPLICANT</b>	<b>:</b>	<b>JANUARY 15, 2013</b>

**MOTION OF THE CITY OF WATERBURY  
FOR EXTENSION OF TIME TO SUBMIT PRE-FILED TESTIMONY**

Pursuant to Regulations of Connecticut State Agencies, §19a-97, the Intervenor City of Waterbury hereby requests an extension of time to submit its pre-filed testimony one week, until 5 days prior to the public hearing, currently scheduled for January 30, 2014. In support hereof the Intervening City represents as follows:

1. On January 8, 2014 the City's request for Intervenor status was granted and the City was ordered to submit its pre-filed testimony on or before the close of business on January 17, 2014.
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RESPECTFULLY SUBMITTED  
CITY OF WATERBURY

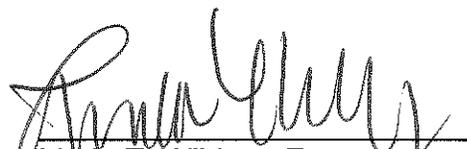
By   
Linda T. Wihbey, Esq.  
Office of Corporation Counsel  
236 Grand Street, 3rd Floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

**CERTIFICATION**

I hereby certify that on this 15th day of January 2014 a copy of the Motion of the City of Waterbury for Extension of Time, postage prepaid, to:

Dr. Ebenezer Kolade  
New Era Rehabilitation Center  
3851 Main Street  
Bridgeport, CT 06606

Michael Kurs, Esq.  
Pullman & Comley  
90 State House Square  
Hartford, CT 06103-3702

  
Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

**IN THE MATTER OF:**

A Certificate of Need Application by  
New Era Rehabilitation Center

Docket Number: 13-31857-CON

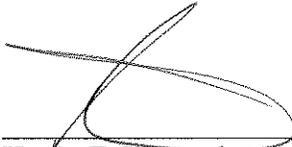
**ORDER**

**1. RULING ON INTERVENOR'S MOTION FOR EXTENSION OF TIME TO  
SUBMIT PRE-FILED TESTIMONY**

On January 15, 2014, the Intervenor, City of Waterbury, filed a Motion for Extension of Time to Submit Pre-filed Testimony. The Intervenor's Motion, having cited good cause for the extension of time, is hereby granted.

The Intervenor, City of Waterbury, is hereby ordered to submit its pre-filed testimony on or before the close of business on January 24, 2014. All previous Orders regarding the content of the Intervenor's pre-filed testimony remain in effect.

1/16/14  
Date

  
Kevin T. Hansted  
Hearing Officer

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 3930  
RECIPIENT ADDRESS 912035748340  
DESTINATION ID  
ST. TIME 01/16 15:44  
TIME USE 00'20  
PAGES SENT 2  
RESULT OK



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: LINDA T. WILBEY

FAX: 12035748340

AGENCY: CITY OF WATERBURY CORPORATION COUNSEL

FROM: PAOLO FIDUCIA

DATE: 01/16/2014 Time: 2:45 pm

NUMBER OF PAGES: 2  
*(including transmittal sheet)*

Comments:  
13-31857-  
CON Ruling  
on  
intervenor's  
motion for  
extension of  
time to  
submit pre-  
filed  
testimony

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

TX/RX NO 3931  
RECIPIENT ADDRESS 812039312682  
DESTINATION ID  
ST. TIME 01/16 15:45  
TIME USE 00'19  
PAGES SENT 2  
RESULT OK



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: IKECHUKWU UMEUGO

FAX: 12039312682

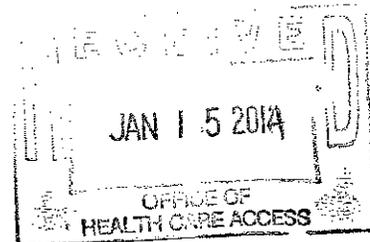
AGENCY: UMEUGO & ASSOCIATES, P.C.

FROM: PAOLO FIDUCIA

DATE: 01/16/2014 Time: 2:45 pm

NUMBER OF PAGES: 2  
*(including transmittal sheet)*

Comments:  
13-31857-  
CON Ruling  
on  
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testimony



**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION CENTER,** : **DOCKET NO. 13-31857-CON**  
 :  
 :  
**APPLICANT** : **JANUARY 15, 2013**

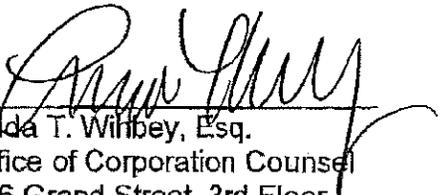
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RESPECTFULLY SUBMITTED  
CITY OF WATERBURY

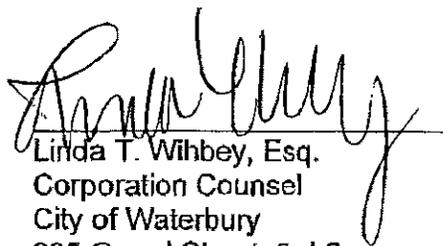
By   
Linda T. Wihbey, Esq.  
Office of Corporation Counsel  
236 Grand Street, 3rd Floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

CERTIFICATION

I hereby certify that on this 15th day of January 2014 a copy of the Motion of the City of Waterbury for Extension of Time, postage prepaid, to:

Dr. Ebenezer Kolade  
New Era Rehabilitation Center  
3851 Main Street  
Bridgeport, CT 06606

Michael Kurs, Esq.  
Pullman & Comley  
90 State House Square  
Hartford, CT 06103-3702

  
Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 3929  
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ST. TIME 01/16 15:21  
TIME USE 00'31  
PAGES SENT 3  
RESULT OK



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: IKECHUKWU UMEUGO

FAX: 12039312682

AGENCY: UMEUGO & ASSOCIATES, P.C.

FROM: PAOLO FIDUCIA

DATE: 01/16/2014 Time: 2:10 pm

NUMBER OF PAGES: 3  
*(including transmittal sheet)*



Comments:  
13-31857-  
CON Motion  
of the City of  
Waterbury  
for extension  
of time to  
submit pre-  
filed  
testimony

**PULLMAN  
& COMLEY LLC**  
ATTORNEYS

Michael A. Kurs  
90 State House Square  
Hartford, CT 06103-3702

Ep (860) 424-4331  
F 860 424-4370  
mkurs@pullcom.com  
www.pullcom.com

JAN 22 2014

OFFICE OF  
HEALTH CARE ACCESS

January 22, 2014

**Via Courier**

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

Attn: Ms. Kimberly Martone, Director of Operations

**Re: New Era Rehabilitation Center, Inc. - Docket No. 13-31857-CON**

Dear Ms. Martone:

I have enclosed for filing an original and two copies of a petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary. Would you please acknowledge receipt via email.

Thank you.

Respectfully,

Michael Kurs

/MAK  
Encs.

cc: Lkechukwu Umeugo, Esq.  
Linda T. Wihbey, Esq.

ACTIVE/55126.18/MAK/4469162v1

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

IN THE MATTER OF

DOCKET NO. 13-31857-CON

CERTIFICATE OF NEED APPLICATION  
NEW ERA REHABILITATION CENTER, INC.

JANUARY 22, 2014

**PETITION FOR PARTY OR INTERVENOR STATUS**

Connecticut Counseling Centers, Inc. ("Connecticut Counseling" or Petitioner"), whose Waterbury address is 4 Midland Road Waterbury, Connecticut 06705<sup>1</sup> by the undersigned counsel, hereby petitions the Office of Health Care Access ("OHCA") pursuant to Regulations of Connecticut State Agency §§19a-9-26 et seq. to designate it a party, or alternatively, as an intervenor with full rights to present evidence, arguments, to cross-examine and to otherwise furnish assistance to OHCA in its proceedings on the application of New Era Rehabilitation Center, Inc. ("New Era" or "Applicant"), Docket No. 13-31857, for permission to establish an Outpatient Substance Abuse Treatment Center in Waterbury, Connecticut to engage in methadone treatment, suboxone treatment, ambulatory detoxification, outpatient treatment and intensive outpatient treatment for individuals who are addicted or dependent on opiates, alcohol and/or "comorbid individuals" and states:

1. Connecticut Counseling Centers, Inc. is a private, non-profit organization that specializes in the delivery of regulated medication-assisted

---

<sup>1</sup> One of Petitioner's clinic addresses.

treatment for individuals with opioid dependency and is licensed by the Connecticut Department of Public Health to provide substance abuse services to its patients.

2. Connecticut Counseling currently provides services at three locations in Connecticut: Norwalk, Danbury and Waterbury.

3. It has operated a Waterbury treatment program since 1984.

4. Connecticut Counseling Centers' Waterbury site is less than 2 miles, (or a 5 minute drive) from the site of New Era's proposed location

5. Connecticut Counseling Centers, Inc. presently treats a substantial number of patients in its Waterbury facility.

6. The facility has the capacity to serve additional patients.

7. New Era's CON application makes the incorrect statement that its Waterbury Program has an intake waiting period of between 3 to 4 weeks. It does not.

8. New Era lists no ambulatory detoxification services in its count for Waterbury. Connecticut Counseling provides ambulatory detoxification services in Waterbury.

9. Connecticut Counseling has an interest, which is a constitutionally protected interest, in not being the subject of incorrect statements about its operation or statements that present it in a false light.

10. Connecticut Counseling has a special interest in responding to incorrect statements and unsupported statements in the filings made by the Applicant.

11. Connecticut Counseling has an interest in the quality of services offered by local methadone treatment programs as its own treatment efforts are hampered by programs that invite "program hopping" to the detriment of client/patient recovery.

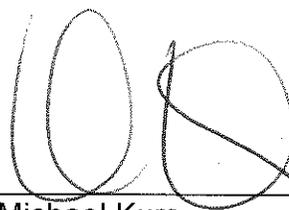
12. Connecticut Counseling also has concerns about unnecessary additional treatment facilities that pose a risk of undermining the financial viability of its programs.

13. Connecticut Counseling intends to offer evidence, including evidence of other like treatment resources which contradicts New Era's claim of need.

14. Connecticut Counseling also proposes to offer testimony and to participate through its counsel in these proceedings on the issues of (1) the services proposed, (2) factors that interfere with successful treatment, (3) issues of quality and accessibility, and (4) Connecticut Counseling's development of additional services in the region and the availability of other services in the region.

15. Connecticut Counseling anticipates presenting the testimony of its Executive Director and/or its Waterbury Program Director and requests the opportunity to call other witnesses as to why the New Era's application should be denied in light of the statutory considerations found at General Statutes § 19a-639.

Connecticut Counseling Centers, Inc..

A handwritten signature in black ink, appearing to read 'MK', is written over a horizontal line.

BY:

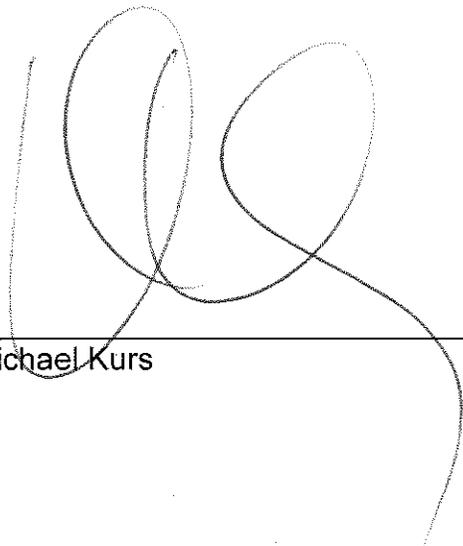
Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702  
Telephone: 860-424-4331  
Facsimile: 860-424-4370  
E-mail: mkurs@pullcom.com  
Its Attorneys

**CERTIFICATE OF SERVICE**

This is to certify that a copy of the foregoing was sent via first class United States mail, postage prepaid, this 22<sup>nd</sup> day of January, 2014 to counsel for the Applicant and the Intervenor City of Waterbury addressed as follows:

Ikechukwu Umeugo, Esq.  
620 Boston Post Road  
West Haven, CT 06516

Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702



A handwritten signature in black ink, consisting of several large, overlapping loops and a long tail extending downwards and to the right. The signature is positioned above a horizontal line.

Michael Kurs

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

IN THE MATTER OF

DOCKET NO. 13-31857-CON

CERTIFICATE OF NEED APPLICATION  
NEW ERA REHABILITATION CENTER, INC.

JANUARY 22, 2014

**PETITION FOR PARTY OR INTERVENOR STATUS**

The Hartford Dispensary ("Dispensary"), whose address is 335 Broad Street, Manchester, CT 06040, by the undersigned counsel, hereby petitions the Office of Health Care Access ("OHCA") pursuant to Regulations of Connecticut State Agency §§19a-9-26 et seq. to designate it a party, or alternatively, as an intervenor with full rights to present evidence, arguments, to cross-examine and to otherwise furnish assistance to OHCA in its proceedings on the application of New Era Rehabilitation Center, Inc. ("New Era" or "Applicant"), Docket No. 13-31857, for permission to establish an Outpatient Substance Abuse Treatment Center in Waterbury, Connecticut to engage in methadone treatment, suboxone treatment, ambulatory detoxification, outpatient treatment and intensive outpatient treatment for individuals who are addicted or dependent on opiates, alcohol and/or "comorbid individuals" and states:

1. The Dispensary operates multiple facilities which provide methadone maintenance and substance abuse treatment services in Connecticut, including a facility in Bristol, Connecticut.

2. The Dispensary has a substance abuse treatment program under development in Torrington, Connecticut where it expects to a significant persons from the area who now receive methadone maintenance treatment in Waterbury since the Dispensary's Torrington facility will be more convenient.

3. The Dispensary expects its Torrington program to open within 90 days.

4. The Dispensary expects to have additional capacity in its Bristol facility upon the opening of the Torrington program which will increase the Bristol facility's capacity to serve persons within the service area encompassed by New Era's proposed program.

5. The Dispensary has substantial familiarity with treatment needs in the region.

6. The Dispensary also has an interest in there not being unnecessary additional treatment facilities in the region that pose a risk of undermining the financial viability of its programs, including its Torrington program.

7. The Dispensary has an interest in there not being an over-supply of services.

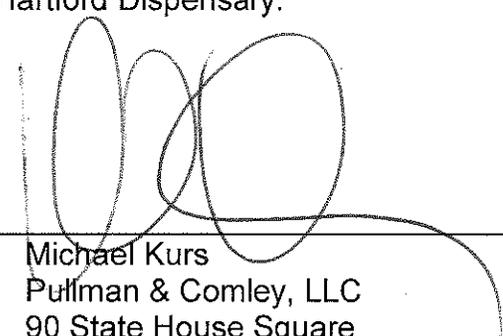
8. The Dispensary intends to offer evidence, including evidence of other like treatment resources which contradicts New Era's claim of need.

9. The Dispensary also proposes to offer testimony and to participate through its counsel in these proceedings on the issues of (1) the services

proposed, (2) factors that interfere with successful treatment, and (3) the existing services in the region and the availability of other services in the region.

10. The Dispensary anticipates presenting the testimony of its Executive Director and requests the opportunity to call other witnesses as to why the New Era application should be denied in light of the statutory considerations found at General Statutes § 19a-639.

The Hartford Dispensary.

BY: 

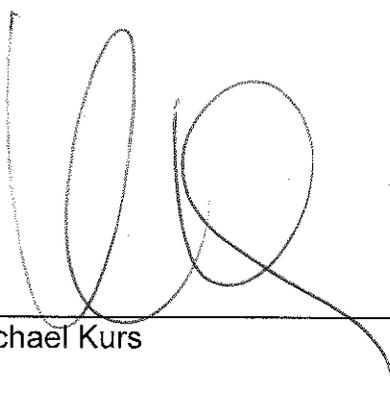
Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702  
Telephone: 860-424-4331  
Facsimile: 860-424-4370  
E-mail: mkurs@pullcom.com  
Its Attorneys

**CERTIFICATE OF SERVICE**

This is to certify that a copy of the foregoing was sent via first class United States mail, postage prepaid, this 22<sup>nd</sup> day of January, 2014 to counsel for the Applicant and the Intervenor City of Waterbury addressed as follows:

Ikechukwu Umeugo, Esq.  
620 Boston Post Road  
West Haven, CT 06516

Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702



Michael Kurs



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

January 17, 2014

VIA FAX ONLY

Ikechukwu Umeugo, Esq.  
Umeugo & Associates, P.C.  
620 Post Post Road  
P.O. Box 26373  
West Haven, CT 06516

RE: Certificate of Need Application; Docket Number: 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or treatment of Substance Abusive or Dependent Persons  
in Waterbury

Dear Attorney Umeugo:

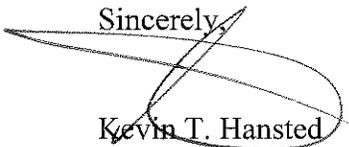
The Office of Health Care Access ("OHCA") will hold a public hearing on Thursday, January 30, 2014, at 2:00 p.m. at Saint Peter and Paul Church Hall, 67 Southmayd Road, Waterbury, regarding the Certificate of Need ("CON") application identified above. Pursuant to the Regulations of Connecticut State Agencies § 19a-9-29 (e), any party or other participant is required to prefile in written form all substantive, technical, or expert testimony that it proposes to offer at the hearing. The Applicant's prefiled testimony must be submitted to OHCA on or before the close of business **on Friday, January 24, 2014.**

All persons providing prefiled testimony must be present at the public hearing to adopt their written testimony under oath and must be available for cross-examination for the entire duration of the hearing. If you are unable to meet the specified time for filing the prefiled testimony you must request a time extension in writing, detailing the reasons for not being able to meet the specified deadline.

Additionally, please find OHCA's attachment outlining the suggested discussion points to prepare for the hearing.

Please contact Paolo Fiducia at (860) 418-7035, if you have any questions concerning this request.

Sincerely,

  
Kevin T. Hansted  
Hearing Officer

*An Equal Opportunity Employer*  
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688  
Fax: (860) 418-7053

## **ISSUES**

**for Public Hearing:**

**Certificate of Need Application, Docket Number: 13-31857-CON**

**New Era Rehabilitation Center, Inc.**

**Establish a Facility for the Care or Treatment of Substance Abusive or  
Dependent Persons in Waterbury**

**Please be fully prepared to discuss the following:**

1. How did the Applicant choose the proposed location compared to others in the city of Waterbury or other towns within the service area?
2. How will the March 2014 opening of the Hartford Dispensary in Torrington impact the proposal?
3. What are the credentials of the individuals that will staff the treatment center?
4. How would the Applicant handle additional clients in the event that volumes increase beyond those projected?

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 3934  
RECIPIENT ADDRESS 912039312682  
DESTINATION ID  
ST. TIME 01/17 16:27  
TIME USE 00'28  
PAGES SENT 3  
RESULT OK



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: IKECHUKWU UMEUGO

FAX: 12039312682

AGENCY: UMEUGO & ASSOCIATES, P.C.

FROM: PAOLO FIDUCIA

DATE: 01/17/2014 Time: 3:15 pm

NUMBER OF PAGES: 3  
*(including transmittal sheet)*

Comments:  
13-31857-  
CON Pre-file  
and Issues

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

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ST. TIME 01/17 16:28  
TIME USE 00'27  
PAGES SENT 3  
RESULT OK



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: LINDA T. WILBEY

FAX: 12035748340

AGENCY: CITY OF WATERBURY CORPORATION COUNSEL

FROM: PAOLO FIDUCIA

DATE: 01/17/2014 Time: 3:15 pm

NUMBER OF PAGES: 3  
*(including transmittal sheet)*

Comments:  
13-31857-  
CON Pre-file  
and Issues

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

## Greer, Leslie

---

**To:** User, OHCA  
**Subject:** FW: Proposed Waterbury Methadone Clinic

Dear Ms. Martone:

I have been advised that there will be a hearing on this matter this month. I am unable to make that meeting due to my job as a legal assistant in a law firm in Bridgeport. However, I want my voice heard.

I live in Waterbury, I am a voter and have been for my entire adult life and I have lived in Waterbury for over 9 years.

I oppose this proposed clinic being built so close to a school. I have had contact with several people who take the Waterbury train who go to the Bridgeport Methadone Clinic (I'm not sure what the name of it is), when I commuted on that train every day to work for over 5 years. I know that some of them (maybe all) are provided with a train pass to go on the train to get their "medicine."

These methadone users are loud, noisy, mean people who don't care about the person next to them and just do what they want, whether it's taking off their clothes, or being louder than anyone in the car, or sitting next to people just to bother them and get in their faces, to stealing from other commuters on the train. I'm not sure if they have a criminal backgrounds, but I do know that they cause problems on the Waterbury train (which is part of Metro North). I know that some of them lie to the conductors about their train tickets and say they don't have money to buy a ticket. They do that quite often. Children should not be exposed to these people because I believe it would be dangerous for the children. I have seen these methadone users do this, weekly, if not, sometimes daily and it is unacceptable behavior.

I'm sorry they are in need of methadone, I disagree with the entire concept of a methadone clinic and I totally disagree with it being built on the proposed site so close to a school and in the City of Waterbury. I believe that there are too many danger signs with this proposal and I ask that the Clinic not be built near Chase School and not be built in the City of Waterbury at all.

I ask you to use my comments at the meeting. However, I don't give you or anyone permission to use my name or address or email address or any other information that would allow anyone to know who I am or how to contact me. I would like all of my information to be anonymous.

Thank you for the opportunity to share my thoughts and concerns on this very important issue.

## Greer, Leslie

---

**From:** Martone, Kim  
**Sent:** Tuesday, January 14, 2014 9:48 AM  
**To:** Hansted, Kevin; Riggott, Kaila; Fiducia, Paolo  
**Cc:** Greer, Leslie; Olejarz, Barbara  
**Subject:** FW: Hearing to oppose methadone clinic proposed near Chase Elementary School in Waterbury's East End

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**From:** Bergeron, Bobbie [<mailto:Bobbie.Bergeron@cga.ct.gov>]  
**Sent:** Tuesday, January 14, 2014 9:37 AM  
**To:** Martone, Kim  
**Subject:** FW: Hearing to oppose methadone clinic proposed near Chase Elementary School in Waterbury's East End

---

**From:** Bergeron, Bobbie  
**Sent:** Tuesday, January 14, 2014 9:36 AM  
**To:** 'Kimberl.martone@ct.gov'  
**Subject:** Hearing to oppose methadone clinic proposed near Chase Elementary School in Waterbury's East End

---

**From:** Bergeron, Bobbie  
**Sent:** Tuesday, January 14, 2014 9:15 AM  
**To:** 'SelimN@aol.com'  
**Subject:** FW: Rep. Selim Noujaim urges residents to attend public hearing to oppose methadone clinic proposed near Chase Elementary School in Waterbury's East End

---

**From:** eleanor regan [[mailto:eleanor\\_regan2000@yahoo.com](mailto:eleanor_regan2000@yahoo.com)]  
**Sent:** Monday, January 13, 2014 5:03 PM  
**To:** zRepresentative Selim Noujaim  
**Subject:** Re: Rep. Selim Noujaim urges residents to attend public hearing to oppose methadone clinic proposed near Chase Elementary School in Waterbury's East End

Hello Mr. Noujaim! I will make every effort to attend this hearing. However, I protest the 2PM scheduling. It seems to preclude attendance by most of the parties interested in verbalizing their opinion on this issue. Please make every effort to convene the meeting at a later time in the day. I appreciate notification of any change. Thank you Eleanor Regan

This message was sent to [Eleanor\\_Regan2000@yahoo.com](mailto:Eleanor_Regan2000@yahoo.com) from:

Connecticut House Republicans | 300 Capitol Ave. | Hartford, CT 06106



# STATE OF CONNECTICUT

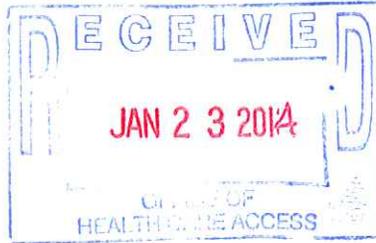
DEPARTMENT OF MENTAL HEALTH  
AND ADDICTION SERVICES  
*A HEALTHCARE SERVICE AGENCY*

DANNEL P. MALLOY  
GOVERNOR

Dr. Kristina Kolade  
New Era Rehabilitation Center  
311 East St.  
New Haven, CT

PATRICIA A. REHMER, MSN  
COMMISSIONER

January 21, 2014



Dear Dr. Kolade:

I am writing in reference to a Certificate of Need (CON) application that was filed by New Era for a methadone maintenance clinic in Waterbury Connecticut. My unit is often called upon to respond to data requests that may come to our Department under the Freedom of Information (FOI) legislation. We responded in September 2013 to an FOI request made by your organization. My understanding is that the data we provided has been submitted with their CON application and this data may be interpreted incorrectly.

You requested information regarding capacities and clients served in methadone maintenance program throughout the State. Our agency does not establish capacities for methadone maintenance and I do not believe that the Department of Public Health establishes licensed capacities for this level of care. However, our data system does include a number for the individuals we expect a program will minimally serve on a monthly or annual basis. This number is a projection but it is not a fixed capacity. We provided this number to you for many methadone programs throughout the state as part of their request for "capacity" data.

This number should not be interpreted as a fixed capacity. Many programs exceed these projections, comfortably managing more clients than our projections. These numbers historically were used to evaluate whether providers were meeting contractual obligations for clients we expected them to serve. Over the years, methadone maintenance providers have increased their ability to serve more clients by simply adding more staff.

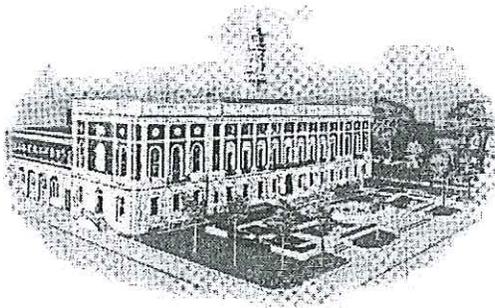
Please feel free to contact me if you have additional questions about our response to your FOI request. I may be reached at 860-418-6810.

Sincerely

Jim Siemianowski  
Director, EQMI

Cc: Kim Martone, OHCA

LINDA T. WIHBEY  
CORPORATION COUNSEL

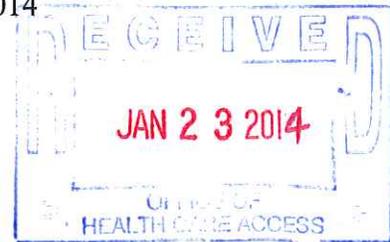


PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL

OFFICE OF THE CORPORATION COUNSEL  
**THE CITY OF WATERBURY**  
CONNECTICUT

January 22, 2014

Office of Health Care Access  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue, MS 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Attn: Ms. Kimberly Martone, Director of Operations



Re: New Era Rehabilitation Center  
#13-31857-CON

Dear Ms. Martone:

Enclosed please find an original plus two (2) copies of the City of Waterbury's Pre Filed Testimony relative to the above entitled matter as follows.

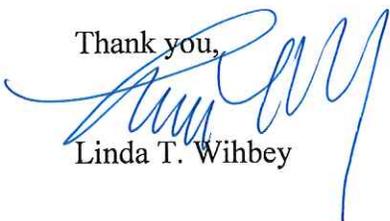
- 1) Dr. Joseph Conrad - Connecticut Counseling , Program Director
- 2) William Quinn – Department of Public Health City of Waterbury, Director
- 3) Samuel Bowens – Department of Public Health City of Waterbury, Program Coordinator
- 4) Samuel Gold, AIC, Conference of Governments

Additional documents for filing:

- 5) Letter from Joe Markley, State Senator
- 6) Waterbury Board of Education Resolution

Please acknowledge receipt via email at [lwihbey@waterburyct.org](mailto:lwihbey@waterburyct.org).

Thank you,

  
Linda T. Wihbey

LTW:ac

EnclosuresF:\New Electronic Filing System\FILE MANAGEMENT\Property Use and Zoning Related Issues\Land Use\Other\Methadone Clinic(New Era Rehabilitation Clinic) LND13-013\Correspondence\Submit letter to OCHA Pre Filed Testimony 1.22.14.doc

**CERTIFICATION**

I hereby certify that on this 22 day of June 2014 a copy of the Pre Filed Testimony Offered by the Intervenor, City of Waterbury, was mailed postage prepaid, to:

Ikechukwu Umeugo, Esq.  
Umeugo & Associates, P.C.  
620 Boston Road  
P.O. Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
Pullman & Comely, LLC  
90 State House Square  
Hartford, CT 06103



Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

# Waterbury Board of Education



THE CITY OF WATERBURY

236 Grand Street ♦ Waterbury, CT 06702

4-8009

Charles L. Stango  
President

December 20, 2013

To Whom It May Concern:

At its regular meeting of December 19, 2013, the Board of Education approved the following Position Statement, to wit:

WHEREAS a methadone clinic has been proposed for location at 447 Meriden Road, Waterbury, Connecticut;

WHEREAS an application for a Certificate of Need for the aforementioned methadone clinic was filed with the State Office of Health Care Access;

WHEREAS the State Office of Health Care Access ruled on December 4, 2013 that said application was complete;

WHEREAS said application will proceed through state and local processes;

WHEREAS said proposed location is adjacent to a Waterbury Department of Education facility, Chase Elementary School, serving a Pre-k through 5<sup>th</sup> grade population of approximately 800 students;

WHEREAS parents of Chase School students have voiced to the Waterbury Board of Education their concerns for the safety of their children and the Chase School facility as regards to the potential clientele and increased vehicle and foot traffic generated by the proposed facility;

WHEREAS Chase Elementary School staff and other local educators have expressed concerns to the Waterbury Board of Education similar to those noted by parents of Chase Elementary Schools;

WHEREAS the location at 447 Meriden Road is not the only location available within the borders of Waterbury that may be suitable and available for the proposed methadone clinic.

We, the Waterbury Board of Education, have serious concerns for the safety of our children and support the parents and educators of the Chase School Community and the entire Waterbury Education Community in opposing the location of a methadone clinic at 447 Meriden Road, Waterbury Connecticut, in close proximity to Chase Elementary School.

Further, the Waterbury Board of Education supports transmittal of this document to: State Senator Joan Hartley, State Senator Joe Markley, State Representative Jeffrey Berger, State Representative Larry Butler, State Representative Victor Cuevas, State Representative Anthony D'Amelio, and State Representative Selim Noujaim.

Respectfully,

Carrie A. Swain, Clerk  
Waterbury Board of Education



State of Connecticut

SENATE

STATE CAPITOL  
HARTFORD, CONNECTICUT 06106-1591

**SENATOR JOE MARKLEY**  
SIXTEENTH DISTRICT

LEGISLATIVE OFFICE BUILDING  
SUITE 3400  
HARTFORD, CT 06106-1591  
Capitol: (860) 240-0381  
Toll Free: (800) 842-1421  
E-mail: [Joe.Markley@cga.ct.gov](mailto:Joe.Markley@cga.ct.gov)  
Website: [www.SenatorMarkley.com](http://www.SenatorMarkley.com)

**RANKING MEMBER**  
HUMAN SERVICES COMMITTEE  
LABOR COMMITTEE

**MEMBER**  
APPROPRIATIONS COMMITTEE  
PROGRAM REVIEW &  
INVESTIGATIONS COMMITTEE

January 9, 2014

Charles L. Stango, President  
Waterbury Board of Education  
236 Grand Street  
Waterbury, CT 06702

Dear Charles,

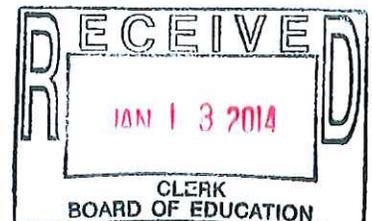
The letter you sent regarding the Waterbury Board of Education's concern over the placement of the Methadone Clinic at 447 Meriden Road is completely warranted. In August, I sent the enclosed letter to the Department of Public Health outlining my strong opposition to the proposal.

I plan to attend the public hearing on January 30 at St. Peter & Paul Church, however, in the meantime, if you would like to discuss this further, please do not hesitate to get in touch.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joe Markley", written over a faint circular stamp.

Joe Markley  
State Senator  
Sixteenth District





## State of Connecticut

### SENATE

STATE CAPITOL  
HARTFORD, CONNECTICUT 06106-1591

**SENATOR JOE MARKLEY**  
SIXTEENTH DISTRICT

LEGISLATIVE OFFICE BUILDING  
SUITE 3400  
HARTFORD, CT 06106-1591  
Capitol: (860) 240-0381  
Toll Free: (800) 842-1421  
E-mail: [Joe.Markley@cga.ct.gov](mailto:Joe.Markley@cga.ct.gov)  
Website: [www.SenatorMarkley.com](http://www.SenatorMarkley.com)

**RANKING MEMBER**  
HUMAN SERVICES COMMITTEE  
LABOR COMMITTEE

**MEMBER**  
APPROPRIATIONS COMMITTEE  
PROGRAM REVIEW &  
INVESTIGATIONS COMMITTEE

August 27, 2013

Dr. Jewel Mullen, Commissioner  
State of Connecticut  
Department of Health  
410 Capitol Avenue  
Hartford, CT 06134

Re: New Era Rehabilitation Center, Establishment of Outpatient Substance Abuse Treatment Center in Waterbury, Docket No. 13-31857-CON

Dr. Mullen,

I am writing to you regarding an issue of great importance to my district and the city of Waterbury. New Era Rehabilitation Center has submitted a certificate of need application which would allow the company to open a methadone clinic at 447 Meriden Road in Waterbury. I would like to express my strong opposition to this proposal, which represents a threat to nearby students and an affront to Waterbury's closely-knit East End neighborhood.

The proposed site of this clinic is less than 400 feet from Chase Elementary School, which is located at 40 Woodtick Road but is largely bordered by Meriden Road. The proximity of such a center to a city school would present an unacceptable risk to student safety. While the aims of methadone clinics are undoubtedly well-intentioned, the process of weaning patients off drugs is liable to encourage undesirable activity at such a location. Drug dealers, well-aware of the vulnerability of patients at these clinics, will likely frequent the surrounding area; the patients themselves, in some instances, are subject to the physical and mental stresses of detoxification as well as addictive behaviors resulting from the methadone itself. In short, the unfortunate fact is that the area surrounding a methadone clinic is not suitable for children of any age, but especially the youngest and most defenseless children in our communities. With five such clinics already in the city of Waterbury, opening a sixth this close to a school would be reckless and irresponsible.

In addition to its proximity to Chase Elementary, the proposed clinic would threaten the community fiber of Waterbury's incredibly strong East End. The distinctive history of this neighborhood, combined with its unique economic and community independence, has created an identity which would ultimately be endangered by the adverse effects of a methadone clinic at this location. The uncommon loyalty and pride many East Enders feel towards their community means that residents are largely opposed to any threat to neighborhood solidarity and wholesomeness. A methadone clinic on Meriden Road represents an imposition on the citizens of the East End and a danger to a close-knit community of a sort all too rare in today's world.

I hope you will consider this opposition and that of many East End residents in your assessment of the clinic's certificate of need application. I would be glad to answer any questions you may have regarding this issue.

Sincerely,

Joe Markley

**STATE OF CONNECTICUT**  
**OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION CENTER,** : **DOCKET NO. 13-31857-CON**  
:  
:

**APPLICANT** : **JANUARY \_\_, 2014**

**PRE FILED TESTIMONY OFFERED BY THE INTERVENOR**  
**CITY OF WATERBURY**

1. I, Joseph G. Conrad, MA, PsyD, am the Program Director of the Connecticut Counseling Centers, Inc.- Waterbury located at 4 Midland Ave., Waterbury Connecticut. I am over the age of eighteen and understand the obligations of an oath.

2. Connecticut Counseling Centers, Inc. is a not-for-profit corporation that provides a full range of licensed outpatient substance abuse and mental health prevention, education and treatment services to assist adults in becoming productive members of society.

3. I have served as the Program Director of the Connecticut Counseling Centers, Inc.- Waterbury for 3 years. I have been providing comprehensive behavioral health and substance abuse treatment services since 1990. I am familiar with the accepted protocols for the treatment of individuals that are addicted or dependent on opiates, alcohol and or co-morbid individuals. My curriculum vitae is attached as Exhibit   .

4. I have reviewed the Applicant, New Era Rehabilitation Centers, Inc.'s Application for a Certificate of Need to establish a methadone maintenance, ambulatory detoxification, intensive outpatient day-evening treatment program, located at Meriden Road, Waterbury Connecticut.

5. It is my opinion that there is no need for the services proposed, and further that the proposed services, if granted will not provide those that are in need of services, access to the proposed services. My opinion is based, in part, upon the following:

6. Connecticut Counseling Centers, Inc. - Waterbury, currently provides the proposed services within a 5 mile distance from the Applicant's proposed location. There is no wait list or delay for the admission of new patients due to the capacity to treat at the Connecticut Counseling Centers, Inc. - Waterbury program.

7. During the admission process it is not uncommon for patients to present with con-commitment medical issues, including heart, cardiac and other medically treatable conditions, that if not addressed upon admission can accentuate risk factors with any detoxification or maintenance program.

8. Many patients seeking admission ~~theto~~ Connecticut Counseling Centers, Inc. program, or any other substance abuse treatment service, may present with addiction to more than one substance and are not addicted to opiates alone. Certain pharmaceutical detoxifications and maintenance programs could present lethal hazards to such persons. For example, a combination of methadone for detoxification and or maintenance to a person using any benzodiazepine class of drug could be lethal.

9. As part of a responsible and ethically medically controlled admission process, new patients' risk factors are assessed and presenting conditions triaged to determine medically appropriate treatments. This may cause a medical delay in the admission and administration of a pharmaceutical detoxification or maintenance program in the medical interests of the patient, and is not due to lack of capacity to treat.

10. The current and existing treatment facilities and programs in the Waterbury area are able to meet the needs of all patients that seek treatment and are eligible for the services within appropriate medical protocols.

11. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. No single treatment is appropriate for everyone. Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.

12. In the 20 mile radius of Waterbury, according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Drug and Alcohol Treatment Service locator, there are **FORTY EIGHT (48)** substance abuse treatment providers. See Exhibit\_\_

13. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. Medications can be used to help with different aspects of the treatment process.

14. Methadone, buprenorphine and, for some individuals, naltrexone are effective medications for the treatment of opiate addiction. Acting on the same targets in the brain as heroin and morphine, methadone and buprenorphine suppress withdrawal symptoms and relieve cravings. Naltrexone works by blocking the effects of heroin or other opioids at their receptor sites and should only be used in patients who have already been detoxified. Because of compliance issues, naltrexone is not as widely used as the other medications. All medications

help patients disengage from drug seeking and related criminal behavior and become more receptive to cognitive-behavioral treatments.

15. In the 20 mile radius of Waterbury, according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Drug and Alcohol Treatment Service locator, **THIRTY EIGHT** (38) facilities provide outpatient methadone treatment.

16. Buprenorphine, or more commonly references by the name "Suboxone", is an effective pharmaceutical for the treatment of narcotic (opiate) addiction. Unlike methadone, it is not prescribed as a pain medication. It must be prescribed by a physician having a valid DATA Waiver. SAMHSA has described buprenorphine as "extremely valuable treatment" and reports from a 2008 Special Summit reported buprenorphine 80% effective in the reduction of illicit opioid use.

17. Buprenorphine can be prescribed and dispensed in an office setting, a medical practice address or an outpatient treatment program or hospital. Physicians may treat opioid addiction with any active practice setting in which they are otherwise credentialed to practice and where it is medically appropriate.

18. Each Physician may treat up to 100 patients with Buprenorphine for opioid detoxification and maintenance.

19. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Drug and Alcohol Treatment Service locator, there are **TWENTY SIX** (26) physician providers in the Applicant's identified service area having authority to prescribe up to 100 patient prescriptions for Buprenorphine (DATA 2000 waivers). There are **SEVENTEEN** (17) physician providers in the city of Waterbury; 1 in Middlebury, 3 in Cheshire and 5 in Hamden. There are additional providers that have not agreed to be listed on the SAMHSA locator.

20. There is no limit on the number of patients a physician group may treat for opioid addiction at any one time. In fact, the physician group practice limit was eliminated effective August 2, 2005. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Drug and Alcohol Treatment Service locator, there are **THREE** (3) treatment programs in Waterbury without a patient limit, including Connecticut Counseling Centers.

21. Currently, Connecticut Counseling Centers, Inc. – Waterbury operates a morning to mid-day program, from 5:30 am – 2:00 p.m. and Saturdays until 1:30 pm. Previously, afternoon and/ evening hours were offered. However, due to insufficient patient interest, the afternoon and evening hours were discontinued.

22. Between the hours of 5:30 and 8:00 am the program services approximately 250 patients, and is staffed with 40 employees.

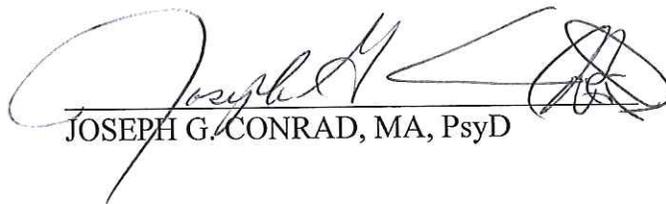
23. Our average patient census is 100 patients per hour in the morning hours. Peak hours are 6:00 a.m. to 10:00 a.m. The majority of our average daily census is at our facility between the hours of 6:00 a.m. and 10:00 a.m.

24. We utilize a complex well designed modular system to ensure that the average patient visit for medication services is 2-5\_\_ minutes and that the patient has access in and back to his/her daily activities in 5-10\_\_ minutes. An inability to provide the quick turnaround would result in patients choosing to utilize another provider for the services. With that said, it is also important to note that patients are required to meet an array of program requirements as well including consistently attending all scheduled group/individual sessions, scheduled and unscheduled toxicology screens, and following through with all medical appointments. Thus we are expeditious with our patients who on a given day may just require medication services but also are diligent that all patients partner with us to remain in good standing with all clinic rules and regulations

26. Eighty Percent (80%) of the patients arrive at our facilities in private automobile.

### VERIFICATION

I, Joseph G. Conrad, MA, PsyD, hereby certifies that I have reviewed the above Pre-Filed Testimony Offered by the Intervenor, City of Waterbury, and that the facts contained therein are true and accurate to the best of my knowledge and belief.

  
JOSEPH G. CONRAD, MA, PsyD

Subscribed and sworn to before me this 16<sup>th</sup> day of January 2014.

  
Notary Public

Karen E. Baldwin  
NOTARY PUBLIC  
Commission Expires 1/21/14

# **JOSEPH G. CONRAD, MA, PSY.D.**

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17 CHURCH STREET  
NEW PRESTON, CT 06777  
(860) 868 - 7399  
*conradj@wcsu.edu*

## **SENIOR MANAGEMENT EXECUTIVE PROFILE**

- 25+ YEARS OF BROAD-BASED EXPERTISE WITHIN THE BEHAVIORAL HEALTH, ADDICTION PSYCHIATRY, HIGHER-EDUCATION, NON-PROFIT, AND CHILD WELFARE FIELDS.
- ACTIVELY ENGAGED IN TEACHING A RANGE OF UNDERGRADUATE COURSES IN THE BEHAVIORAL SCIENCES.
- HIGHLY EXPERIENCED IN MANAGING ALL FACETS OF EXECUTIVE, CLINICAL, AND FACILITY OPERATIONS.
- SKILLED IN PROJECT PLANNING, BUDGET ANALYSIS, AND FISCAL MANAGEMENT.
- SUCCESSFUL IN WRITING GRANT PROPOSALS AND SECURING MULTI-YEAR MULTI-MILLION FUNDING AWARDS.
- THOROUGH KNOWLEDGE OF EMPIRICALLY SUPPORTED PRACTICES AND STRENGTH BASED THEORIES IN THE FIELDS OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL FUNCTIONING.
- ACCOMPLISHED IN STAFF DEVELOPMENT, PROGRAM DEVELOPMENT, AND COMMUNITY OUTREACH.
- WELL TRAINED IN C.Q.I., Q.A., JCAHO STANDARDS, CARF REGULATIONS, OSHA, AND RISK MANAGEMENT FUNCTIONS.
- KNOWLEDGEABLE IN ALL FACETS OF STAFF SUPERVISION AND PROGRAM OVERSIGHT.
- FULL EXPOSURE TO MANAGED CARE OPERATIONS INCLUDING UTILIZATION REVIEW, UTILIZATION MANAGEMENT, RISK MANAGEMENT, AND DISEASE MANAGEMENT.
- EXTENSIVE REPORTING BACKGROUND PROVIDING ANALYSIS AND INTERPRETATION OF CLINICAL, DEMOGRAPHIC, AND FINANCIAL TRENDS IN THE BEHAVIORAL HEALTHCARE INDUSTRY AND NON-PROFIT SECTORS.
- STRONG DIAGNOSTIC SKILLS AND THE ABILITY TO PRESENT DATA IN A CLEAR, CONCISE MANNER.
- SOUND WRITTEN AND ORAL COMMUNICATION SKILLS. EXCELLENT ORGANIZATION AND PRESENTATION SKILLS.
- ADVANCED ACUMEN WITH PC TECHNOLOGY AND SOFTWARE: SPREADSHEETS, DATA-BASES, WORD PROCESSING, DESKTOP PUBLISHING, WINDOWS OS, APPLE OS, BANNER, AND INTERNET ACCESS.

## PROFESSIONAL EXPERIENCE

### *PROGRAM DIRECTOR, CONNECTICUT COUNSELING CENTERS, INC.*

WATERBURY FACILITY, CT SEPTEMBER 2010 TO PRESENT. DIRECTOR OF AN OUTPATIENT SUBSTANCE ABUSE AND BEHAVIORAL HEALTH CLINIC. RESPONSIBILITIES INCLUDE:

- PROVIDE COMPREHENSIVE ADMINISTRATIVE AND OPERATIONAL OVERSIGHT IN AN OUTPATIENT MENTAL HEALTH, MEDICATION ASSISTED TREATMENT, & PRIMARY CARE CLINIC THAT MANAGES A WEEKLY VOLUME OF 1 000 PATIENTS.
- MANAGE 34 DIRECT REPORT EMPLOYEES THAT INCLUDE ADMINISTRATIVE, SUPERVISORY, CLINICAL, NURSING, AND MEDICAL STAFF.
- ANNUAL REVENUES GENERATED AT THE WATERBURY SITE IN EXCESS OF 3M DOLLARS.
- SECURED A MULTI-YEAR MULTI-MILLION FUNDING CONTRACT WITH THE STATE OF CONNECTICUT – JUDICIAL BRANCH – COURT SUPPORT SERVICES DIVISION (CSSD).
- RESPONSIBLE FOR MONITORING AND MAINTAINING AN APPROPRIATE P&L MARGIN.
- REDUCED OUTSTANDING ACCOUNTS RECEIVABLE LEDGER FROM \$198,000 TO \$95,000 IN LESS THAN 12 MONTHS.
- INCREASED PATIENT CENSUS FROM 670 PATIENTS TO 900 PATIENTS IN LESS THAN 18 MONTHS
- DEVELOPED AND IMPLEMENTED MULTI-CULTURALLY SENSITIVE PROGRAMMING TO BETTER SERVE OUR MINORITY POPULATIONS THAT REPRESENTS 45% OF THE PATIENT POPULATION SERVED.
- CONSISTENTLY ACHIEVE DMHAS CONSUMER SATISFACTION RATINGS OF 95%.
- FACILITATE GENERAL, CLINICAL, AND LEADERSHIP MEETINGS.
- PROVIDE DIRECT SUPERVISION TO ADMINISTRATIVE, CLINICAL, AND MEDICAL STAFF.
- CONDUCT ANNUAL PERFORMANCE EVALUATIONS FOR ALL DIRECT REPORTS.
- DEVELOP AND MAINTAIN EFFECTIVE INTERAGENCY/INTRA-AGENCY COLLABORATIONS TO ENHANCE PATIENT SERVICES AND COMMUNITY RELATIONS.
- OVERSEE AND CONSULT WITH HUMAN RESOURCES REGARDING ALL PERSONNEL ISSUES INCLUDING RECRUITING, HIRING, RETENTION AND TERMINATIONS.
- ASSURE COMPLIANCE WITH ALL LOCAL, STATE, AND FEDERAL REGULATIONS.
- WORK AS PART OF THE EXECUTIVE MANAGEMENT TEAM TO CONTINUALLY ENHANCE SERVICE DELIVERY.

### *DIRECTOR OF QUALITY IMPROVEMENT, CONNECTICUT COUNSELING CENTERS, INC.*

DANBURY, CT DECEMBER 2007 TO PRESENT. MEMBER OF THE EXECUTIVE MANAGEMENT TEAM OVERSEEING A MULTISITE OUTPATIENT SUBSTANCE ABUSE AND BEHAVIORAL HEALTH OPERATION. RESPONSIBILITIES INCLUDE:

- MONITORING COMPLIANCE WITH AN ARRAY OF LOCAL, STATE, AND FEDERAL REGULATORY BODIES.
- RESEARCHING, DEVELOPING AND IMPLEMENTING BEST PRACTICE POLICIES AND PROCEDURES FOR PERSONNEL AS WELL AS PATIENT CARE.
- OVERSEEING AND CONDUCTING QUALITY ASSURANCE AUDITS.
- PARTICIPATE IN THE QUALITY IMPROVEMENT/PERFORMANCE IMPROVEMENT PROCESS.
- MANAGE THE CREDENTIALING PROCESS FOR CLINICAL/MEDICAL STAFF.
- COORDINATOR OF ALL RISK MANAGEMENT FUNCTIONS.
- DEVELOP AND COORDINATE ALL MANDATORY IN-SERVICE TRAINING MODULES.
- PRINCIPAL REVIEWER FOR ALL CRITICAL INCIDENTS AS WELL AS SENTINEL EVENTS.
- PARTICIPATE IN THE REVIEW AND IMPLEMENTATION OF ALL POLICY AND ADMINISTRATIVE GUIDELINES.
- PROVIDE DIRECT CLINICAL/ADMINISTRATIVE CONSULTATION ON ALL PERSONNEL ISSUES AS WELL AS SERVICE DELIVERY PROCESSES.

*ADJUNCT PROFESSOR OF PSYCHOLOGY, WESTERN CONNECTICUT STATE UNIVERSITY.* DANBURY, CT AUGUST 2005 TO PRESENT. RESPONSIBLE FOR TEACHING AN ARRAY OF MULTI-LEVEL UNDERGRADUATE COURSES IN THE BEHAVIORAL SCIENCES, FOR EXAMPLE: THE PSYCHOLOGY OF WOMEN, INTRODUCTORY PSYCHOLOGY, ABNORMAL PSYCHOLOGY, MORAL DEVELOPMENT, CLINICAL PSYCHOLOGY, AND PERSONALITY THEORY.

*CLINICAL SUPERVISOR, WHEELER CLINIC, INC.* WATERBURY, CT FEBRUARY 2006 TO NOVEMBER 2006. RESPONSIBLE FOR OVERSEEING THE IMPLEMENTATION OF AN INNOVATIVE EVIDENCED-BASED INTENSIVE IN-HOME BASED THERAPEUTIC PROGRAM.

- SUPERVISE A MULTI-DISCIPLINARY TREATMENT TEAM
- ASSURE ADHERENCE TO THE MDFT TREATMENT MODEL
- ACTIVELY COLLABORATE WITH COMMUNITY PROVIDERS INCLUDING: DCF, JUVENILE COURT, HOSPITALS, SCHOOLS, AND AN ARRAY OF BEHAVIORAL HEALTH PROVIDERS.
- FACILITATE CASE CONFERENCES AND WEEKLY TRIAGE MEETINGS.
- CONDUCT LIVE SUPERVISION SESSIONS.
- COORDINATE THE UTILIZATION OF MULTIPLE BEHAVIORAL HEALTH OUTCOME MEASURES.
- OVERSEE ADHERENCE TO ALL JCAHO GUIDELINES.
- CONDUCT EMPLOYEE EVALUATION REVIEWS.
- PARTICIPATE IN THE REVIEW AND IMPLEMENTATION OF ALL POLICY AND ADMINISTRATIVE GUIDELINES.

*DIRECTOR OF EDUCATIONAL & CLINICAL SERVICES, EDUCATION CONNECTION/DANBURY HOSPITAL.* THE ACCESS SCHOOL & GERTRUDE FIELDING LEARNING CENTER, DANBURY, CT AUGUST 1997 TO SEPTEMBER 2005. RESPONSIBILITIES IN A 1<sup>ST</sup>-12<sup>TH</sup> GRADE THERAPEUTIC DAY SCHOOL SETTING INCLUDE:

- ASSISTED AND ADVISED THE SPECIAL SERVICES DIRECTOR ON ALL PERSONNEL MATTERS.
- PREPARED FISCAL AND PROGRAM REPORTS FOR THE GOVERNING BOARD.
- PROVIDED ADMINISTRATIVE, CLINICAL & CONSULTATION SUPPORT TO EDUCATION CONNECTION AND DANBURY HOSPITAL BEHAVIORAL SCIENCES.
- PROVIDED EDUCATIONAL SEMINARS TO THE SURROUNDING SCHOOL SYSTEMS, COMMUNITY AGENCIES, AND PARENT TEACHER ORGANIZATIONS.
- PROVIDED CLINICAL EVALUATIONS AND DIAGNOSTIC INTERVIEWING.
- PRESENTED PROJECTED ANNUAL PERSONNEL NEEDS TO THE SPECIAL SERVICES DIRECTOR.
- SUPERVISED TEACHERS AND ALLIED CLINICAL STAFF WEEKLY.
- REPRESENTED STUDENTS AND THEIR FAMILIES FROM MULTIPLE SCHOOL-SYSTEMS.

*POST-DOCTORAL FELLOW, DANBURY HOSPITAL,* DANBURY CT, AUGUST 1996 TO JULY 1997. RESPONSIBILITIES AT THE CENTER FOR CHILD & ADOLESCENT TREATMENT SERVICES INCLUDE:

- EDUCATIONAL MANAGER OF ACCESS, A THERAPEUTIC DAY SCHOOL.
- SUPERVISED TEACHERS AND AIDES IN THE DAY SCHOOL.
- PERFORMED INDIVIDUAL, GROUP, AND FAMILY THERAPY FOR THE CENTER.
- PERFORMED INTAKE EVALUATIONS AND DIAGNOSTIC INTERVIEWING.
- CONSULTANT FOR THE PSYCHIATRIC CRISIS INTERVENTION SERVICE.
- PERFORMED PSYCHOLOGICAL ASSESSMENTS.
- COORDINATED THE MANAGED CARE SERVICES IN THE CHILD AND ADOLESCENT DIVISION.

*PROJECT MANAGEMENT SPECIALIST, AETNA HEALTH PLANS - INFORMATION TECHNOLOGY, MIDDLETOWN CT, APRIL 1994 TO JUNE 1996. RESPONSIBILITIES IN HEALTH SERVICES OPERATIONS/MEDICAL INFORMATION MANAGEMENT INCLUDED:*

- DESIGNED AND DELIVERED STATE-OF-THE-ART PATIENT MANAGEMENT SYSTEMS.
- CHIEF LIAISON BETWEEN INFORMATION TECHNOLOGY DIVISION AND DIVERSE BUSINESS AREAS DEVELOPING PROJECT PLANS TO MEET BUSINESS AND SYSTEMS INITIATIVES.
- TEAM LEAD RESPONSIBLE FOR FACILITATING SYSTEM DESIGN, SYSTEMS SPECIFICATIONS, AND QA TESTING FOR CLIENT SERVER APPLICATIONS.
- ABILITY TO APPLY KNOWLEDGE BASED TECHNOLOGIES TO ACHIEVE COST-EFFECTIVE AS WELL AS QUALITY BASED RESULTS.
- MANAGED BUSINESS RESOURCES TO MEET PROJECT PLAN MILESTONES, DEADLINES, AND TIMELY PRODUCTION DELIVERY.
- ESTABLISHED AND MAINTAINED EFFECTIVE WORKING RELATIONSHIPS WITH DIVERSE BUSINESS PARTNERS TO MEET MULTIPLE OBJECTIVES.

*PSYCHIATRIC REVIEW SPECIALIST, AETNA HEALTH PLANS, MIDDLETOWN CT, JUNE 1992 TO MARCH 1994. RESPONSIBILITIES IN MANAGED CARE OPERATIONS INCLUDED:*

- ASSESSED, COORDINATED, AND IMPLEMENTED PROPER TREATMENT PLANNING.
- MONITORED APPROPRIATE PSYCHIATRIC CARE BASED UPON RECOGNIZED STANDARDS.
- PROVIDED MENTAL HEALTH EXPERTISE TO ALL SYSTEMS INVOLVED IN THE UTILIZATION PROCESS.
- ACTIVELY PARTICIPATED IN DISCHARGE AND ALTERNATIVE CARE PLANNING.
- ACHIEVED COST EFFECTIVE RESULTS IN NEGOTIATING ALTERNATIVE CARE RECOMMENDATIONS.
- EVALUATED SERVICE PROVIDERS ADHERENCE TO NCQA/URAC STANDARDS.
- CONDUCTED ANALYSES REGARDING TRENDS IN HEALTHCARE UTILIZATION AND FINANCIAL EXPERIENCE.

*PSYCHOLOGY RESIDENT, DANBURY HOSPITAL, DANBURY CT, JULY 1991 TO JUNE 1992. RESPONSIBILITIES IN THE ADOLESCENT DAY TREATMENT CENTER INCLUDED:*

- INDIVIDUAL, GROUP, AND FAMILY PSYCHOTHERAPY.
- INTAKE EVALUATIONS AND DIAGNOSTIC INTERVIEWING.
- DEVELOPMENT AND IMPLEMENTATION OF INTER-DISCIPLINARY TREATMENT PLANS.
- REPRESENTATION OF CLIENTS AND THEIR FAMILIES IN THE SCHOOL SYSTEMS.
- RESEARCHED AND PRESENTED PROFESSIONAL DEVELOPMENT/ EDUCATIONAL SEMINARS.
- ASSISTED IN OVERALL PROGRAM DEVELOPMENT AND TREATMENT DIRECTION.
- CONSULTED FOR THE PSYCHIATRIC EMERGENCY SERVICE/CRISIS INTERVENTION.
- MAINTAINED AN ACTIVE CASELOAD OF AT LEAST 5 CLIENTS AND THEIR FAMILIES.
- MONITORED ALL ASPECTS OF QUALITY ASSURANCE TO INSURE THAT APPROPRIATE PATIENT CARE WAS PROVIDED.
- FREQUENT INTERACTION WITH MANAGED CARE COMPANIES REPRESENTING PATIENTS AS PRIMARY CLINICIAN.

*PSYCHOLOGY INTERN, DANBURY HOSPITAL, DANBURY CT, JULY 1990 TO JUNE 1991*  
RESPONSIBILITIES IN A PSYCHOLOGY TRAINING PROGRAM (A.P.A. APPROVED) INCLUDED:

- PROVIDED MENTAL HEALTH SERVICES TO A BROAD PATIENT POPULATION: CHILDREN, ADOLESCENTS, & ADULTS.
- CONSULTED FOR THE HOSPITAL'S PSYCHOLOGICAL ASSESSMENT SERVICE.
- UTILIZED PC BASED CLINICAL ASSESSMENT TOOLS AUGMENTING PATIENT TRIAGE AND TREATMENT PLANNING.
- TEAM MEMBER SHIP PSYCHIATRIC EMERGENCY SERVICE/CRISIS INTERVENTION.
- INTENSIVE OUTPATIENT THERAPY WITH THE ADOLESCENT DAY TREATMENT CENTER.
- PROVIDED EDUCATIONAL SEMINARS, IN-SERVICE TRAINING, AND GRAND ROUNDS TO MEDICAL AND NURSING STAFF.
- MAINTAINED AN ACTIVE CASELOAD OF AT LEAST 10 CLIENTS AND THEIR FAMILIES.
- MONITORED ALL ASPECTS OF QUALITY ASSURANCE TO INSURE THAT APPROPRIATE PATIENT CARE WAS PROVIDED.
- PERFORMED ALL ASPECTS OF UTILIZATION REVIEW/MANAGEMENT WITH MANAGED CARE COMPANIES.

## EDUCATION

*Psy.D.* (A.P.A. APPROVED) ARGOSY UNIVERSITY ~ THE ILLINOIS SCHOOL OF PROFESSIONAL PSYCHOLOGY.

*M.A.* CLINICAL PSYCHOLOGY, DUQUESNE UNIVERSITY, PITTSBURGH, PA.

*B.A.* GENERAL PSYCHOLOGY WITH HONORS, THE UNIVERSITY OF PORTLAND, PORTLAND, OR.

## PROFESSIONAL ASSOCIATIONS

AMERICAN ASSOCIATION FOR THE TREATMENT OF OPIOID DEPENDENCE, INC. (AATOD)

## RESEARCH AREAS/INTERESTS

- PSYCHONEUROIMMUNOLOGY
- GENE EXPRESSION THEORY
- REACTIVE ATTACHMENT SYNDROMES
- GENDER DIFFERENCES/SIMILARITIES
- TRAUMA AND ITS EFFECT ON NEURODEVELOPMENT
- RESILIENCY AND MENTAL ILLNESS
- SCHOOL VIOLENCE
- EMPIRICALLY SUPPORTED PRACTICE
- STRENGTH BASED THEORY
- INDIVIDUALITY AS IT RELATES TO FREEDOM AND RESPONSIBILITY
- THE IMPACT OF THE "CYBER-AGE" ON DEVELOPMENT
- ATTACHMENT THEORY AS IT RELATES TO FATHERS
- NEURO- PLASTICITY AND SUBSTANCE ABUSE
- THEORY OF MIND

## PRESENTATIONS/LECTURES

12/13/2013

PROFESSIONAL DEVELOPMENT SEMINAR  
CONNECTICUT COUNSELING CENTERS, INC. TRAINING SERIES  
INTRODUCTION TO THE DSM - 5

03/13/2013

PROFESSIONAL DEVELOPMENT SEMINAR  
WATERBURY HOSPITAL  
YALE RESIDENCY TRAINING PROGRAM  
MEDICATION ASSISTED TREATMENT IN AN OUTPATIENT AMBULATORY CLINICAL SETTING

02/06/2013

PROFESSIONAL DEVELOPMENT SEMINAR  
CONNECTICUT COUNSELING CENTERS, INC.  
A COMPREHENSIVE REVIEW OF ETHICS & CONFIDENTIALITY FOR BEHAVIORAL HEALTH PROFESSIONALS

01/30/2013

PROFESSIONAL DEVELOPMENT SEMINAR  
CONNECTICUT COUNSELING CENTERS, INC.  
A COMPREHENSIVE REVIEW OF ETHICS & CONFIDENTIALITY FOR BEHAVIORAL HEALTH PROFESSIONALS

05/23/2012

PROFESSIONAL DEVELOPMENT SEMINAR  
CONNECTICUT COUNSELING CENTERS, INC.  
A COMPREHENSIVE REVIEW OF ETHICS FOR BEHAVIORAL HEALTH PROFESSIONALS

03/21/2012

PROFESSIONAL DEVELOPMENT SEMINAR  
CONNECTICUT COUNSELING CENTERS, INC.  
A COMPREHENSIVE REVIEW OF ETHICS FOR BEHAVIORAL HEALTH PROFESSIONALS

**PRESENTATIONS/LECTURES (CONTINUED)**

10/08/2004

PROFESSIONAL DEVELOPMENT SEMINAR  
THE SHERMAN SCHOOL  
MANAGING CHALLENGING BEHAVIOR IN THE CLASSROOM:

08/26/2003

PROFESSIONAL DEVELOPMENT SEMINAR  
NEW FAIRFIELD SCHOOL SYSTEM  
MANAGING DISRUPTIVE BEHAVIOR IN THE CLASSROOM:  
IMPLICATIONS FOR REGULAR EDUCATION & SPECIAL EDUCATION TEACHERS

01/12/2003

PROFESSIONAL DEVELOPMENT SEMINAR  
NEW FAIRFIELD SCHOOL SYSTEM  
CURRENT TRENDS IN PRESCRIBING PSYCHOTROPIC MEDICATIONS  
FOR STUDENTS IN A REGULAR AND SPECIAL EDUCATION SETTING

10/01/2001

PROFESSIONAL DEVELOPMENT SEMINAR  
EDUCATION CONNECTION  
SPECIAL EDUCATION PRESENTATION FOR HEAD START  
"THE ROLE OF TEACHERS IN THE PPT PROCESS"

03/21/2001

PROFESSIONAL DEVELOPMENT SEMINAR  
THE TOUCHSTONE SCHOOL & EDUCATION CONNECTION  
THE USE OF PSYCHOTROPIC MEDICATIONS IN A RESIDENTIAL SETTING

08/30/1999

PROFESSIONAL DEVELOPMENT SEMINAR  
THE WELLSRING FOUNDATION  
ATTENTION DEFICIT HYPERACTIVITY DISORDER & FUNCTIONAL BEHAVIORAL ANALYSIS

04/27/1999

EDUCATIONAL SEMINAR  
CENTER FOR CHILD AND ADOLESCENT TREATMENT SERVICES  
ATTENTION DEFICIT HYPERACTIVITY DISORDER  
UNDERSTANDING THIS DISORDER WITHIN THE CONTEXT OF SPECIAL EDUCATION

12/01/1998

EDUCATIONAL SEMINAR  
CENTER FOR CHILD AND ADOLESCENT TREATMENT SERVICES  
ATTENTION DEFICIT HYPERACTIVITY DISORDER  
EFFECTIVE CLASSROOM INTERVENTIONS

**PRESENTATIONS/LECTURES (CONTINUED)**

01/28/1998

EDUCATIONAL SEMINAR  
MEDICAL INTERNSHIP PROGRAM  
DANBURY HOSPITAL, DANBURY, CT  
BEHAVIORAL SCIENCE CAREER POSSIBILITIES

01/26/1998

PROFESSIONAL DEVELOPMENT SEMINAR  
SPECIAL EDUCATION WORKSHOP SERIES  
BROADVIEW MIDDLE SCHOOL, DANBURY, CT  
CONCRETE CLASSROOM STRATEGIES -  
WORKING WITH STUDENTS DIAGNOSED WITH ADHD AND OTHER BEHAVIORAL PROBLEMS:  
HOW TO EFFECTIVELY MANAGE THEIR BEHAVIORS AND YOUR STRESS LEVEL

01/13/1998

PANEL DISCUSSION  
BETHEL HIGH SCHOOL, BETHEL, CT  
LEARNING HOW TO COPE WITH LEARNING DISABILITIES AND ACHIEVING GOALS

12/18/1997

PROFESSIONAL DEVELOPMENT SEMINAR  
PRINCIPAL'S VOLUNTARY WORKSHOP  
BETHEL MIDDLE SCHOOL, BETHEL, CT  
CONCRETE CLASSROOM STRATEGIES WHEN WORKING WITH STUDENTS DIAGNOSED WITH ADHD:  
HOW TO EFFECTIVELY MANAGE THEIR BEHAVIORS AND YOUR STRESS LEVEL

11/18/1997

PROFESSIONAL DEVELOPMENT SEMINAR  
MELROSE SCHOOL, BREWSTER, NY  
UNDERSTANDING ATTENTION DEFICIT DISORDER/  
COPING STRATEGIES FOR PARENTS AND EDUCATORS

11/05/1997

PROFESSIONAL DEVELOPMENT SEMINAR  
PRINCIPAL'S VOLUNTARY WORKSHOP  
BETHEL MIDDLE SCHOOL, BETHEL, CT  
ATTENTION DEFICIT DISORDER A PERSPECTIVE FOR THE CLASSROOM TEACHER

11/01/1995

A PROFILE OF ADOLESCENTS TREATED IN A FREE-STANDING  
DAY HOSPITAL PROGRAM: DEMOGRAPHIC AND CLINICAL TRENDS  
A CLINICAL RESEARCH PROJECT SUBMITTED TO THE FACULTY OF THE  
ILLINOIS SCHOOL OF PROFESSIONAL PSYCHOLOGY FOR THE DEGREE OF  
DOCTOR OF PSYCHOLOGY IN CLINICAL PSYCHOLOGY

10/10/1994

8TH ANNUAL CONVENTION OF THE CONNECTICUT  
PSYCHOLOGICAL ASSOCIATION - WATERBURY, CONNECTICUT  
MANAGED CARE & PSYCHOLOGICAL ASSESSMENT - INTEGRATING PERSPECTIVES:  
AN OPPORTUNITY FOR DIALOGUE

**PRESENTATIONS/LECTURES (CONTINUED)**

01/21/1994

FOCUSED PSYCHIATRIC REVIEW LEARNING EVENT  
AHP EDUCATION CENTER MIDDLETOWN, CONNECTICUT  
OUTCOME RESEARCH - METHODOLOGY - ANALYSIS & IMPLICATIONS

04/30/1993

7TH ANNUAL CONVENTION OF THE CONNECTICUT  
PSYCHOLOGICAL ASSOCIATION - STAMFORD, CONNECTICUT  
ADOLESCENT DAY TREATMENT:  
PROVIDING A VIABLE, COST-EFFECTIVE ALTERNATIVE TO INPATIENT HOSPITALIZATION

03/20/1993 - 04/20/1993

FOCUSED PSYCHIATRIC REVIEW IN-SERVICE SERIES  
AHP MIDDLETOWN, CONNECTICUT  
ESTABLISHING CRITERIA FOR UNDERSTANDING PSYCHOLOGICAL ASSESSMENT  
WITHIN A MANAGED CARE ENVIRONMENT

03/16/1992

PROFESSIONAL DEVELOPMENT SEMINAR  
BETHEL HIGH SCHOOL, BETHEL, CONNECTICUT  
DYSFUNCTIONAL FAMILIES:  
DEFINITIONS, INTERVENTIONS, AND TREATMENT PLANNING

06/26/1991

PSYCHIATRIC GRAND ROUNDS, DANBURY HOSPITAL  
DANBURY, CONNECTICUT  
A MULTI-PROBLEM FAMILY PERSPECTIVE: THEORETICAL & CLINICAL CONSIDERATIONS

01/23/1991 - 12/06/1991

EDUCATIONAL SEMINAR SERIES,  
DANBURY HOSPITAL - DANBURY, CONNECTICUT  
MULTI-PROBLEM FAMILY ASSESSMENT; STRESS MANAGEMENT FOR THE YOUNG ADULT;  
& AN INTRODUCTION TO PSYCHOLOGICAL ASSESSMENT & ITS USE ON INPATIENT UNITS

**STATE OF CONNECTICUT**  
**OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION** : **DOCKET NO. 13-31857-CON**  
**CENTERS,** :  
:  
**APPLICANT** : **JANUARY 22, 2014**

**PRE FILED TESTIMONY OFFERED BY THE INTERVENOR**  
**CITY OF WATERBURY**

1. I, Samuel S. Gold, AICP, am the Executive Director of the Council of Governments of the Central Naugatuck Valley, (COGCNV), located at 49 Leavenworth St., Suite 303, Waterbury, Connecticut. I am over the age of eighteen and understand the obligations of an oath.

2. COGCNV is a federally designated Metropolitan Planning Organization responsible for transportation planning and a state designated Regional Planning Organization, responsible for regional land use, environmental, and emergency planning for the Central Naugatuck Valley Region (CNVR). It sets regional priorities for a variety of federal and state funding programs, oversees regional programs for member municipalities, and provides technical assistance to municipalities, local organizations, and the general public.

3. The Regional Planning Commission (RPC) of the Central Naugatuck Valley is COGCNV's planning group. The commission is comprised of appointed representatives from member municipalities who conduct bimonthly meetings. The RPC is mainly responsible for reviewing proposals that may have an inter-municipal impact, such as subdivision and zoning applications.

4. My staff and I have reviewed the Applicant, New Era Rehabilitation Centers, Inc.'s Application for a Certificate of Need to establish a methadone maintenance, ambulatory detoxification, intensive outpatient day-evening treatment program, to be located at Meriden Road, Waterbury, Connecticut.

5. It is my opinion that the population and demographic "estimated" information relied upon by the Applicant **is not supported** by the actual demographic data of the City of Waterbury and the surrounding towns identified as the proposed service area.

6. Because of significant dissimilarities between the New Haven service area to that of the proposed Waterbury service area, any conclusion of an estimated need based upon New Haven's population is not supported for the proposed Waterbury service area.

7. The Application fails to provide supportable data for any hypothesized need for the proposed services. My opinion is based, in part, upon the following:

8. COGCNV staff compiled demographic data from the U.S. Census Bureau, specifically the 2010 Decennial Census and the 2008-2012 American Community Survey 5-Year Estimates for Waterbury and New Haven and their surrounding metropolitan areas. A Metropolitan New England Combined City-Town Area (NECTA) is geography established by the federal Office of Management and Budget to approximate New England metropolitan areas using towns as its building blocks.

9. Waterbury has a population of 110,366 and New Haven has a population of 129,779. Waterbury is the fifth largest city in the state; New Haven is the second largest city in Connecticut.

10. New Haven has a significantly higher population density (6,457 per square mile) than Waterbury (3,819 per square mile).

11. New Haven has a younger median age (29.9 versus Waterbury's median age of 35.2). New Haven has a higher percentage of persons living in poverty, lower median incomes, and a higher rate of uninsured persons. Waterbury has a higher rate of persons receiving public assistance (7.0%) and lower levels of educational attainment. Demographic data for both the central cities and regions is set forth in Table 1.

12. New Haven anchors a **metropolitan area that is nearly three times the size** of the Waterbury metropolitan area. The Waterbury metropolitan area contains seven municipalities with a combined population of just over 200,000. By comparison, the New Haven metropolitan area contains twenty-three municipalities with a combined population of nearly 600,000. Other major metropolitan areas of the state include Hartford (population of 1,121,463) and Bridgeport-Stamford (population of 926,465).

13. Both Waterbury and New Haven serve as regional health care centers. The number of hospital beds in each metro area closely resembles population patterns. Waterbury's two hospitals (Waterbury and St. Mary's) have a combined capacity of **462 beds**. New Haven's two hospitals (Yale - New Haven and St. Raphael's) have a combined capacity of **1,468 beds** with an **additional 230** beds at the nearby VA Medical Center in West Haven. The New Haven area has nearly four times the number of hospital beds as the Waterbury area. Assuming that demand for substance abuse treatment follows similar patterns, Waterbury doesn't appear to be underserved.

14. Data from the Connecticut Department of Public Health shows that New Haven has more than twice the number of people living with HIV than does Waterbury. In addition, New Haven has a larger population living with Hepatitis B or C. When adjusting for population size, New Haven has higher rates of infections for both diseases. Current and former intravenous drug users represent a significant portion of persons living with HIV and infectious strains of hepatitis.

15. Crime and violent crime data for 2012 were obtained from the Department of Emergency Services and Public Protection. **New Haven has a higher crime and nearly 5 times** the violent crime rate of Waterbury. A full breakdown of public health and public safety data can be seen in Table 2.

16. The higher number of rehabilitation facilities in New Haven, Hartford and Bridgeport relative to Waterbury can be explained by the size of their respective regional populations. A map of the metropolitan (NECTA) areas in the state can be seen in Figure 1.

17. Large differences in regional size exist between the proposed Waterbury service area and that of the New Haven service area. The New Haven metropolitan area is three times the size of Waterbury's. New Haven has nearly four times the number of hospital beds and over four times the number of transit riders. While the two cities share many demographic commonalities, there are many differences that partially explain the higher number of patients in New Haven, notably the prevalence of HIV and infectious strains of hepatitis, and the high violent crime rate. New Haven's role as a transit hub gives it a further boost as a regional treatment center. Using these findings, it is not unreasonable to assume that the Waterbury area would have one-quarter the number of patients.

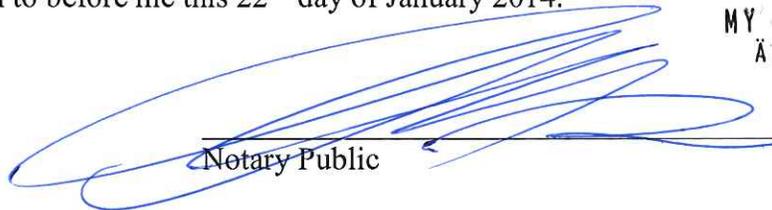
### VERIFICATION

I, Samuel S. Gold, AICP, hereby certify that I have reviewed the above Pre-Filed Testimony Offered by the Intervenor, City of Waterbury, and that the facts contained therein are true and accurate to the best of my knowledge and belief.



Samuel S. Gold, AICP

Subscribed and sworn to before me this 22<sup>nd</sup> day of January 2014.



Notary Public

PATRICIA M BAUER  
NOTARY PUBLIC  
MY COMMISSION EXPIRES  
AUGUST 31 2017

*Table 2. Public Health and Public Safety Data for Waterbury and New Haven:*

Public Health and Safety Data	Total		Rate (Per 100,000)	
	Waterbury	New Haven	Waterbury	New Haven
Persons Living with HIV	704	1,455	637.9	1,121.1
Persons Living with Hepatitis	435	548	394.1	422.3
Total Crimes	5,041	8,500	4,457.4	6,521.8
Violent Crimes	328	1,875	297.2	1,444.8

Sources: Connecticut Department of Public Health HIV Surveillance Program People Living with HIV Infection by City of Residence at Diagnosis, Risk, Race and Sex (1981- 2011)  
 Connecticut Department of Public Health. Hepatitis B and Hepatitis C Surveillance Report, Connecticut, 2007-2009  
 Connecticut Department of Emergency Services and Public Protection. Crime in Connecticut 2012

*Table 1: Demographic Data for Waterbury and New Haven Areas:*

Demographic Data	Waterbury		New Haven	
	City	Metro <sup>1</sup>	City	Metro'
Population (2010)	110,366	203,943	129,779	597,172
Area (Sq Mi)	28.9	138.9	20.1	554.2
Population Density (Per Sq Mi)	3,819	1,468	6,457	1,078
Home Ownership Rate	47.0%	61.5%	29.5%	63.8%
Median Age	35.2	38.4	29.9	39.5
Single Parent Families	28.4%	22.5%	27.6	18.0%
Institutionalized Persons	1,149	1,788	1,774	7,854
Households Receiving Public Assistance	7.0%	4.7%	5.7%	2.7%
Population with HS Diploma	78.8%	84.6%	80.5%	89.1
Median Household Income	\$40,867	\$55,385	\$38,482	\$64,076
Poverty Rate	21.3%	14.4%	24.6%	10.9%
Percent Uninsured	11.4%	9.2%	13.9%	8.6%

Sources: U.S. Census Bureau, 2010 Census. American Community Survey 5-Year Estimates, 2008-2012

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION : DOCKET NO. 13-31857-CON**  
**CENTER, :**  
:  
**APPLICANT : JANUARY , 2014**

**PRE FILED TESTIMONY OFFERED BY THE INTERVENOR  
CITY OF WATERBURY**

1. I, Samuel F. Bowens III, Waterbury Connecticut. I am over the age of eighteen and understand the obligations of an oath.

2. I am a United States military veteran having served in Operation Desert Shield/Storm and thereafter received an honorable discharge. I have been employed by the City of Waterbury Department of Public Health for five (5) years and am currently an HIV/AIDS supervisor, counselor, educator, trainer and advocator. I have been involved in HIV/AIDS field for 10 years as an HIV/AIDS Program Coordinator. In 2013 I received the first place award for my efforts, earning the National Award of Excellence in Health Communications as the co designer and creator of ad campaign. I serve as a Board member of numerous city and state committees. My Curriculum Vitae is attached.

3. The Prevention Department of the City of Waterbury Department of Public Health offers free, confidential and quality HIV/AIDS services to the Greater Waterbury area through counseling and testing, early intervention and support services. The goal of the Prevention Program is to promote education to reduce the widespread of HIV/AIDS. Experienced counselors provide one on one confidential testing, rapid results, and risk reduction services.

4. I have reviewed and am familiar with the Application of New Era Rehabilitation Centers, Inc. regarding the claims of community need and access to methadone maintenance, ambulatory detoxification, and intensive outpatient day-evening treatment programs in Waterbury, CT.

5. It is my opinion that there is no need for the services proposed, and further that the proposed services, if granted will not provide access to those that are in need of the proposed services. My opinion is based, in part, upon the following:

6. As an HIV/Aids prevention counselor I am familiar with the proposed population identified in the Application. I have contact with the population that is served through many programs, outreach and education, including but not limited to the Department's STD clinics, TB clinic, Immunizations and co-infections programs. I have participated in numerous awareness programs, walks, rallies and outreach efforts. The Department operates a community Health Van

that provides outreach throughout the city offering 4 mobile examination rooms. I and other clinicians practice "street prevention". We perform education and outreach on city greens, parks, soup kitchens, housing units, crack houses and churches. We assist all members of the population including those that are homeless and those that are actively engaged in risky and criminal behavior. We are "feet on the ground" proving access to health services to our community.

7. As part of our outreach, we link the population to services including addiction and mental health services. The current and existing treatment facilities and programs in the Waterbury area are able to meet the needs of all patients that seek treatment and are eligible for the services within appropriate medical protocols.

8. Based upon the outreach and referrals for services that I and my team have made, I am not aware of any circumstance where a person seeking addiction services was not provided placement within 24 hours or less of a request or who demonstrated willingness to participate in addiction services.

9. Many in the targeted population have dual or multiple diagnoses. Often, methadone detoxification and maintenance is not medically or environmentally appropriate. Active addicts may need to first address environmental and behavioral issues or may not demonstrate a willingness to "get clean". For this population, methadone treatment is not appropriate or medically indicated. Harm reduction is the first step. For example, a person using an opiate and other illicit drug(s), a willingness to detoxify from the opioid alone will not make this person an appropriate methadone patient.

10. A number of addicted persons are not willing or able to participate in a drug detoxification or maintenance program. They are not ready for recovery regardless of the number of patient slots in a substance abuse program or facility. Therefore, identifying the number persons presumed to be addicted alone does not demonstrate a need for services because there may not be a willing population seeking the proposed service.

11. A number of addicted persons may not receive pharmaceutical detoxification or maintenance because they are not able or willing to meet the guidelines of the program. For example, Connecticut Counseling Service has a strong reputation for not accepting patients and/or discontinuing patients from their methadone clinic if a patient tests positive for drug use. It is known in the community of illicit drug users that other programs outside of Waterbury continue methadone treatment if one tests positive for illicit drug use.

12. To my knowledge, in five years working as a Program Coordinator in Waterbury Connecticut, no person seeking substance abuse treatment has been denied access to service based upon limited capacity in the Waterbury area.

13. Failure of an addicted person to receive substance abuse treatment services is not due to a lack of access as the services are available and there is additional capacity in the Waterbury area.

14. Many referrals in the community are made for addiction treatment through community based physician practice groups and hospitals. Many of these providers use suboxone for addiction detoxification and or narcotic addiction together with therapy and other substance abuse services.

15. The Applicant's reference to Methadone treatment as indicia of those that are receiving pharmaceutical detoxification or maintenance is not accurate or reliable as it fails to identify those that are receiving effective treatment.

**VERIFICATION**

I, Samuel F. Bowens III, hereby certify that I have reviewed the above Pre-Filed Testimony Offered by the Intervenor, City of Waterbury, and that the facts contained therein are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
SAMUEL F. BOWENS, III

Subscribed and sworn to before me this \_\_\_\_ day of January 2014.

\_\_\_\_\_  
Notary Public/ Commission of the Superior Court

**SAMUEL F. BOWENS III**  
**681 Park Road**  
**Waterbury, CT. 06708**  
**203-233-1982**

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**Objective:** To obtain a position which utilizes my management, interpersonal, communications skills while providing opportunity for advancement.

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**Experience:**

**2009 – Present** Department of Public Health **Waterbury, CT.**  
*HIV Prevention Program Coordinator*

- Reports to City of Waterbury Director of Public Health
- Knowledge of Financial reporting and fiscal management
- Ability to keep accurate records and submit reports to State, Federal, City and other local funding sources
- Knowledge of HIV disease, prevention and support services
- Knowledge of Substance Abuse and Treatment
- Supervise Prevention staff members
- Maintains fiscal soundness of Program
- Attends all appropriate HIV related meetings and conferences
- Supervise confidential STI screening
- Provide HIV Counseling and Testing, Outreach and Recruitment Services and Prevention Education
- Create and maintain resource and referral networks
- Supervise follow up with client or client's service providers regarding referrals
- Participate in case coordination with providers as needed
- Compile, prepare and submit monthly as well as quarterly reports in a timely manner
- CareWare / PEMS System Administrator
- Maintain clinical records in accordance to grant requirements for Prevention Services
- Provide culturally and linguistically appropriate information, education and referrals
- Is bound by policies for grant employees of Waterbury Department of Public Health

- 2005 – 2010      **Fletchers Café LLC**      **Waterbury, CT.**  
*Owner/Manager*
- All aspects of Bar and Restaurant operations
- 2004 – 2006      **Community Systems, Inc.**      **Winsted, CT.**  
*Program Director / House Manager*
- Supervise Staff
  - Scheduling
  - Manage and budgeted house expenses
  - Develop personal daily life skill plans for clients
  - Chart / Record daily psychological evaluations
  - Provide scheduled dietary routine
  - Supervise recreational activities
  - Transport clients
  - State med Certified
- 2003 – 2006      **LARC, Inc.**      **Torrington, CT.**  
*Counselor*
- Develop personal daily life skill plans for clients
  - Chart / Record daily psychological evaluations
  - Provide scheduled dietary routine
  - Supervise recreational activities
  - Transport clients
  - State med Certified
- 2003 -2005      **Zales Jewelers, Inc**      **Waterbury, CT.**  
*Manager*
- Hiring, Scheduling, Auditing and Inventory Control
  - Customer Service
- 2000 -2003      **Whitehall Jewelers, Inc**      **Waterbury, CT.**  
*Regional Manager*
- Hiring, Scheduling, Auditing and Inventory Control
  - Customer Service
  - Supervise Seven Retail Stores

**1994 – 2000**      **Whyco Technologies, Inc.**      **Thomaston, CT.**  
*Quality Assurance Technician / Training Coordinator / Foreman*

- **Implement training course for new recruits, (speeding Productivity)**
- **Developed Work Instructions for job procedures**
- **Developed various production projects which enhanced customer relations**
- **Conduct Internal Safety and Quality Control Inspections**
- **Inspection Supervisor, Cross Sections and Mounting Certified**
- **Read blue prints**
- **Develop database for Non-Compliance Customer Reports**
- **Hazmat Certified**
- **Production Part Approval Process Coordinator**
- **Corrective Action Report (internal and external) Coordinator**
- **Prepare Pareto Analysis Reports**

**1991 – 1994**      **Edison Brothers, Inc.**      **Waterbury, CT.**  
*Regional Sales Manager*

- **Hiring, Scheduling, Auditing and Inventory Control**
- **Managed seventy sales representative in Connecticut Region**
- **Received Company's highest Sales Award three years consecutively**

**1985 – 1991**      **United States Air Force**      **Washington, DC / Germany**  
*Presidential Ceremonial Honor Guardsman / Law Enforcement*

- **Desert Storm Veteran, Top Secret Clearance**
- **Honorable Discharge**
- **Good Conduct Medal**
- **Distinguished Graduate**
- **Outstanding Achievement Medal**
- **Air Force Training Medal**
- **Air Force Longevity Service Award**
- **National Defense Service Medal**
- **Non-commissioned officer PME graduate ribbon**
- **Small Arms Expert Marksmanship ribbon**
- **Air Force Overseas Long tour ribbon**
- **Air Force Outstanding Unit Award**

**Education:**

1998	American Electro Platters Society <i>Certification</i>	Orlando, FL.
1987 – 1989	Community College of the Air Force <i>Business Management</i>	Germany
1984 – 1987	Xavier University <i>Business Management</i>	Cincinnati, OH.

**Certification:**

- Practical Approaches for Supervisors Certification
- 2013 first place Awards for Excellence in Public Health Communications
- Sexual Gender and HIV Certification
- Drug Related Stigma Healthcare Certification
- Minority AIDS Initiative Multicultural Certification
- Adolescents and HIV Training Certified
- D-UP Certified
- AIDS Training Facilitation Certified
- AIDS Community Educator Certified
- AIDS & Chronic Diseases Certified
- HIV/AIDS Educator Certified
- Collection of HIV Test Data Certified
- Mpowerment Diffusion of Effective Behavioral Facilitator Certified
- Ora-Quick Advance HIV ½ certified
- Clearview Complete HIV ½ Certified
- STD Urine-Based Screening Collection Certified
- Phlebotomy Certified
- Personalized Cognitive Counseling Counselor Certified
- Department of Public Health AIDS Program Review Panel board member
- City of Waterbury Ten Year Plan Collaborative/Services Committee member
- City of Waterbury Homeless Youth Committee member

**Qualities:**

- **Able to perform effectively under pressure and/or in a fast paced environment, producing quality results**
- **Able to demonstrate leadership qualities and strive in perfecting complex situations simultaneously**
- **Complete reliance and acceptance of responsibilities, maintaining a harmonious environment**
- **Able to present ideas clearly and effectively and inspire confidence in the soundness of personal views**

**Reference Available Upon Request**

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION CENTER,** : **DOCKET NO. 13-31857-CON**  
:   
:   
**APPLICANT** : **JANUARY , 2014**

**PRE FILED TESTIMONY OFFERED BY THE INTERVENOR  
CITY OF WATERBURY**

1. I, William Quinn, am the Director of Public Health for the City of Waterbury, Connecticut. My curriculum vitae is attached. I am over the age of eighteen and understand the obligations of an oath.

2. The Department of Public Health is responsible for the protection and promotion of good health for the citizens of the City of Waterbury. The Department of Public Health continues to address the need for improved access to health services for all citizens through city established programs and a wide range of grants and public health clinics such as HIV Prevention, Counseling, Testing and Case Management, Childhood Lead Poisoning Prevention, Adult and Child Immunization Clinics Sexually Transmitted Disease & Tuberculosis Clinics, WIC, Healthy Choices, and Public Health Emergency Preparedness.

3 The Health Department provides health care and support services including client advocacy; assistance with receiving health care, assistance with basic needs such as food, shelter and transportation; support group referrals; assistance with financial entitlements and emergency financial assistance.

4. I have reviewed New Era Rehabilitation Centers, Inc.'s Application for a Certificate of Need to establish a methadone maintenance, ambulatory detoxification, intensive outpatient day-evening treatment program, proposed to be located at 447 Meriden Road, Waterbury Connecticut.

5. Based on the application, the proposed services do not address local health needs as identified by a recent and exhaustive review of federal, state, local, and community data. This data also indicates that the proposed services will not improve the quality or accessibility of health care delivery in the target region. We therefore conclude that there is no clear public need for the services proposed.

6. The population and demographic information relied upon by the Applicant **is not supported** by the actual demographic data of the City of Waterbury and the surrounding towns identified as the proposed service area.

My opinions are based upon my knowledge of the target population and the services available to the population including but not limited to the following:

7. According to U.S. Census Bureau estimates (2009-2011), the total population in Waterbury, Connecticut is 110,075, **a decline of 2.55% since 2000**. The majority of residents identify as White (58.2%), indicating a less diverse population when compared to peer cities, but a more diverse population when compared to all of Connecticut. Approximately 19% of residents identify as Black/African American and 30.1% identify as Hispanic or Latino. The primary spoken language is English, but 31.6% of residents speak a language other than English at home. The median age in Waterbury is 35.2, which denotes a younger population when compared to Connecticut, but an **older population when compared to most peer cities**. (U.S. Census Bureau, 2012)

8. Waterbury is comprised primarily of family households (63.2%), which are defined as more than one person living together, either as relations or as a married couple. These households and nonfamily households are less likely to live in owner-occupied units (49.6%) compared to Connecticut (68.9%), but **more likely to live in owner-occupied units compared to most peer cities**. The median value for owner-occupied units is \$164,000, which is lower than the median value across the state (\$293,100) and all peer cities. (U.S. Census Bureau, 2012)

9. Approximately 40% of Waterbury residents aged 15 years and over have never been married. This is greater than the percentage across Connecticut (31.8%), but lower than the percentage across most peer cities. Among those residents who have been married, a higher percentage are divorced (11.6%) compared to Connecticut (10.2%) and all peer cities. (U.S. Census Bureau, 2012)

10. The **median income** for households and families across Waterbury and is **higher when compared to most peer cities** although it is lower than across all of Connecticut. The same trend is true of the median income for workers.

11. **More residents in Waterbury are also enrolled in social assistance programs** like Temporary Family Assistance and Medicaid when compared to Connecticut and most peer cities. Between the years 2011 and 2012, 28.2% of residents were enrolled in Temporary Family Assistance and 38.1% were enrolled in Medicaid. Medicaid enrollment has been on the rise across all of Connecticut and its cities since 2006. (Connecticut Department of Social Services, n.d.)

12. According to the U.S. Census Bureau (2012), the unemployment rate in Waterbury is 12.7%. This rate is higher than the unemployment rate across Connecticut (8.5%). However, it is **favorable or comparable to peer cities**. Of the residents who are employed, the majority work in management, business, science, and arts and are private wage and salary workers. A notable percentage of residents are also employed in a service occupation.

13. Waterbury rates for **incidents of sexually transmitted illness are more favorable compared to peer cities**. Although sexually transmitted illness rates per 100,000 are notably higher in Waterbury than in Connecticut, particularly for Chlamydia and gonorrhea. The Chlamydia rate is 720.5 in Waterbury compared to 344.9 in Connecticut and the gonorrhea rate is 225.9 in Waterbury compared to 72.6 in Connecticut. However, the Chlamydia rate is **significantly less than New Haven** (1,220.3) and Hartford (1,513.8). (Connecticut Department of Public Health, n.d.)

14. The secondary data profile provides valuable context regarding how socioeconomic factors like income, education levels, and housing may influence local health outcomes. In Waterbury, the median income for households and families is higher; fewer residents live in poverty when compared to most peer cities. In terms of health outcomes, Waterbury has lower rates of stroke mortality and sexually transmitted illness incidence.

15. A statistical Household Telephone Survey was conducted based on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national initiative, conducted annually at the state level. The survey assesses self-reported health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

15.1 For the Waterbury study, trained interviewers conducted telephone interviews between May and June 2013 by trained interviewers. Participants were randomly selected for participation based on a statistically valid sampling frame that included landline and cell phone telephone numbers. Only respondents who were at least 18 years of age and lived in a private residence were included in the study. A total of 1,121 individuals who reside within specific ZIP codes served by the Greater Waterbury Health Improvement Partnership were interviewed by telephone. Pertinent findings include:

15.2 Overall, residents of Waterbury are just as likely or **more likely to have health care coverage** (88.2%) and reported at least one person who they think of as their personal doctor or health care provider (84.1%) when compared to the state (87.5%; 85.2%) and the nation (81.7%; 78.0%). Local residents are also more likely to have received a routine checkup within the past year (76.6%) compared to the state (70.4%) and the nation (66.9%);

15.3 **Alcohol use and abuse is not as prevalent** as is reported against the state and national levels. Only 48.8% of respondents had an alcoholic beverage during the past 30 days compared to 64.2% across Connecticut and 55.1% across the nation. Of the individuals who did consume alcohol, fewer did so on a daily basis or participated in binge drinking, and more than half had a maximum of one to two drinks at a time.

16. The Greater Waterbury Health Improvement Partnership (GWHIP) led a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in and around Waterbury, Connecticut beginning in 2012. The partnership consisted of Saint Mary's Hospital, Waterbury Hospital, Waterbury Department of Public

Health, the City of Waterbury, the StayWell Health Center, the Connecticut Community Foundation, the United Way, and other community partners. The completed CHNA enabled GWHIP to conduct in-depth analysis and prioritization of community strengths, weaknesses, and needs prior to developing a community health improvement plan focusing on the following areas: Access to Care, Mental Health/Substance abuse, Obesity, and Tobacco use.

17. The prioritization of both Access to Care and Mental health/ Substance abuse relied heavily on environmental and societal factors that the proposed CON would not address and is **not due to a lack of providers or services available for the target population identified in the application.** Specifically;

17.1 The Applicant claims that the proposed services would “decrease drug related diseases such [as] Human Immunodeficiency Virus, Hepatitis B and C, depression and other mental disorders” based upon recognized treatise that correlate efficacy of treatment, generally (Application, p. 16; Supplemental submission, pp.12-14).

17.1.2 **Actual data for Waterbury residents is more favorable than state and national** statistics of incident rates cited by the Applicant. For example, Waterbury residents are more likely to have been tested for HIV (55.7%) when compared to residents across Connecticut (36.7%) and the nation (37.4%).

17.1.2 Data from the Department of Public Health reports that New Haven has twice the population of persons living with HIV than Waterbury. In addition, New Haven has a larger population living with Hepatitis B or C. (Table 2, Pre-filed Testimony of Samuel Gold)

17.1.3 Although Waterbury respondents reported having more days of poor mental health than state and national reported levels, a positive finding is that more respondents (16.4%) are taking medicine or receiving treatment from a health professional for their mental health condition when compared to the nation (12.5%). Therefore, **Waterbury residents are seeking and receiving treatment at higher rates than the national population.**

17.2 Despite primarily positive findings regarding health insurance and the rate of those receiving annual checkups, residents of Waterbury still cite access to care as a barrier to health due to out of pocket expense such as co-pays, the number of primary care physicians, hours of operation and health insurance-related issues. Nearly 18% of respondents said that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. In addition, both physicians and residents also cited mental and behavioral healthcare services as an area of need within the context of anxiety, depression, over-the-counter substance abuse, and stressors related to

environmental and social factors. **None of the components cited for either health priority are addressed by the services proposed in the application.**

18. The current and existing treatment facilities and programs in the Waterbury area are able to meet the needs of all patients that seek treatment and are eligible for services within appropriate medical protocols.

19. The table illustrates the differences between the New Haven and Waterbury metro areas, indicating that the two regions are not suitable for meaningful comparison. See Table 1: Demographic Data for Waterbury and New Haven Areas.

21. All referrals made by the Department of Health for addiction treatment services are generally met within 24 hours of referral.

22. The proposed application, if granted would result in unnecessary duplication of existing approved health care services and facilities.

23. The proposed services do not address the The Greater Waterbury Health Improvement Partnership goal to “improve mental health and reduce substance abuse through awareness, access to services, and promoting positive environments”.

24. The pproposed services do not address the The Greater Waterbury Health Improvement Partnership goal to improve access to comprehensive, culturally competent, quality health services.

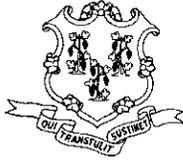
### VERIFICATION

I, William Quinn, hereby certify that I have reviewed the above Pre-Filed Testimony Offered by the Intervenor, City of Waterbury, and that the facts contained therein are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
WILLIAM QUINN

Subscribed and sworn to before me this \_\_\_\_ day of January 2014.

\_\_\_\_\_  
Notary Public/ Commission of Superior Court



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

**IN THE MATTER OF:**

A Certificate of Need Application by  
New Era Rehabilitation Center  
Notice to Petitioner re: Request for Status

Docket Number: 13-31857-CON

**RULING ON A PETITION FILED BY  
CONNECTICUT COUNSELING CENTERS, INC.  
TO BE DESIGNATED AS A PARTY OR INTERVENOR WITH FULL PROCEDURAL RIGHTS**

By petition dated January 22, 2014, Connecticut Counseling Centers, Inc. ("Petitioner") requested Party or Intervenor status with full right of cross-examination in the public hearing to be held by the Department of Public Health ("DPH") Office of Health Care Access ("OHCA") regarding the Certificate of Need ("CON") application of New Era Rehabilitation Center ("Applicant") filed under Docket Number: 13-31857-CON.

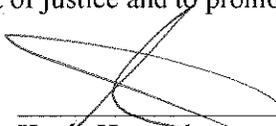
Pursuant to Connecticut General Statutes § 4-177a, the Petitioner is hereby designated as an Intervenor with full rights of cross-examination at the hearing scheduled for January 30, 2014, 2:00 p.m., at the Saint Peter and Paul Church Hall, 67 Southmayd Road, Waterbury, Connecticut. As an Intervenor with full rights of cross-examination, the Petitioner is allowed to participate as indicated below.

The Petitioner is granted the right to inspect and copy records on file with OHCA related to the CON filed under Docket Number 13-31857-CON and will be copied on all pleadings, correspondence and filings submitted from this point forward by the Applicant until the issuance of a final decision by OHCA. As an Intervenor with full rights of cross-examination, the Petitioner may be cross-examined by the Applicant and the Petitioner has the right to cross-examine the Applicant. The Petitioner shall submit its pre-filed testimony on or before the close of business on January 27, 2014.

OHCA's jurisdiction in this matter is limited to the guidelines and principles set forth in Connecticut General Statutes § 19a-639. Therefore, with respect to pre-filed testimony and direct testimony at the hearing, the Petitioner may present written or verbal evidence related to the guidelines and principles, including but not limited to the Applicant's target population; the need and access of the proposed services within the Applicant's proposed service area and demographics. The Petitioner is not permitted to present written or verbal testimony regarding any matter beyond the scope of the guidelines and principles, including but not limited to traffic patterns; fire, safety and building codes; educational concerns; and/or safety concerns.

OHCA will make any additional rulings as to the extent of the hearing participation rights of the Petitioner throughout the hearing in the interest of justice and to promote the orderly conduct of the proceedings.

1/23/14  
Date

  
Kevin Hansted  
Hearing Officer

*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



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

**IN THE MATTER OF:**

A Certificate of Need Application by  
New Era Rehabilitation Center  
Notice to Petitioner re: Request for Status

Docket Number: 13-31857-CON

**RULING ON A PETITION FILED BY  
THE HARTFORD DISPENSARY  
TO BE DESIGNATED AS A PARTY OR INTERVENOR WITH FULL PROCEDURAL RIGHTS**

By petition dated January 22, 2014, The Hartford Dispensary ("Petitioner") requested Party or Intervenor status with full right of cross-examination in the public hearing to be held by the Department of Public Health ("DPH") Office of Health Care Access ("OHCA") regarding the Certificate of Need ("CON") application of New Era Rehabilitation Center ("Applicant") filed under Docket Number: 13-31857-CON.

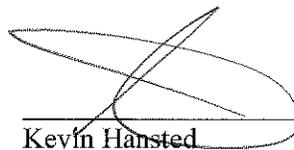
Pursuant to Connecticut General Statutes § 4-177a, the Petitioner is hereby designated as an Intervenor with full rights of cross-examination at the hearing scheduled for January 30, 2014, 2:00 p.m., at the Saint Peter and Paul Church Hall, 67 Southmayd Road, Waterbury, Connecticut. As an Intervenor with full rights of cross-examination, the Petitioner is allowed to participate as indicated below.

The Petitioner is granted the right to inspect and copy records on file with OHCA related to the CON filed under Docket Number 13-31857-CON and will be copied on all pleadings, correspondence and filings submitted from this point forward by the Applicant until the issuance of a final decision by OHCA. As an Intervenor with full rights of cross-examination, the Petitioner may be cross-examined by the Applicant and the Petitioner has the right to cross-examine the Applicant. The Petitioner shall submit its pre-filed testimony on or before the close of business on January 27, 2014.

OHCA's jurisdiction in this matter is limited to the guidelines and principles set forth in Connecticut General Statutes § 19a-639. Therefore, with respect to pre-filed testimony and direct testimony at the hearing, the Petitioner may present written or verbal evidence related to the guidelines and principles, including but not limited to the Applicant's target population; the need and access of the proposed services within the Applicant's proposed service area and demographics. The Petitioner is not permitted to present written or verbal testimony regarding any matter beyond the scope of the guidelines and principles, including but not limited to traffic patterns; fire, safety and building codes; educational concerns; and/or safety concerns.

OHCA will make any additional rulings as to the extent of the hearing participation rights of the Petitioner throughout the hearing in the interest of justice and to promote the orderly conduct of the proceedings.

1/22/14  
Date

  
Kevin Hansted  
Hearing Officer

*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

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: MICHAEL KURS

FAX: 18604244370

AGENCY: PULLMAN & COMLEY LLC

FROM: PAOLO FIDUCIA

DATE: 01/23/2014 Time: 3:00 pm

NUMBER OF PAGES: 3

*(including transmittal sheet)*



Comments:  
13-31857-  
CON Ruling  
for  
Connecticut  
Counseling  
and Hartford  
Dispensary

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

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TIME USE 00'35  
PAGES SENT 3  
RESULT OK



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: IKECHUKWU UMEUGO

FAX: 12039312682

AGENCY: UMEUGO & ASSOCIATES, P.C.

FROM: PAOLO FIDUCIA

DATE: 01/23/2014 Time: 3:00 pm

NUMBER OF PAGES: 3  
*(including transmittal sheet)*

Comments:  
13-31857-  
CON Ruling  
for  
Connecticut  
Counseling  
and Hartford  
Dispensary

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

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TIME USE 00'34  
PAGES SENT 3  
RESULT OK



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: LINDA T. WILBEY

FAX: 12035748340

AGENCY: CITY OF WATERBURY CORPORATION COUNSEL

FROM: PAOLO FIDUCIA

DATE: 01/23/2014 Time: 3:00 pm

NUMBER OF PAGES: 3  
*(including transmittal sheet)*



Comments:  
13-31857-  
CON Ruling  
for  
Connecticut  
Counseling  
Centers and  
Hartford  
Dispensary

## Greer, Leslie

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 12:07 PM  
**To:** Greer, Leslie  
**Subject:** FW: New Era Rehabilitation Center, Inc. Pre-file letter and Issues  
**Attachments:** 13-31857 Request for Prefiled Testimony.docx; 13-31857 Issues.doc

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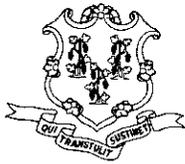
**From:** Fiducia, Paolo  
**Sent:** Friday, January 17, 2014 3:29 PM  
**To:** 'selim.noujaim@housegop.ct.gov'  
**Cc:** [Kaila.Riggott@po.state.ct.us](mailto:Kaila.Riggott@po.state.ct.us)  
**Subject:** New Era Rehabilitation Center, Inc. Pre-file letter and Issues

Dear Representative Noujaim,

Attached you will find the pre-file letter and issues related to the Certificate of Need of New Era Rehabilitation Center, Inc. Please let me know if you need anything else.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax



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

January 17, 2014

VIA FAX ONLY

Ikechukwu Umeugo, Esq.  
Umeugo & Associates, P.C.  
620 Post Post Road  
P.O. Box 26373  
West Haven, CT 06516

RE: Certificate of Need Application; Docket Number: 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or treatment of Substance Abusive or Dependent Persons  
in Waterbury

Dear Attorney Umeugo:

The Office of Health Care Access ("OHCA") will hold a public hearing on Thursday, January 30, 2014, at 2:00 p.m. at Saint Peter and Paul Church Hall, 67 Southmayd Road, Waterbury, regarding the Certificate of Need ("CON") application identified above. Pursuant to the Regulations of Connecticut State Agencies § 19a-9-29 (e), any party or other participant is required to prefile in written form all substantive, technical, or expert testimony that it proposes to offer at the hearing. The Applicant's prefiled testimony must be submitted to OHCA on or before the close of business **on Friday, January 24, 2014.**

All persons providing prefiled testimony must be present at the public hearing to adopt their written testimony under oath and must be available for cross-examination for the entire duration of the hearing. If you are unable to meet the specified time for filing the prefiled testimony you must request a time extension in writing, detailing the reasons for not being able to meet the specified deadline.

Additionally, please find OHCA's attachment outlining the suggested discussion points to prepare for the hearing.

Please contact Paolo Fiducia at (860) 418-7035, if you have any questions concerning this request.

Sincerely,

Kevin T. Hansted  
Hearing Officer

*An Equal Opportunity Employer*  
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688  
Fax: (860) 418-7053

## Greer, Leslie

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 12:08 PM  
**To:** Greer, Leslie  
**Subject:** FW: Receipt of petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary  
**Attachments:** 31857 Petition for Status.pdf

---

**From:** Fiducia, Paolo  
**Sent:** Wednesday, January 22, 2014 1:41 PM  
**To:** 'umeugoand.associates@snet.net'  
**Cc:** Hansted, Kevin; [Kaila.Riggott@po.state.ct.us](mailto:Kaila.Riggott@po.state.ct.us)  
**Subject:** Receipt of petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary

Dear Attorney Umeugo,

Attached you will find a copy of the petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary received today Wednesday, January 22, 2014. Please inform OHCA if you intend to file an objection.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

## Greer, Leslie

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 12:08 PM  
**To:** Greer, Leslie  
**Subject:** FW: Receipt of petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary  
**Attachments:** 31857 Petition for Status.pdf; Order - Waterbury Ext of Time.doc

---

**From:** Fiducia, Paolo  
**Sent:** Wednesday, January 22, 2014 1:50 PM  
**To:** 'lwihbey@waterburyct.org'  
**Cc:** Hansted, Kevin; [Kaila.Riggott@po.state.ct.us](mailto:Kaila.Riggott@po.state.ct.us)  
**Subject:** Receipt of petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary

Dear Attorney Wihbey,

Attached you will find a copy of the petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary received today Wednesday, January 22, 2014. Please inform OHCA if you intend to file an objection. Also included is a copy of the ruling on your motion for extension of time to submit pre-filed testimony as requested.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

**PULLMAN  
& COMLEY, LLC**  
ATTORNEYS

Michael A. Kurs  
90 State House Square  
Hartford, CT 06103-3702

t 860 424-4331  
f 860 424-4370  
mkurs@pullcom.com  
www.pullcom.com

JAN 22 2014

OFFICE OF  
HEALTH CARE ACCESS

January 22, 2014

**Via Courier**

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

Attn: Ms. Kimberly Martone, Director of Operations

**Re: New Era Rehabilitation Center, Inc. - Docket No. 13-31857-CON**

Dear Ms. Martone:

I have enclosed for filing an original and two copies of a petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary. Would you please acknowledge receipt via email.

Thank you.

Respectfully,

Michael Kurs

/MAK  
Encs.

cc: Lkeehukwu Umeugo, Esq.  
Linda T. Wihbey, Esq.

ACTIVE/55126.18/MAK/4469162v1

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

IN THE MATTER OF

DOCKET NO. 13-31857-CON

CERTIFICATE OF NEED APPLICATION  
NEW ERA REHABILITATION CENTER, INC.

JANUARY 22, 2014

**PETITION FOR PARTY OR INTERVENOR STATUS**

Connecticut Counseling Centers, Inc. ("Connecticut Counseling" or Petitioner"), whose Waterbury address is 4 Midland Road Waterbury, Connecticut 06705<sup>1</sup> by the undersigned counsel, hereby petitions the Office of Health Care Access ("OHCA") pursuant to Regulations of Connecticut State Agency §§19a-9-26 et seq. to designate it a party, or alternatively, as an intervenor with full rights to present evidence, arguments, to cross-examine and to otherwise furnish assistance to OHCA in its proceedings on the application of New Era Rehabilitation Center, Inc. ("New Era" or "Applicant"), Docket No. 13-31857, for permission to establish an Outpatient Substance Abuse Treatment Center in Waterbury, Connecticut to engage in methadone treatment, suboxone treatment, ambulatory detoxification, outpatient treatment and intensive outpatient treatment for individuals who are addicted or dependent on opiates, alcohol and/or "comorbid individuals" and states:

1. Connecticut Counseling Centers, Inc. is a private, non-profit organization that specializes in the delivery of regulated medication-assisted

---

<sup>1</sup> One of Petitioner's clinic addresses.

treatment for individuals with opioid dependency and is licensed by the Connecticut Department of Public Health to provide substance abuse services to its patients.

2. Connecticut Counseling currently provides services at three locations in Connecticut: Norwalk, Danbury and Waterbury.

3. It has operated a Waterbury treatment program since 1984.

4. Connecticut Counseling Centers' Waterbury site is less than 2 miles, (or a 5 minute drive) from the site of New Era's proposed location

5. Connecticut Counseling Centers, Inc. presently treats a substantial number of patients in its Waterbury facility.

6. The facility has the capacity to serve additional patients.

7. New Era's CON application makes the incorrect statement that its Waterbury Program has an intake waiting period of between 3 to 4 weeks. It does not.

8. New Era lists no ambulatory detoxification services in its count for Waterbury. Connecticut Counseling provides ambulatory detoxification services in Waterbury.

9. Connecticut Counseling has an interest, which is a constitutionally protected interest, in not being the subject of incorrect statements about its operation or statements that present it in a false light.

10. Connecticut Counseling has a special interest in responding to incorrect statements and unsupported statements in the filings made by the Applicant.

11. Connecticut Counseling has an interest in the quality of services offered by local methadone treatment programs as its own treatment efforts are hampered by programs that invite "program hopping" to the detriment of client/patient recovery.

12. Connecticut Counseling also has concerns about unnecessary additional treatment facilities that pose a risk of undermining the financial viability of its programs.

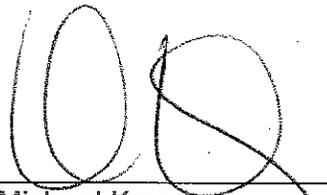
13. Connecticut Counseling intends to offer evidence, including evidence of other like treatment resources which contradicts New Era's claim of need.

14. Connecticut Counseling also proposes to offer testimony and to participate through its counsel in these proceedings on the issues of (1) the services proposed, (2) factors that interfere with successful treatment, (3) issues of quality and accessibility, and (4) Connecticut Counseling's development of additional services in the region and the availability of other services in the region.

15. Connecticut Counseling anticipates presenting the testimony of its Executive Director and/or its Waterbury Program Director and requests the opportunity to call other witnesses as to why the New Era's application should be denied in light of the statutory considerations found at General Statutes § 19a-639.

Connecticut Counseling Centers, Inc..

BY:

A handwritten signature in black ink, consisting of two large, overlapping loops that resemble the letters 'MK'.

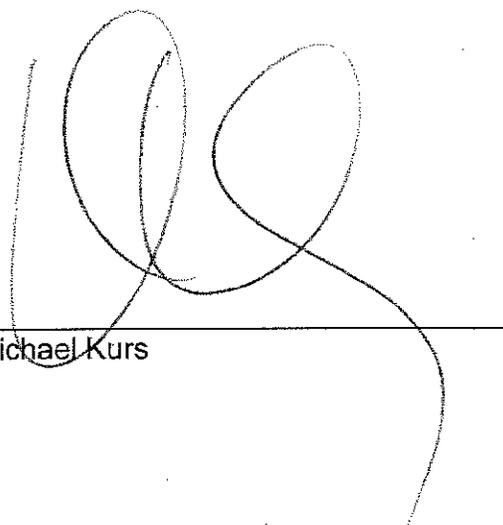
Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702  
Telephone: 860-424-4331  
Facsimile: 860-424-4370  
E-mail: [mkurs@pullcom.com](mailto:mkurs@pullcom.com)  
Its Attorneys

**CERTIFICATE OF SERVICE**

This is to certify that a copy of the foregoing was sent via first class United States mail, postage prepaid, this 22<sup>nd</sup> day of January, 2014 to counsel for the Applicant and the Intervenor City of Waterbury addressed as follows:

Ikechukwu Umeugo, Esq.  
620 Boston Post Road  
West Haven, CT 06516

Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702



Michael Kurs

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

IN THE MATTER OF

DOCKET NO. 13-31857-CON

CERTIFICATE OF NEED APPLICATION  
NEW ERA REHABILITATION CENTER, INC.

JANUARY 22, 2014

**PETITION FOR PARTY OR INTERVENOR STATUS**

The Hartford Dispensary ("Dispensary"), whose address is 335 Broad Street, Manchester, CT 06040, by the undersigned counsel, hereby petitions the Office of Health Care Access ("OHCA") pursuant to Regulations of Connecticut State Agency §§19a-9-26 et seq. to designate it a party, or alternatively, as an intervenor with full rights to present evidence, arguments, to cross-examine and to otherwise furnish assistance to OHCA in its proceedings on the application of New Era Rehabilitation Center, Inc. ("New Era" or "Applicant"), Docket No. 13-31857, for permission to establish an Outpatient Substance Abuse Treatment Center in Waterbury, Connecticut to engage in methadone treatment, suboxone treatment, ambulatory detoxification, outpatient treatment and intensive outpatient treatment for individuals who are addicted or dependent on opiates, alcohol and/or "comorbid individuals" and states:

1. The Dispensary operates multiple facilities which provide methadone maintenance and substance abuse treatment services in Connecticut, including a facility in Bristol, Connecticut.

2. The Dispensary has a substance abuse treatment program under development in Torrington, Connecticut where it expects to attract significant persons from the area who now receive methadone maintenance treatment in Waterbury since the Dispensary's Torrington facility will be more convenient.

3. The Dispensary expects its Torrington program to open within 90 days.

4. The Dispensary expects to have additional capacity in its Bristol facility upon the opening of the Torrington program which will increase the Bristol facility's capacity to serve persons within the service area encompassed by New Era's proposed program.

5. The Dispensary has substantial familiarity with treatment needs in the region.

6. The Dispensary also has an interest in there not being unnecessary additional treatment facilities in the region that pose a risk of undermining the financial viability of its programs, including its Torrington program.

7. The Dispensary has an interest in there not being an over-supply of services.

8. The Dispensary intends to offer evidence, including evidence of other like treatment resources which contradicts New Era's claim of need.

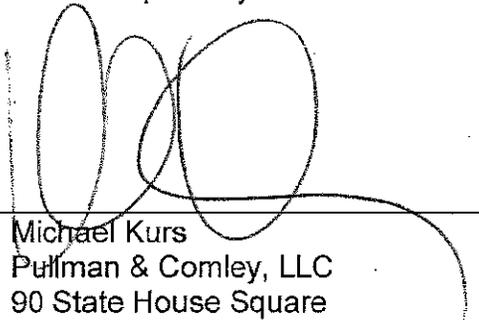
9. The Dispensary also proposes to offer testimony and to participate through its counsel in these proceedings on the issues of (1) the services

proposed, (2) factors that interfere with successful treatment, and (3) the existing services in the region and the availability of other services in the region.

10. The Dispensary anticipates presenting the testimony of its Executive Director and requests the opportunity to call other witnesses as to why the New Era application should be denied in light of the statutory considerations found at General Statutes § 19a-639.

The Hartford Dispensary.

BY:

A handwritten signature in black ink, appearing to read 'Michael Kurs', written over a horizontal line. The signature is stylized with large loops and a long tail extending to the right.

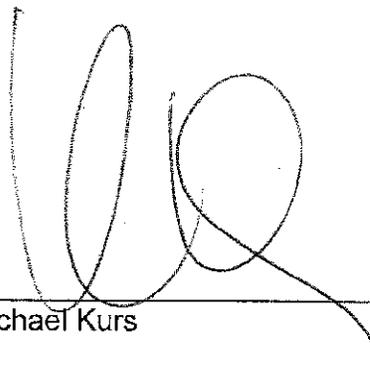
Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702  
Telephone: 860-424-4331  
Facsimile: 860-424-4370  
E-mail: mkurs@pullcom.com  
Its Attorneys

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing was sent via first class United States mail, postage prepaid, this 22<sup>nd</sup> day of January, 2014 to counsel for the Applicant and the Intervenor City of Waterbury addressed as follows:

Ikechukwu Umeugo, Esq.  
620 Boston Post Road  
West Haven, CT 06516

Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702

A handwritten signature in black ink, appearing to read 'Michael Kurs', is written over a horizontal line. The signature is stylized and cursive.

Michael Kurs

UMEUGO & ASSOCIATES, P.C.

ATTORNEYS AND COUNSELORS AT LAW

620 Boston Post Road

Post Office Box 26373

West Haven, Connecticut 06516

Tel.: (203) 931-2680 / Fax: (203) 931-2682

Email: [umeugoand.associates@snet.net](mailto:umeugoand.associates@snet.net)

IKECHUKWU UMEUGO

Associates

CECRYSTAL O. UMEUGO

Paralegal

KAREN CANDELLI

Legal Secretary

TWYLA ROBINSON

**FAX SHEET**

DATE: 01/24/2014

TIME: 11:15 a.m.

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 3

SENT TO FAX NUMBER: (860) 418-7053

FROM FAX NUMBER: (SEE ABOVE LETTERHEAD)

PLEASE DELIVER TO: Office of Health Care Access  
Attn. Ms. Kimberly R. Matone

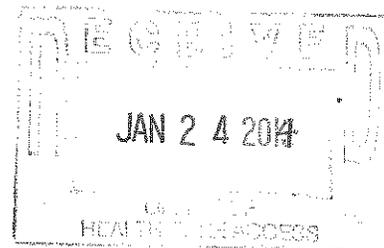
Re: New Era Rehabilitation Center Inc  
Our Client: New Era Rehabilitation Center, Inc.  
Docket #: 13-31857-CON  
Our File #: U/2754-001

**REMARKS/INSTRUCTIONS:**

Please see attached Motion for Continuance in reference to the above.

NOTICE: THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED, IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA REGULAR POSTAL SERVICE, THANK-YOU.

SENDER: Karen Candelli, Paralegal



STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

IN THE MATTER OF

DOCKET NO. 13-31857-CON

CERTIFICATE ON NEED APPLICATION  
NEW ERA REHABILITATION CENTER, INC.

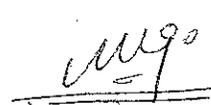
JANUARY 24, 2014

MOTION FOR CONTINUANCE

The Applicant New Era Rehabilitation Center, Inc. hereby respectfully requests for a Motion for Continuance of the Hearing that is schedule for January 30, 2014, on the following grounds:

- 1) The Applicant New Era Rehabilitation Center, Inc., is currently working with the City of Waterbury through Corporation Counsel's office and the Mayor's office of Economic Development to find another location instead 447 Meriden Road, Waterbury, CT to open the Waterbury Methadone Clinic. If this works out it will take care of one major issue at the said hearing.
- 2) The Applicant recently retained Counsel and the Counsel will need additional time to review the file.

THE APPLICANT,  
NEW ERA REHABILITATION CENTER, INC.

BY: 

\_\_\_\_\_  
IKECHUKWU UMEUGO  
THEIR ATTORNEY  
UMEUGO & ASSOCIATES, P.C.  
620 BOSTON POST ROAD  
WEST HAVEN, CT 06516  
(203) 931-2680; FAX (203) 931-2682  
JUR# 412772

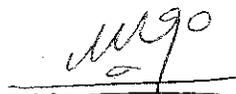
CERTIFICATION

This is to certify that a copy of the forgoing was delivered on this 24<sup>th</sup> day of January 2014 via first class mail postage prepaid, to:

Office of Health Care Access  
Attn.: Ms. Kimberly R. Matone  
410 Capitol Avenue, MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Facsimile: (860) 418-7053

Attorney Linda T. Wihbey  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702

Attorney Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702



\_\_\_\_\_  
Ikechukwu Umeugo, Esq.

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 12:09 PM  
**To:** Greer, Leslie  
**Subject:** FW: Applicant's Motion for Continuance Request  
**Attachments:** New Era Rehab Center Motion fro Continuance.pdf

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 11:52 AM  
**To:** [lwihbey@waterburyct.org](mailto:lwihbey@waterburyct.org)  
**Cc:** Hansted, Kevin; [Kaila.Riggott@po.state.ct.us](mailto:Kaila.Riggott@po.state.ct.us)  
**Subject:** Applicant's Motion for Continuance Request

Dear Attorney Wihbey,

Attached you will find a copy of Applicant's Motion for Continuance request for the hearing on January 30, 2014. Please inform OHCA if you intend to file an objection by 3 p.m. today Friday, January 24, 2014.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

IN THE MATTER OF

DOCKET NO. 13-31857-CON

CERTIFICATE ON NEED APPLICATION  
NEW ERA REHABILITATION CENTER, INC.

JANUARY 24, 2014

MOTION FOR CONTINUANCE

The Applicant New Era Rehabilitation Center, Inc. hereby respectfully requests for a Motion for Continuance of the Hearing that is schedule for January 30, 2014, on the following grounds:

- 1) The Applicant New Era Rehabilitation Center, Inc., is currently working with the City of Waterbury through Corporation Counsel's office and the Mayor's office of Economic Development to find another location instead 447 Meriden Road, Waterbury, CT to open the Waterbury Methadone Clinic. If this works out it will take care of one major issue at the said hearing.
- 2) The Applicant recently retained Counsel and the Counsel will need additional time to review the file.

THE APPLICANT,  
NEW ERA REHABILITATION CENTER, INC.

BY: 

IKECHUKWU UMEUGO  
THEIR ATTORNEY  
UMEUGO & ASSOCIATES, P.C.  
620 BOSTON POST ROAD  
WEST HAVEN, CT 06516  
(203) 931-2680; FAX (203) 931-2682  
JUR# 412772

**CERTIFICATION**

This is to certify that a copy of the forgoing was delivered on this 24<sup>th</sup> day of January 2014 via first class mail postage prepaid, to:

Office of Health Care Access  
Attn.: Ms. Kimberly R. Matone  
410 Capitol Avenue, MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Facsimile: (860) 418-7053

Attorney Linda T. Wihbey  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702

Attorney Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702



---

Ikechukwu Umeugo, Esq.

## Greer, Leslie

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 12:10 PM  
**To:** Greer, Leslie  
**Subject:** FW: Receipt of petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary

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**From:** Linda Wihbey [<mailto:lwihbey@waterburyct.org>]  
**Sent:** Wednesday, January 22, 2014 2:22 PM  
**To:** Fiducia, Paolo  
**Cc:** Hansted, Kevin; Riggott, Kaila  
**Subject:** RE: Receipt of petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary

He City has no Objection to the Petition of Connecticut Counseling.

May I send my pre-filed testimony to you or Kim Martone by overnight mail?

*Linda T. Wihbey, Esq.*  
Corporation Counsel  
City of Waterbury  
235 Grand Street, Waterbury, Ct 06702  
(203) 574-6731  
<mailto:LWihbey@WaterburyCt.org>

---

**From:** Fiducia, Paolo [<mailto:Paolo.Fiducia@ct.gov>]  
**Sent:** Wednesday, January 22, 2014 1:50 PM  
**To:** Linda Wihbey  
**Cc:** Hansted, Kevin; Riggott, Kaila  
**Subject:** Receipt of petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary

Dear Attorney Wihbey,

Attached you will find a copy of the petition for party or intervenor status on behalf of Connecticut Counseling Centers, Inc. and on behalf of The Hartford Dispensary received today Wednesday, January 22, 2014. Please inform OHCA if you intend to file an objection. Also included is a copy of the ruling on your motion for extension of time to submit pre-filed testimony as requested.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line

860.418.7053 Fax

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 12:10 PM  
**To:** Greer, Leslie  
**Subject:** FW: New Era Rehabilitation Center, Inc.  
**Attachments:** New Era Rehab Center Motion fro Continuance.pdf

---

**From:** Ike Umeugo [<mailto:umeugoand.associates@snet.net>]  
**Sent:** Friday, January 24, 2014 11:37 AM  
**To:** Fiducia, Paolo  
**Subject:** New Era Rehabilitation Center, Inc.

Dear Mr. Fiducia:

Please see attached a copy of our Motion for Continuance.

Thank you,  
Karen Candelli  
Paralegal

Umeugo & Associates, P.C.  
620 Boston Post Road  
P.O. Box 26373  
West Haven, CT 06516  
(203) 931-2680 / Fax (203) 931-2682

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**ATTORNEY-CLIENT PRIVILEGE AND CONFIDENTIALITY NOTICE**

The information contained in this message is attorney-client privileged and confidential, intended only for the use of the individual(s) or entity(s) named above. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify me by telephone. Further, this message should not be forwarded to anyone outside the attorney-client privilege. Thank you.

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

IN THE MATTER OF

DOCKET NO. 13-31857-CON

CERTIFICATE ON NEED APPLICATION  
NEW ERA REHABILITATION CENTER, INC.

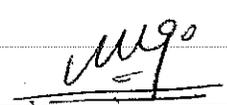
JANUARY 24, 2014

MOTION FOR CONTINUANCE

The Applicant New Era Rehabilitation Center, Inc. hereby respectfully requests for a Motion for Continuance of the Hearing that is schedule for January 30, 2014, on the following grounds:

- 1) The Applicant New Era Rehabilitation Center, Inc., is currently working with the City of Waterbury through Corporation Counsel's office and the Mayor's office of Economic Development to find another location instead 447 Meriden Road, Waterbury, CT to open the Waterbury Methadone Clinic. If this works out it will take care of one major issue at the said hearing.
- 2) The Applicant recently retained Counsel and the Counsel will need additional time to review the file.

THE APPLICANT,  
NEW ERA REHABILITATION CENTER, INC.

BY: 

\_\_\_\_\_  
IKECHUKWU UMEUGO  
THEIR ATTORNEY  
UMEUGO & ASSOCIATES, P.C.  
620 BOSTON POST ROAD  
WEST HAVEN, CT 06516  
(203) 931-2680; FAX (203) 931-2682  
JUR# 412772

**CERTIFICATION**

This is to certify that a copy of the forgoing was delivered on this 24<sup>th</sup> day of January 2014 via first class mail postage prepaid, to:

Office of Health Care Access  
Attn.: Ms. Kimberly R. Matone  
410 Capitol Avenue, MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Facsimile: (860) 418-7053

Attorney Linda T. Wihbey  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702

Attorney Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702

  
\_\_\_\_\_  
Ikechukwu Umeugo, Esq.

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 12:11 PM  
**To:** Greer, Leslie  
**Subject:** FW: Applicant's Motion for Continuance Request

---

**From:** Kurs, Michael A. [<mailto:mkurs@pullcom.com>]  
**Sent:** Friday, January 24, 2014 12:02 PM  
**To:** Fiducia, Paolo  
**Cc:** Hansted, Kevin; Riggott, Kaila  
**Subject:** RE: Applicant's Motion for Continuance Request

Thank you,

I will need to consult with my clients.

Respectfully,

Mike Kurs

---

**From:** Fiducia, Paolo [<mailto:Paolo.Fiducia@ct.gov>]  
**Sent:** Friday, January 24, 2014 11:54 AM  
**To:** Kurs, Michael A.  
**Cc:** Hansted, Kevin; Riggott, Kaila  
**Subject:** Applicant's Motion for Continuance Request

Dear Attorney Kurs,

Attached you will find a copy of Applicant's Motion for Continuance request for the hearing on January 30, 2014. Please inform OHCA if you intend to file an objection by 3 p.m. today Friday, January 24, 2014.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

## Greer, Leslie

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 1:54 PM  
**To:** umeugoand.associates@snet.net  
**Cc:** Greer, Leslie  
**Subject:** City of Waterbury pre-file Testimony  
**Attachments:** 31857 Prefile Testimony\_201401231351.pdf

Dear Attorney Umeugo,

Attached is the pre-file testimony filed by the City of Waterbury.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 1:59 PM  
**To:** mkurs@pullcom.com  
**Cc:** Greer, Leslie  
**Subject:** City of Waterbury Pre-file Testimony  
**Attachments:** 31857 Prefile Testimony\_201401231351.pdf; 31857\_201401231350.pdf

Dear Attorney Kurs,

Attached you will find the City Of Waterbury pre-file testimony and a letter from DHMAS to the Applicant..

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax



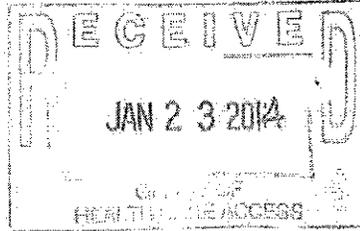
# STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH  
AND ADDICTION SERVICES  
*A HEALTHCARE SERVICE AGENCY*

DANNEL P. MALLOY  
GOVERNOR

PATRICIA A. REHMER, MSN  
COMMISSIONER

Dr. Kristina Kolade  
New Era Rehabilitation Center  
311 East St.  
New Haven, CT



January 21, 2014

Dear Dr. Kolade:

I am writing in reference to a Certificate of Need (CON) application that was filed by New Era for a methadone maintenance clinic in Waterbury Connecticut. My unit is often called upon to respond to data requests that may come to our Department under the Freedom of Information (FOI) legislation. We responded in September 2013 to an FOI request made by your organization. My understanding is that the data we provided has been submitted with their CON application and this data may be interpreted incorrectly.

You requested information regarding capacities and clients served in methadone maintenance program throughout the State. Our agency does not establish capacities for methadone maintenance and I do not believe that the Department of Public Health establishes licensed capacities for this level of care. However, our data system does include a number for the individuals we expect a program will minimally serve on a monthly or annual basis. This number is a projection but it is not a fixed capacity. We provided this number to you for many methadone programs throughout the state as part of their request for "capacity" data.

This number should not be interpreted as a fixed capacity. Many programs exceed these projections, comfortably managing more clients than our projections. These numbers historically were used to evaluate whether providers were meeting contractual obligations for clients we expected them to serve. Over the years, methadone maintenance providers have increased their ability to serve more clients by simply adding more staff.

Please feel free to contact me if you have additional questions about our response to your FOI request. I may be reached at 860-418-6810.

Sincerely,

Jim Siemianowski  
Director, EQMI

Cc: Kim Martone, OHCA

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 2:02 PM  
**To:** umeugoand.associates@snet.net  
**Cc:** Greer, Leslie  
**Subject:** DHMAS Letter  
**Attachments:** 31857\_201401231350.pdf

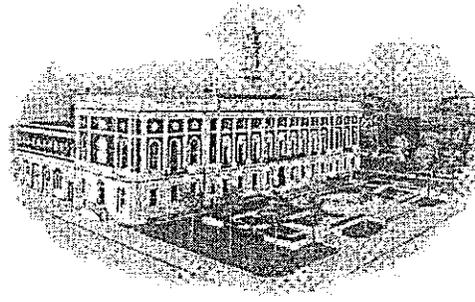
Dear Attorney Umeugo,

The attached letter came with the pre-file testimony from the City of Waterbury addressed to the Applicant.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

LINDA T. WIHBEY  
CORPORATION COUNSEL



PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL

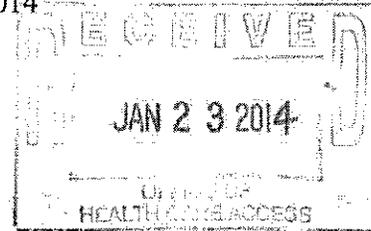
OFFICE OF THE CORPORATION COUNSEL

## THE CITY OF WATERBURY

CONNECTICUT

January 22, 2014

Office of Health Care Access  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue, MS 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Attn: Ms. Kimberly Martone, Director of Operations



Re: New Era Rehabilitation Center  
#13-31857-CON

Dear Ms. Martone:

Enclosed please find an original plus two (2) copies of the City of Waterbury's Pre Filed Testimony relative to the above entitled matter as follows.

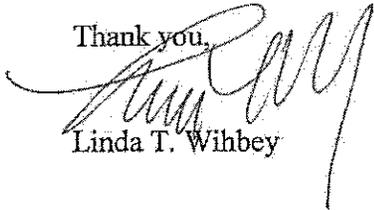
- 1) Dr. Joseph Conrad - Connecticut Counseling , Program Director
- 2) William Quinn – Department of Public Health City of Waterbury, Director
- 3) Samuel Bowens – Department of Public Health City of Waterbury, Program Coordinator
- 4) Samuel Gold, AIC, Conference of Governments

Additional documents for filing:

- 5) Letter from Joe Markley, State Senator
- 6) Waterbury Board of Education Resolution

Please acknowledge receipt via email at [lwihbey@waterburyct.org](mailto:lwihbey@waterburyct.org).

Thank you,

  
Linda T. Wihbey

LTW:ac

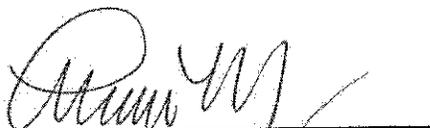
EnclosuresF:\New Electronic Filing System\FILE MANAGEMENT\Property Use and Zoning Related Issues\Land Use\Other\Methadone Clinic(New Era Rehabilitation Clinic) LND13-013\Correspondence\Submit letter to OCHA Pre Filed Testimony 1.22.14.doc

**CERTIFICATION**

I hereby certify that on this 22 day of June 2014 a copy of the Pre Filed Testimony Offered by the Intervenor, City of Waterbury, was mailed postage prepaid, to:

Ikechukwu Umeugo, Esq.  
Umeugo & Associates, P.C.  
620 Boston Road  
P.O. Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
Pullman & Comely, LLC  
90 State House Square  
Hartford, CT 06103



Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

# Waterbury Board of Education

THE CITY OF WATERBURY

236 Grand Street ♦ Waterbury, CT 06702



Charles L. Stango  
President

December 20, 2013

To Whom It May Concern:

At its regular meeting of December 19, 2013, the Board of Education approved the following Position Statement, to wit:

WHEREAS a methadone clinic has been proposed for location at 447 Meriden Road, Waterbury, Connecticut;

WHEREAS an application for a Certificate of Need for the aforementioned methadone clinic was filed with the State Office of Health Care Access;

WHEREAS the State Office of Health Care Access ruled on December 4, 2013 that said application was complete;

WHEREAS said application will proceed through state and local processes;

WHEREAS said proposed location is adjacent to a Waterbury Department of Education facility, Chase Elementary School, serving a Pre-k through 5<sup>th</sup> grade population of approximately 800 students;

WHEREAS parents of Chase School students have voiced to the Waterbury Board of Education their concerns for the safety of their children and the Chase School facility as regards to the potential clientele and increased vehicle and foot traffic generated by the proposed facility;

WHEREAS Chase Elementary School staff and other local educators have expressed concerns to the Waterbury Board of Education similar to those noted by parents of Chase Elementary Schools;

WHEREAS the location at 447 Meriden Road is not the only location available within the borders of Waterbury that may be suitable and available for the proposed methadone clinic.

We, the Waterbury Board of Education, have serious concerns for the safety of our children and support the parents and educators of the Chase School Community and the entire Waterbury Education Community in opposing the location of a methadone clinic at 447 Meriden Road, Waterbury Connecticut, in close proximity to Chase Elementary School.

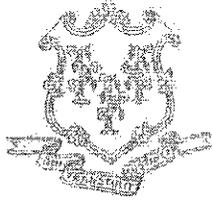
Further, the Waterbury Board of Education supports transmittal of this document to: State Senator Joan Hartley, State Senator Joe Markley, State Representative Jeffrey Berger, State Representative Larry Butler, State Representative Victor Cuevas, State Representative Anthony D'Amelio, and State Representative Selim Noujaim.

Respectfully,

A handwritten signature in cursive script, appearing to read "Carrie A. Swain".

Carrie A. Swain, Clerk

Waterbury Board of Education



State of Connecticut

SENATE

STATE CAPITOL  
HARTFORD, CONNECTICUT 06106-1591

SENATOR JOE MARKLEY  
SIXTEENTH DISTRICT

LEGISLATIVE OFFICE BUILDING  
SUITE 3400  
HARTFORD, CT 06106-1591  
Capitol (866) 248-0381  
Toll Free: (800) 642-1121  
E-mail: Joe.Markley@legis.ct.gov  
Website: www.SenatorMarkley.com

RANKING MEMBER  
HUMAN SERVICES COMMITTEE  
LABOR COMMITTEE

MEMBER  
APPROPRIATIONS COMMITTEE  
PROGRAM REVIEW &  
INVESTIGATIONS COMMITTEE

January 9, 2014

Charles L. Stango, President  
Waterbury Board of Education  
236 Grand Street  
Waterbury, CT 06702

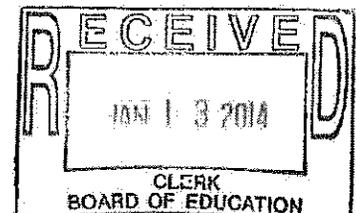
Dear Charles,

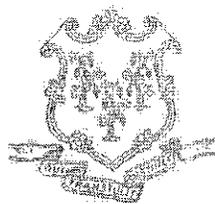
The letter you sent regarding the Waterbury Board of Education's concern over the placement of the Methadone Clinic at 447 Meriden Road is completely warranted. In August, I sent the enclosed letter to the Department of Public Health outlining my strong opposition to the proposal.

I plan to attend the public hearing on January 30 at St. Peter & Paul Church, however, in the meantime, if you would like to discuss this further, please do not hesitate to get in touch.

Sincerely,

  
Joe Markley  
State Senator  
Sixteenth District





State of Connecticut

SENATE

STATE CAPITOL  
HARTFORD, CONNECTICUT 06106-1591

SENATOR JOE MARKLEY  
SIXTEENTH DISTRICT

LEGISLATIVE OFFICE BUILDING  
SUITE 3400  
HARTFORD, CT 06106-1591  
Capitol: (860) 240-0381  
Toll Free: (800) 842-1421  
E-mail: Joe.Markley@sos.ct.gov  
Website: www.SenatorMarkley.com

RANKING MEMBER  
HUMAN SERVICES COMMITTEE  
LABOR COMMITTEE

MEMBER  
APPROPRIATIONS COMMITTEE  
PROGRAM REVIEW &  
INVESTIGATIONS COMMITTEE

August 27, 2013

Dr. Jewel Mullen, Commissioner  
State of Connecticut  
Department of Health  
410 Capitol Avenue  
Hartford, CT 06134

Re: New Era Rehabilitation Center, Establishment of Outpatient Substance Abuse Treatment  
Center in Waterbury, Docket No. 13-31857-CON

Dr. Mullen,

I am writing to you regarding an issue of great importance to my district and the city of Waterbury. New Era Rehabilitation Center has submitted a certificate of need application which would allow the company to open a methadone clinic at 447 Meriden Road in Waterbury. I would like to express my strong opposition to this proposal, which represents a threat to nearby students and an affront to Waterbury's closely-knit East End neighborhood.

The proposed site of this clinic is less than 400 feet from Chase Elementary School, which is located at 40 Woodtick Road but is largely bordered by Meriden Road. The proximity of such a center to a city school would present an unacceptable risk to student safety. While the aims of methadone clinics are undoubtedly well-intentioned, the process of weaning patients off drugs is liable to encourage undesirable activity at such a location. Drug dealers, well-aware of the vulnerability of patients at these clinics, will likely frequent the surrounding area; the patients themselves, in some instances, are subject to the physical and mental stresses of detoxification as well as addictive behaviors resulting from the methadone itself. In short, the unfortunate fact is that the area surrounding a methadone clinic is not suitable for children of any age, but especially the youngest and most defenseless children in our communities. With five such clinics already in the city of Waterbury, opening a sixth this close to a school would be reckless and irresponsible.

In addition to its proximity to Chase Elementary, the proposed clinic would threaten the community fiber of Waterbury's incredibly strong East End. The distinctive history of this neighborhood, combined with its unique economic and community independence, has created an identity which would ultimately be endangered by the adverse effects of a methadone clinic at this location. The uncommon loyalty and pride many East Enders feel towards their community means that residents are largely opposed to any threat to neighborhood solidarity and wholesomeness. A methadone clinic on Meriden Road represents an imposition on the citizens of the East End and a danger to a close-knit community of a sort all too rare in today's world.

I hope you will consider this opposition and that of many East End residents in your assessment of the clinic's certificate of need application. I would be glad to answer any questions you may have regarding this issue.

Sincerely,

Joe Markley

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

NEW ERA REHABILITATION : DOCKET NO. 13-31857-CON  
CENTER, :

APPLICANT : JANUARY \_\_, 2014

PRE FILED TESTIMONY OFFERED BY THE INTERVENOR  
CITY OF WATERBURY

1. I, Joseph G. Conrad, MA, PsyD, am the Program Director of the Connecticut Counseling Centers, Inc.- Waterbury located at 4 Midland Ave., Waterbury Connecticut. I am over the age of eighteen and understand the obligations of an oath.

2. Connecticut Counseling Centers, Inc. is a not-for-profit corporation that provides a full range of licensed outpatient substance abuse and mental health prevention, education and treatment services to assist adults in becoming productive members of society.

3. I have served as the Program Director of the Connecticut Counseling Centers, Inc.- Waterbury for \_3\_ years. I have been providing comprehensive behavioral health and substance abuse treatment services since 1990. I am familiar with the accepted protocols for the treatment of individuals that are addicted or dependent on opiates, alcohol and or co-morbid individuals. My curriculum vitae is attached as Exhibit \_.

4. I have reviewed the Applicant, New Era Rehabilitation Centers, Inc.'s Application for a Certificate of Need to establish a methadone maintenance, ambulatory detoxification, intensive outpatient day-evening treatment program, located at Meriden Road, Waterbury Connecticut.

5. It is my opinion that there is no need for the services proposed, and further that the proposed services, if granted will not provide those that are in need of services, access to the proposed services. My opinion is based, in part, upon the following:

6. Connecticut Counseling Centers, Inc. - Waterbury, currently provides the proposed services within a 5 mile distance from the Applicant's proposed location. There is no wait list or delay for the admission of new patients due to the capacity to treat at the Connecticut Counseling Centers, Inc. - Waterbury program.

7. During the admission process it is not uncommon for patients to present with con-commitment medical issues, including heart, cardiac and other medically treatable conditions, that if not addressed upon admission can accentuate risk factors with any detoxification or maintenance program.

8. Many patients seeking admission to the Connecticut Counseling Centers, Inc. program, or any other substance abuse treatment service, may present with addiction to more than one substance and are not addicted to opiates alone. Certain pharmaceutical detoxifications and maintenance programs could present lethal hazards to such persons. For example, a combination of methadone for detoxification and or maintenance to a person using any benzodiazepine class of drug could be lethal.

9. As part of a responsible and ethically medically controlled admission process, new patients' risk factors are assessed and presenting conditions triaged to determine medically appropriate treatments. This may cause a medical delay in the admission and administration of a pharmaceutical detoxification or maintenance program in the medical interests of the patient, and is not due to lack of capacity to treat.

10. The current and existing treatment facilities and programs in the Waterbury area are able to meet the needs of all patients that seek treatment and are eligible for the services within appropriate medical protocols.

11. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. No single treatment is appropriate for everyone. Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.

12. In the 20 mile radius of Waterbury, according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Drug and Alcohol Treatment Service locator, there are **FORTY EIGHT (48)** substance abuse treatment providers. See Exhibit     

13. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. Medications can be used to help with different aspects of the treatment process.

14. Methadone, buprenorphine and, for some individuals, naltrexone are effective medications for the treatment of opiate addiction. Acting on the same targets in the brain as heroin and morphine, methadone and buprenorphine suppress withdrawal symptoms and relieve cravings. Naltrexone works by blocking the effects of heroin or other opioids at their receptor sites and should only be used in patients who have already been detoxified. Because of compliance issues, naltrexone is not as widely used as the other medications. All medications

help patients disengage from drug seeking and related criminal behavior and become more receptive to cognitive-behavioral treatments.

15. In the 20 mile radius of Waterbury, according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Drug and Alcohol Treatment Service locator, **THIRTY EIGHT (38)** facilities provide outpatient methadone treatment.

16. Buprenorphine, or more commonly references by the name "Suboxone", is an effective pharmaceutical for the treatment of narcotic (opiate) addiction. Unlike methadone, it is not prescribed as a pain medication. It must be prescribed by a physician having a valid DATA Waiver. SAMHSA has described buprenorphine as "extremely valuable treatment" and reports from a 2008 Special Summit reported buprenorphine 80% effective in the reduction of illicit opioid use.

17. Buprenorphine can be prescribed and dispensed in an office setting, a medical practice address or an outpatient treatment program or hospital. Physicians may treat opioid addiction with any active practice setting in which they are otherwise credentialed to practice and where it is medically appropriate.

18. Each Physician may treat up to 100 patients with Buprenorphine for opioid detoxification and maintenance.

19. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Drug and Alcohol Treatment Service locator, there are **TWENTY SIX (26)** physician providers in the Applicant's identified service area having authority to prescribe up to 100 patient prescriptions for Buprenorphine (DATA 2000 waivers). There are **SEVENTEEN (17)** physician providers in the city of Waterbury; 1 in Middlebury, 3 in Cheshire and 5 in Hamden. There are additional providers that have not agreed to be listed on the SAMHSA locator.

20. There is no limit on the number of patients a physician group may treat for opioid addiction at any one time. In fact, the physician group practice limit was eliminated effective August 2, 2005. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Drug and Alcohol Treatment Service locator, there are **THREE (3)** treatment programs in Waterbury without a patient limit, including Connecticut Counseling Centers.

21. Currently, Connecticut Counseling Centers, Inc. – Waterbury operates a morning to mid-day program, from 5:30 am – 2:00 p.m. and Saturdays until 1:30 pm. Previously, afternoon and/ evening hours were offered. However, due to insufficient patient interest, the afternoon and evening hours were discontinued.

22. Between the hours of 5:30 and 8:00 am the program services approximately 250 patients, and is staffed with 40 employees.

23. Our average patient census is 100 patients per hour in the morning hours. Peak hours are 6:00 a.m. to 10:00 a.m. The majority of our average daily census is at our facility between the hours of 6:00 a.m. and 10:00 a.m.

24. We utilize a complex well designed modular system to ensure that the average patient visit for medication services is 2-5\_\_ minutes and that the patient has access in and back to his/her daily activities in 5-10\_\_ minutes. An inability to provide the quick turnaround would result in patients choosing to utilize another provider for the services. With that said, it is also important to note that patients are required to meet an array of program requirements as well including consistently attending all scheduled group/individual sessions, scheduled and unscheduled toxicology screens, and following through with all medical appointments. Thus we are expeditious with our patients who on a given day may just require medication services but also are diligent that all patients partner with us to remain in good standing with all clinic rules and regulations

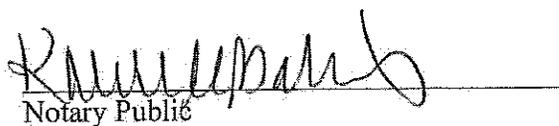
26. Eighty Percent (80%) of the patients arrive at our facilities in private automobile.

### VERIFICATION

I, Joseph G. Conrad, MA, PsyD, hereby certifies that I have reviewed the above Pre-Filed Testimony Offered by the Intervenor, City of Waterbury, and that the facts contained therein are true and accurate to the best of my knowledge and belief.

  
JOSEPH G. CONRAD, MA, PsyD

Subscribed and sworn to before me this 16<sup>th</sup> day of January 2014.

  
Notary Public

Karen E. Baldwin  
NOTARY PUBLIC  
Commission Expires 12/31/14

## **JOSEPH G. CONRAD, MA, Psy.D.**

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17 CHURCH STREET  
NEW PRESTON, CT 06777  
(860) 868 - 7399  
*conradj@wcsu.edu*

### **SENIOR MANAGEMENT EXECUTIVE PROFILE**

- 25+ YEARS OF BROAD-BASED EXPERTISE WITHIN THE BEHAVIORAL HEALTH, ADDICTION PSYCHIATRY, HIGHER-EDUCATION, NON-PROFIT, AND CHILD WELFARE FIELDS.
- ACTIVELY ENGAGED IN TEACHING A RANGE OF UNDERGRADUATE COURSES IN THE BEHAVIORAL SCIENCES.
- HIGHLY EXPERIENCED IN MANAGING ALL FACETS OF EXECUTIVE, CLINICAL, AND FACILITY OPERATIONS.
- SKILLED IN PROJECT PLANNING, BUDGET ANALYSIS, AND FISCAL MANAGEMENT.
- SUCCESSFUL IN WRITING GRANT PROPOSALS AND SECURING MULTI-YEAR MULTI-MILLION FUNDING AWARDS.
- THOROUGH KNOWLEDGE OF EMPIRICALLY SUPPORTED PRACTICES AND STRENGTH BASED THEORIES IN THE FIELDS OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL FUNCTIONING.
- ACCOMPLISHED IN STAFF DEVELOPMENT, PROGRAM DEVELOPMENT, AND COMMUNITY OUTREACH.
- WELL TRAINED IN C.Q.I., Q.A., JCAHO STANDARDS, CARF REGULATIONS, OSHA, AND RISK MANAGEMENT FUNCTIONS.
- KNOWLEDGEABLE IN ALL FACETS OF STAFF SUPERVISION AND PROGRAM OVERSIGHT.
- FULL EXPOSURE TO MANAGED CARE OPERATIONS INCLUDING UTILIZATION REVIEW, UTILIZATION MANAGEMENT, RISK MANAGEMENT, AND DISEASE MANAGEMENT.
- EXTENSIVE REPORTING BACKGROUND PROVIDING ANALYSIS AND INTERPRETATION OF CLINICAL, DEMOGRAPHIC, AND FINANCIAL TRENDS IN THE BEHAVIORAL HEALTHCARE INDUSTRY AND NON-PROFIT SECTORS.
- STRONG DIAGNOSTIC SKILLS AND THE ABILITY TO PRESENT DATA IN A CLEAR, CONCISE MANNER.
- SOUND WRITTEN AND ORAL COMMUNICATION SKILLS. EXCELLENT ORGANIZATION AND PRESENTATION SKILLS.
- ADVANCED ACUMEN WITH PC TECHNOLOGY AND SOFTWARE: SPREADSHEETS, DATA-BASES, WORD PROCESSING, DESKTOP PUBLISHING, WINDOWS OS, APPLE OS, BANNER, AND INTERNET ACCESS.

## PROFESSIONAL EXPERIENCE

### *PROGRAM DIRECTOR, CONNECTICUT COUNSELING CENTERS, INC.*

WATERBURY FACILITY, CT SEPTEMBER 2010 TO PRESENT. DIRECTOR OF AN OUTPATIENT SUBSTANCE ABUSE AND BEHAVIORAL HEALTH CLINIC. RESPONSIBILITIES INCLUDE:

- PROVIDE COMPREHENSIVE ADMINISTRATIVE AND OPERATIONAL OVERSIGHT IN AN OUTPATIENT MENTAL HEALTH, MEDICATION ASSISTED TREATMENT, & PRIMARY CARE CLINIC THAT MANAGES A WEEKLY VOLUME OF 1000 PATIENTS.
- MANAGE 34 DIRECT REPORT EMPLOYEES THAT INCLUDE ADMINISTRATIVE, SUPERVISORY, CLINICAL, NURSING, AND MEDICAL STAFF.
- ANNUAL REVENUES GENERATED AT THE WATERBURY SITE IN EXCESS OF 3M DOLLARS.
- SECURED A MULTI-YEAR MULTH-MILLION FUNDING CONTRACT WITH THE STATE OF CONNECTICUT – JUDICIAL BRANCH – COURT SUPPORT SERVICES DIVISION (CSSD).
- RESPONSIBLE FOR MONITORING AND MAINTAINING AN APPROPRIATE P&L MARGIN.
- REDUCED OUTSTANDING ACCOUNTS RECEIVABLE LEDGER FROM \$198,000 TO \$95,000 IN LESS THAN 12 MONTHS.
- INCREASED PATIENT CENSUS FROM 670 PATIENTS TO 900 PATIENTS IN LESS THAN 18 MONTHS
- DEVELOPED AND IMPLEMENTED MULTI-CULTURALLY SENSITIVE PROGRAMMING TO BETTER SERVE OUR MINORITY POPULATIONS THAT REPRESENTS 45% OF THE PATIENT POPULATION SERVED.
- CONSISTENTLY ACHIEVE DMHAS CONSUMER SATISFACTION RATINGS OF 95%.
- FACILITATE GENERAL, CLINICAL, AND LEADERSHIP MEETINGS.
- PROVIDE DIRECT SUPERVISION TO ADMINISTRATIVE, CLINICAL, AND MEDICAL STAFF.
- CONDUCT ANNUAL PERFORMANCE EVALUATIONS FOR ALL DIRECT REPORTS.
- DEVELOP AND MAINTAIN EFFECTIVE INTERAGENCY/INTRA-AGENCY COLLABORATIONS TO ENHANCE PATIENT SERVICES AND COMMUNITY RELATIONS.
- OVERSEE AND CONSULT WITH HUMAN RESOURCES REGARDING ALL PERSONNEL ISSUES INCLUDING RECRUITING, HIRING, RETENTION AND TERMINATIONS.
- ASSURE COMPLIANCE WITH ALL LOCAL, STATE, AND FEDERAL REGULATIONS.
- WORK AS PART OF THE EXECUTIVE MANAGEMENT TEAM TO CONTINUALLY ENHANCE SERVICE DELIVERY.

*DIRECTOR OF QUALITY IMPROVEMENT, CONNECTICUT COUNSELING CENTERS, INC.*  
DANBURY, CT DECEMBER 2007 TO PRESENT. MEMBER OF THE EXECUTIVE MANAGEMENT TEAM OVERSEEING A MULTISITE OUTPATIENT SUBSTANCE ABUSE AND BEHAVIORAL HEALTH OPERATION. RESPONSIBILITIES INCLUDE:

- MONITORING COMPLIANCE WITH AN ARRAY OF LOCAL, STATE, AND FEDERAL REGULATORY BODIES.
- RESEARCHING, DEVELOPING AND IMPLEMENTING BEST PRACTICE POLICIES AND PROCEDURES FOR PERSONNEL AS WELL AS PATIENT CARE.
- OVERSEEING AND CONDUCTING QUALITY ASSURANCE AUDITS.
- PARTICIPATE IN THE QUALITY IMPROVEMENT/PERFORMANCE IMPROVEMENT PROCESS.
- MANAGE THE CREDENTIALING PROCESS FOR CLINICAL/MEDICAL STAFF.
- COORDINATOR OF ALL RISK MANAGEMENT FUNCTIONS.
- DEVELOP AND COORDINATE ALL MANDATORY IN-SERVICE TRAINING MODULES.
- PRINCIPAL REVIEWER FOR ALL CRITICAL INCIDENTS AS WELL AS SENTINEL EVENTS.
- PARTICIPATE IN THE REVIEW AND IMPLEMENTATION OF ALL POLICY AND ADMINISTRATIVE GUIDELINES.
- PROVIDE DIRECT CLINICAL/ADMINISTRATIVE CONSULTATION ON ALL PERSONNEL ISSUES AS WELL AS SERVICE DELIVERY PROCESSES.

*ADJUNCT PROFESSOR OF PSYCHOLOGY, WESTERN CONNECTICUT STATE UNIVERSITY, DANBURY, CT AUGUST 2005 TO PRESENT. RESPONSIBLE FOR TEACHING AN ARRAY OF MULTILEVEL UNDERGRADUATE COURSES IN THE BEHAVIORAL SCIENCES, FOR EXAMPLE: THE PSYCHOLOGY OF WOMEN, INTRODUCTORY PSYCHOLOGY, ABNORMAL PSYCHOLOGY, MORAL DEVELOPMENT, CLINICAL PSYCHOLOGY, AND PERSONALITY THEORY.*

*CLINICAL SUPERVISOR, WHEELER CLINIC, INC. WATERBURY, CT FEBRUARY 2006 TO NOVEMBER 2006. RESPONSIBLE FOR OVERSEEING THE IMPLEMENTATION OF AN INNOVATIVE EVIDENCED-BASED INTENSIVE IN-HOME BASED THERAPEUTIC PROGRAM.*

- SUPERVISE A MULTI-DISCIPLINARY TREATMENT TEAM
- ASSURE ADHERENCE TO THE MDFT TREATMENT MODEL
- ACTIVELY COLLABORATE WITH COMMUNITY PROVIDERS INCLUDING: DCF, JUVENILE COURT, HOSPITALS, SCHOOLS, AND AN ARRAY OF BEHAVIORAL HEALTH PROVIDERS.
- FACILITATE CASE CONFERENCES AND WEEKLY TRIAGE MEETINGS.
- CONDUCT LIVE SUPERVISION SESSIONS.
- COORDINATE THE UTILIZATION OF MULTIPLE BEHAVIORAL HEALTH OUTCOME MEASURES.
- OVERSEE ADHERENCE TO ALL JCAHO GUIDELINES.
- CONDUCT EMPLOYEE EVALUATION REVIEWS.
- PARTICIPATE IN THE REVIEW AND IMPLEMENTATION OF ALL POLICY AND ADMINISTRATIVE GUIDELINES.

*DIRECTOR OF EDUCATIONAL & CLINICAL SERVICES, EDUCATION CONNECTION/DANBURY HOSPITAL. THE ACCESS SCHOOL & GERTRUDE FIELDING LEARNING CENTER, DANBURY, CT AUGUST 1997 TO SEPTEMBER 2005. RESPONSIBILITIES IN A 1<sup>ST</sup>-12<sup>TH</sup> GRADE THERAPEUTIC DAY SCHOOL SETTING INCLUDE:*

- ASSISTED AND ADVISED THE SPECIAL SERVICES DIRECTOR ON ALL PERSONNEL MATTERS.
- PREPARED FISCAL AND PROGRAM REPORTS FOR THE GOVERNING BOARD.
- PROVIDED ADMINISTRATIVE, CLINICAL & CONSULTATION SUPPORT TO EDUCATION CONNECTION AND DANBURY HOSPITAL BEHAVIORAL SCIENCES.
- PROVIDED EDUCATIONAL SEMINARS TO THE SURROUNDING SCHOOL SYSTEMS, COMMUNITY AGENCIES, AND PARENT TEACHER ORGANIZATIONS.
- PROVIDED CLINICAL EVALUATIONS AND DIAGNOSTIC INTERVIEWING.
- PRESENTED PROJECTED ANNUAL PERSONNEL NEEDS TO THE SPECIAL SERVICES DIRECTOR.
- SUPERVISED TEACHERS AND ALLIED CLINICAL STAFF WEEKLY.
- REPRESENTED STUDENTS AND THEIR FAMILIES FROM MULTIPLE SCHOOL-SYSTEMS.

*POST-DOCTORAL FELLOW, DANBURY HOSPITAL, DANBURY CT, AUGUST 1996 TO JULY 1997. RESPONSIBILITIES AT THE CENTER FOR CHILD & ADOLESCENT TREATMENT SERVICES INCLUDE:*

- EDUCATIONAL MANAGER OF ACCESS, A THERAPEUTIC DAY SCHOOL.
- SUPERVISED TEACHERS AND AIDES IN THE DAY SCHOOL.
- PERFORMED INDIVIDUAL, GROUP, AND FAMILY THERAPY FOR THE CENTER.
- PERFORMED INTAKE EVALUATIONS AND DIAGNOSTIC INTERVIEWING.
- CONSULTANT FOR THE PSYCHIATRIC CRISIS INTERVENTION SERVICE.
- PERFORMED PSYCHOLOGICAL ASSESSMENTS.
- COORDINATED THE MANAGED CARE SERVICES IN THE CHILD AND ADOLESCENT DIVISION.

*PROJECT MANAGEMENT SPECIALIST, AETNA HEALTH PLANS - INFORMATION TECHNOLOGY, MIDDLETOWN CT, APRIL 1994 TO JUNE 1996. RESPONSIBILITIES IN HEALTH SERVICES OPERATIONS/MEDICAL INFORMATION MANAGEMENT INCLUDED:*

- DESIGNED AND DELIVERED STATE-OF-THE-ART PATIENT MANAGEMENT SYSTEMS.
- CHIEF LIAISON BETWEEN INFORMATION TECHNOLOGY DIVISION AND DIVERSE BUSINESS AREAS DEVELOPING PROJECT PLANS TO MEET BUSINESS AND SYSTEMS INITIATIVES.
- TEAM LEAD RESPONSIBLE FOR FACILITATING SYSTEM DESIGN, SYSTEMS SPECIFICATIONS, AND QA TESTING FOR CLIENT SERVER APPLICATIONS.
- ABILITY TO APPLY KNOWLEDGE BASED TECHNOLOGIES TO ACHIEVE COST-EFFECTIVE AS WELL AS QUALITY BASED RESULTS.
- MANAGED BUSINESS RESOURCES TO MEET PROJECT PLAN MILESTONES, DEADLINES, AND TIMELY PRODUCTION DELIVERY.
- ESTABLISHED AND MAINTAINED EFFECTIVE WORKING RELATIONSHIPS WITH DIVERSE BUSINESS PARTNERS TO MEET MULTIPLE OBJECTIVES.

*PSYCHIATRIC REVIEW SPECIALIST, AETNA HEALTH PLANS, MIDDLETOWN CT, JUNE 1992 TO MARCH 1994. RESPONSIBILITIES IN MANAGED CARE OPERATIONS INCLUDED:*

- ASSESSED, COORDINATED, AND IMPLEMENTED PROPER TREATMENT PLANNING.
- MONITORED APPROPRIATE PSYCHIATRIC CARE BASED UPON RECOGNIZED STANDARDS.
- PROVIDED MENTAL HEALTH EXPERTISE TO ALL SYSTEMS INVOLVED IN THE UTILIZATION PROCESS.
- ACTIVELY PARTICIPATED IN DISCHARGE AND ALTERNATIVE CARE PLANNING.
- ACHIEVED COST EFFECTIVE RESULTS IN NEGOTIATING ALTERNATIVE CARE RECOMMENDATIONS.
- EVALUATED SERVICE PROVIDERS ADHERENCE TO NCQA/URAC STANDARDS.
- CONDUCTED ANALYSES REGARDING TRENDS IN HEALTHCARE UTILIZATION AND FINANCIAL EXPERIENCE.

*PSYCHOLOGY RESIDENT, DANBURY HOSPITAL, DANBURY CT, JULY 1991 TO JUNE 1992. RESPONSIBILITIES IN THE ADOLESCENT DAY TREATMENT CENTER INCLUDED:*

- INDIVIDUAL, GROUP, AND FAMILY PSYCHOTHERAPY.
- INTAKE EVALUATIONS AND DIAGNOSTIC INTERVIEWING.
- DEVELOPMENT AND IMPLEMENTATION OF INTER-DISCIPLINARY TREATMENT PLANS.
- REPRESENTATION OF CLIENTS AND THEIR FAMILIES IN THE SCHOOL SYSTEMS.
- RESEARCHED AND PRESENTED PROFESSIONAL DEVELOPMENT/ EDUCATIONAL SEMINARS.
- ASSISTED IN OVERALL PROGRAM DEVELOPMENT AND TREATMENT DIRECTION.
- CONSULTED FOR THE PSYCHIATRIC EMERGENCY SERVICE/CRISIS INTERVENTION.
- MAINTAINED AN ACTIVE CASELOAD OF AT LEAST 5 CLIENTS AND THEIR FAMILIES.
- MONITORED ALL ASPECTS OF QUALITY ASSURANCE TO INSURE THAT APPROPRIATE PATIENT CARE WAS PROVIDED.
- FREQUENT INTERACTION WITH MANAGED CARE COMPANIES REPRESENTING PATIENTS AS PRIMARY CLINICIAN.

*PSYCHOLOGY INTERN, DANBURY HOSPITAL, DANBURY CT, JULY 1990 TO JUNE 1991*  
RESPONSIBILITIES IN A PSYCHOLOGY TRAINING PROGRAM (A.P.A. APPROVED) INCLUDED:

- PROVIDED MENTAL HEALTH SERVICES TO A BROAD PATIENT POPULATION: CHILDREN, ADOLESCENTS, & ADULTS.
- CONSULTED FOR THE HOSPITAL'S PSYCHOLOGICAL ASSESSMENT SERVICE.
- UTILIZED PC BASED CLINICAL ASSESSMENT TOOLS AUGMENTING PATIENT TRIAGE AND TREATMENT PLANNING.
- TEAM MEMBER SHIP PSYCHIATRIC EMERGENCY SERVICE/CRISIS INTERVENTION.
- INTENSIVE OUTPATIENT THERAPY WITH THE ADOLESCENT DAY TREATMENT CENTER.
- PROVIDED EDUCATIONAL SEMINARS, IN-SERVICE TRAINING, AND GRAND ROUNDS TO MEDICAL AND NURSING STAFF.
- MAINTAINED AN ACTIVE CASELOAD OF AT LEAST 10 CLIENTS AND THEIR FAMILIES.
- MONITORED ALL ASPECTS OF QUALITY ASSURANCE TO INSURE THAT APPROPRIATE PATIENT CARE WAS PROVIDED.
- PERFORMED ALL ASPECTS OF UTILIZATION REVIEW/MANAGEMENT WITH MANAGED CARE COMPANIES.

## EDUCATION

*Psy.D.* (A.P.A. APPROVED) ARGOSY UNIVERSITY ~ THE ILLINOIS SCHOOL OF PROFESSIONAL PSYCHOLOGY.

*M.A.* CLINICAL PSYCHOLOGY, DUQUESNE UNIVERSITY, PITTSBURGH, PA.

*B.A.* GENERAL PSYCHOLOGY WITH HONORS, THE UNIVERSITY OF PORTLAND, PORTLAND, OR.

## PROFESSIONAL ASSOCIATIONS

AMERICAN ASSOCIATION FOR THE TREATMENT OF OPIOID DEPENDENCE, INC. (AATOD)

## RESEARCH AREAS/INTERESTS

- PSYCHONEUROIMMUNOLOGY
- GENE EXPRESSION THEORY
- REACTIVE ATTACHMENT SYNDROMES
- GENDER DIFFERENCES/SIMILARITIES
- TRAUMA AND ITS EFFECT ON NEURODEVELOPMENT
- RESILIENCY AND MENTAL ILLNESS
- SCHOOL VIOLENCE
- EMPIRICALLY SUPPORTED PRACTICE
- STRENGTH BASED THEORY
- INDIVIDUALITY AS IT RELATES TO FREEDOM AND RESPONSIBILITY
- THE IMPACT OF THE "CYBER-AGE" ON DEVELOPMENT
- ATTACHMENT THEORY AS IT RELATES TO FATHERS
- NEURO-PLASTICITY AND SUBSTANCE ABUSE
- THEORY OF MIND

## PRESENTATIONS/LECTURES

12/13/2013

PROFESSIONAL DEVELOPMENT SEMINAR  
CONNECTICUT COUNSELING CENTERS, INC. TRAINING SERIES  
INTRODUCTION TO THE DSM - 5

03/13/2013

PROFESSIONAL DEVELOPMENT SEMINAR  
WATERBURY HOSPITAL  
YALE RESIDENCY TRAINING PROGRAM  
MEDICATION ASSISTED TREATMENT IN AN OUTPATIENT AMBULATORY CLINICAL SETTING

02/06/2013

PROFESSIONAL DEVELOPMENT SEMINAR  
CONNECTICUT COUNSELING CENTERS, INC.  
A COMPREHENSIVE REVIEW OF ETHICS & CONFIDENTIALITY FOR BEHAVIORAL HEALTH PROFESSIONALS

01/30/2013

PROFESSIONAL DEVELOPMENT SEMINAR  
CONNECTICUT COUNSELING CENTERS, INC.  
A COMPREHENSIVE REVIEW OF ETHICS & CONFIDENTIALITY FOR BEHAVIORAL HEALTH PROFESSIONALS

05/23/2012

PROFESSIONAL DEVELOPMENT SEMINAR  
CONNECTICUT COUNSELING CENTERS, INC.  
A COMPREHENSIVE REVIEW OF ETHICS FOR BEHAVIORAL HEALTH PROFESSIONALS

03/21/2012

PROFESSIONAL DEVELOPMENT SEMINAR  
CONNECTICUT COUNSELING CENTERS, INC.  
A COMPREHENSIVE REVIEW OF ETHICS FOR BEHAVIORAL HEALTH PROFESSIONALS

**PRESENTATIONS/LECTURES (CONTINUED)**

10/08/2004

PROFESSIONAL DEVELOPMENT SEMINAR  
THE SHERMAN SCHOOL  
MANAGING CHALLENGING BEHAVIOR IN THE CLASSROOM

08/26/2003

PROFESSIONAL DEVELOPMENT SEMINAR  
NEW FAIRFIELD SCHOOL SYSTEM  
MANAGING DISRUPTIVE BEHAVIOR IN THE CLASSROOM:  
IMPLICATIONS FOR REGULAR EDUCATION & SPECIAL EDUCATION TEACHERS

01/12/2003

PROFESSIONAL DEVELOPMENT SEMINAR  
NEW FAIRFIELD SCHOOL SYSTEM  
CURRENT TRENDS IN PRESCRIBING PSYCHOTROPIC MEDICATIONS  
FOR STUDENTS IN A REGULAR AND SPECIAL EDUCATION SETTING

10/01/2001

PROFESSIONAL DEVELOPMENT SEMINAR  
EDUCATION CONNECTION  
SPECIAL EDUCATION PRESENTATION FOR HEAD START  
"THE ROLE OF TEACHERS IN THE PPT PROCESS"

03/21/2001

PROFESSIONAL DEVELOPMENT SEMINAR  
THE TOUCHSTONE SCHOOL & EDUCATION CONNECTION  
THE USE OF PSYCHOTROPIC MEDICATIONS IN A RESIDENTIAL SETTING

08/30/1999

PROFESSIONAL DEVELOPMENT SEMINAR  
THE WELLSPRING FOUNDATION  
ATTENTION DEFICIT HYPERACTIVITY DISORDER & FUNCTIONAL BEHAVIORAL ANALYSIS

04/27/1999

EDUCATIONAL SEMINAR  
CENTER FOR CHILD AND ADOLESCENT TREATMENT SERVICES  
ATTENTION DEFICIT HYPERACTIVITY DISORDER  
UNDERSTANDING THIS DISORDER WITHIN THE CONTEXT OF SPECIAL EDUCATION

12/01/1998

EDUCATIONAL SEMINAR  
CENTER FOR CHILD AND ADOLESCENT TREATMENT SERVICES  
ATTENTION DEFICIT HYPERACTIVITY DISORDER  
EFFECTIVE CLASSROOM INTERVENTIONS

**PRESENTATIONS/LECTURES (CONTINUED)**

01/28/1998

EDUCATIONAL SEMINAR  
MEDICAL INTERNSHIP PROGRAM  
DANBURY HOSPITAL, DANBURY, CT  
BEHAVIORAL SCIENCE CAREER POSSIBILITIES

01/26/1998

PROFESSIONAL DEVELOPMENT SEMINAR  
SPECIAL EDUCATION WORKSHOP SERIES  
BROADVIEW MIDDLE SCHOOL, DANBURY, CT  
CONCRETE CLASSROOM STRATEGIES -  
WORKING WITH STUDENTS DIAGNOSED WITH ADHD AND OTHER BEHAVIORAL PROBLEMS:  
HOW TO EFFECTIVELY MANAGE THEIR BEHAVIORS AND YOUR STRESS LEVEL

01/13/1998

PANEL DISCUSSION  
BETHEL HIGH SCHOOL, BETHEL, CT  
LEARNING HOW TO COPE WITH LEARNING DISABILITIES AND ACHIEVING GOALS

12/18/1997

PROFESSIONAL DEVELOPMENT SEMINAR  
PRINCIPAL'S VOLUNTARY WORKSHOP  
BETHEL MIDDLE SCHOOL, BETHEL, CT  
CONCRETE CLASSROOM STRATEGIES WHEN WORKING WITH STUDENTS DIAGNOSED WITH ADHD:  
HOW TO EFFECTIVELY MANAGE THEIR BEHAVIORS AND YOUR STRESS LEVEL

11/18/1997

PROFESSIONAL DEVELOPMENT SEMINAR  
MELROSE SCHOOL, BREWSTER, NY  
UNDERSTANDING ATTENTION DEFICIT DISORDER/  
COPING STRATEGIES FOR PARENTS AND EDUCATORS

11/05/1997

PROFESSIONAL DEVELOPMENT SEMINAR  
PRINCIPAL'S VOLUNTARY WORKSHOP  
BETHEL MIDDLE SCHOOL, BETHEL, CT  
ATTENTION DEFICIT DISORDER A PERSPECTIVE FOR THE CLASSROOM TEACHER

11/01/1995

A PROFILE OF ADOLESCENTS TREATED IN A FREE-STANDING  
DAY HOSPITAL PROGRAM: DEMOGRAPHIC AND CLINICAL TRENDS  
A CLINICAL RESEARCH PROJECT SUBMITTED TO THE FACULTY OF THE  
ILLINOIS SCHOOL OF PROFESSIONAL PSYCHOLOGY FOR THE DEGREE OF  
DOCTOR OF PSYCHOLOGY IN CLINICAL PSYCHOLOGY

10/10/1994

8TH ANNUAL CONVENTION OF THE CONNECTICUT  
PSYCHOLOGICAL ASSOCIATION - WATERBURY, CONNECTICUT  
MANAGED CARE & PSYCHOLOGICAL ASSESSMENT - INTEGRATING PERSPECTIVES:  
AN OPPORTUNITY FOR DIALOGUE

**PRESENTATIONS/LECTURES (CONTINUED)**

01/21/1994

FOCUSED PSYCHIATRIC REVIEW LEARNING EVENT  
AHP EDUCATION CENTER MIDDLETOWN, CONNECTICUT  
OUTCOME RESEARCH - METHODOLOGY - ANALYSIS & IMPLICATIONS

04/30/1993

7TH ANNUAL CONVENTION OF THE CONNECTICUT  
PSYCHOLOGICAL ASSOCIATION - STAMFORD, CONNECTICUT  
ADOLESCENT DAY TREATMENT:  
PROVIDING A VIABLE, COST-EFFECTIVE ALTERNATIVE TO INPATIENT HOSPITALIZATION

03/20/1993 - 04/20/1993

FOCUSED PSYCHIATRIC REVIEW IN-SERVICE SERIES  
AHP MIDDLETOWN, CONNECTICUT  
ESTABLISHING CRITERIA FOR UNDERSTANDING PSYCHOLOGICAL ASSESSMENT  
WITHIN A MANAGED CARE ENVIRONMENT

03/16/1992

PROFESSIONAL DEVELOPMENT SEMINAR  
BETHEL HIGH SCHOOL, BETHEL, CONNECTICUT  
DYSFUNCTIONAL FAMILIES:  
DEFINITIONS, INTERVENTIONS, AND TREATMENT PLANNING

06/26/1991

PSYCHIATRIC GRAND ROUNDS, DANBURY HOSPITAL  
DANBURY, CONNECTICUT  
A MULTI-PROBLEM FAMILY PERSPECTIVE: THEORETICAL & CLINICAL CONSIDERATIONS

01/23/1991 - 12/06/1991

EDUCATIONAL SEMINAR SERIES,  
DANBURY HOSPITAL - DANBURY, CONNECTICUT  
MULTI-PROBLEM FAMILY ASSESSMENT; STRESS MANAGEMENT FOR THE YOUNG ADULT;  
& AN INTRODUCTION TO PSYCHOLOGICAL ASSESSMENT & ITS USE ON INPATIENT UNITS

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

NEW ERA REHABILITATION : DOCKET NO. 13-31857-CON  
CENTERS, :  
:  
APPLICANT : JANUARY 22, 2014

PRE FILED TESTIMONY OFFERED BY THE INTERVENOR

CITY OF WATERBURY

1. I, Samuel S. Gold, AICP, am the Executive Director of the Council of Governments of the Central Naugatuck Valley, (COGCNV), located at 49 Leavenworth St., Suite 303, Waterbury, Connecticut. I am over the age of eighteen and understand the obligations of an oath.

2. COGCNV is a federally designated Metropolitan Planning Organization responsible for transportation planning and a state designated Regional Planning Organization, responsible for regional land use, environmental, and emergency planning for the Central Naugatuck Valley Region (CNVR). It sets regional priorities for a variety of federal and state funding programs, oversees regional programs for member municipalities, and provides technical assistance to municipalities, local organizations, and the general public.

3. The Regional Planning Commission (RPC) of the Central Naugatuck Valley is COGCNV's planning group. The commission is comprised of appointed representatives from member municipalities who conduct bimonthly meetings. The RPC is mainly responsible for reviewing proposals that may have an inter-municipal impact, such as subdivision and zoning applications.

4. My staff and I have reviewed the Applicant, New Era Rehabilitation Centers, Inc.'s Application for a Certificate of Need to establish a methadone maintenance, ambulatory detoxification, intensive outpatient day-evening treatment program, to be located at Meriden Road, Waterbury, Connecticut.

5. It is my opinion that the population and demographic "estimated" information relied upon by the Applicant is **not supported** by the actual demographic data of the City of Waterbury and the surrounding towns identified as the proposed service area.

6. Because of significant dissimilarities between the New Haven service area to that of the proposed Waterbury service area, any conclusion of an estimated need based upon New Haven's population is not supported for the proposed Waterbury service area.

7. The Application fails to provide supportable data for any hypothesized need for the proposed services. My opinion is based, in part, upon the following:

8. COGCNV staff compiled demographic data from the U.S. Census Bureau, specifically the 2010 Decennial Census and the 2008-2012 American Community Survey 5-Year Estimates for Waterbury and New Haven and their surrounding metropolitan areas. A Metropolitan New England Combined City-Town Area (NECTA) is geography established by the federal Office of Management and Budget to approximate New England metropolitan areas using towns as its building blocks.

9. Waterbury has a population of 110,366 and New Haven has a population of 129,779. Waterbury is the fifth largest city in the state; New Haven is the second largest city in Connecticut.

10. New Haven has a significantly higher population density (6,457 per square mile) than Waterbury (3,819 per square mile).

11. New Haven has a younger median age (29.9 versus Waterbury's median age of 35.2). New Haven has a higher percentage of persons living in poverty, lower median incomes, and a higher rate of uninsured persons. Waterbury has a higher rate of persons receiving public assistance (7.0%) and lower levels of educational attainment. Demographic data for both the central cities and regions is set forth in Table 1.

12. New Haven anchors a **metropolitan area that is nearly three times the size** of the Waterbury metropolitan area. The Waterbury metropolitan area contains seven municipalities with a combined population of just over 200,000. By comparison, the New Haven metropolitan area contains twenty-three municipalities with a combined population of nearly 600,000. Other major metropolitan areas of the state include Hartford (population of 1,121,463) and Bridgeport-Stamford (population of 926,465).

13. Both Waterbury and New Haven serve as regional health care centers. The number of hospital beds in each metro area closely resembles population patterns. Waterbury's two hospitals (Waterbury and St. Mary's) have a combined capacity of **462 beds**. New Haven's two hospitals (Yale - New Haven and St. Raphael's) have a combined capacity of **1,468 beds** with an **additional 230 beds** at the nearby VA Medical Center in West Haven. The New Haven area has nearly four times the number of hospital beds as the Waterbury area. Assuming that demand for substance abuse treatment follows similar patterns, Waterbury doesn't appear to be underserved.

14. Data from the Connecticut Department of Public Health shows that New Haven has more than twice the number of people living with HIV than does Waterbury. In addition, New Haven has a larger population living with Hepatitis B or C. When adjusting for population size, New Haven has higher rates of infections for both diseases. Current and former intravenous drug users represent a significant portion of persons living with HIV and infectious strains of hepatitis.

15. Crime and violent crime data for 2012 were obtained from the Department of Emergency Services and Public Protection. **New Haven has a higher crime and nearly 5 times** the violent crime rate of Waterbury. A full breakdown of public health and public safety data can be seen in Table 2.

16. The higher number of rehabilitation facilities in New Haven, Hartford and Bridgeport relative to Waterbury can be explained by the size of their respective regional populations. A map of the metropolitan (NECTA) areas in the state can be seen in Figure 1.

17. Large differences in regional size exist between the proposed Waterbury service area and that of the New Haven service area. The New Haven metropolitan area is three times the size of Waterbury's. New Haven has nearly four times the number of hospital beds and over four times the number of transit riders. While the two cities share many demographic commonalities, there are many differences that partially explain the higher number of patients in New Haven, notably the prevalence of HIV and infectious strains of hepatitis, and the high violent crime rate. New Haven's role as a transit hub gives it a further boost as a regional treatment center. Using these findings, it is not unreasonable to assume that the Waterbury area would have one-quarter the number of patients.

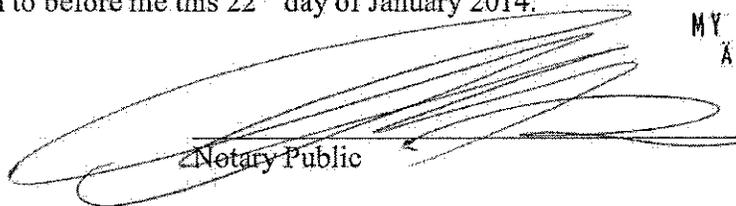
#### VERIFICATION

I, Samuel S. Gold, AICP, hereby certify that I have reviewed the above Pre-Filed Testimony Offered by the Intervenor, City of Waterbury, and that the facts contained therein are true and accurate to the best of my knowledge and belief.



Samuel S. Gold, AICP

Subscribed and sworn to before me this 22<sup>nd</sup> day of January 2014.



Notary Public

PATRICIA M BAUER

NOTARY PUBLIC  
MY COMMISSION EXPIRES  
AUGUST 31 2017

*Table 2. Public Health and Public Safety Data for Waterbury and New Haven:*

Public Health and Safety Data	Total		Rate (Per 100,000)	
	Waterbury	New Haven	Waterbury	New Haven
Persons Living with HIV	704	1,455	637.9	1,121.1
Persons Living with Hepatitis	435	548	394.1	422.3
Total Crimes	5,041	8,500	4,457.4	6,521.8
Violent Crimes	328	1,875	297.2	1,444.8

Sources: Connecticut Department of Public Health HIV Surveillance Program. People Living with HIV Infection by City of Residence at Diagnosis, Risk, Race and Sex (1981-2011)  
 Connecticut Department of Public Health. Hepatitis B and Hepatitis C Surveillance Report, Connecticut, 2007-2009.  
 Connecticut Department of Emergency Services and Public Protection. Crime in Connecticut 2012

Table 1: Demographic Data for Waterbury and New Haven Areas:

Demographic Data	Waterbury		New Haven	
	City	Metro <sup>1</sup>	City	Metro <sup>2</sup>
Population (2010)	110,366	203,943	129,779	597,172
Area (Sq Mi)	28.9	138.9	20.1	554.2
Population Density (Per Sq Mi)	3,819	1,468	6,457	1,078
Home Ownership Rate	47.0%	61.5%	29.5%	63.8%
Median Age	35.2	38.4	29.9	39.5
Single Parent Families	28.4%	22.5%	27.6	18.0%
Institutionalized Persons	1,149	1,788	1,774	7,854
Households Receiving Public Assistance	7.0%	4.7%	5.7%	2.7%
Population with HS Diploma	78.8%	84.6%	80.5%	89.1
Median Household Income	\$40,867	\$55,385	\$38,482	\$64,076
Poverty Rate	21.3%	14.4%	24.6%	10.9%
Percent Uninsured	11.4%	9.2%	13.9%	8.6%

Sources: U.S. Census Bureau, 2010 Census. American Community Survey 5-Year Estimates, 2008-2012.

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION CENTER,** : **DOCKET NO. 13-31857-CON**  
: :  
: :  
**APPLICANT** : **JANUARY , 2014**

**PRE FILED TESTIMONY OFFERED BY THE INTERVENOR  
CITY OF WATERBURY**

1. I, Samuel F. Bowens III, Waterbury Connecticut. I am over the age of eighteen and understand the obligations of an oath.

2. I am a United States military veteran having served in Operation Desert Shield/Storm and thereafter received an honorable discharge. I have been employed by the City of Waterbury Department of Public Health for five (5) years and am currently an HIV/AIDS supervisor, counselor, educator, trainer and advocator. I have been involved in HIV/AIDS field for 10 years as an HIV/AIDS Program Coordinator. In 2013 I received the first place award for my efforts, earning the National Award of Excellence in Health Communications as the co designer and creator of ad campaign. I serve as a Board member of numerous city and state committees. My Curriculum Vitae is attached.

3. The Prevention Department of the City of Waterbury Department of Public Health offers free, confidential and quality HIV/AIDS services to the Greater Waterbury area through counseling and testing, early intervention and support services. The goal of the Prevention Program is to promote education to reduce the widespread of HIV/AIDS. Experienced counselors provide one on one confidential testing, rapid results, and risk reduction services.

4. I have reviewed and am familiar with the Application of New Era Rehabilitation Centers, Inc. regarding the claims of community need and access to methadone maintenance, ambulatory detoxification, and intensive outpatient day-evening treatment programs in Waterbury, CT.

5. It is my opinion that there is no need for the services proposed, and further that the proposed services, if granted will not provide access to those that are in need of the proposed services. My opinion is based, in part, upon the following:

6. As an HIV/Aids prevention counselor I am familiar with the proposed population identified in the Application. I have contact with the population that is served through many programs, outreach and education, including but not limited to the Department's STD clinics, TB clinic, Immunizations and co-infections programs. I have participated in numerous awareness programs, walks, rallies and outreach efforts. The Department operates a community Health Van

that provides outreach throughout the city offering 4 mobile examination rooms. I and other clinicians practice "street prevention". We perform education and outreach on city greens, parks, soup kitchens, housing units, crack houses and churches. We assist all members of the population including those that are homeless and those that are actively engaged in risky and criminal behavior. We are "feet on the ground" proving access to health services to our community.

7. As part of our outreach, we link the population to services including addiction and mental health services. The current and existing treatment facilities and programs in the Waterbury area are able to meet the needs of all patients that seek treatment and are eligible for the services within appropriate medical protocols.

8. Based upon the outreach and referrals for services that I and my team have made, I am not aware of any circumstance where a person seeking addiction services was not provided placement within 24 hours or less of a request or who demonstrated willingness to participate in addiction services.

9. Many in the targeted population have dual or multiple diagnoses. Often, methadone detoxification and maintenance is not medically or environmentally appropriate. Active addicts may need to first address environmental and behavioral issues or may not demonstrate a willingness to "get clean". For this population, methadone treatment is not appropriate or medically indicated. Harm reduction is the first step. For example, a person using an opiate and other illicit drug(s), a willingness to detoxify from the opioid alone will not make this person an appropriate methadone patient.

10. A number of addicted persons are not willing or able to participate in a drug detoxification or maintenance program. They are not ready for recovery regardless of the number of patient slots in a substance abuse program or facility. Therefore, identifying the number persons presumed to be addicted alone does not demonstrate a need for services because there may not be a willing population seeking the proposed service.

11. A number of addicted persons may not receive pharmaceutical detoxification or maintenance because they are not able or willing to meet the guidelines of the program. For example, Connecticut Counseling Service has a strong reputation for not accepting patients and/or discontinuing patients from their methadone clinic if a patient tests positive for drug use. It is known in the community of illicit drug users that other programs outside of Waterbury continue methadone treatment if one tests positive for illicit drug use.

12. To my knowledge, in five years working as a Program Coordinator in Waterbury Connecticut, no person seeking substance abuse treatment has been denied access to service based upon limited capacity in the Waterbury area.

13. Failure of an addicted person to receive substance abuse treatment services is not due to a lack of access as the services are available and there is additional capacity in the Waterbury area.

14. Many referrals in the community are made for addiction treatment through community based physician practice groups and hospitals. Many of these providers use suboxone for addiction detoxification and or narcotic addition together with therapy and other substance abuse services.

15. The Applicant's reference to Methadone treatment as indicia of those that are receiving pharmaceutical detoxification or maintenance is not accurate or reliable as it fails to identify those that are receiving effective treatment.

#### VERIFICATION

I, Samuel F. Bowens III, hereby certify that I have reviewed the above Pre-Filed Testimony Offered by the Intervenor, City of Waterbury, and that the facts contained therein are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
SAMUEL F. BOWENS, III

Subscribed and sworn to before me this \_\_\_\_ day of January 2014.

\_\_\_\_\_  
Notary Public/ Commission of the Superior Court



- 2005 – 2010      **Fletchers Café LLC**      **Waterbury, CT.**  
*Owner/Manager*
- All aspects of Bar and Restaurant operations
- 2004 – 2006      **Community Systems, Inc.**      **Winsted, CT.**  
*Program Director / House Manager*
- Supervise Staff
  - Scheduling
  - Manage and budgeted house expenses
  - Develop personal daily life skill plans for clients
  - Chart / Record daily psychological evaluations
  - Provide scheduled dietary routine
  - Supervise recreational activities
  - Transport clients
  - State med Certified
- 2003 – 2006      **LARC, Inc.**      **Torrington, CT.**  
*Counselor*
- Develop personal daily life skill plans for clients
  - Chart / Record daily psychological evaluations
  - Provide scheduled dietary routine
  - Supervise recreational activities
  - Transport clients
  - State med Certified
- 2003 -2005      **Zales Jewelers, Inc.**      **Waterbury, CT.**  
*Manager*
- Hiring, Scheduling, Auditing and Inventory Control
  - Customer Service
- 2000 -2003      **Whitehall Jewelers, Inc**      **Waterbury, CT.**  
*Regional Manager*
- Hiring, Scheduling, Auditing and Inventory Control
  - Customer Service
  - Supervise Seven Retail Stores

1994 – 2000      Whyco Technologies, Inc.      Thomaston, CT.  
*Quality Assurance Technician / Training Coordinator / Foreman*

- Implement training course for new recruits, (speeding Productivity)
- Developed Work Instructions for job procedures
- Developed various production projects which enhanced customer relations
- Conduct Internal Safety and Quality Control Inspections
- Inspection Supervisor, Cross Sections and Mounting Certified
- Read blue prints
- Develop database for Non-Compliance Customer Reports
- Hazmat Certified
- Production Part Approval Process Coordinator
- Corrective Action Report (internal and external) Coordinator
- Prepare Pareto Analysis Reports

1991 – 1994      Edison Brothers, Inc.      Waterbury, CT.  
*Regional Sales Manager*

- Hiring, Scheduling, Auditing and Inventory Control
- Managed seventy sales representative in Connecticut Region
- Received Company's highest Sales Award three years consecutively

1985 – 1991      United States Air Force      Washington, DC / Germany  
*Presidential Ceremonial Honor Guardsman / Law Enforcement*

- Desert Storm Veteran, Top Secret Clearance
- Honorable Discharge
- Good Conduct Medal
- Distinguished Graduate
- Outstanding Achievement Medal
- Air Force Training Medal
- Air Force Longevity Service Award
- National Defense Service Medal
- Non-commissioned officer PME graduate ribbon
- Small Arms Expert Marksmanship ribbon
- Air Force Overseas Long tour ribbon
- Air Force Outstanding Unit Award

**Education:**

1998	American Electro Platters Society <i>Certification</i>	Orlando, FL.
1987 – 1989	Community College of the Air Force <i>Business Management</i>	Germany
1984 – 1987	Xavier University <i>Business Management</i>	Cincinnati, OH.

**Certification:**

- Practical Approaches for Supervisors Certification
- 2013 first place Awards for Excellence in Public Health Communications
- Sexual Gender and HIV Certification
- Drug Related Stigma Healthcare Certification
- Minority AIDS Initiative Multicultural Certification
- Adolescents and HIV Training Certified
- D-UP Certified
- AIDS Training Facilitation Certified
- AIDS Community Educator Certified
- AIDS & Chronic Diseases Certified
- HIV/AIDS Educator Certified
- Collection of HIV Test Data Certified
- Mpowerment Diffusion of Effective Behavioral Facilitator Certified
- Ora-Quick Advance HIV ½ certified
- Clearview Complete HIV ½ Certified
- STD Urine-Based Screening Collection Certified
- Phlebotomy Certified
- Personalized Cognitive Counseling Counselor Certified
- Department of Public Health AIDS Program Review Panel board member
- City of Waterbury Ten Year Plan Collaborative/Services Committee member
- City of Waterbury Homeless Youth Committee member

**Qualities:**

- **Able to perform effectively under pressure and/or in a fast paced environment, producing quality results**
- **Able to demonstrate leadership qualities and strive in perfecting complex situations simultaneously**
- **Complete reliance and acceptance of responsibilities, maintaining a harmonious environment**
- **Able to present ideas clearly and effectively and inspire confidence in the soundness of personal views**

**Reference Available Upon Request**

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

NEW ERA REHABILITATION : DOCKET NO. 13-31857-CON  
CENTER, :  
: :  
APPLICANT : JANUARY , 2014

PRE FILED TESTIMONY OFFERED BY THE INTERVENOR  
CITY OF WATERBURY

1. I, William Quinn, am the Director of Public Health for the City of Waterbury, Connecticut. My curriculum vitae is attached. I am over the age of eighteen and understand the obligations of an oath.

2. The Department of Public Health is responsible for the protection and promotion of good health for the citizens of the City of Waterbury. The Department of Public Health continues to address the need for improved access to health services for all citizens through city established programs and a wide range of grants and public health clinics such as HIV Prevention, Counseling, Testing and Case Management, Childhood Lead Poisoning Prevention, Adult and Child Immunization Clinics Sexually Transmitted Disease & Tuberculosis Clinics, WIC, Healthy Choices, and Public Health Emergency Preparedness.

3. The Health Department provides health care and support services including client advocacy; assistance with receiving health care, assistance with basic needs such as food, shelter and transportation; support group referrals; assistance with financial entitlements and emergency financial assistance.

4. I have reviewed New Era Rehabilitation Centers, Inc.'s Application for a Certificate of Need to establish a methadone maintenance, ambulatory detoxification, intensive outpatient day-evening treatment program, proposed to be located at 447 Meriden Road, Waterbury Connecticut.

5. Based on the application, the proposed services do not address local health needs as identified by a recent and exhaustive review of federal, state, local, and community data. This data also indicates that the proposed services will not improve the quality or accessibility of health care delivery in the target region. We therefore conclude that there is no clear public need for the services proposed.

6. The population and demographic information relied upon by the Applicant is **not supported** by the actual demographic data of the City of Waterbury and the surrounding towns identified as the proposed service area.

My opinions are based upon my knowledge of the target population and the services available to the population including but not limited to the following:

7. According to U.S. Census Bureau estimates (2009-2011), the total population in Waterbury, Connecticut is 110,075, **a decline of 2.55% since 2000**. The majority of residents identify as White (58.2%), indicating a less diverse population when compared to peer cities, but a more diverse population when compared to all of Connecticut. Approximately 19% of residents identify as Black/African American and 30.1% identify as Hispanic or Latino. The primary spoken language is English, but 31.6% of residents speak a language other than English at home. The median age in Waterbury is 35.2, which denotes a younger population when compared to Connecticut, but an **older population when compared to most peer cities**. (U.S. Census Bureau, 2012)

8. Waterbury is comprised primarily of family households (63.2%), which are defined as more than one person living together, either as relations or as a married couple. These households and nonfamily households are less likely to live in owner-occupied units (49.6%) compared to Connecticut (68.9%), but **more likely to live in owner-occupied units compared to most peer cities**. The median value for owner-occupied units is \$164,000, which is lower than the median value across the state (\$293,100) and all peer cities. (U.S. Census Bureau, 2012)

9. Approximately 40% of Waterbury residents aged 15 years and over have never been married. This is greater than the percentage across Connecticut (31.8%), but lower than the percentage across most peer cities. Among those residents who have been married, a higher percentage are divorced (11.6%) compared to Connecticut (10.2%) and all peer cities. (U.S. Census Bureau, 2012)

10. The **median income** for households and families across Waterbury and is **higher when compared to most peer cities** although it is lower than across all of Connecticut. The same trend is true of the median income for workers.

11. **More residents in Waterbury are also enrolled in social assistance programs** like Temporary Family Assistance and Medicaid when compared to Connecticut and most peer cities. Between the years 2011 and 2012, 28.2% of residents were enrolled in Temporary Family Assistance and 38.1% were enrolled in Medicaid. Medicaid enrollment has been on the rise across all of Connecticut and its cities since 2006. (Connecticut Department of Social Services, n.d.)

12. According to the U.S. Census Bureau (2012), the unemployment rate in Waterbury is 12.7%. This rate is higher than the unemployment rate across Connecticut (8.5%). However, it is **favorable or comparable to peer cities**. Of the residents who are employed, the majority work in management, business, science, and arts and are private wage and salary workers. A notable percentage of residents are also employed in a service occupation.

13. Waterbury rates for **incidents of sexually transmitted illness are more favorable compared to peer cities**. Although sexually transmitted illness rates per 100,000 are notably higher in Waterbury than in Connecticut, particularly for Chlamydia and gonorrhea. The Chlamydia rate is 720.5 in Waterbury compared to 344.9 in Connecticut and the gonorrhea rate is 225.9 in Waterbury compared to 72.6 in Connecticut. However, the Chlamydia rate is **significantly less than New Haven** (1,220.3) and Hartford (1,513.8). (Connecticut Department of Public Health, n.d.)

14. The secondary data profile provides valuable context regarding how socioeconomic factors like income, education levels, and housing may influence local health outcomes. In Waterbury, the median income for households and families is higher; fewer residents live in poverty when compared to most peer cities. In terms of health outcomes, Waterbury has lower rates of stroke mortality and sexually transmitted illness incidence.

15. A statistical Household Telephone Survey was conducted based on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national initiative, conducted annually at the state level. The survey assesses self-reported health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

15.1 For the Waterbury study, trained interviewers conducted telephone interviews between May and June 2013 by trained interviewers. Participants were randomly selected for participation based on a statistically valid sampling frame that included landline and cell phone telephone numbers. Only respondents who were at least 18 years of age and lived in a private residence were included in the study. A total of 1,121 individuals who reside within specific ZIP codes served by the Greater Waterbury Health Improvement Partnership were interviewed by telephone. Pertinent findings include:

15.2 Overall, residents of Waterbury are just as likely or **more likely to have health care coverage** (88.2%) and reported at least one person who they think of as their personal doctor or health care provider (84.1%) when compared to the state (87.5%; 85.2%) and the nation (81.7%; 78.0%). Local residents are also more likely to have received a routine checkup within the past year (76.6%) compared to the state (70.4%) and the nation (66.9%);

15.3 **Alcohol use and abuse is not as prevalent** as is reported against the state and national levels. Only 48.8% of respondents had an alcoholic beverage during the past 30 days compared to 64.2% across Connecticut and 55.1% across the nation. Of the individuals who did consume alcohol, fewer did so on a daily basis or participated in binge drinking, and more than half had a maximum of one to two drinks at a time.

16. The Greater Waterbury Health Improvement Partnership (GWHIP) led a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in and around Waterbury, Connecticut beginning in 2012. The partnership consisted of Saint Mary's Hospital, Waterbury Hospital, Waterbury Department of Public

Health, the City of Waterbury, the StayWell Health Center, the Connecticut Community Foundation, the United Way, and other community partners. The completed CHNA enabled GWHIP to conduct in-depth analysis and prioritization of community strengths, weaknesses, and needs prior to developing a community health improvement plan focusing on the following areas: Access to Care, Mental Health/Substance abuse, Obesity, and Tobacco use.

17. The prioritization of both Access to Care and Mental health/ Substance abuse relied heavily on environmental and societal factors that the proposed CON would not address and is **not due to a lack of providers or services available for the target population identified in the application.** Specifically;

17.1 The Applicant claims that the proposed services would “decrease drug related diseases such [as] Human Immunodeficiency Virus, Hepatitis B and C, depression and other mental disorders” based upon recognized treatise that correlate efficacy of treatment, generally (Application, p. 16; Supplemental submission, pp.12-14).

**17.1.2 Actual data for Waterbury residents is more favorable than state and national** statistics of incident rates cited by the Applicant. For example, Waterbury residents are more likely to have been tested for HIV (55.7%) when compared to residents across Connecticut (36.7%) and the nation (37.4%).

17.1.2 Data from the Department of Public Health reports that New Haven has twice the population of persons living with HIV than Waterbury. In addition, New Haven has a larger population living with Hepatitis B or C. (Table 2, Pre-filed Testimony of Samuel Gold)

17.1.3 Although Waterbury respondents reported having more days of poor mental health than state and national reported levels, a positive finding is that more respondents (16.4%) are taking medicine or receiving treatment from a health professional for their mental health condition when compared to the nation (12.5%). Therefore, **Waterbury residents are seeking and receiving treatment at higher rates than the national population.**

17.2 Despite primarily positive findings regarding health insurance and the rate of those receiving annual checkups, residents of Waterbury still cite access to care as a barrier to health due to out of pocket expense such as co-pays, the number of primary care physicians, hours of operation and health insurance-related issues. Nearly 18% of respondents said that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. In addition, both physicians and residents also cited mental and behavioral healthcare services as an area of need within the context of anxiety, depression, over-the-counter substance abuse, and stressors related to

environmental and social factors. **None of the components cited for either health priority are addressed by the services proposed in the application.**

18. The current and existing treatment facilities and programs in the Waterbury area are able to meet the needs of all patients that seek treatment and are eligible for services within appropriate medical protocols.

19. The table illustrates the differences between the New Haven and Waterbury metro areas, indicating that the two regions are not suitable for meaningful comparison. See Table 1: Demographic Data for Waterbury and New Haven Areas.

21. All referrals made by the Department of Health for addiction treatment services are generally met within 24 hours of referral.

22. The proposed application, if granted would result in unnecessary duplication of existing approved health care services and facilities.

23. The proposed services do not address the The Greater Waterbury Health Improvement Partnership goal to "improve mental health and reduce substance abuse through awareness, access to services, and promoting positive environments".

24. The pproposed services do not address the The Greater Waterbury Health Improvement Partnership goal to improve access to comprehensive, culturally competent, quality health services.

#### VERIFICATION

I, William Quinn, hereby certify that I have reviewed the above Pre-Filed Testimony Offered by the Intervenor, City of Waterbury, and that the facts contained therein are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
WILLIAM QUINN

Subscribed and sworn to before me this \_\_\_\_ day of January 2014.

\_\_\_\_\_  
Notary Public/ Commission of Superior Court

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 2:03 PM  
**To:** Hansted, Kevin; Riggott, Kaila  
**Cc:** Greer, Leslie  
**Subject:** FW: New Era Motion for Continuance Request

---

**From:** Kurs, Michael A. [<mailto:mkurs@pullcom.com>]  
**Sent:** Friday, January 24, 2014 1:54 PM  
**To:** Fiducia, Paolo  
**Cc:** [umeugoand.associates@snet.net](mailto:umeugoand.associates@snet.net); [lwihbey@waterburyct.org](mailto:lwihbey@waterburyct.org)  
**Subject:** New Era Motion for Continuance Request

Good afternoon,

Connecticut Counseling Centers and the Hartford Dispensary do not object to the motion for continuance, with the proviso that our date for filing prefiles be revised until no sooner than 15 days after the Office of Health Care Access has determined whether identification of a new site requires the applicant file a new application. Also, we request that any hearing not be scheduled between February 15 and February 24 and not before February 6.

Counsel for the Applicant and the City of Waterbury are copied on this communication.

Respectfully,

/s/

---

**Michael A. Kurs**  
Attorney

**PULLMAN**  
**& COMLEY LLC**  
ATTORNEYS

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Hartford, CT 06103-3702  
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[mkurs@pullcom.com](mailto:mkurs@pullcom.com) • [www.pullcom.com](http://www.pullcom.com)

[V-card](#) • [Bio](#) • [Directions](#)



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**Greer, Leslie**

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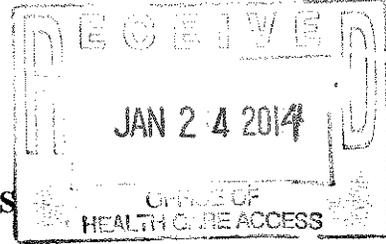
**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 2:37 PM  
**To:** Hansted, Kevin; Riggott, Kaila  
**Cc:** Greer, Leslie  
**Subject:** FW: New Era Application  
**Attachments:** Objecton to continuance.pdf

---

**From:** Linda Wihbey [<mailto:lwihbey@waterburyct.org>]  
**Sent:** Friday, January 24, 2014 2:34 PM  
**To:** Fiducia, Paolo  
**Subject:** New Era Application

Attached is the City's Objection. I will fax to all counsel of record.

*Linda T. Wihbey, Esq.*  
Corporation Counsel  
City of Waterbury  
235 Grand Street, Waterbury, Ct 06702  
(203) 574-6731  
<mailto:LWihbey@WaterburyCt.org>



STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

NEW ERA REHABILITATION : DOCKET NO. 13-31857-CON  
CENTER, :  
APPLICANT :

CITY OF WATERBURY, : JANUARY 24, 2014  
INTERVENOR

**OBJECTION TO APPLICANT'S REQUEST FOR CONTINUANCE**

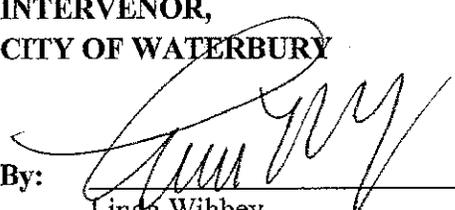
The City of Waterbury objects to the Applicant, New Era Rehabilitation Center's, Request for Continuance on the basis that it is considering a different site location, as such is not a proper basis for continuance. In support hereof the City states as follows:

1. Per Order of OCHA, site location is not the basis of any need determination and the City has been precluded from offering testimony regarding the site appropriateness of the proposed facility. Therefore, such is not a proper basis for continuance.

2. The Applicant should withdraw its application and submit a new application based upon its selected site.

3. The City will continue to cooperate with the Applicant in identifying available sites. However, the Applicant has not disclosed whether or not it is contractually obligated to the identified site, and it is believed that it has signed a lease with the landlord. Therefore, the Applicant should disclose if it is withdrawing its request to locate within the City.

**INTERVENOR,  
CITY OF WATERBURY**

By: 

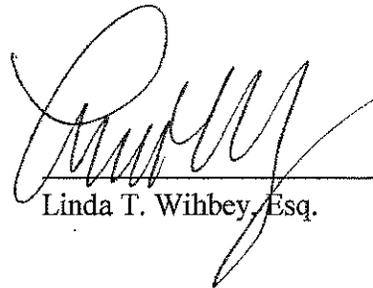
Linda Wihbey  
Corporation Counsel  
Office of Corporation Counsel  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702  
203-574-6731/Fax 203-574-8340  
Juris No. 066300

**CERTIFICATION**

A copy of the foregoing has been mailed, postage prepaid, and/or electronically forwarded, on the day and year first above-written, to the following:

Ikechukwu Umeugo, Esq.  
620 Boston Road  
PO Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
Pullman & Comely, LLC  
90 State House Square  
Hartford, CT 06103



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Linda T. Wihbey, Esq.

**Greer, Leslie**

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**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 2:48 PM  
**To:** Hansted, Kevin; Riggott, Kaila  
**Cc:** Greer, Leslie  
**Subject:** FW: Pre-File Testimony NERC-Waterbury  
**Attachments:** Pre-File Testimony Waterbury 1-24-2014 Final.pdf

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**From:** Adeoluwa Kolade [<mailto:akolade@newerarehab.com>]  
**Sent:** Friday, January 24, 2014 2:46 PM  
**To:** Fiducia, Paolo  
**Cc:** Ike Umeugo; christina kolade; [ekolade@sbcglobal.net](mailto:ekolade@sbcglobal.net)  
**Subject:** Pre-File Testimony NERC-Waterbury

Good Afternoon,

As previously discussed please find the digital copy of the pre-filing attached.

**Greer, Leslie**

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**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 2:51 PM  
**To:** mkurs@pullcom.com  
**Cc:** Greer, Leslie  
**Subject:** Applicant's Pre-file Testimony  
**Attachments:** Pre-File Testimony Waterbury 1-24-2014 Final.pdf

Dear Attorney Kurs,

Attached is the Applicant's pre-file testimony.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

**Greer, Leslie**

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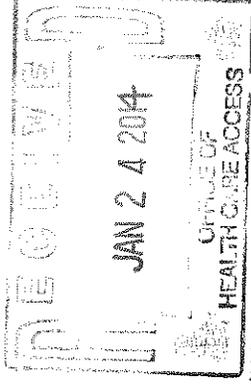
**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 2:52 PM  
**To:** lwihbey@waterburyct.org  
**Cc:** Greer, Leslie  
**Subject:** Applicant's Pre-file Testimony  
**Attachments:** Pre-File Testimony Waterbury 1-24-2014 Final.pdf

Dear Attorney Wihbey,

Attached is the Applicant's pre-file testimony.

Sincerely

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax



# New Era Rehabilitation

Pre-Filed Testimony for  
Certificate of Need Public Hearing

January 24<sup>th</sup> 2014

Docket No. 13-31857-CON

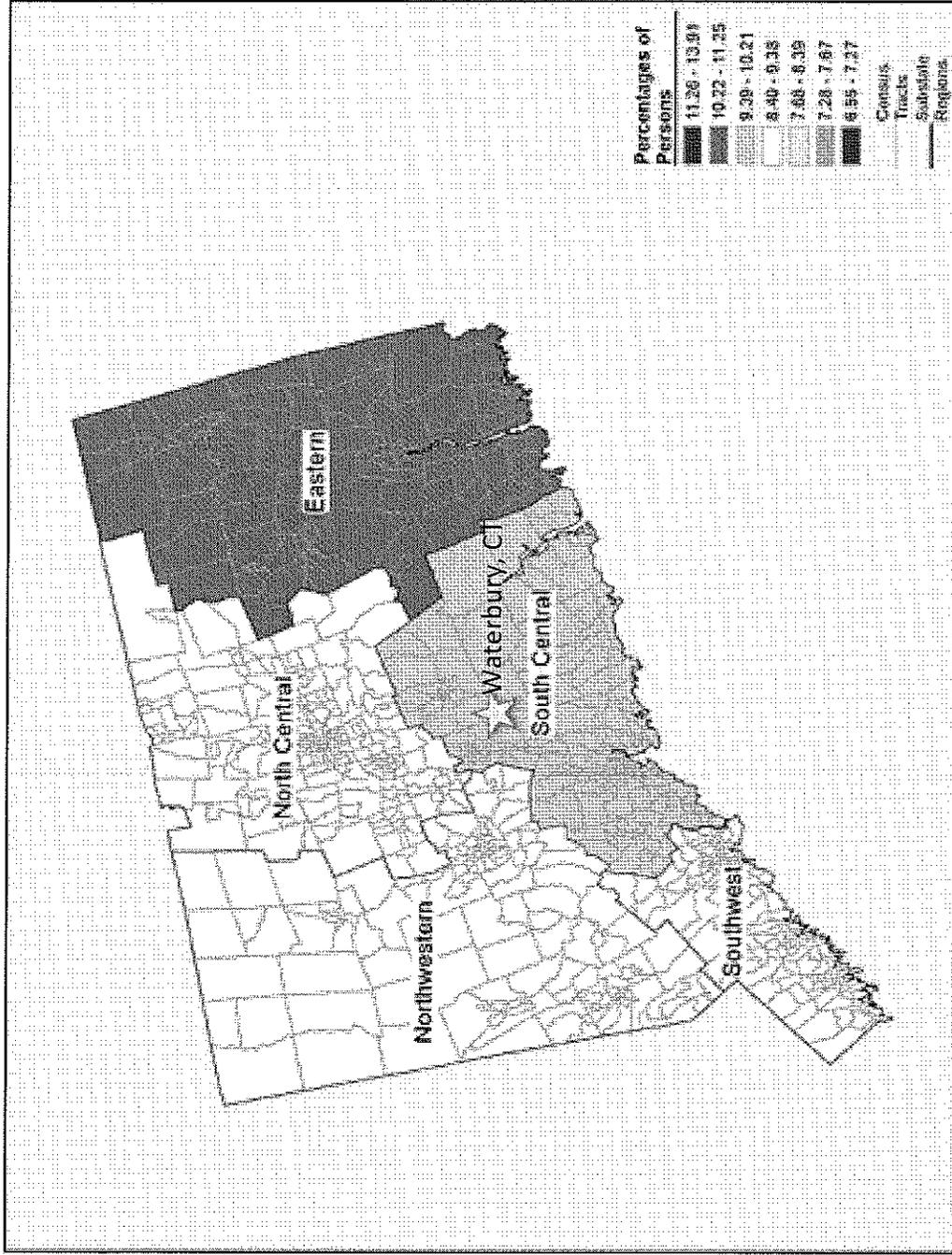
Presented by Ebenezer A. Kolade M.D., FASAM

# Opening Statement

- New Era Rehabilitation Center (NERC) is a comprehensive addiction treatment facility with operations in Bridgeport, New Haven and a proposed location in Waterbury
- The purpose of this testimony will be to educate the participants as well as the greater public on the following topics:
  1. Drug Dependency in Waterbury
  2. Lack of Access to Treatment in Waterbury
  3. The relation of substance abuse treatment to crime
  4. The proposed facility in relation to existing/proposed treatment capacity

# Waterbury Drug Abuse Stats

## Dependence on Alcohol and Illicit Drugs



The Substance Abuse Mental Health Services Administration divides the state of Connecticut into 5 distinct regions.

The city of Waterbury is located in the South Central region of the state and is the 2<sup>nd</sup> most populous city in the region.

According to the map taken from the National Survey of Drug Use and Health, the South Central region of the state suffers from the 2<sup>nd</sup> highest rate of drug dependence with in the state.

The approximate percentage of the population dependent on either Illicit Drugs or Alcohol is between 9.39% – 10.21% or approximately 11,000 people.

1. U.S. Census Bureau in 2012 the city of Waterbury was the 5<sup>th</sup> most populous city in the state of Connecticut with a population of 109,915; [U.S.Census.Bureau](http://U.S.Census.Bureau)  
 2. National Survey of Drug Use and Health conducted by SAMHSA ; [NSDUH.CT.2012.htm](http://NSDUH.CT.2012.htm) (Revised March 2012)

# Waterbury Drug Abuse Stats

According to the latest National Survey of Drug Use and Health conducted by SAMHSA; an estimated 8.10% of the population in the South Central region of Connecticut is needing but not receiving treatment for alcohol abuse and an estimated 2.59% of the population in the South Central region of Connecticut is needing but not receiving treatment for illicit drug abuse.

A total of 12,000 patients needing but not receiving treatment.

Estimated Population Needing but Not Receiving Treatment for Alcohol Abuse					
	Name	Population <sup>1</sup>	Sub-state Region	Addiction Factor <sup>2</sup>	Underserved Population
1	Bridgeport	146,425	Southwest	7.78%	11,391.87
2	New Haven	130,741	South Central	8.10%	10,590.02
3	Stamford	125,109	Southwest	7.78%	9,733.48
4	Hartford	124,893	North Central	7.00%	8,742.51
5	Waterbury	109,915	South Central	8.10%	8,903.12

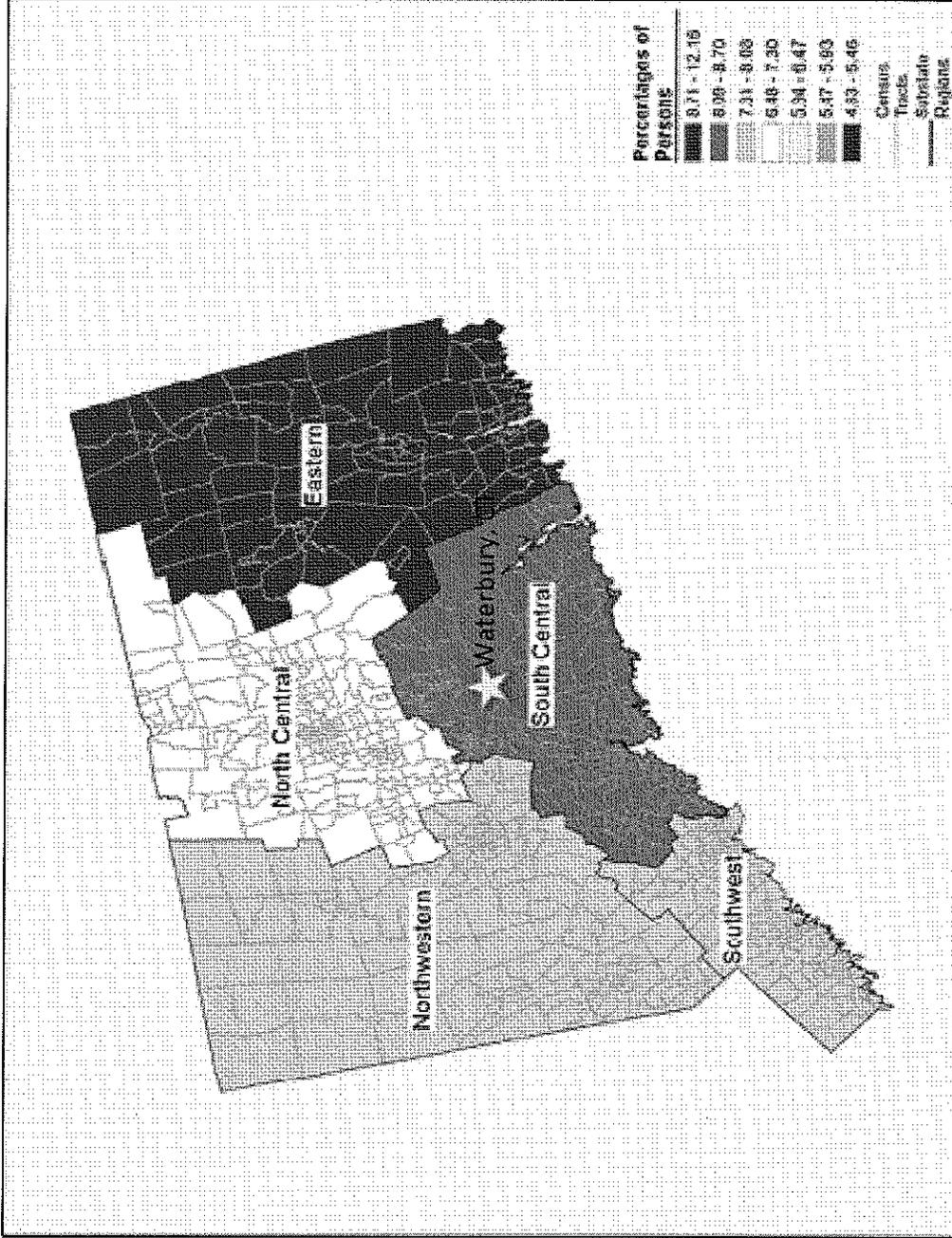
Estimated Population Needing but Not Receiving Treatment for Illicit Drug Abuse					
	Name	Population <sup>1</sup>	Sub-state Region	Addiction Factor <sup>2</sup>	Underserved Population
1	Bridgeport	146,425	Southwest	2.23%	3,265.28
2	New Haven	130,741	South Central	2.59%	3,386.19
3	Stamford	125,109	Southwest	2.23%	2,789.93
4	Hartford	124,893	North Central	2.31%	2,885.03
5	Waterbury	109,915	South Central	2.59%	2,846.80

**It is important to understand the populations 'needing but not receiving treatment' excludes all patients currently in treatment**

1. U.S. Census Bureau in 2012 the city of Waterbury was the 5th most populous city in the state of Connecticut with a population of 109,915; U.S. Census Bureau  
 2. National Survey of Drug Use and Health conducted by SAMHSA ; [NSDUH.CT.2012.htm](http://NSDUH.CT.2012.htm) (Revised March 2012)

# Waterbury Drug Abuse Stats

## *Needing but Not Receiving Treatment for Alcohol*



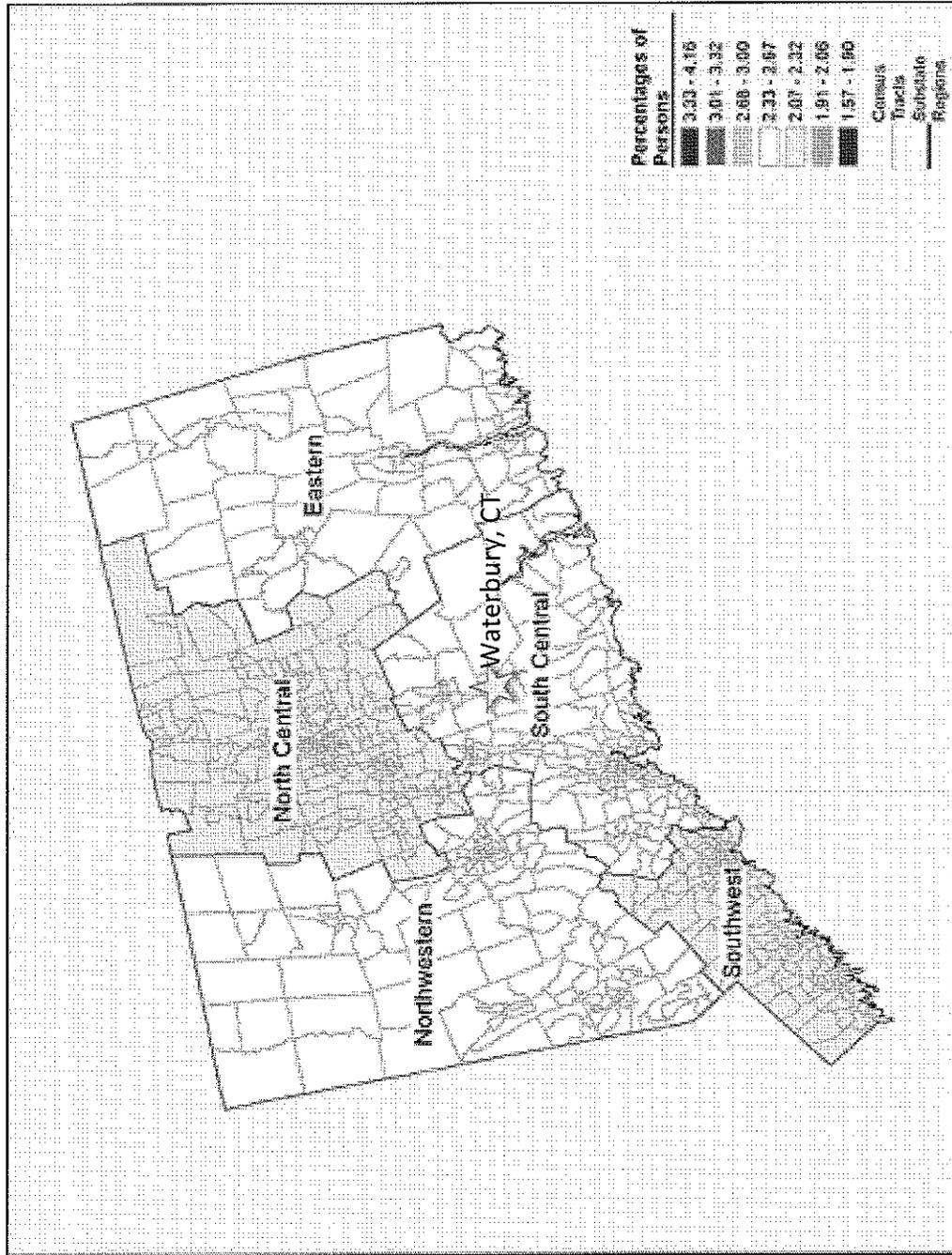
The approximate percentage of the population Needing but not Receiving Treatment for Alcohol Dependence is between 8.08% – 8.70% or approximately 9,000 people.

1. U.S. Census Bureau in 2012 the city of Waterbury was the 5<sup>th</sup> most populous city in the state of Connecticut with a population of 109,915; [U.S.Census.Bureau](http://U.S.Census.Bureau)  
2. National Survey of Drug Use and Health conducted by SAMHSA : [NSDUH.CT.2012.htm](http://NSDUH.CT.2012.htm) (Revised March 2012)

# Waterbury Drug Abuse Stats

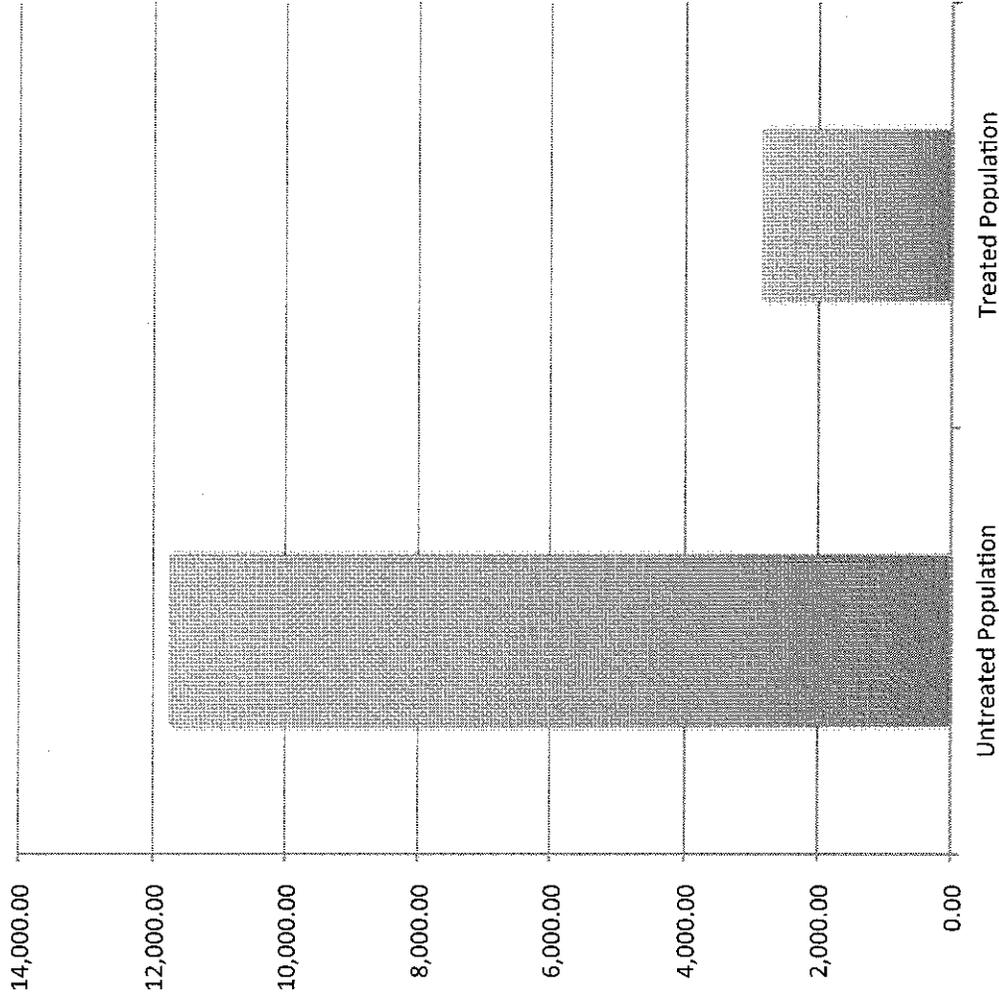
## *Needing but Not Receiving Treatment for Illicit Drugs*

The approximate percentage of the population dependent on either Illicit Drugs is between 2.33% – 2.67% or approximately 2,800 people.



1. U.S. Census Bureau in 2012 the city of Waterbury was the 5<sup>th</sup> most populous city in the state of Connecticut with a population of 109,915; U.S. Census Bureau.  
2. National Survey of Drug Use and Health conducted by SAMHSA ; [NSDUH.CT.2012.htm](http://NSDUH.CT.2012.htm) (Revised March 2012)

# Waterbury Drug Abuse Stats



Patients in Treatment <sup>1</sup>	
Ambulatory Detox	0
Methadone Maintenance	859
Partial Hospitalization Services	0
Standard IOP	271
Standard Outpatient	1,829
<b>Total</b>	<b>2,959</b>

Utilizing the data from SAMHSA and DHMAS one can estimate a treatment gap of approximately 12,000\* drug dependent individuals in the city of Waterbury.

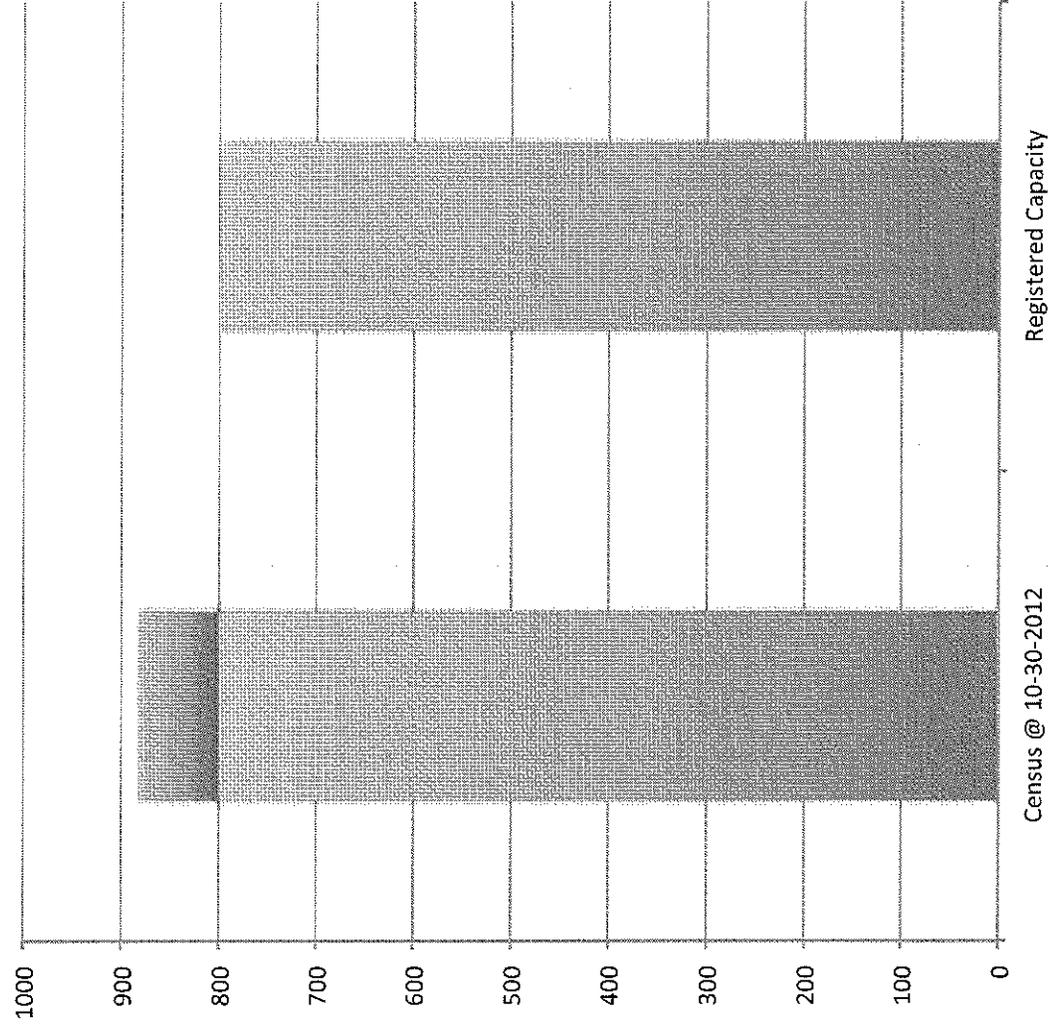
A ratio of 4:1; Underserved to Treated patients

It is important to bear in mind that the estimates are modest in that they do not take into account the populations in suburbs outside the city; if these populations were accounted for the treatment gap would likely increase.

With this in mind it is clear that the city of Waterbury needs increased access to treatment.

\*DMHAS via Freedom of Information Act

# Waterbury Current Capacity For MMTP



As of 10/30/2013 Connecticut Counseling possessed a census of 882 vs. their registered capacity of 800 patients; approximately 10% over capacity

As of 10/30/2012 NERC treated 183 patients from Waterbury and the surrounding environs

The Combination of Connecticut Counseling's excess with the number of patients NERC treated from Waterbury (and its environs) totals 265 patients; this census is comparable to active programs in the state

\*DMHAS via Freedom of Information Act

# Access to Treatment Comparison

		Services Available to Patients							
	Name	Population <sup>1</sup>	Sub-state Region	Ambulatory Detox	MMTP	Partial Hospital	Standard IOP	Outpatient	Total
1	Bridgeport	146,425	Southwest	2	3	1	6	8	20
2	New Haven	130,741	South Central	0	8	2	1	16	27
3	Hartford	124,893	North Central	2	3	0	4	7	16
4	Waterbury	109,915	South Central	0	1	0	2	6	9

- The table above displays that the city of Waterbury has the poorest access to treatment in comparison to other major cities in Connecticut this is despite the 12,000 residents that need treatment but do not receive it in the city
- New Haven and Waterbury both possess the same addiction factor of 10.69% because the two cities are located in New Haven County, the South Central Region of the state as divided by SAMHSA
- New Haven possesses 27 facilities while Waterbury possesses 9 facilities
- In addition, New Haven possesses 8 facilities administering methadone while Waterbury possesses 1
- Furthermore, the population-to-treatment ratio of Waterbury is 12,231:1 vs. 4,842:1 in New Haven;
- This suggests that the population of New Haven is approximately 16% larger than Waterbury, however New Haven possesses 300% more treatment facilities
- Specifically for methadone maintenance treatment the population-to-treatment ratio is 16,343:1 in New Haven vs. 109,915:1 in Waterbury
- This demonstrates a clear lack of access to substance abuse treatment in the city of Waterbury

1. U.S. Census Bureau in 2012 the city of Waterbury was the 5<sup>th</sup> most populous city in the state of Connecticut with a population of 109,915; U.S. Census Bureau  
 2. DMHAS via Freedom of Information Act

# Access to Treatment Comparison

- In addition to this Connecticut Counseling maintains a waiting list of 4-6 weeks, regularly putting patients life and health at risk
- This is especially dangerous considering that drug dependent patients are at risk of a number complications that can result in immediate death; these complications include but are not limited to overdose, sepsis, stroke, heart attack and other infectious diseases
- Drug dependence is a prevalent chronic disease similar to diabetes and hypertension. Patients suffering from these diseases are entitled to have access to care in their communities
- NERC's goal in establishing a program in the city of Waterbury is to increase this capacity in order to give the citizens suffering from drug dependence access to the care they so desperately need

# Scope of the Public Hearing

- The public hearing for Certificate of need is limited by the guidelines and principles Sec. 19a-639 (Formerly Sec. 19a-155)
- In the 5<sup>th</sup> section of the motion filed by the city of Waterbury for intervenor status, the document states the following:
  - *This City will provide evidence, including but not limited to City officials and expert witnesses with knowledge of traffic patterns in the area. In addition, testimony from fire, safety, and building code officials; and testimony on City demographics. Witnesses may include the City Traffic Engineer, the City Planner, member(s) of Board of Education and Administration and/or personnel, and pre-offered testimony will include evidence regarding Waterbury's current population and demographics.*
- In the states ruling on the petition, the Office of Health Care Access states:
  - *The Petitioner is not permitted to present written or verbal testimony regarding any matter beyond the scope of the guidelines and principles, including but not limited to traffic patterns, fire, safety and building codes; educational concerns; and/or safety concerns.*
- All evidence that is outside the scope of the Office of Health Care Access is inadmissible to this public hearing.

# Prior Use of 447 Meriden Road

- Up until August 2013 the building was used as a healthcare facility operated by St. Mary's Hospital for laboratory and primary care services
  - The facility operated from 9m to 5pm; longer than the proposed facility
  - The facility also catered to a much larger population due to the nature of its services
- During the period of St. Mary's use of the space all ordinances were met including but not limited to building codes, health and fire safety
- In addition there was no impact on surrounding traffic
- New Era Rehabilitation Center assures the city the building will remain in accordance to all city codes and believes this will be significantly easier considering the building has been in accordance with all city statutes and ordinances as recently as August 2013

# Methadone Treatment Facilities and Crime

- New Era Rehabilitation is in complete agreement with the Waterbury School Board and the parents, the safety of children in our community is of the utmost importance .
- However the notion that the proximity of a treatment facility to a school threatens this safety is unfounded and ultimately false.
- Opiate dependence has been established as a chronic disease that is caused by a combination of genetic and environmental risk factors. Methadone maintenance is well established as the most effective treatment for opiate dependence.

# Methadone Treatment Facilities and Crime

- Although Methadone maintenance has been proven as an effective treatment for opiate dependence, access to treatment is still limited due to concerns about increases in crime this is despite extensive research over several decades that has proven methadone maintenance treatment **decreases** crime among treated patients in turn decreasing the societal costs of the disease.
- The most important fact to realize is that the intended patients of the proposed treatment facility are contributing citizens of Waterbury. They are mothers, fathers, uncles, aunts, brothers and sisters who work and live in Waterbury and its environs.
- They are local teachers, nurses, janitors, librarians, construction workers, doctors, lawyers etc. They have a right to health care as any other patient does and they have a right to be treated in their environment.

# Methadone Treatment Facilities and Crime

- According to an article published in Republican American, Rep. Selim Noujaim was quoted saying:
  - *“We need to work to keep our community safe and allow our schoolchildren to be able to transit to and from school without having to navigate through narrow and crowded streets before arriving to their classroom”- Rep. Selim Noujaim*
- The Chase Elementary school operates between the hours of 8:35 am and 2:50pm
- NERC operates between the hours of 6:00am and 2:00pm; with medicating hours between 6:00am and 11:30am
- The notion that school children and NERC clients will occupy “narrow and crowded streets” is simply not true; NERC medicates more than 30% of all patients prior to the school opening and has stopped medicating patients all together hours prior to the school closing

# Methadone Treatment Facilities and Crime

- In 2012 The Journal of Addiction published an article titled: *Use of a 'microecological technique' to study crime incidents around methadone maintenance treatment centers*
- The study was conducted by Susan J. Boyle via the Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD, USA
- The aim of the study is to determine whether there is a geographic relationship between methadone treatment centers (MTCs) and neighborhood crime

# Methadone Treatment Facilities and Crime

## Methodology

- The study mapped violent crimes reported by the Federal Bureau of Investigation uniform crime report over a 2 year period 1999 – 2001 in the city of Baltimore, MD
- Apart from Methadone Treatment Centers (MTCs) 3 control locations were chosen:
  - General Hospitals
  - Convenience Stores
  - Residential Points
- The locations were controlled for several criteria (20) including:
  - Population Per Square Mile
  - Per Capita Income
  - % Unemployed
  - % of Vacant Houses
  - Total Drug Related Crimes

# Methadone Treatment Facilities and Crime

## Key Findings

- Crime incidents did not increase with closer proximity to MTCs, suggesting MTCs are not a geographic focus for crime.
- However, crime did increase with closer proximity to convenience stores, suggesting convenience stores do attract crime.

*How did the applicant choose the proposed location compared to others in the city of Waterbury or the towns within the service area?*

- *Medically Zoned*
- *Previously used as a medical facility*
- *Adequate parking facilities*
- *Easily accessibility on bus route*
- *Free standing building*

## *How will the March 2014 opening of the Hartford Dispensary in Torrington impact the proposal?*

- NERC believes the proposed location will have NO affect on the opening of Hartford Dispensary Torrington
- Torrington is located in Litchfield county in what SAMHSA considers to be the North Central Region of the state while Waterbury is located in New Haven county in what is considered to be the South Central Region of the state
- Waterbury is roughly 20 miles from Torrington; when including southern environs the distance increases to about 35 miles
- When travelling by car the average travel time between the cities (including environs) ranges between 20-40 minutes (one way)

# How will the March 2014 opening of the Hartford Dispensary in Torrington impact the proposal

- In substance abuse treatment, the distance to an outpatient facility is highly correlated to the likelihood of a patient utilizing the services; this is buttressed by a study conducted by Stanford University and the Dept. of Veteran Affairs titled: *The influence of distance on utilization of outpatient mental health aftercare following inpatient substance abuse treatment*
- The study concludes that patients who traveled 10 miles or less are approximately 3.0 times more likely to attend treatment than those who traveled more than 50 miles
- For those who traveled between 11 and 25 miles, the odds of attending treatment were reduced by 65%
- Based on the resulting model, the probability of attending treatment falls to less than 50% when the patient must travel more than 25 miles to receive care;
- This percentage is further reduced in methadone maintenance where attendance is required daily

## *How will the March 2014 opening of the Hartford Dispensary in Torrington impact the proposal*

- Furthermore the city of New Haven is 23 miles from Waterbury
- This is approximately the same distance from Waterbury to Torrington
- Considering the vast difference in urbanization between New Haven and Torrington, it is a fair assumption that Waterbury patients would most likely work/operate in New Haven (and its environs)
- Despite the increased likelihood of patients to travel to the greater New Haven area, Waterbury and its greater environs still suffer from a treatment gap of 12,000 patients
- NERC believes a facility located in Torrington will have little to no affect on the drug dependent population in Waterbury

## *How will the March 2014 opening of the Hartford Dispensary in Torrington impact the proposal*

- In conclusion the proposed facility in Waterbury is focused specifically on patients in Waterbury and its environs
- NERC does not consider Torrington to be an environ of Waterbury and believes the facilities will provide access to two distinct populations

## *What are the credentials of the individuals that will staff the treatment center?*

- Professionals who are licensed in the state of Connecticut, the Dept. of Public Health and the Connecticut State Certification Board including but not limited to:
  - Medical Doctors
  - Licensed Alcohol and Drug Counselors
  - Licensed Professional Counselor
  - Registered Nurse
  - Certified Addiction Counselors
  - Licensed Practical Nurse

## *How would the Applicant handle additional clients in the event that volumes increase beyond those projected?*

- The program will be expanded and the details will be worked out when needed

# Conclusion

- In conclusion NERC would like to reiterate the following points:
  1. According to SAMHSA the city of Waterbury is suffering from a significant substance abuse problem
  2. According to DMHAS the city is significantly underserved in comparison to comparable cities in the state of Connecticut
  3. According to the micro-ecological study conducted by the University of Maryland the proposed facility will not be focus of crime
  4. According to utilization study conducted by Stanford University, outpatient mental health abuse services located 20+ miles away from a population does NOT constitute 'access to health care'

# References

1. U.S. Census Bureau in 2012 the city of Waterbury was the 5<sup>th</sup> most populous city in the state of Connecticut with a population of 109,915; [U.S. Census Bureau](#)
2. National Survey of Drug Use and Health conducted by SAMHSA ; [NSDUH CT 2012.htm](#) (Revised March 2012)
3. Department of Mental Health and Addiction Services via Freedom of Information Act
4. Journal of Addiction: "Use of a 'microecological technique' to study crime incidents around methadone maintenance treatment centers" - Susan J. Boyd, Li Juan Fang, Deborah R. Medoff, Lisa B. Dixon & David A. Gorelick
5. Journal of Addictive Behaviors: "The influence of distance on utilization of outpatient mental health aftercare following inpatient substance abuse treatment" - Susan K. Schmitta, Ciaran S. Phibbsa, John D. Pietteb



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Short Communication

## The influence of distance on utilization of outpatient mental health aftercare following inpatient substance abuse treatment

Susan K. Schmitt<sup>a</sup>, Ciaran S. Phibbs<sup>a,b,\*</sup>, John D. Piette<sup>b,c,1</sup>

<sup>a</sup>Center for Health Care Evaluation and Health Economics Resource Center, Veterans Affairs, Palo Alto Health Care System, Palo Alto, CA, USA

<sup>b</sup>Department of Health Research and Policy and Center for Primary Care and Outcomes Research, Stanford University, Stanford, CA, USA

<sup>c</sup>Center for Health Care Evaluation and Program Evaluation and Resources Center, Veterans Affairs, Palo Alto Health Care System, Palo Alto, CA, USA

### Abstract

This study examined whether substance abuse patients who live farther from their source of outpatient mental health care were less likely to obtain aftercare following an inpatient treatment episode. For those patients who did receive aftercare, distance was evaluated as a predictor of the volume of care received. A national sample of 33,952 veterans discharged from Department of Veterans Affairs (VA) inpatient substance abuse treatment programs was analyzed using a two-part choice model utilizing logistic and linear regression. Patients living farther from their source of outpatient mental health care were less likely to obtain aftercare following inpatient substance abuse treatment. Patients who traveled 10 miles or less were 2.6 times more likely to obtain aftercare than those who traveled more than 50 miles. Only 40% of patients who lived more than 25 miles from the nearest aftercare facility obtained any aftercare services. Patients who received aftercare services had fewer visits if they lived further from their source of aftercare. Lack of geographic access (distance) is a barrier to outpatient mental health care following inpatient substance abuse treatment, and influences the volume of care

\* Corresponding author. Health Economics Resource Center (15Z), VA Medical Center, 795 Willow Road, Menlo Park, CA 94025, USA. Tel: +1-650-493-5000x22813; fax: +1-650-617-2639.  
E-mail address: [cphibbs@stanford.edu](mailto:cphibbs@stanford.edu) (C.S. Phibbs).

<sup>1</sup> Dr. Piette currently is affiliated with the Department of Veterans Affairs Center for Practice Management and Outcomes Research and the University of Michigan, Ann Arbor, MI.

received once the decision to obtain aftercare is made. Aftercare services must be geographically accessible to ensure satisfactory utilization.  
Published by Elsevier Science Ltd.

*Keywords:* Aftercare; Distance; Drug abuse; Geographical mobility; Outpatients; Veterans

## 1. Introduction

It is well established that utilization of outpatient mental health aftercare following episodes of acute inpatient substance abuse treatment results in better outcomes (Costello, 1980; Walker, Donovan, Kivlahan, & O'Leary, 1983). Active involvement in aftercare is also associated with reduced readmission rates (Moos & Moos, 1995; Peterson, Swindle, Phibbs, Racine, & Moos, 1994), even among patients with comorbid psychiatric disorders (Swindle, Phibbs, Paradise, Racine, & Moos, 1995).

Geographic access to care is an important determinant of health service use (Burgess & DeFlore, 1994; Mooney, Zwanziger, Phibbs, & Schmitt, 2000; White, 1986). Studies of hospital choice have shown consistently that increased distance reduces the probability that a hospital will be chosen by a patient for services (Holloway, Medendorp, & Bromberg, 1990; Luft et al., 1990; McCluik & Porell, 1984). Because of the chronic nature of substance abuse disorders, proximity may be an especially important determinant of consistent outpatient treatment and, therefore, treatment success.

Although studies have evaluated the relationship between distance and utilization of certain types of outpatient care (Burgess & DeFlore, 1994; Formey, Booth, Blow, & Bunn, 1995; Piette & Moos, 1996), we are aware of no studies that have specifically examined distance as a determinant of access to mental health aftercare for a broad range of substance abuse patients, or of the volume of services used.

The Department of Veterans Affairs (VA) provides a unique environment in which to study these issues. In fiscal year 1999 (FY99), VA medical centers (VAMCs) provided inpatient substance abuse treatment to 14,300 patients (Piette & Fong, 2000). In addition, VAMCs in FY99 provided more than 4.4 million outpatient mental health care visits to patients with substance abuse disorders. Thus, the sheer size of the VA health care system, nationwide service area, and detailed computerized medical records provide an unparalleled source of information on substance abuse patients' use of aftercare services. Because financial barriers are substantially reduced or eliminated for VA patients, nonfinancial barriers such as distance can be examined more clearly than in other health care systems. In addition, VA patients travel relatively far to reach their usual source of care (Burgess & DeFlore, 1994), thereby allowing examination of a greater range of the

## Use of a 'microecological technique' to study crime incidents around methadone maintenance treatment centers

Susan J. Boyd<sup>1</sup>, Li Juan Fang<sup>2</sup>, Deborah R. Medoff<sup>2</sup>, Lisa B. Dixon<sup>2</sup> & David A. Gorelick<sup>2</sup>

<sup>1</sup>Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD, USA; <sup>2</sup>Department of Psychiatry, Division of Services, Research, University of Maryland School of Medicine, Baltimore, MD, USA; and Intramural Research Program, National Institute on Drug Abuse/National Institutes of Health, Baltimore, MD, USA

### ABSTRACT

**Aims** Concern about crime is a significant barrier to the establishment of methadone treatment centers (MTCs). Methadone maintenance reduces crime among those treated, but the relationship between MTCs and neighborhood crime is unknown. We evaluated crime around MTCs. **Setting** Baltimore City, MD, USA. **Participants** We evaluated crime around 13 MTCs and three types of control locations: 13 convenience stores (stores), 13 residential points and 10 general medical hospitals. **Measures** We collected reports of Part 1 crimes from 1 January 1999 to 31 December 2001 from the Baltimore City Police Department. **Design** Crimes and residential point locations were mapped electronically by street address (geocoded), and MTCs, hospitals and stores were mapped by visiting the sites with a global positioning satellite (GPS) locator. Concentric circular 'buffers' were drawn at 2.5-m intervals up to 300 m around each site. We used Poisson regression to assess the relationship between crime counts (incidents per unit area) and distance from the site. **Findings** There was no significant geographic relationship between crime counts and MTCs or hospitals. A significant negative relationship (parameter estimate = -0.3127,  $P < 0.04$ ) existed around stores in the daytime (7 am–7 pm), indicating higher crime counts closer to the stores. We found a significant positive relationship around residential points during daytime (0.5180,  $P < 0.0001$ ) and at night (0.3303,  $P < 0.0001$ ), indicating higher crime counts further away. **Conclusions** Methadone treatment centers, in contrast to convenience stores, are not associated geographically with crime.



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

**IN THE MATTER OF:**

A Certificate of Need Application by  
New Era Rehabilitation Center, Inc.

Docket Number: 13-31857-CON

**1. RULING ON APPLICANT'S MOTION FOR CONTINUANCE**

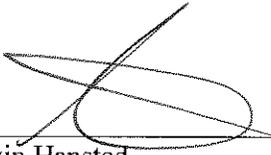
By Motion dated January 24, 2014, New Era Rehabilitation Center, Inc. ("Applicant") requested a continuance of the hearing scheduled in this matter for January 30, 2014, 2:00 p.m., at the Saint Peter and Paul Church Hall, 67 Southmayd Road, Waterbury, Connecticut. The Applicant's Motion for Continuance is hereby **GRANTED**.

**2. RULING ON INTERVENOR'S OBJECTION TO APPLICANT'S MOTION FOR CONTINUANCE**

On January 24, 2014, the Intervenor, City of Waterbury ("City"), filed an Objection to the Applicant's Motion for Continuance of the hearing scheduled in this matter for January 30, 2014, 2:00 p.m., at the Saint Peter and Paul Church Hall, 67 Southmayd Road, Waterbury, Connecticut. The City's Objection is hereby **OVERRULED**.

The hearing originally scheduled for January 30, 2014 at 2:00 p.m. will be re-scheduled for a date to be determined by the Office of Health Care Access.

1/24/14  
Date

  
\_\_\_\_\_  
Kevin Hansted  
Hearing Officer

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 3:33 PM  
**To:** umeugoand.associates@snet.net  
**Cc:** Greer, Leslie  
**Subject:** Ruling on Applicant's Motion for Continuance  
**Attachments:** 31857-CON ruling on applicant's motion for continuance.pdf

Dear Attorney Umeugo,

Attached is the ruling on Applicant's motion for continuance and the ruling on intervenors's objection to Applicant's motion for continuance.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax



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

**IN THE MATTER OF:**

A Certificate of Need Application by  
New Era Rehabilitation Center, Inc.

Docket Number: 13-31857-CON

**1. RULING ON APPLICANT'S MOTION FOR CONTINUANCE**

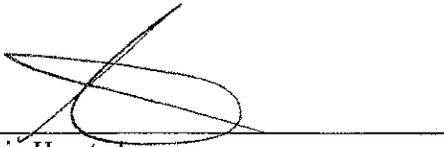
By Motion dated January 24, 2014, New Era Rehabilitation Center, Inc. ("Applicant") requested a continuance of the hearing scheduled in this matter for January 30, 2014, 2:00 p.m., at the Saint Peter and Paul Church Hall, 67 Southmayd Road, Waterbury, Connecticut. The Applicant's Motion for Continuance is hereby **GRANTED**.

**2. RULING ON INTERVENOR'S OBJECTION TO APPLICANT'S MOTION FOR CONTINUANCE**

On January 24, 2014, the Intervenor, City of Waterbury ("City"), filed an Objection to the Applicant's Motion for Continuance of the hearing scheduled in this matter for January 30, 2014, 2:00 p.m., at the Saint Peter and Paul Church Hall, 67 Southmayd Road, Waterbury, Connecticut. The City's Objection is hereby **OVERRULED**.

The hearing originally scheduled for January 30, 2014 at 2:00 p.m. will be re-scheduled for a date to be determined by the Office of Health Care Access.

1/24/14  
Date

  
Kevin Hansted  
Hearing Officer

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 3:34 PM  
**To:** mkurs@pulicom.com  
**Cc:** Greer, Leslie  
**Subject:** Ruling on Applicant's Motion for Continuance  
**Attachments:** 31857-CON ruling on applicant's motion for continuance.pdf

Dear Attorney Kurs,

Attached is the ruling on Applicant's motion for continuance and the ruling on intervenors's objection to Applicant's motion for continuance.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 3:36 PM  
**To:** lwihbey@waterburyct.org  
**Cc:** Greer, Leslie  
**Subject:** Ruling on Applicant's Motion for Continuance  
**Attachments:** 31857-CON ruling on applicant's motion for continuance.pdf

Dear Attorney Wihbey,

Attached is the ruling on Applicant's motion for continuance and the ruling on intervenors's objection to Applicant's motion for continuance.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 3:38 PM  
**To:** selim.noujaim@housegop.ct.gov  
**Cc:** Greer, Leslie  
**Subject:** Ruling on Applicant's Motion for Continuance  
**Attachments:** 31857-CON ruling on applicant's motion for continuance.pdf

Dear Representative Noujaim,

Attached is the ruling on Applicant's motion for continuance and the ruling on intervenors's objection to Applicant's motion for continuance.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

**Greer, Leslie**

---

**From:** Kurs, Michael A. <mkurs@pullcom.com>  
**Sent:** Friday, January 24, 2014 3:40 PM  
**To:** Fiducia, Paolo  
**Cc:** Greer, Leslie; lwihbey@waterburyct.org; umeugoand.associates@snet.net  
**Subject:** RE: Ruling on Applicant's Motion for Continuance

Thank you for the rulings,

Would you kindly let me know if a new date will be set for my clients' prefiles in light of the granting of the continuance.

Thank you,

Mike Kurs

---

**From:** Fiducia, Paolo [<mailto:Paolo.Fiducia@ct.gov>]  
**Sent:** Friday, January 24, 2014 3:34 PM  
**To:** Kurs, Michael A.  
**Cc:** Greer, Leslie  
**Subject:** Ruling on Applicant's Motion for Continuance

Dear Attorney Kurs,

Attached is the ruling on Applicant's motion for continuance and the ruling on intervenors's objection to Applicant's motion for continuance.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

---

**Michael A. Kurs**  
Attorney

**PULLMAN**

# **PULLMAN & COMLEY** U.C.

## **ATTORNEYS**

90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4331 f 860 424 4370  
[mkurs@pullcom.com](mailto:mkurs@pullcom.com) • [www.pullcom.com](http://www.pullcom.com)

**V-card • Bio • Directions**

BRIDGEPORT HARTFORD STAMFORD WATERBURY WHITE PLAINS



**Please consider the environment before printing this message.**

CIRCULAR 230 NOTICE: IRS RULES OF PRACTICE REQUIRE US TO INFORM YOU THAT ANY ADVICE IN THIS CORRESPONDENCE CONCERNING A FEDERAL TAX ISSUE IS NOT INTENDED OR WRITTEN BY US TO BE USED, AND CANNOT BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING ANY TAX PENALTIES IMPOSED BY THE INTERNAL REVENUE SERVICE, OR FOR PROMOTING, MARKETING OR RECOMMENDING ANY TAX RELATED MATTERS ADDRESSED HEREIN.

THE INFORMATION CONTAINED IN THIS E-MAIL MESSAGE IS CONFIDENTIAL AND PRIVILEGED, AND IS INTENDED ONLY FOR THE USE OF THE NAMED RECEIVER. IF YOU ARE NOT THE NAMED RECEIVER, OR THE PERSON RESPONSIBLE FOR DELIVERING THIS E-MAIL MESSAGE TO THE NAMED RECEIVER, YOU ARE NOTIFIED THAT ANY USE OF THIS E-MAIL MESSAGE OR ITS CONTENTS, INCLUDING ANY DISSEMINATION OR COPYING, IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS E-MAIL MESSAGE IN ERROR, PLEASE IMMEDIATELY NOTIFY PULLMAN & COMLEY BY TELEPHONE AT (203) 330-2000, AND DESTROY THE ORIGINAL MESSAGE. WE WILL REIMBURSE YOUR TELEPHONE EXPENSE FOR DOING SO. THANK YOU.

**Greer, Leslie**

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 3:49 PM  
**To:** Gerrish, William  
**Cc:** Greer, Leslie  
**Subject:** Ruling on Applicant's Motion for Continuance  
**Attachments:** 31857-CON ruling on applicant's motion for continuance.pdf

Hi Bill,

On Behalf of Kevin Hansted here is the ruling on New Era Rehabilitation Center. Please let me know if you have any other questions.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax

## Greer, Leslie

---

**From:** Fiducia, Paolo  
**Sent:** Friday, January 24, 2014 3:56 PM  
**To:** Greer, Leslie  
**Subject:** FW: Voice Message from CT STATE OF (98604187001)

---

**From:** Kurs, Michael A. [<mailto:mkurs@pullcom.com>]  
**Sent:** Friday, January 24, 2014 3:55 PM  
**To:** Fiducia, Paolo  
**Subject:** RE: Voice Message from CT STATE OF (98604187001)

Thank you for your message about that there will be a new date for my clients' profiles.

Mike Kurs

**From:** Unity Messaging System - HTFDCISCOVM1  
**Sent:** Friday, January 24, 2014 3:12 PM  
**To:** Kurs, Michael A.  
**Subject:** Voice Message from CT STATE OF (98604187001)

---

**Michael A. Kurs**  
Attorney

**PULLMAN**  
**& COMLEY** PC  
ATTORNEYS

90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4331 f 860 424 4370  
[mkurs@pullcom.com](mailto:mkurs@pullcom.com) • [www.pullcom.com](http://www.pullcom.com)

[V-card](#) • [Bio](#) • [Directions](#)

BRIDGEPORT HARTFORD STAMFORD WATERBURY WHITE PLAINS

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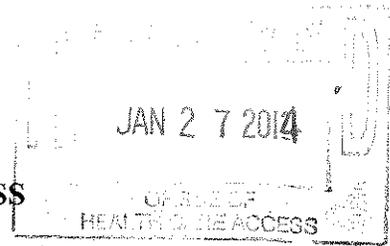
 **Please consider the environment before printing this message.**

CIRCULAR 230 NOTICE: IRS RULES OF PRACTICE REQUIRE US TO INFORM YOU THAT ANY ADVICE IN THIS CORRESPONDENCE CONCERNING A FEDERAL TAX ISSUE IS NOT INTENDED OR WRITTEN BY US TO BE USED, AND CANNOT BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING ANY TAX PENALTIES IMPOSED BY THE INTERNAL REVENUE SERVICE, OR FOR PROMOTING, MARKETING OR RECOMMENDING ANY TAX RELATED MATTERS ADDRESSED HEREIN.

THE INFORMATION CONTAINED IN THIS E-MAIL MESSAGE IS CONFIDENTIAL AND PRIVILEGED, AND IS INTENDED ONLY FOR THE USE OF THE NAMED RECEIVER. IF YOU ARE NOT THE NAMED RECEIVER, OR THE PERSON RESPONSIBLE FOR DELIVERING THIS E-MAIL MESSAGE TO THE NAMED RECEIVER, YOU ARE NOTIFIED THAT ANY USE OF THIS E-MAIL MESSAGE OR ITS CONTENTS, INCLUDING ANY DISSEMINATION OR

COPYING, IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS E-MAIL MESSAGE IN ERROR, PLEASE IMMEDIATELY NOTIFY PULLMAN & COMLEY BY TELEPHONE AT (203) 330-2000, AND DESTROY THE ORIGINAL MESSAGE. WE WILL REIMBURSE YOUR TELEPHONE EXPENSE FOR DOING SO. THANK YOU.

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS



IN THE MATTER OF

DOCKET NO. 13-31857-CON

CERTIFICATE ON NEED APPLICATION  
NEW ERA REHABILITATION CENTER, INC.

JANUARY 24, 2014

MOTION FOR CONTINUANCE

The Applicant New Era Rehabilitation Center, Inc. hereby respectfully requests for a Motion for Continuance of the Hearing that is schedule for January 30, 2014, on the following grounds:

- 1) The Applicant New Era Rehabilitation Center, Inc., is currently working with the City of Waterbury through Corporation Counsel's office and the Mayor's office of Economic Development to find another location instead 447 Meriden Road, Waterbury, CT to open the Waterbury Methadone Clinic. If this works out it will take care of one major issue at the said hearing.
- 2) The Applicant recently retained Counsel and the Counsel will need additional time to review the file.

THE APPLICANT,  
NEW ERA REHABILITATION CENTER, INC.

BY: \_\_\_\_\_

IKECHUKWU UMEUGO  
THEIR ATTORNEY  
UMEUGO & ASSOCIATES, P.C.  
620 BOSTON POST ROAD  
WEST HAVEN, CT 06516  
(203) 931-2680; FAX (203) 931-2682  
JUR# 412772

## Greer, Leslie

---

**From:** Martone, Kim  
**Sent:** Thursday, January 30, 2014 3:52 PM  
**To:** Hansted, Kevin; Riggott, Kaila; Fiducia, Paolo  
**Cc:** Greer, Leslie  
**Subject:** FW: Clinic next to chase school..

-----Original Message-----

**From:** Veronica Colon [<mailto:vc087@yahoo.com>]  
**Sent:** Friday, January 24, 2014 3:18 PM  
**To:** Martone, Kim  
**Subject:** Clinic next to chase school..

Hi! I am a concerned parent who is against having a methadone clinic next to my sons school. There are many children all over the area and I'm sure many parents are concerned about having their children around such clinic. It doesn't make sense to have a clinic with addicts around a school. Not judging people and their choices, but to have it around children makes no sense. There are many other locations that can be chosen. Please choose a different location. Please. Thank you!

A concern parent.  
Chase school.  
Veronica Colon.

Sent from my iPhone

## Greer, Leslie

---

**From:** Martone, Kim  
**Sent:** Thursday, January 30, 2014 3:53 PM  
**To:** Hansted, Kevin; Riggott, Kaila; Fiducia, Paolo  
**Cc:** Greer, Leslie  
**Subject:** FW: Parent from Chase elementary school

-----Original Message-----

**From:** Karla Ramos [<mailto:isaiah0729@yahoo.com>]  
**Sent:** Friday, January 24, 2014 3:09 PM  
**To:** Martone, Kim  
**Subject:** Parent from Chase elementary school

I am a parent from Chase elementary school I will gladly attend this meeting there is no way I want this around my child school absolutely oppose to this.. Thank you for keep us the parents in the loop as to what is being done with this situation.

Sent from my iPhone

## Greer, Leslie

---

**From:** Martone, Kim  
**Sent:** Thursday, January 30, 2014 3:55 PM  
**To:** Riggott, Kaila; Hansted, Kevin; Fiducia, Paolo  
**Cc:** Greer, Leslie  
**Subject:** FW: methadone clinic in waterbury

**From:** beth lamb [<mailto:eglabbe@gmail.com>]  
**Sent:** Friday, January 24, 2014 10:32 AM  
**To:** Martone, Kim  
**Subject:** methadone clinic in waterbury

Dear Ms. Martone

I am a parent of a 9 year old boy who attends chase school in Waterbury and I have been made aware of the decision to place a methadone clinic with in approximately 500 feet of the school, which I do believe violates the drug free zone. I think it is a disgrace that the safety and well being of the cities children is not being taken into consideration when placing business in a school area. This city is full of empty factory buildings and office spaces located in more suitable areas such as downtown near the shelter and dmhas and st. Mary's out patient IOP programs. areas in which the clients who would utilize the clinic live. Why it is being proposed that the east end of Waterbury require two methadone clinics is beyond me. I will be attending the meeting on the 30th and vehemently protesting this business. The children in the city of Waterbury are exposed to enough crime violence and negative behavior they do not need it right next to the only place left for them to be children. I ask you to tell me how you would feel walking your small child past a methadone clinic every morning on the way to school. Or how you would feel to know your child is playing in a school yard within viewing distance of such a business. I am not opposed to people using methadone to assist in their rehab but I do believe there is a time and place for everything and next to a school is not it. I would hope you could look me in the eye and say you would be perfectly comfortable with this being near your young child. And then I would propose we put it in your neighbor hood. I also find it quite interesting that you are out of your office until the day of this meeting in Waterbury and won't be surprised if your response is " I have been out of the office and have not read all the emails." I know a government tactic when I see one

## Greer, Leslie

---

**From:** Martone, Kim  
**Sent:** Thursday, January 30, 2014 3:56 PM  
**To:** Hansted, Kevin; Riggott, Kaila; Fiducia, Paolo  
**Cc:** Greer, Leslie  
**Subject:** FW: Safety Issues with Meth clinic

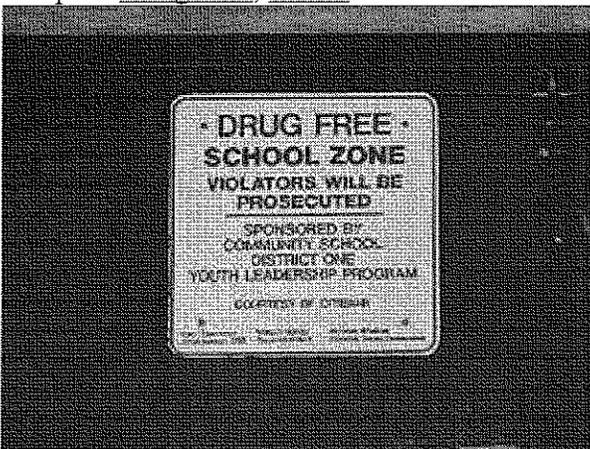
**From:** selenajenkins [mailto:selenadjenkins@gmail.com]  
**Sent:** Friday, January 24, 2014 10:15 AM  
**To:** Martone, Kim  
**Subject:** Safety Issues with Meth clinic

Let me start off by saying that as a person I understand the need for these types of facilities. I understand that they may help certain people of my community. Putting a Methadone Clinic within 100 yards of a school is just as bad, even worse than a drug dealer sitting on a corner selling Heroin. I would rather see that than a bunch of Heroin users coming and going right at the time that there are kids walking into school. I drop my son off at school at 810am Monday thru Friday. This is completely unacceptable. I urge you to help out this community in anyway you can. I would not be able to go to work knowing the type of people and pt's that will be at this facility while my kids are in a learning institute directly next door.

"

## Drug-free school zone

From Wikipedia, the free encyclopedia  
Jump to: [navigation](#), [search](#)



 Drug-free school zone sign in New York City, Manhattan

United States Federal law and many state and local laws increase penalties for illegal drug-related activities in **Drug-free school zones**.<sup>[1][2]</sup> The penalties vary from jurisdiction to jurisdiction in terms of whether they stand alone as separate offenses or serve as a sentencing enhancement and in terms of the defenses available.<sup>[3]</sup>

The United States Congress has supplemented the core offenses under the Controlled Substances Act (21 U.S.C. '841) with several additional offenses carrying increased maximum penalties, when the crimes are committed under certain specified circumstances. For example section 21 U.S.C.'860 provides that the penalties for manufacturing, distributing, and possessing with intent to distribute are doubled or tripled when the offense is committed within a specified distance of a school or other facility regularly used by children. Under Federal law the affected areas can include illegal federal drug sales on, or within one thousand feet of, real property comprising a public or private elementary, vocational, or secondary school or a public or private college, junior college, or university, or a playground, or housing facility owned by a public housing authority, or within 100 feet of a public or private youth center, public swimming pool, or video arcade facility.<sup>[4]</sup>

In one state, New Hampshire, a **Drug-free school zone** is defined as an area inclusive of any property used for school purposes by any publicly funded primary school, whether or not owned by such school, within 1,000 feet of any such property, and within or immediately adjacent to **school buses**.<sup>[5]</sup>

The controversial No Child Left Behind Act amended and reauthorized the Safe and Drug-Free Schools & Communities Act (SDFSCA) as Part A of Title IV-21st century schools. The No Child Left Behind Act authorized funds for SDFSCA program, which is the federal government's major initiative to prevent drug abuse violence in and around schools. As part of the SDFSCA, Congress allocated millions to school districts to help them establish programs to prevent the use of alcohol and other drugs, but there are no accountability standards to accompany the money.<sup>[6]</sup> The SDFSCA was established by the 1986 Anti-Drug Abuse Act.<sup>[7]</sup> The SDFSC Advisory Committee, was appointed by the U.S. Secretary of Education Margaret Spellings. The Committee was established to advise the Secretary on Federal, state, and local programs designated to create safe and drug-free schools, and on issues related to crisis planning.<sup>[8]</sup>

The purpose of the SDFSCA is to support programs that: (1) prevent violence in and around schools; (2) prevent the illegal use of alcohol, tobacco, and drugs; (3) involve parents and communities; and, (4) are coordinated with related Federal, State, school, and community efforts and resources to foster a safe and drug-free learning environment that promotes student academic achievement.<sup>[9]</sup>

Due primarily to an ongoing lack of research supporting any of these efforts being an effective deterrent to crime, Congress recently eliminated several programs administered by the Office of Safe and Drug-Free Schools.<sup>[10]</sup>

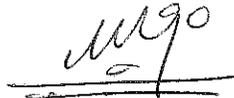
**CERTIFICATION**

This is to certify that a copy of the forgoing was delivered on this 24<sup>th</sup> day of January 2014 via first class mail postage prepaid, to:

Office of Health Care Access  
Attn.: Ms. Kimberly R. Matone  
410 Capitol Avenue, MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Facsimile: (860) 418-7053

Attorney Linda T. Wihbey  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702

Attorney Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702

A handwritten signature in black ink, appearing to read 'Umeugo', written over a horizontal line.

Ikechukwu Umeugo, Esq.

## Greer, Leslie

---

**From:** Greer, Leslie  
**Sent:** Thursday, April 10, 2014 9:23 AM  
**To:** 'mkurs@pullman.com'  
**Cc:** Fiducia, Paolo  
**Subject:** New Era Rehabilitation Center, Inc.  
**Attachments:** 31857-24.pdf; 31857-25.pdf

Tracking:	Recipient	Delivery	Read
	'mkurs@pullman.com'		
	Fiducia, Paolo	Delivered: 4/10/2014 9:23 AM	Read: 4/10/2014 9:47 AM

Attorney Kurs,  
Attached is a request for project status update along with the responses from the applicant.

*Leslie M. Greer* 

CT Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
Hartford, CT 06134  
Phone: (860) 418-7013  
Fax: (860) 418-7053

Website: [www.ct.gov/ohca](http://www.ct.gov/ohca)

 Please consider the environment before printing this message



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

April 8, 2014

VIA FAX ONLY

Ikechukwu Umeugo, Esq.  
Umeugo & Associates, P.C.  
620 Post Post Road  
P.O. Box 26373  
West Haven, CT 06516

RE: Certificate of Need Application; Docket Number: 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent  
Persons in Waterbury

Dear Attorney Umeugo:

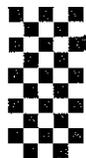
The Office of Health Care Access ("OHCA") is requesting the Applicant to respond in writing as to a project status update regarding the above Certificate of Need ("CON") application.

Please respond by mail by April 22, 2014. If you have any questions regarding the above, please contact me at (860) 418-7035.

Sincerely,

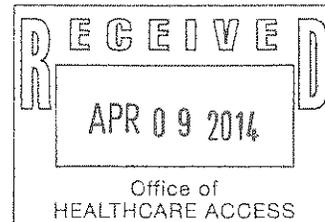
A handwritten signature in black ink, appearing to read "Paolo Fiducia".

Paolo Fiducia  
Associate Health Care Analyst



**UMEUGO & ASSOCIATES, P.C.**

ATTORNEYS AND COUNSELORS AT LAW  
620 Boston Post Road  
Post Office Box 26373  
West Haven, Connecticut 06516  
Tel.: (203) 931-2680 / Fax: (203) 931-2682  
Email: [umeugoand.associates@snet.net](mailto:umeugoand.associates@snet.net)



IKECHUKWU UMEUGO

*Associates*

CECRYSTAL O. UMEUGO

*Paralegal*  
**KAREN CANDELLI**  
*Legal Secretary*  
**TWYLA ROBINSON**

**FAX SHEET**

**DATE: 04/09/2014**

**TIME: 2:43 A.M.**

**NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 4**

**SENT TO FAX NUMBER: 860-418-7053**

**FROM FAX NUMBER: (SEE ABOVE LETTERHEAD)**

**PLEASE DELIVER TO:**

State of Connecticut  
Department of Public Health  
Office of Health Care Access  
**Attn.: Mr. Paolo Fiducia**  
410 Capitol Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: **New Era Rehabilitation Center Inc. Hearing**  
Our Client: New Era Rehabilitation Center, Inc.  
Docket #: 13-31857-CON  
Our File #: U/2754-001

**REMARKS/INSTRUCTIONS:**

Please see attached documents in regards to the above referenced matter.

NOTICE: THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED, IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA REGULAR POSTAL SERVICE, THANK-YOU.

**UMEUGO & ASSOCIATES, P.C.**

ATTORNEYS AND COUNSELORS AT LAW

620 Boston Post Road

Post Office Box 26373

West Haven, Connecticut 06516

Tel.: (203) 931-2680./ Fax: (203) 931-2682

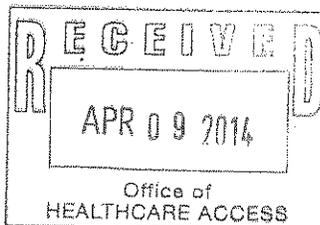
Email: [umeugoand.associates@snet.net](mailto:umeugoand.associates@snet.net)

**IKECHUKWU UMEUGO**

*Associates*

*CECRYSTAL O. UMEUGO*

April 9, 2014



*Paralegal  
KAREN CANDELLI  
Legal Secretary  
TWYLA ROBINSON*

VIA FAX 860-418-7053 & CERTIFIED MAIL/ RETURN RECEIPT

State of Connecticut  
Department of Public Health  
Office of Health Care Access  
**Attn.: Mr. Paolo Fiducia**  
410 Capitol Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

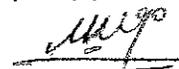
Re: **New Era Rehabilitation Center Inc. Hearing**  
Our Client: New Era Rehabilitation Center, Inc.  
Docket #: 13-31857-CON  
Our File #: U/2754-001

Dear Mr. Fiducia,

Per your request in your letter dated April 8, 2014, please see attached our client Dr. Ebenezer Kolade's response to a project status update regarding the Certificate of Need ("CON") application.

Upon receipt of this letter please contact our office so we can discuss this matter

Very truly yours,

  
Ikechukwu Umeugo  
Attorney at Law

IU/tsr

**NEW ERA**  
**REHABILITATION**  
A LIFE TRANSFORMATION

April 8<sup>th</sup>, 2014

Paolo Fiducia  
Office of Health Care Access  
Department of Public Health  
State of Connecticut

410 Capitol Ave  
MS# 13HCA  
P.O. Box 340308  
Hartford, CT 06134

**RE: Certificate of Need Application: Docket Number 13-21857-CON New Era Rehabilitation Center, Inc. Establish a Facility for the Care of Treatment of Substance Abusive of Dependent Person in Waterbury**

Dear Mr. Fiducia,

In response to your letter dated April 8<sup>th</sup> 2014, please be advised that we are working with the Mayor of Waterbury's office in getting a suitable new location for the facility. We will advise you when we finalize on this.

Sincerely,

  
Ebenezer Kolade, M.D.

Executive Director





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

April 8, 2014

VIA FAX ONLY

Ikechukwu Umeugo, Esq.  
Umeugo & Associates, P.C.  
620 Post Post Road  
P.O. Box 26373  
West Haven, CT 06516

RE: Certificate of Need Application; Docket Number: 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent  
Persons in Waterbury

Dear Attorney Umeugo:

The Office of Health Care Access ("OHCA") is requesting the Applicant to respond in writing as to a project status update regarding the above Certificate of Need ("CON") application.

Please respond by mail by April 22, 2014. If you have any questions regarding the above, please contact me at (860) 418-7035.

Sincerely,

A handwritten signature in black ink, appearing to read "Paolo Fiducia".

Paolo Fiducia  
Associate Health Care Analyst

\* \* \* COMMUNICATION RESULT REPORT ( APR. 8. 2014 11:53AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : APR. 8. 2014 11:52AM	ADDRESS	RESULT	PAGE
FILE MODE OPTION			
223 MEMORY TX	912039312682	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:** IKECHUKWU UMEUGO

**FAX:** 12039312682

**AGENCY:** UMEUGO & ASSOCIATES, P.C.

**FROM:** PAOLO FIDUCIA

**DATE:** 04/08/2014 **Time:** 12:00 pm

**NUMBER OF PAGES:** 2  
*(including transmittal sheet)*

**Comments:**  
 13-31857-  
 CON Project  
 status update  
 letter

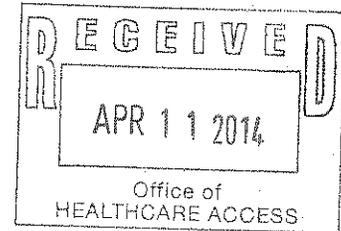
**PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.**

**Phone: (860) 418-7001**

**Fax: (860) 418-7053**

**410 Capitol Ave., MS#13HCA  
 P.O.Box 340308  
 Hartford, CT 06134**

UMEUGO & ASSOCIATES, P.C.  
ATTORNEYS AND COUNSELORS AT LAW  
620 Boston Post Road  
Post Office Box 26373  
West Haven, Connecticut 06516  
Tel.: (203) 931-2680 / Fax: (203) 931-2682  
Email: [umeugoand.associates@snet.net](mailto:umeugoand.associates@snet.net)



IKECHUKWU UMEUGO

-----  
*Associates*  
CECRYSTAL O. UMEUGO

*Paralegal*  
KAREN CANDELLI  
*Legal Secretary*  
TWYLA ROBINSON

April 9, 2014

VIA FAX 860-418-7053 & CERTIFIED MAIL/ RETURN RECEIPT

State of Connecticut  
Department of Public Health  
Office of Health Care Access  
**Attn.: Mr. Paolo Fiducia**  
410 Capitol Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

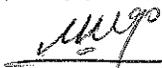
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Our File #: U/2754-001

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Attorney at Law

IU/tsr



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

April 8, 2014

VIA FAX ONLY

Ikechukwu Umeugo, Esq.  
Umeugo & Associates, P.C.  
620 Post Post Road  
P.O. Box 26373  
West Haven, CT 06516

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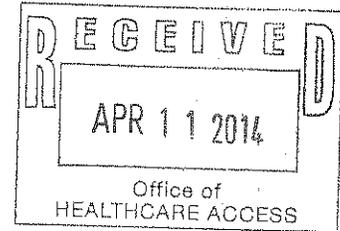
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Paolo Fiducia  
Associate Health Care Analyst

UMEUGO & ASSOCIATES, P.C.  
ATTORNEYS AND COUNSELORS AT LAW  
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Post Office Box 26373  
West Haven, Connecticut 06516  
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IKECHUKWU UMEUGO

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CECRYSTAL O. UMEUGO

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April 8<sup>th</sup>, 2014

Paolo Fiducia  
Office of Health Care Access  
Department of Public Health  
State of Connecticut

410 Capitol Ave  
MS# 13HCA  
P.O. Box 340308  
Hartford, CT 06134

**RE: Certificate of Need Application: Docket Number 13-31857-CON New Era Rehabilitation Center, Inc. Establish a Facility for the Care of Treatment of Substance Abusive of Dependent Person in Waterbury**

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Sincerely,

Ebenezer Kolade, M.D.

Executive Director





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

April 8, 2014

VIA FAX ONLY

Ikechukwu Umeugo, Esq.  
Umeugo & Associates, P.C.  
620 Post Post Road  
P.O. Box 26373  
West Haven, CT 06516

RE: Certificate of Need Application; Docket Number: 13-31857-CON  
New Era Rehabilitation Center, Inc.  
Establish a Facility for the Care or Treatment of Substance Abusive or Dependent  
Persons in Waterbury

Dear Attorney Umeugo:

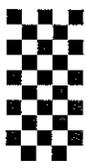
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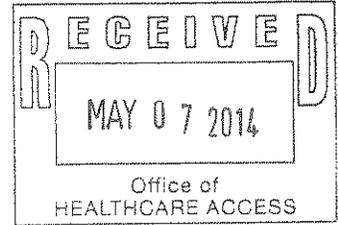
Sincerely,

A handwritten signature in black ink, appearing to read "Paolo Fiducia".

Paolo Fiducia  
Associate Health Care Analyst



City of Waterbury  
Corporation Counsel's Office



# Facsimile Cover Sheet

<b>To:</b>	Ms. Kimberly Martone
<b>Company:</b>	Office of Health Care Access
<b>Phone:</b>	860-418-7001
<b>Fax:</b>	860-418-7053
<b>From:</b>	Linda T. Wihbey
<b>Company:</b>	Corporation Counsel
<b>Phone:</b>	(203) 574-6731
<b>Fax:</b>	(203) 574-8340
<b>Date:</b>	5.7.14
<b>Pages including cover:</b>	7

RE: New Era Rehabilitation Center  
#13-31857-CON

*original will be mailed today -  
thank you -*

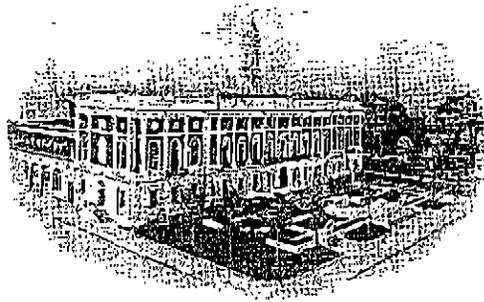
=====

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE RECEIVER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

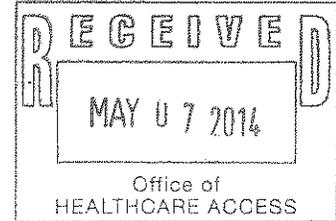
PLEASE CALL (203) 574-6731 IF THERE ARE PROBLEMS WITH THIS TRANSMITTAL.  
235 GRAND STREET - 3rd FLOOR - WATERBURY, CT 06702

LINDA T. WIMBEY  
CORPORATION COUNSEL

PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL



OFFICE OF THE CORPORATION COUNSEL  
**THE CITY OF WATERBURY**  
CONNECTICUT



May 7, 2014

VIA FAX 860-418-7053

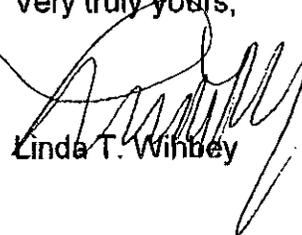
Ms. Kimberly Martone, Director of Operations  
Office of Health Care Access  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue, MS 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: New Era Rehabilitation Center – Docket #13-31857-CON  
City File #LND13-013

Dear Ms. Martone:

Enclosed please find an original plus two (2) copies of the City of Waterbury's Motion For Order Denying The Applicant's Certificate of Need relative to the above entitled matter.

Thank you.

Very truly yours,  
  
Linda T. Wimbey

LTW:mmb  
Enclosures

F:\New Electronic Filing System\FILE MANAGEMENT\Property Use and Zoning Related Issues\Land Use\Other\Methadone Clinic(New Era Rehabilitation Clinic) LND13-013\Correspondence and Email\Submit letter to OCHA Mtn Order Denying Certificate of Need 5.6.14.doc

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION : DOCKET NO. 13-31857-CON**  
**CENTER, : :**  
**APPLICANT : MAY 7, 2014**

**CITY OF WATERBURY'S MOTION FOR ORDER DENYING  
THE APPLICANT'S CERTIFICATE OF NEED**

The Intervenor City of Waterbury ("the City") hereby requests that the Office of Health Care Access ("OCHA") deny the Certificate of Need filed by New Era Rehabilitation Center, Inc., (the "Applicant") to establish an Outpatient Substance Abuse Treatment Center in Waterbury, Ct.. In support hereof the City states as follows:

1. On August 7, 2013, the Applicant submitted its request to Establish an Outpatient Substance Abuse Treatment Facility, including Methadone Treatment ("Facility").
2. On December 4, 2013, OCHA deemed the Application complete.
3. On December 20, 2013 the City appeared and filed a Motion for Intervenor Status. The City's request for status was granted on January 8, 2014 and the City

was ordered to submit Pre-filed testimony prior to the scheduled Public Hearing.

4. Through its Order granting Intervenor status, the City was precluded from offering any evidence of site location in the C.O.N. proceeding and an Order precluding testimony regarding site appropriateness of the proposed Facility was issued.

5. A Public Hearing on the Application was noticed for January 30, 2014 at St. Peter & Paul Church, Waterbury, CT.

6. The City timely submitted its pre-filed testimony pro-offering an abundance of evidence demonstrating the lack of need for the proposed services.

7. On the eve of the Public Hearing and subsequent to the City's submission of its pre-filed testimony, the Applicant requested a continuance of the Public Hearing based upon its representation that it was looking to identify a different site for the proposed facility asserting that it was working through Corporation Counsel's Office and the Mayor's Office of Economic Development.

8. On January 24, 2014, OHCA granted the Applicant's requested continuance of the Public Hearing over the objection of the City, presumably pursuant to Conn. Req. of State Agencies §19a-639a-5 extending the review

period for (60) sixty days based on "good cause". No date certain was provided for the continuance period.

9. OHCA did not reschedule the Public Hearing and no Public Hearing has been conducted.

10. On April 8, 2014, OHCA requested the Applicant provide a written status update regarding the C.O.N. Application. A response was requested by April 22, 2014.

11. Without copy to the Intervenor City the Applicant responded:

Please be advised that we are working with the Mayor of Waterbury's Office in getting [sic] a suitable new location for the facility. We will advise you when we finalize on this.

12. In February 2014, the Applicant's real estate agent met one time with the City's Economic Development Office. In March, and then again April, the agent for the Applicant called the Mayor's Economic Development Offices and was told that the City would continue to oppose the Application based upon a lack of need for services. In the three points of contact (one meeting in February and one phone call in March and April respectively) no properties were shown or identified as suitable by the City.

13. No public hearing has been held pursuant to §19a-639a of the Connecticut

General Statutes. All time periods for conducting said Public Hearing have expired.

14. The City has not agreed to any activity by the Applicant to relocate its proposed site within the City.

15. The City is unaware of any requested extension of the review period by the Applicant beyond the original request for continuance of the January 30, 2014 Public Hearing.

WHEREFORE, the City respectfully requests an Order Denying the Applicant's Request for a Certificate of Need as all review periods have expired. Alternatively, the City requests that the Office of Health Care Access deem this Application as withdrawn and a new Application be required for any subsequently identified site.

RESPECTFULLY SUBMITTED  
CITY OF WATERBURY

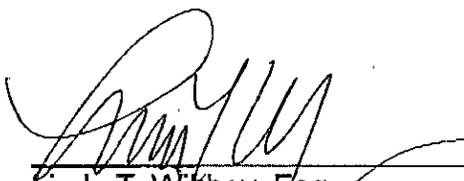
By   
Linda T. Wihbey, Esq.  
Office of Corporation Counsel  
236 Grand Street, 3rd Floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

**CERTIFICATION**

I hereby certify that on this 7th day of May 2014 a copy of the Motion to Deny Certificate of Need, postage prepaid, to:

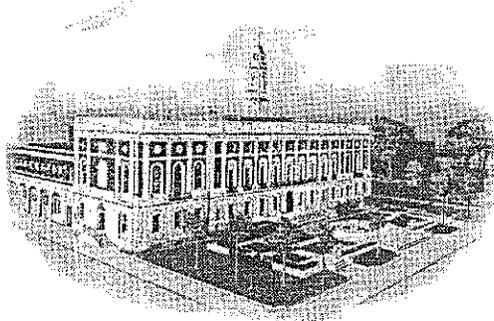
Ikechukwu Umeugo, Esq.  
620 Boston Road  
P.O. Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
Pullman & Comley  
90 State House Square  
Hartford, CT 06103-3702

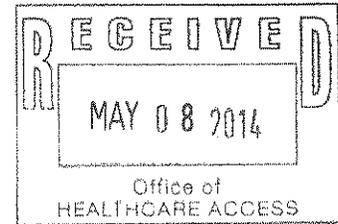


Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702  
(203) 574-6731  
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LINDA T. WIHBEY  
CORPORATION COUNSEL



PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL



OFFICE OF THE CORPORATION COUNSEL

THE CITY OF WATERBURY

CONNECTICUT

May 7, 2014

VIA FAX 860-418-7053

Ms. Kimberly Martone, Director of Operations  
Office of Health Care Access  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue, MS 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: New Era Rehabilitation Center – Docket #13-31857-CON  
City File #LND13-013

Dear Ms. Martone:

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Thank you.

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Linda T. Wihbey

LTW:mmb  
Enclosures

F:\New Electronic Filing System\FILE MANAGEMENT\Property Use and Zoning Related Issues\Land Use\Other\Methadone Clinic(New Era Rehabilitation Clinic) LND13-013\Correspondence and Email\Submit letter to OCHA Mtn Order Denying Certificate of Need 5.6.14.doc

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

<b>NEW ERA REHABILITATION CENTER,</b>	<b>:</b>	<b>DOCKET NO. 13-31857-CON</b>
	<b>:</b>	
	<b>:</b>	
<b>APPLICANT</b>	<b>:</b>	<b>MAY 7, 2014</b>

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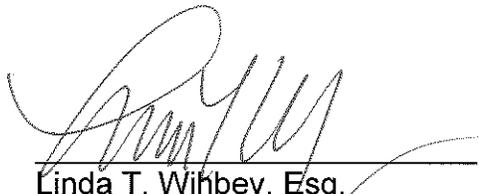
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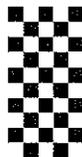
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620 Boston Road  
P.O. Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
Pullman & Comley  
90 State House Square  
Hartford, CT 06103-3702



Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
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(203) 574-6731  
(203) 574-8340 (fax)



**UMEUGO & ASSOCIATES, P.C.**

ATTORNEYS AND COUNSELORS AT LAW

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West Haven, Connecticut 06516

Tel.: (203) 931-2680 / Fax: (203) 931-2682

Email: [umeugoand.associates@snet.net](mailto:umeugoand.associates@snet.net)

IKECHUKWU UMEUGO

Associates

CECRYSTAL O. UMEUGO

Paralegal

KAREN CANDELLI

Legal Secretary

TWYLA ROBINSON

**FAX SHEET**

DATE: 05/14/2014

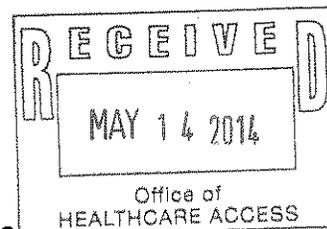
TIME: 2:20 P.M.

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 3

SENT TO FAX NUMBER: 860-418-7053

FROM FAX NUMBER: (SEE ABOVE LETTERHEAD)

PLEASE DELIVER TO: State of Connecticut  
Department of Public Health  
Office of Health Care Access  
Attn.: Mr. Paolo Fiducia



Re: **New Era Rehabilitation Center Inc. Hearing**  
Our Client: New Era Rehabilitation Center, Inc.  
Docket #: 13-31857-CON  
Our File #: U/2754-001

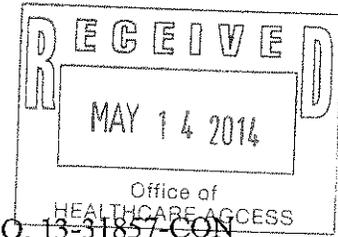
**REMARKS/INSTRUCTIONS:**

Please see attached documents in regards to the above referenced matter.

NOTICE: THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA REGULAR POSTAL SERVICE, THANK-YOU.

**SENDER: Karen Candelli  
Paralegal**

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS



NEW ERA REHABILITATON  
CENTER

DOCKET NO. 13-31857-CON

APPLICANT

MAY 14, 2014

APPLICANT'S OBJECTION TO CITY OF WATERBURY'S MOTION FOR  
ORDER DENYING THE APPLICANT'S CERTIFICATE OF NEED

The Applicant New Era Rehabilitation Center, Inc. respectfully objects to the Intervenor City of Waterbury's request that the Office of Health Care Access ("OHCA") deny the Certificate of Need filed by New Era Rehabilitation Center, Inc. to establish an outpatient substance Abuse Treatment Center in Waterbury, Connecticut. In support of this objection the Applicant states as follows:

1. The Applicant Requested for a Continuance of the Public Hearing because the Applicant believed that it will be reasonable to amicably resolve the issue of the original intended location of the facility which the public and the City was against (see attached Applicant's Exhibit # 1).

2. The City of Waterbury Counsel was quite aware and knew that the Applicant is working through the City of Waterbury Corporation Counsel's Office and the Mayor's Office of Economic Development, to secure an acceptable or suitable location for the citizens of Waterbury and the Mayor's Office.

3. The Applicant has found a suitable building in Waterbury through the help of the Real Estate Company provided to the Applicant by the City of Waterbury and the Applicant is about to finalized the arrangement and/or agreement this week.

4. At this time the Applicant is ready for a hearing, and will go forward once the Public Hearing is scheduled.

**WHEREFORE,** the Applicant respectfully request that an Order denying the City of Waterbury's Request to Deny the Applicant's Request for a Certificate of Need, and hereby request that the Office of Health Care Access ("OHCA") to schedule a new

date for the Public Hearing, in regards to the Applicant's Request for Certificate of Need.

RESPECTFULLY SUBMITTED  
THE APPLICANT:  
NEW ERA REHABILITATION CENTER, INC.

BY:   
IKECHUKWU UMEUGO  
THEIR ATTORNEY  
UMEUGO & ASSOCIATES, P.C.  
620 BOSTON POST ROAD  
WEST HAVEN, CT 06516  
(203) 931-2680; FAX (203) 931-2682  
JUR# 412772

**CERTIFICATION**

This is to certify that a copy of the forgoing was delivered on this 14<sup>th</sup> day of May 2014 via first class mail postage prepaid, to:

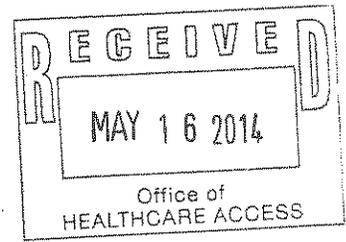
Office of Health Care Access  
Attn.: Ms. Kimberly R. Matone  
410 Capitol Avenue, MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Facsimile: (860) 418-7053

Attorney Linda T. Wihbey  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702

Attorney Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702

  
Ikechukwu Umeugo, Esq.

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS



NEW ERA REHABILITATON : DOCKET NO. 13-31857-CON  
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APPLICANT : MAY 14, 2014

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Facsimile: (860) 418-7053

Attorney Linda T. Wihbey  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702

Attorney Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702

  
Ikechukwu Umeugo, Esq.

## Greer, Leslie

---

**From:** Fiducia, Paolo  
**Sent:** Friday, May 16, 2014 2:52 PM  
**To:** Hansted, Kevin; Riggott, Kaila; Martone, Kim  
**Cc:** Greer, Leslie  
**Subject:** FW: Ruling on Applicant's Motion for Continuance

FYI

---

**From:** Linda Wihbey [<mailto:lwihbey@waterburyct.org>]  
**Sent:** Friday, May 16, 2014 2:44 PM  
**To:** Fiducia, Paolo  
**Cc:** [umeugoand.associates@snet.net](mailto:umeugoand.associates@snet.net); Kurs, Michael A.; Joseph McGrath; Bilangi, Richard; [SelimN@aol.com](mailto:SelimN@aol.com)  
**Subject:** RE: Ruling on Applicant's Motion for Continuance

Paolo, I don't understand the recently received Objection of New Era to the City's Motion for Order Denying the Application. It states that the Applicant has a new proposed location for the proposed clinic and is awaiting the scheduling of a public hearing. The City has not been notified of an amended application. No notice or information has been provided to the City identifying any location other than the location in the original Application.

All time periods under the Regulations for conducting a public Hearing have expired. The City has consistently objected to the continuance based upon the lack of a demonstrated need for the proposed services in Waterbury, at any location. The City has asserted that the Applicant did not show due cause for any requested continuance.

You have stated that no documents have been filed with OCHA identifying a new proposed location. I asked the question because in a prior written communication by OCHA to the Applicant seeking a status update, the Applicant's response was not accurate. Neither the request to the Applicant nor the Applicant's response was sent to the Intervenor City. Had the City been aware of the misrepresentation made by the Applicant it would have advised OCHA that only 1 meeting in February and 2 phone calls (one in March and one in April) from the Applicant's real estate agent were made to the City/Mayor's economic development officer. In both phone calls the City did not offer any options for relocating the proposed services and the City repeatedly advised that it opposed the Application based upon lack of need.

Any representation that the Applicant was "working with" the Mayor's Office or Office of Economic Development or Corporation Counsel was at best misleading and certainly inaccurate.

Any new location has not been disclosed to the City and such, if true, should be the subject of a new application.

*Linda T. Wihbey, Esq.*  
Corporation Counsel  
City of Waterbury  
235 Grand Street, Waterbury, Ct 06702  
(203) 574-6731  
<mailto:LWihbey@WaterburyCt.org>

---

**From:** Fiducia, Paolo [<mailto:Paolo.Fiducia@ct.gov>]  
**Sent:** Friday, January 24, 2014 3:36 PM  
**To:** Linda Wihbey

**Cc:** Greer, Leslie

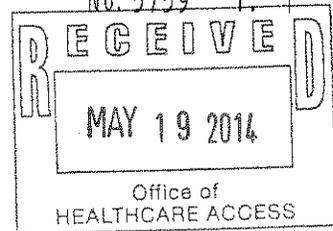
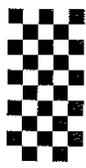
**Subject:** Ruling on Applicant's Motion for Continuance

Dear Attorney Wihbey,

Attached is the ruling on Applicant's motion for continuance and the ruling on intervenors's objection to Applicant's motion for continuance.

Sincerely,

Paolo Fiducia  
Associate Health Care Analyst  
Office of Health Care Access  
A DIVISION OF DEPARTMENT OF PUBLIC HEALTH  
[paolo.fiducia@po.state.ct.us](mailto:paolo.fiducia@po.state.ct.us)  
860.418.7035 Direct Line  
860.418.7053 Fax



### City of Waterbury Corporation Counsel's Office

# Facsimile Cover Sheet

<b>To:</b>	Ms. Kimberly Martone
<b>Company:</b>	Office of Health Care Access
<b>Phone:</b>	860-418-7001
<b>Fax:</b>	860-418-7053
<b>From:</b>	Linda T. Wihbey
<b>Company:</b>	Corporation Counsel
<b>Phone:</b>	(203) 574-6731
<b>Fax:</b>	(203) 574-8340
<b>Date:</b>	5-16-14
<b>Pages including cover:</b>	6

RE: New Era Rehabilitation Center  
#13-31857-CON

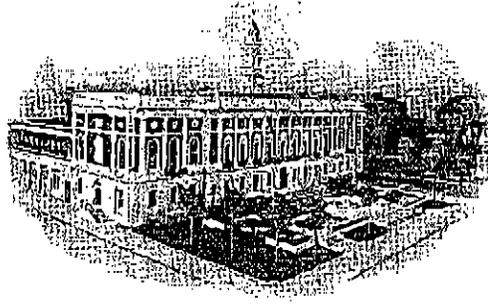
*hard copy will be mailed*

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THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE RECEIVER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

PLEASE CALL (203) 574-6731 IF THERE ARE PROBLEMS WITH THIS TRANSMITTAL.  
235 GRAND STREET - 3rd FLOOR - WATERBURY, CT 06702

LINDA T. WIHBEY  
CORPORATION COUNSEL

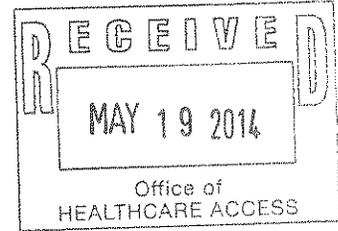


PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL

OFFICE OF THE CORPORATION COUNSEL

THE CITY OF WATERBURY

CONNECTICUT



May 16, 2014

VIA FAX 860-418-7053

Ms. Kimberly Martone, Director of Operations  
Office of Health Care Access  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue, MS 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: New Era Rehabilitation Center – Docket #13-31857-CON  
City File #LND13-013

Dear Ms. Martone:

Enclosed please find an original plus two (2) copies of the City of Waterbury's  
Objection to Applicant's Request for Continuance relative to the above entitled matter.

Thank you.

Very truly yours,

Linda T. Wihbey

LTW:mmb  
Enclosures

F:\NEWELE~1\FILEMA~1\PROPER~1\LANDUS~1\Other\METHAD~1\CORRES~1\Submit letter to OCHA City's Obj to Applicant's Req  
for Continuance 5.16.14.doc

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION : DOCKET NO. 13-31857-CON**  
**CENTER, :**  
**APPLICANT :**

**CITY OF WATERBURY, : May 15, 2014**  
**INTERVENOR**

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2. In support thereof the City outlined that more than 60 days had expired subsequent to the scheduled public hearing as allowed pursuant to Conn. Req. of State Agencies §19a-639a-5.

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once with the Applicant in February, and received two phone calls from the Applicant's real estate agent (once in March, and once in April). As represented in the City's Motion for Order Denying the CON, the Applicant's agent was advised that the City would continue to oppose the Application based upon a lack of need for services.

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Please be advised that we are working with the Mayor of Waterbury's Office in getting [sic] a suitable new location for the facility. We will advise you when we finalize on this.

8. The City characterizes the statement made to OCHA that the Applicant was "working with" the City as a misrepresentation based upon the three points of contact in the approximate 4 months subsequent to the continuance of the public hearing and the City's continued representation to the Applicant that it opposed any site within the City.

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11. The Applicant should withdraw its application and submit a new application based upon its alleged new selected site.

WHEREFORE, the City respectfully requests an Order Denying the Applicant's Request for a Certificate of Need as all review periods have expired. Alternatively, the City requests that the Office of Health Care Access deem this Application as withdrawn and a new Application be required for any subsequently identified site.

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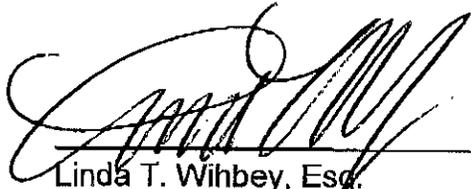
By:   
Linda Wihbey  
Corporation Counsel  
Office of Corporation Counsel  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702  
203-574-6731/Fax 203-574-8340  
Juris No. 066300

**CERTIFICATION**

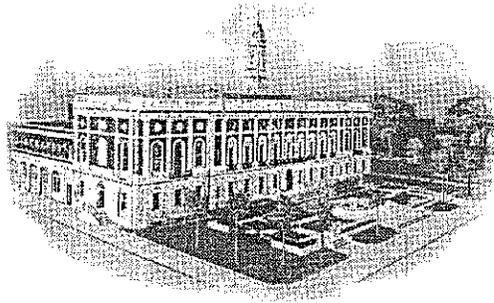
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Ikechukwu Umeugo, Esq.  
620 Boston Road  
PO Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
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LINDA T. WIHBEY  
CORPORATION COUNSEL



PAULA N. ANTHONY  
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OFFICE OF THE CORPORATION COUNSEL

## THE CITY OF WATERBURY

CONNECTICUT

May 16, 2014

VIA FAX 860-418-7053

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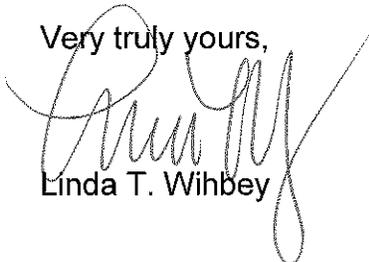
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By: 

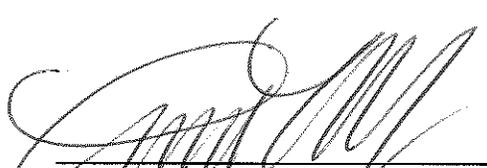
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**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

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**CENTER,                               :**  
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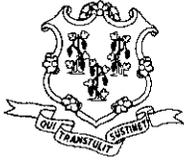
**CERTIFICATION**

A copy of the foregoing has been mailed, postage prepaid, and/or electronically forwarded, on the day and year first above-written, to the following:

Ikechukwu Umeugo, Esq.  
620 Boston Road  
PO Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
Pullman & Comely, LLC  
90 State House Square  
Hartford, CT 06103

  
Linda T. Wihbey, Esq.



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

**IN THE MATTER OF:**

A Certificate of Need Application by  
New Era Rehabilitation Center, Inc.

Docket Number: 13-31857-CON

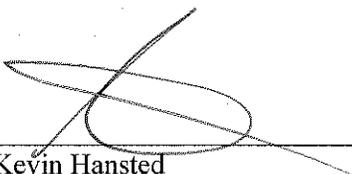
**1. RULING ON INTERVENOR'S, CITY OF WATERBURY, MOTION FOR ORDER DENYING THE APPLICANT'S CERTIFICATE OF NEED**

By Motion dated May 7, 2014, The City of Waterbury ("Intervenor"), filed a motion seeking the denial of New Era Rehabilitation Center, Inc.'s ("Applicant") Certificate of Need application. After careful consideration, the Intervenor's Motion is hereby **DENIED**.

**2. RULING ON APPLICANT'S OBJECTION TO INTERVENOR'S MOTION**

On May 14, 2014, the Applicant filed an Objection to the Intervenor's Motion. The Applicant's Objection is hereby **SUSTAINED**.

5/23/14  
Date

  
Kevin Hansted  
Hearing Officer



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

IN THE MATTER OF:

A Certificate of Need Application by  
New Era Rehabilitation Center, Inc.

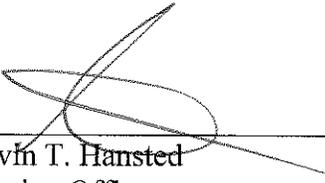
Docket Number: 13-31857-CON

**ORDER**

On May 4, 2014, the Applicant, New Era Rehabilitation Center, Inc., made certain representations to the Office of Health Care Access ("OHCA") with respect to the location of the facility which is the subject of the above-referenced Certificate of Need application. Specifically, the Applicant represented that it had found a suitable location.

**WHEREFORE**, the Applicant is hereby ordered to file an amended application with OHCA within thirty (30) days from the date of this Order. The amended application shall identify the new location and provided updated responses to all questions contained in the application, based upon the new location. The Applicant is further ordered to publish notice of its amended application in the American-Republican Newspaper for three (3) consecutive days beginning seven (7) days from the date of this Order.

5/23/14  
Date

  
Kevin T. Hansted  
Hearing Officer

\* \* \* COMMUNICATION RESULT REPORT ( MAY. 23. 2014 11:06AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : MAY. 23. 2014 11:05AM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

324 MEMORY TX

912039312682

OK

3/3

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: IKECHUKWU UMEUGO, ESQ.  
FAX: (203) 931-2682  
AGENCY: UMEGO & ASSOCIATES, P.C.  
FROM: OHCA  
DATE: 5/23/14  
NUMBER OF PAGES: 3  
*(including transmittal sheet)*

Comments: DN: 13-31857-CON Ruling

**PLEASE PHONE 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

\* \* \* COMMUNICATION RESULT REPORT ( MAY. 23. 2014 11:08AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : MAY. 23. 2014 11:07AM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

325 MEMORY TX

912035748340

OK

3/3

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: LINDA T. WHEBEY, ESQ.  
FAX: (203) 574-8340  
AGENCY: CITY OF WATERBURY  
FROM: OHCA  
DATE: 5/23/14  
NUMBER OF PAGES: 3  
*(including transmittal sheet)*

Comments: DN: 13-31857-CON Ruling

**PLEASE PHONE 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

\* \* \* COMMUNICATION RESULT REPORT ( MAY. 23. 2014 11:09AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED FILE MODE	MAY. 23. 2014 11:07AM OPTION	ADDRESS	RESULT	PAGE
326	MEMORY TX	912035748340	OK	3/3

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:** MICHAEL KURS, ESQ.

**FAX:** (203) 574-8340

**AGENCY:** PULLMAN & COMLEY, LLC

**FROM:** OHCA

**DATE:** 5/23/14

**NUMBER OF PAGES:** 3  
*(including transmittal sheet)*

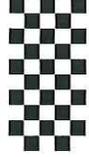
**Comments:** DN: 13-31857-CON Ruling

**PLEASE PHONE 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**



**City of Waterbury  
Corporation Counsel's Office**

---

# Facsimile Cover Sheet

<b>To:</b>	Ms. Kimberly Martone
<b>Company:</b>	Office of Health Care Access
<b>Phone:</b>	860-418-7001
<b>Fax:</b>	<b>860-418-7053</b>
<b>From:</b>	Linda T. Wihbey
<b>Company:</b>	Corporation Counsel
<b>Phone:</b>	(203) 574-6731
<b>Fax:</b>	(203) 574-8340
<b>Date:</b>	May 30, 2014
<b>Pages including cover:</b>	9

RE: New Era Rehabilitation Center  
Docket No. 13-31857-CON

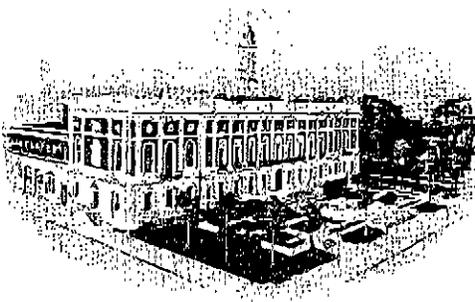
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THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE RECEIVER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

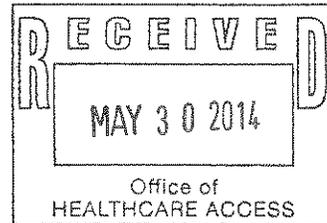
PLEASE CALL (203) 574-6731 IF THERE ARE PROBLEMS WITH THIS TRANSMITTAL.  
235 GRAND STREET - 3rd FLOOR - WATERBURY, CT 06702

LINDA T. WIHBEY  
CORPORATION COUNSEL

PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL



OFFICE OF THE CORPORATION COUNSEL  
**THE CITY OF WATERBURY**  
CONNECTICUT



May 30, 2014

VIA FAX 860-418-7053

Ms. Kimberly Martone, Director of Operations  
Office of Health Care Access  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue, MS 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: New Era Rehabilitation Center – Docket #13-31857-CON  
City File #LND13-013

Dear Ms. Martone:

Enclosed please find an original plus two (2) copies of the City of Waterbury's Motion for Reconsideration RE: Order Sustaining Applicant's Objection to the City of Waterbury's Request for Denial of the Certificate of Need Application.

Thank you.

Very truly yours,

Linda T. Wihbey

LTW/keb

encs.

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

NEW ERA REHABILITATION : DOCKET NO. 13-31857-CON  
CENTER, :  
: :  
: :  
APPLICANT : MAY 30, 2014

**MOTION FOR RECONSIDERATION RE: ORDER SUSTAINING APPLICANT'S  
OBJECTION TO THE CITY OF WATERBURY'S REQUEST FOR DENIAL OF  
THE CERTIFICATE OF NEED APPLICATION**

The City of Waterbury ("the City") hereby requests that the Office of Health Care Access ("OCHA") reconsider its Order Denying the City of Waterbury's request for a denial of the Certificate of Need Application and Order sustaining the Applicant's Objection thereto on the basis that all review periods under the Regulations of Connecticut State Agencies have expired and the Applicant has failed to identify a location for the proposed services. In support hereof the City states as follows:

1. On May 7, 2014, the City filed its Motion seeking Denial of the proposed Application of New Era Rehabilitation Center, Inc., (the "Applicant") to establish an Outpatient Substance Abuse Treatment Center in Waterbury, Ct. The City requested denial because all review periods had expired on

the Applicant's underlying C.O.N. filing and no public hearing was held within the regulatory time frame.

2. The Public Hearing scheduled for January 24, 2014 was continued, at the request of the Applicant to allow it an opportunity to identify a new location for the proposed services. The Continuance Order did not set a new date for the Public Hearing.
3. On April 8, 2014, OHCA requested the Applicant provide a written status update regarding the C.O.N. Application. A response was requested by April 22, 2014.
4. Based upon the record of the proceedings, the Applicant failed to identify its proposed location by April 22, 2014. Rather, the Applicant submitted a statement to OCHA that the City characterized as misleading. At all times, the City and its representatives communicated with the Applicant that it opposed the proposed services based upon lack of need.
5. On May 7, 2014 after the expiration of the sixty (60) day period provided under Conn. Reg. of State Agencies §19a-639a-5 allowing the extension of the review period based on "good cause", the City filed its Motion for Order Denying the Certificate of Need Application.

6. The Applicant Objected to the City's Request. In its Objection, the Applicant represented that it had found a suitable location in Waterbury. Upon information and belief, the Applicant identified a former liquor store on Kukus Lane as its proposed "suitable site".
7. On May 23, 2014 OCHA denied the City's request and sustained the Applicant's Objection, based upon the Applicant's representations to OCHA that it has found a "suitable" location.
8. In its Order OCHA references "certain representation made to the Office of Health Care Access" made by the Applicant on May 4, 2014, "with respect to the location of the facility which is the subject of the Certificate of Need Application. Specifically, the Applicant represented that it had found a suitable location." The representations referenced by OCHA have not been made public and are not contained in the record of the pending C.O.N. proceeding.
9. Based upon the Applicant's representation that it had found a "suitable" location, OCHA ordered the Applicant to file an Amended C.O.N. by June

23, 2014 and to publish notice of the amended complaint by May 30, 2014 for three consecutive days.

10. The Applicant has failed to comply with the Order and has not published notice of the amended complaint in the Waterbury Republican American May 30, 2014 edition. The failure to publish notice in compliance with OCHA's Order was confirmed by the Waterbury Republican American newspaper.
11. On May 28<sup>th</sup>, the Applicant's real estate agent contacted the Mayor's Economic Development Director and stated that it no longer was pursuing the location at Kukus Lane and was pursuing a different location but did not intend to identify the location to the City.
12. The Applicant has failed to identify its intended location of the proposed substance abuse outpatient treatment facility rendering the Application incomplete.
13. The Applicant has failed to comply with the Order of OCHA requiring publication and any subsequent publication will constitute ineffective notice to the City and its residents as the location for the proposed services has not been identified and OCHA has not ordered the Applicant to disclose the

site in any published notice. Compliance with the Order to file an Amended Complaint would presumably occur after any published notice and it is clear that the Applicant does not intend to identify its proposed location.

14. The failure to identify a location for proposed services renders the Application insufficient and the determination that it is complete is in error given the intent relocate the proposed services.
15. Because no public hearing has been held pursuant to §19a-639a of the Connecticut General Statutes and all time periods for conducting said Public Hearing have expired, the Application should be deemed Denied and the Applicant ordered to file a new Application identifying the location of the proposed services.

WHEREFORE, the City respectfully requests that the Hearing Officer Reconsider his Order sustaining the Applicant's Objection based upon the representation that the Applicant had identified a "suitable" location for the proposed services and deny the Applicant's Request for a Certificate of Need as all review periods have expired. Further, the City requests reconsideration by the Office of Health Care Access of its Order allowing the Applicant to file an amended application, requiring

the Applicant to submit new Application for any subsequently identified location in compliance with the Regulations of Connecticut State Agencies.

RESPECTFULLY SUBMITTED  
CITY OF WATERBURY

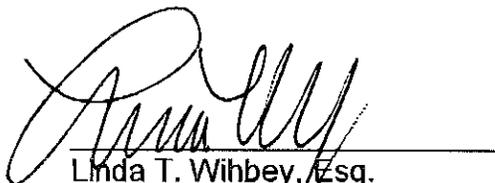
By   
Linda T. Winbey, Esq.  
Office of Corporation Counsel  
236 Grand Street, 3rd Floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

**CERTIFICATION**

I hereby certify that on this 30th day of May 2014 a copy of the Motion to Deny Certificate of Need, postage prepaid, to:

Ikechukwu Umeugo, Esq.  
620 Boston Road  
P.O. Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
Pullman & Comley  
90 State House Square  
Hartford, CT 06103-3702



Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)



**UMEUGO & ASSOCIATES, P.C.**

ATTORNEYS AND COUNSELORS AT LAW  
620 Boston Post Road  
Post Office Box 26373  
West Haven, Connecticut 06516  
Tel.: (203) 931-2680 / Fax: (203) 931-2682  
Email: [umeugoand.associates@snet.net](mailto:umeugoand.associates@snet.net)

IKECHUKWU UMEUGO

-----  
*Associates*

CECRYSTAL O. UMEUGO

*Paralegal  
KAREN CANDELLI  
Legal Secretary  
TWYLA ROBINSON*

**FAX SHEET**

**DATE: 05/30/2014**

**TIME: 12:35 P.M.**

**NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 4**

**SENT TO FAX NUMBER: 860-418-7053**

**FROM FAX NUMBER: (SEE ABOVE LETTERHEAD)**

**PLEASE DELIVER TO:**

State of Connecticut  
Department of Public Health  
Office of Health Care Access  
**Attn.: Mr. Paolo Fiducia**  
410 Capitol Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308



Re: **New Era Rehabilitation Center Inc. Hearing**  
Our Client: New Era Rehabilitation Center, Inc.  
Docket #: 13-31857-CON  
Our File #: U/2754-001

**REMARKS/INSTRUCTIONS:**

Please see attached documents in regards to the above referenced matter.

NOTICE: THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED, IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA REGULAR POSTAL SERVICE, THANK-YOU.

**SENDER: TWYLA ROBINSON- LEGAL ASSISTANT**



STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

NEW ERA REHABILITATION CENTER : DOCKET NO. 13-31857-CON  
: :  
: :  
: :  
APPLICANT : MAY 30, 2014

APPLICANT'S REQUEST FOR EXTENSION OF TIME TO PUBLISH NOTICE  
OF IT'S AMENDED APPLICATION IN THE AMERICAN-REPUBLIC NEWS  
PAPER FOR THREE (3) CONSECUTIVE DAYS

The Applicant New Era Rehabilitation Center, Inc. respectfully request an extension of time to publish notice of it's Amended Application in the American-Republic News Paper for three (3) consecutive days per order dated May 23, 2014. The said order stated that the Applicant Amended Application should include the address of the new location. In support of this request the Applicant states the following:

1. The Applicant recently secured a suitable and acceptable new location at 198 Kukes Lane in Waterbury, Connecticut with or through the assistant of the City of Waterbury Corporation Counsel's office and the Mayor's office of Economic Development.

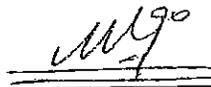
2. However, as to the said new location the building has 18 parking spots, but the City of Waterbury is requesting 36 parking spots; as a result, the applicant has continued to work with the City of Waterbury officie of Economic Development to secure another acceptable suitable location with 36 parking spots (See exhibit No.1).

3. The City of Waterbury office of Economic Development will be showing the Applicant in the next coming weeks other acceptable or suitable location with 36 parking spots. Upon finalizing the arrangement and/or agreement as to new location the Applicant will provide the aforementioned.

JMEUGO & ASSOCIATES, P.C.  
ATTORNEYS AT LAW  
320 BOSTON POST ROAD  
P.O. BOX 26373  
WEST HAVEN, CT 06516  
TEL. (203) 931-2680  
FAX (203) 931-2682

WHEREFORE, the Applicant respectfully request that an Order extending the time to publish notice of its Amended Application in the American -Republic News Paper.

RESPECTFULLY SUBMITTED  
THE APPLICANT:  
NEW ERA REHABILITATION CENTER, INC.

BY:   
IKECHUKWU UMEUGO  
THEIR ATTORNEY  
UMEUGO & ASSOCIATES, P.C.  
620 BOSTON POST ROAD  
WEST HAVEN, CT 06516  
(203) 931-2680; FAX (203) 931-2682  
JUR# 412772

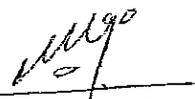
**CERTIFICATION**

This is to certify that a copy of the forgoing was delivered on this 30<sup>th</sup> day of May 2014 via first class mail postage prepaid, to:

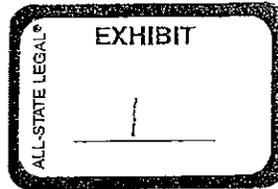
Office of Health Care Access  
Attn.: Ms. Kimberly R. Matone  
410 Capitol Avenue, MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Facsimile :( 860) 418-7053

Attorney Linda T. Wihbey  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702

Attorney Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702

  
Ikechukwu Umeugo, Esq.

UMEUGO & ASSOCIATES, P.C.  
ATTORNEYS AT LAW  
620 BOSTON POST ROAD  
P.O. BOX 26373  
WEST HAVEN, CT 06516  
TEL. (203) 931-2680  
FAX (203) 931-2682



May 29, 2014

Kevin T. Hansted  
Office of Healthcare Access  
Department of Public Health  
State of Connecticut  
410 Capitol Avenue  
MS 13 HCA  
P.O. Box 340308  
Hartford, CT 06134

Re: Building for New Era Rehabilitation Center Waterbury  
Certificate of Need Application, Docket Number 13-31857-CO-N-New Era Rehabilitation Center, Inc.

Dear Mr. Hansted,

This letter is in reference to the building at 198 Kukas Lane, Waterbury, CT, which has been identified and zoned for use in this project. The building has 18 parking spots but the city of Waterbury is requesting 36 parking spots. As a result, we have to begin looking for another location suitable for this project.

Sincerely,

Ebenezer Kolade, MD  
Executive Director

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS



NEW ERA REHABILITATION CENTER : DOCKET NO. 13-31857-CON  
: :  
: :  
APPLICANT : MAY 30, 2014

APPLICANT'S REQUEST FOR EXTENSION OF TIME TO PUBLISH NOTICE  
OF IT'S AMENDED APPLICATION IN THE AMERICAN-REPUBLIC NEWS  
PAPER FOR THREE (3) CONSECUTIVE DAYS

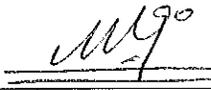
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2. However, as to the said new location the building has 18 parking spots, but the City of Waterbury is requesting 36 parking spots; as a result, the applicant has continued to work with the City of Waterbury officie of Economic Development to secure another acceptable suitable location with 36 parking spots (See exhibit No.1).
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UMEUGO & ASSOCIATES, P.C.  
ATTORNEYS AT LAW  
620 BOSTON POST ROAD  
P.O. BOX 26373  
WEST HAVEN, CT 06516  
TEL. (203) 931-2680  
FAX (203) 931-2682

**WHEREFORE**, the Applicant respectfully request that an Order extending the time to publish notice of its Amended Application in the American –Republic News Paper.

RESPECTFULLY SUBMITTED  
THE APPLICANT:  
NEW ERA REHABILITATION CENTER, INC.

BY:   
IKECHUKWU UMEUGO  
THEIR ATTORNEY  
UMEUGO & ASSOCIATES, P.C.  
620 BOSTON POST ROAD  
WEST HAVEN, CT 06516  
(203) 931-2680; FAX (203) 931-2682  
JUR# 412772

**CERTIFICATION**

This is to certify that a copy of the forgoing was delivered on this 30<sup>th</sup> day of May 2014 via first class mail postage prepaid, to:

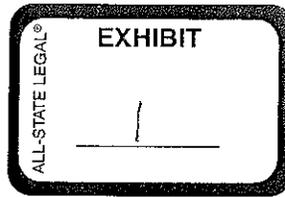
Office of Health Care Access  
Attn.: Ms. Kimberly R. Matone  
410 Capitol Avenue, MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Facsimile :( 860) 418-7053

Attorney Linda T. Wihbey  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702

Attorney Michael Kurs  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702

  
Ikechukwu Umeugo, Esq.

UMEUGO & ASSOCIATES, P.C.  
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620 BOSTON POST ROAD  
P.O. BOX 26373  
WEST HAVEN, CT 06516  
TEL. (203) 931-2680  
FAX (203) 931-2682



May 29, 2014

Kevin T. Hansted  
Office of Healthcare Access  
Department of Public Health  
State of Connecticut  
410 Capitol Avenue  
MS 13 HCA  
P.O. Box 340308  
Hartford, CT 06134

Re: Building for New Era Rehabilitation Center Waterbury  
Certificate of Need Application, Docket Number 13-31857-CON-New Era Rehabilitation Center, Inc.

Dear Mr. Hansted,

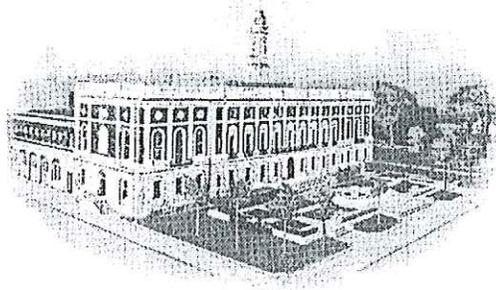
This letter is in reference to the building at 198 Kukas Lane, Waterbury, CT, which has been identified and zoned for use in this project. The building has 18 parking spots but the city of Waterbury is requesting 36 parking spots. As a result, we have to begin looking for another location suitable for this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Ebenezer Kolade".

Ebenezer Kolade, MD  
Executive Director

LINDA T. WIHBEY  
CORPORATION COUNSEL



PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL

OFFICE OF THE CORPORATION COUNSEL  
**THE CITY OF WATERBURY**  
CONNECTICUT



May 30, 2014

VIA FAX 860-418-7053

Ms. Kimberly Martone, Director of Operations  
Office of Health Care Access  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue, MS 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: New Era Rehabilitation Center – Docket #13-31857-CON  
City File #LND13-013

Dear Ms. Martone:

Enclosed please find an original plus two (2) copies of the City of Waterbury's Motion for Reconsideration RE: Order Sustaining Applicant's Objection to the City of Waterbury's Request for Denial of the Certificate of Need Application.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read "Linda T. Wihbey". The signature is fluid and cursive, with a long, sweeping tail that extends downwards and to the right.

Linda T. Wihbey

LTW/keb

encs.

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

NEW ERA REHABILITATION CENTER,	:	DOCKET NO. 13-31857-CON
	:	
	:	
APPLICANT	:	MAY 30, 2014

**MOTION FOR RECONSIDERATION RE: ORDER SUSTAINING APPLICANT'S  
OBJECTION TO THE CITY OF WATERBURY'S REQUEST FOR DENIAL OF  
THE CERTIFICATE OF NEED APPLICATION**

The City of Waterbury ("the City") hereby requests that the Office of Health Care Access ("OCHA") reconsider its Order Denying the City of Waterbury's request for a denial of the Certificate of Need Application and Order sustaining the Applicant's Objection thereto on the basis that all review periods under the Regulations of Connecticut State Agencies have expired and the Applicant has failed to identify a location for the proposed services. In support hereof the City states as follows:

1. On May 7, 2014, the City filed its Motion seeking Denial of the proposed Application of New Era Rehabilitation Center, Inc., (the "Applicant") to establish an Outpatient Substance Abuse Treatment Center in Waterbury, Ct. The City requested denial because all review periods had expired on

the Applicant's underlying C.O.N. filing and no public hearing was held within the regulatory time frame.

2. The Public Hearing scheduled for January 24, 2014 was continued, at the request of the Applicant to allow it an opportunity to indentify a new location for the proposed services. The Continuance Order did not set a new date for the Public Hearing.
3. On April 8, 2014, OHCA requested the Applicant provide a written status update regarding the C.O.N. Application. A response was requested by April 22, 2014.
4. Based upon the record of the proceedings, the Applicant failed to identify its proposed location by April 22, 2014. Rather, the Applicant submitted a statement to OCHA that the City characterized as misleading. At all times, the City and its representatives communicated with the Applicant that it opposed the proposed services based upon lack of need.
5. On May 7, 2014 after the expiration of the sixty (60) day period provided under Conn. Req. of State Agencies §19a-639a-5 allowing the extension of the review period based on "good cause", the City filed its Motion for Order Denying the Certificate of Need Application.

6. The Applicant Objected to the City's Request. In its Objection, the Applicant represented that it had found a suitable location in Waterbury. Upon information and belief, the Applicant identified a former liquor store on Kukus Lane as its proposed "suitable site".
7. On May 23, 2014 OCHA denied the City's request and sustained the Applicant's Objection, based upon the Applicant's representations to OCHA that it has found a "suitable" location.
8. In its Order OCHA references "certain representation made to the Office of Health Care Access" made by the Applicant on May 4, 2014, "with respect to the location of the facility which is the subject of the Certificate of Need Application. Specifically, the Applicant represented that it had found a suitable location." The representations referenced by OCHA have not been made public and are not contained in the record of the pending C.O.N. proceeding.
9. Based upon the Applicant's representation that it had found a "suitable" location, OCHA ordered the Applicant to file an Amended C.O.N. by June

23, 2014 and to publish notice of the amended complaint by May 30, 2014 for three consecutive days.

10. The Applicant has failed to comply with the Order and has not published notice of the amended complaint in the Waterbury Republican American May 30, 2014 edition. The failure to publish notice in compliance with OCHA's Order was confirmed by the Waterbury Republican American newspaper.
11. On May 28<sup>th</sup>, the Applicant's real estate agent contacted the Mayor's Economic Development Director and stated that it no longer was pursuing the location at Kukus Lane and was pursuing a different location but did not intend to identify the location to the City.
12. The Applicant has failed to identify its intended location of the proposed substance abuse outpatient treatment facility rendering the Application incomplete.
13. The Applicant has failed to comply with the Order of OCHA requiring publication and any subsequent publication will constitute ineffective notice to the City and its residents as the location for the proposed services has not been identified and OCHA has not ordered the Applicant to disclose the

site in any published notice. Compliance with the Oder to file an Amended Complaint would presumably occur after any published notice and it is clear that the Applicant does not intend to identify its proposed location.

14. The failure to identify a location for proposed services renders the Application insufficient and the determination that it is complete is in error given the intent relocate the proposed services.

15. Because no public hearing has been held pursuant to §19a-639a of the Connecticut General Statutes and all time periods for conducting said Public Hearing have expired, the Application should be deemed Denied and the Applicant ordered to file a new Application identifying the location of the proposed services.

WHEREFORE, the City respectfully requests that the Hearing Officer Reconsider his Order sustaining the Applicant's Objection based upon the representation that the Applicant had identified a "suitable" location for the proposed services and deny the Applicant's Request for a Certificate of Need as all review periods have expired. Further, the City requests reconsideration by the Office of Health Care Access of its Order allowing the Applicant to file an amended application, requiring

the Applicant to submit new Application for any subsequently identified location in compliance with the Regulations of Connecticut State Agencies.

RESPECTFULLY SUBMITTED  
CITY OF WATERBURY

By 

Linda T. Winbey, Esq.  
Office of Corporation Counsel  
236 Grand Street, 3rd Floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)

**CERTIFICATION**

I hereby certify that on this 30th day of May 2014 a copy of the Motion to Deny Certificate of Need, postage prepaid, to:

Ikechukwu Umeugo, Esq.  
620 Boston Road  
P.O. Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
Pullman & Comley  
90 State House Square  
Hartford, CT 06103-3702



---

Linda T. Wihbey, Esq.  
Corporation Counsel  
City of Waterbury  
235 Grand Street, 3rd floor  
Waterbury, CT 06702  
(203) 574-6731  
(203) 574-8340 (fax)



**City of Waterbury  
Corporation Counsel's Office**

**Facsimile Cover Sheet**

<b>To:</b>	Ms. Kimberly Martone
<b>Company:</b>	Office of Health Care Access
<b>Phone:</b>	860-418-7001
<b>Fax:</b>	<b>860-418-7053</b>
<b>From:</b>	<b>Linda T. Wihbey</b>
<b>Company:</b>	Corporation Counsel
<b>Phone:</b>	(203) 574-6731
<b>Fax:</b>	(203) 574-8340
<b>Date:</b>	6-6-14
<b>Pages including cover:</b>	6

RE: New Era Rehabilitation Center  
#13-31857-CON

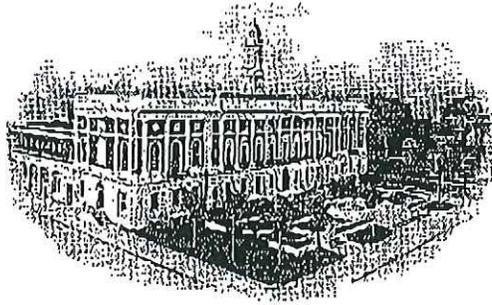
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THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE RECEIVER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

PLEASE CALL (203) 574-6731 IF THERE ARE PROBLEMS WITH THIS TRANSMITTAL.  
235 GRAND STREET - 3rd FLOOR - WATERBURY, CT 06702

LINDA T. WIRBEY  
CORPORATION COUNSEL

PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL



OFFICE OF THE CORPORATION COUNSEL  
**THE CITY OF WATERBURY**  
CONNECTICUT

June 6, 2014

VIA FAX 860-418-7053



Ms. Kimberly Martone, Director of Operations  
Office of Health Care Access  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue, MS 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: New Era Rehabilitation Center – Docket #13-31857-CON  
City File #LND13-013

Dear Ms. Martone:

Enclosed please find an original plus two (2) copies of the City of Waterbury's Verified Objection to Applicant's Request for Extension of Time for Compliance relative to the above entitled matter.

Thank you.

Very truly yours,

Linda T. Wirbey

LTW:mmmb  
Enclosures

F:\NEWELE~1\FILEMA~1\PROPER~1\LANDUS~1\Other\METHAD~1\CORRES~1\Submit letter to OCHA City's Obj to Applicant's Req for Ext Time for Compliance 6.6.14.doc

**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION : DOCKET NO. 13-31857-CON  
CENTER, :  
APPLICANT :**

**CITY OF WATERBURY, : JUNE 6, 2014  
INTERVENOR**

**VERIFIED OBJECTION TO APPLICANT'S REQUEST FOR EXTENSION OF TIME  
FOR COMPLIANCE**

The City of Waterbury objects to the Applicant New Era Rehabilitation Center's Request for an extension of time to comply with the Order on this matter dated May 23, 2014.

In support hereof the City of Waterbury states as follows:

1. Per Order of OCHA, dated May 23, 2014, the Applicant was to publish notice in the Waterbury Republican American for 3 consecutive days beginning 7 days from the date of the Order.
2. The Applicant failed to make said publication.
3. The Order granting the Applicant an opportunity to file an Amended Application was entered after all review periods had expired under the regulatory requirements.
4. OCHA's Order references representations made by the Applicant to OCHA not contained in the record that the Applicant represented it had found a suitable proposed site.

5. The City characterized the representations made by the Applicant as misleading and attempted to inform OCHA that the Applicant may not have been candid in its *ex parte* representations.

6. The Applicant's recent representation in its Request for Extension, dated May 30, 2014 at paragraph 1 that, it "secured a suitable and acceptable location at 198 Kukas Lane... with or through the assistant [sic] of the City of Waterbury Corporation Counsel's office and the Mayor's office of Economic Development" **is a false statement.**

7. The Applicant's representation in the Request for Extension at paragraph 3 that "The City of Waterbury office of Economic Development will be showing the Applicant in the next coming weeks other acceptable or suitable location [sic] with 36 parking spots" **is a false statement.**

8. The Director of Economic Development, Joseph McGrath confirmed that as of Wednesday June 4<sup>th</sup> 2014, he had not been contacted by the Applicant or any of its representatives since being told that the Applicant was not pursuing the Kukos Lane property and that it did not intend to inform the City of any potential sites.

9. OCHA is without any jurisdiction to continue the Application period as the present Application is not complete because it fails to identify the proposed site location. There is no authority to continue the Review period and the Request should be denied.

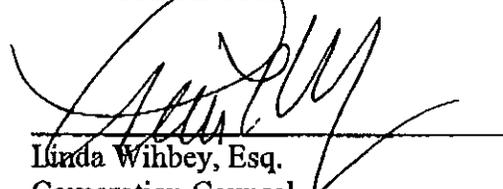
10. Any requested order granting an extension of time would be contrary to the Regulations and the Order of OCHA. Further, if granted the extension would

constitute acceptance of the false representations made by the Applicant to the detriment of the Intervenor City.

WHEREFORE, the City Objects to the Request for an Extension of Time to Comply with the Order for Publication based on false statements of the Applicant. All time periods for review have expired and the Applicant has failed to submit a completed Application and has failed to comply with the Order issued by this Agency regarding notice. The Application should be deemed Denied with an Order requiring it to submit a new application based upon its selected site.

**INTERVENOR,  
CITY OF WATERBURY**

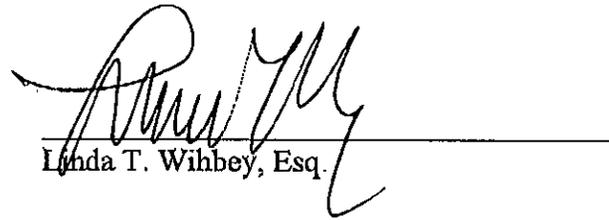
By:



Linda Wihbey, Esq.  
Corporation Counsel  
Office of Corporation Counsel  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702  
203-574-6731/Fax 203-574-8340  
Juris No. 066300

**VERIFICATION**

I, Linda T. Wihbey, hereby attest that the statements contained herein are true and accurate based upon all information and knowledge.

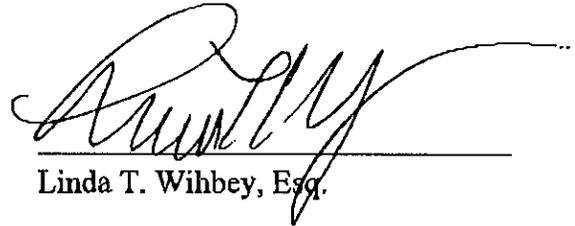
  
Linda T. Wihbey, Esq.

**CERTIFICATION**

A copy of the foregoing has been mailed, postage prepaid, and/or electronically forwarded, on the day and year first above-written, to the following:

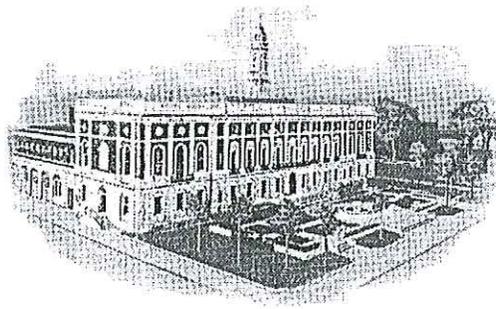
Ikechukwu Umeugo, Esq.  
620 Boston Road  
PO Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
Pullman & Comely, LLC  
90 State House Square  
Hartford, CT 06103



Linda T. Wihbey, Esq.

LINDA T. WIHBEY  
CORPORATION COUNSEL



PAULA N. ANTHONY  
ASSISTANT CORPORATION COUNSEL

OFFICE OF THE CORPORATION COUNSEL

THE CITY OF WATERBURY

CONNECTICUT

June 6, 2014



VIA FAX 860-418-7053

Ms. Kimberly Martone, Director of Operations  
Office of Health Care Access  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue, MS 13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

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LTW:mmb  
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**STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS**

**NEW ERA REHABILITATION : DOCKET NO. 13-31857-CON**  
**CENTER, :**  
**APPLICANT :**

**CITY OF WATERBURY, : JUNE 6, 2014**  
**INTERVENOR**

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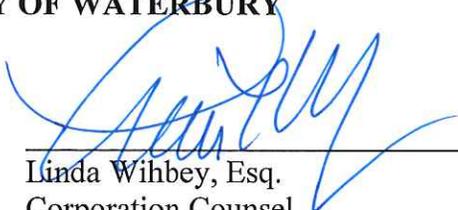
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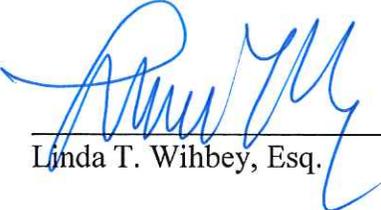
**INTERVENOR,  
CITY OF WATERBURY**

By: 

\_\_\_\_\_  
Linda Wihbey, Esq.  
Corporation Counsel  
Office of Corporation Counsel  
235 Grand Street, 3<sup>rd</sup> Floor  
Waterbury, CT 06702  
203-574-6731/Fax 203-574-8340  
Juris No. 066300

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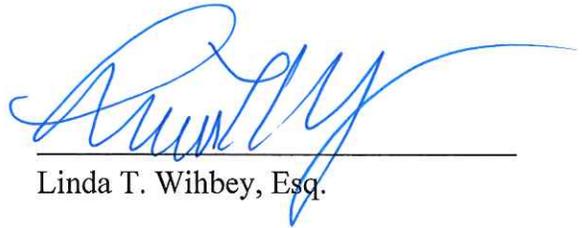
  
\_\_\_\_\_  
Linda T. Wihbey, Esq.

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A copy of the foregoing has been mailed, postage prepaid, and/or electronically forwarded, on the day and year first above-written, to the following:

Ikechukwu Umeugo, Esq.  
620 Boston Road  
PO Box 26373  
West Haven, CT 06516

Michael Kurs, Esq.  
Pullman & Comely, LLC  
90 State House Square  
Hartford, CT 06103



---

Linda T. Wihbey, Esq.



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

IN THE MATTER OF:

A Certificate of Need Application by  
New Era Rehabilitation Center, Inc.

Docket Number: 13-31857-CON

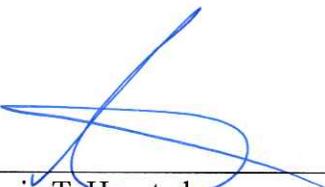
**ORDER**

On May 30, 2014, the Intervenor, City of Waterbury, filed a Motion for Reconsideration Re: Order Sustaining Applicant's Objection to the City of Waterbury's Request for Denial of the Certificate of Need Application.

The City of Waterbury's Motion is hereby **GRANTED**.

Upon further consideration, the Applicant's, New Era Rehabilitation Center, Inc., Certificate of Need Application is hereby **DISMISSED WITHOUT PREJUDICE**.

6/10/14  
Date

  
Kevin T. Hansted  
Hearing Officer

\* \* \* COMMUNICATION RESULT REPORT ( JUN. 10. 2014 2:01PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUN. 10. 2014 2:00PM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

507 MEMORY TX

918604244370

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: MICHAEL KURS  
FAX: 18604244370  
AGENCY: PULLMAN & COMLEY LLC  
FROM: PAOLO FIDUCIA  
DATE: 06/10/2014 Time: 2:00 pm  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

Comments:  
13-31857-  
CON Order

PLEASE PHONE 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

\* \* \* COMMUNICATION RESULT REPORT ( JUN. 10. 2014 1:59PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUN. 10. 2014 1:59PM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

506 MEMORY TX

912035748340

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: LINDA T. WIBBEY  
FAX: 12035748340  
AGENCY: CITY OF WATERBURY CORPORATION COUNSEL  
FROM: PAOLO FIDUCIA  
DATE: 06/10/2014 Time: 1:45 pm  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

Comments:  
13-31857-  
CON Order

**PLEASE PHONE 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

\* \* \* COMMUNICATION RESULT REPORT ( JUN. 10. 2014 1:57PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUN. 10. 2014 1:57PM

FILE MODE	OPTION	ADDRESS	RESULT	PAGE
005	MEMORY TX	912039312682	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:** IKECHUKWU UMEUGO

**FAX:** 12039312682

**AGENCY:** UMEUGO & ASSOCIATES, P.C.

**FROM:** PAOLO FIDUCIA

**DATE:** 06/10/2014 **Time:** 1:45 pm

**NUMBER OF PAGES:** 2  
*(including transmittal sheet)*

**Comments:**  
 13-31857-  
 CON Order

**PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.**

*Phone: (860) 418-7001*

*Fax: (860) 418-7053*

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 P.O.Box 340308  
 Hartford, CT 06134**