



**State of Connecticut
Office of Health Care Access
Form for Modification of a Previously
Authorized Certificate of Need**

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	BLUESKY Behavioral Health LLC	
Doing Business As	same	
Name of Parent Corporation	Bluesky Behavioral Health LLC	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	52 Federal Road Ste 2A Danbury, CT 06810	
Petitioner type (e.g., P for profit and NP for Not for Profit)	P	
Name of Contact person, including title	Marcus Sharpe, Chief Admin. Officer	
Contact person's street mailing address	52 Federal Road Ste 2A Danbury CT 06810	
Contact person's phone, fax and e-mail address	203 970-5473 phone 203 942-2693 FAX msharp@blueskybh.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Title of Previously Authorized Project and Associated Docket Number(s):
MODIFICATION OF PREVIOUS CON | DOCKET # : 15-31811-MDF
- b. Location of proposal (Town including street address):
122 Franklin Street, Danbury CT 06811
- c. Type of Modification Request:
 - Change in the Scope of the Authorized Certificate of Need Project
 - Extension of CON Expiration Date
 - Change in a CON Order Condition (other than to extend expiration date)
 - Other – Describe: _____

SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:

- a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

SECTION IV. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:

- a. Certificate of Need expiration date per CON Final Decision: 08/2017
- b. Requested revised CON expiration date: 08/01/2019
- c. Rationale for increased time to fully complete and implement the authorized project:
in order to achieve compliance with the code requirements for a mental health residential living center, substantial renovations need to be performed. The company continues to need time to raise the necessary capital to fund these projects.

**SECTION V. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

- b. Provide the rationale for such requested change:

SECTION VI. OTHER

- a. Submit a completed CON Modification Affidavit.
- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification.
- c. Identify what has been accomplished to date in terms of full project implementation.

CON MODIFICATION AFFIDAVIT

Applicant: Blue Sky Behavioral Health, LLC

Project Title: Modification of Previous CON

I, MARCUS SHARPE, CEO/EXECUTIVE DIRECTOR
(Name) (Position – CEO or CFO)

of Blue Sky Behavioral Health being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.

Marcus Sharpe
Signature

7/6/17
Date

Subscribed and sworn to before me on July 6, 2017

Betsy Bergman
Notary Public/Commissioner of Superior Court

My commission expires: 12/31/2020

BETSY BERGMAN
Notary Public, State of Connecticut
My Commission Expires Dec. 31, 2020

cert # 170609

Olejarz, Barbara

From: Hansted, Kevin
Sent: Tuesday, July 11, 2017 2:13 PM
To: Olejarz, Barbara
Subject: FW: Modification Request OHCA Docket # 17-31811-MDF

Please add to the record.

Kevin T. Hansted
Staff Attorney
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7044
kevin.hansted@ct.gov



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From: Hansted, Kevin
Sent: Tuesday, July 11, 2017 2:07 PM
To: 'msharpe@blueskybh.com' <msharpe@blueskybh.com>
Subject: Modification Request OHCA Docket # 17-31811-MDF

Good afternoon Mr. Sharpe:

I am in receipt of your modification request pertaining to Blue Sky Behavioral Health. In order to consider your request, please provide the following information:

1. Detailed explanation of the code requirements that have not yet been met for the facility. Please include all steps taken since the first modification was granted under Docket # 15-31811-MDF and provide evidence thereof;
2. The amount of funds currently available to complete the project;
3. The amount of funds necessary to complete the project;
4. Detailed explanation of the steps taken by Blue Sky Behavioral Health to raise the funds. Please include all steps taken since the first modification was granted under Docket # 15-31811-MDF and provide evidence thereof.

Thank you,

Kevin T. Hansted
Staff Attorney
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7044
kevin.hansted@ct.gov



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