



**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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Olejarz, Barbara

From: Hansted, Kevin
Sent: Wednesday, July 12, 2017 11:28 AM
To: Olejarz, Barbara
Subject: FW: Modification Request OHCA Docket # 17-31811-MDF
Attachments: All State Fire - NFPA-13-D Sprinkler System Estimate.pdf; Blue Sky Behavioral Health - Fairfield County Sprinkler Systems Estimate - 1-13-14.pdf; Blue Sky Franklin St 11-11-2013 - Alarm System Estimate - Fire Control.pdf; Blue Sky Behavioral Health Estimate _1043 - Emergency Lighting and Exit Signage.pdf; 122 franklin st accessibility report.pdf

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: Marcus Sharpe [mailto:marcussharpe@yahoo.com]
Sent: Wednesday, July 12, 2017 11:16 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: Re: Modification Request OHCA Docket # 17-31811-MDF

Mr. Hansted,

Thank you for response. Below, please find our answers to your questions.

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;

The results of an inspection of the proposed residential treatment facility at 122 Franklin Street Ext, Danbury, CT from the Department of Public Health's Fire Marshall, indicated that in order to achieve code compliance, a fire sprinkler system, alarm system, emergency lighting and exit signage as well as a number of other safety devices and systems needed to be installed at the site. Additionally, a requirement was indicated to have a structural assessment performed for ADA compliance.

Multiple estimates were secured for a NFPA-13D compliant Fire Sprinkler System. A fire safety code professional was consulted to ensure that proper understanding of the code would lead to compliant system designs. Estimates are attached.

In terms of the other requirements, a Fire Alarm System, Smoke Detectors, Carbon Monoxide Detection and Emergency Egress Illumination need to be installed to code standards. The proposals that we have received from vendors for these respective systems are also attached.

A structural compliance assessment for the American Disabilities Act (ADA) was performed by an architectural firm. This report is also attached. The report includes recommendations for substantial kitchen renovations, installation of an ADA compliant ramp and a chair lift to provide access to a common area which has a step down.

2. The amount of funds currently available to complete the project;

The company currently has allocated \$60,000 towards the project.

3. The amount of funds necessary to complete the project;

The amount of funds necessary to complete the infrastructure improvements is approximately \$140,000. The company also projects the need for an additional \$60,000 to cover staffing and program costs. This would bring the total cost necessary for launch to \$200,000.

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.

Efforts to raise funds have included an initiative to sell two properties owned by the managing members. The sale of one property was completed in September of 2016. The other sale was completed in May 2017. This in turn has generated some funds but equally importantly, the company's bank will now consider a credit line (which must be personally guaranteed by the managing members) to fund necessary infrastructure improvements at the facility as well as provide working capital to cover startup costs.

My hope is that the above responses as well as the attached supporting documentation adequately answers your questions. Please do not hesitate to contact me directly with questions or requirements for clarification at (203) 770-5473.

Sincerely,

Marcus

Marcus Sharpe
Executive Director
Chief Administrative Officer

Blue Sky Behavioral Health LLC
52 Federal Road, Suite 2A
Danbury, CT 06810
Phone: 203 300-5055 Ext 202
Fax: 203 942-2693

<https://www.blueskyrecovery.com/>

From: "Hansted, Kevin" <Kevin.Hansted@ct.gov>
To: "msharpe@blueskybh.com" <msharpe@blueskybh.com>

Sent: Tuesday, July 11, 2017 2:06 PM

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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Marcus Sharpe
Executive Director
Chief Administrative Officer

Blue Sky Behavioral Health LLC
52 Federal Road, Suite 2A
Danbury, CT 06810
Phone: 203 300-5055 Ext 202
Fax: 203 942-2693

<https://www.blueskyrecovery.com/>



ALLSTATE FIRE SYSTEMS

PREVENT. PROTECT. PRESERVE.

January 8, 2014

Blue Sky
Email: marcussharpe@yahoo.com
Marcus Sharpe

Subject: Automatic Fire Sprinkler Quotation
Re: Group Home, Franklin St, Danbury

Marcus

We are pleased to offer you our quotation for the amount of **Thirty One Thousand Five Hundred Dollars (\$31,500.00)** to supply and install a fire sprinkler system at the above referenced project.

Our quotation is based on:

1. NFPA 13D 2002 edition
2. Self-contained sprinkler tank & pump system
3. Performing the work during normal work hours
4. Piping to be CPVC
5. Exposed piping with finished ceilings to be concealed with Deco Shield.
6. Work starting from inside building
7. Our standard wage rates
8. Adequate water supply
9. We do not include emergency power or generator if required.
10. Our standard insurance rates.

We include permit fee, stamped drawings, and testing.

We do not include cutting, patching, painting, off-hour labor, fire watch fees and shutdown fees, electric wiring, control wiring.

Thank you for the opportunity to offer you this quotation. Please do not hesitate to contact us if you have any questions

Sincerely,


James H. Forristall

P.O. Box 2350 • Hartford, Connecticut • 06146 • Phone: 860.246.7711 • Fax: 860.246.7707



CT F10372 MA 139242 RI 416 www.allstatefiresystems.com



Alarm Services
a division of
Fire Control Service Co., Inc.
221 Danbury Rd.
New Milford, CT 06776
Tel. 860-354-6334 Fax. 860-350-2817
CT LIC.# 00183992

Blue Sky Genesis Behavioral Health
Marcus Sharpe
122 Franklin St.
Danbury, CT 06810
marcussharpe@yahoo.com

November 11, 2013

Marcus,

After reviewing this location for installation of a new fire alarm system, I have prepared the following quote for your approval. This quote covers installation of equipment to bring the building up to current Connecticut Fire codes.

We will install a Firelite MS9050, a 50-point addressable fire alarm control panel with battery backup and digital communicator. The installed system will monitor various devices via an addressable loop. Addressable panels allow great flexibility in terms of programming and identification of each device on the system. The system will monitor addressable smoke detectors, heat detectors, CO detectors, and manual pull stations at each exit door. Upon alarm from any device, new ADA compliant horn / strobes will sound throughout the building and a signal will be sent to our central station, via digital communicator, and they will then notify the proper authorities of a fire condition.

We will install the following devices at these locations:

- 1 ea. - Firelite MS9050UDLS control panel installed in the basement.
- 1 ea. - Firelite ANN-80 remote annunciator installed at the front foyer hallway
- 16 ea. - Firelite SD355 Addressable smoke detectors installed in all bedrooms, hallways and common areas.
- 12 ea. - System Sensor P24 ADA compliant horn/strobes installed in all bedrooms, hallways and common areas.
- 9 ea. - Firelite BG12LX addressable manual pull stations installed at all exit doors and 2 in 2nd floor stairwells.
- 2 ea. - Firelite HD355 Addressable heat detectors installed in the garage and kitchen.
- 6 ea. - Marcurco 3M Carbon Monoxide sensors with Firelite MM-300 modules installed outside sleeping areas, and on each level of the building.
- 4 ea. - Magnetic door hold open devices installed on fire doors on 1st and 2nd floor.
- Labor and materials required for installing devices, and system programming and testing.
- 1st year annual monitoring fees
- Building permit and fire alarm plan review fees to the Town of Danbury.
- All exposed wiring will be in Wiremold or EMT conduit.

Your cost for this installation will be \$15,175.00 plus applicable state sales tax. All equipment is warranted for 1 year from the completed date of installation. Please call me with any questions or concerns you may have regarding this installation.

Thank you,

Tom Hoefler

Tom Hoefler
Manager, Alarm Services Division

ACCESSIBILITY COMPLIANCE REPORT

122 FRANKLIN STREET, DANBURY CT.

Prepared for

Blue Sky Behavioral Health

52 Federal Road, Suite 2A

Danbury, CT

Prepared by

H & R Design, Inc.

50 Osborne Street

Danbury, CT 06810

(203) 790-9750

February 18, 2014

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Introduction & Executive Summary

H & R Design Inc. was retained by Blue Sky Behavioral Health, 52 Federal Road Suite 2A, Danbury, CT to review the existing building located at 122 Franklin Street in Danbury, CT. for accessibility compliance with respect to its future intended use as an R-4 Residential Care/ Assisted Living Facility.

The investigation consisted of a walk-around visual survey of the building interior and exterior. No drawings of the existing structure were available at the time of the survey. Additional investigation is recommended to further assess conditions of the building with regard to other sections of the State of CT building code, as this report addresses accessibility compliance only.

In our opinion, the building, in its current state does not meet the requirements for accessibility for the future intended use as an R-4 Residential Care/ Assisted Living Facility (as described in section 310.2 of the current State of Ct Building code, R-4 use classification includes halfway houses, group homes, congregate care facilities, social rehabilitation facilities, alcohol, and drug abuse centers and convalescent facilities). Alterations to specific portions of the building are recommended to bring the building into compliance with the accessibility requirements for existing structures with an R-4 use.

The basis for this opinion, specific details, recommendations, limitations and qualifications regarding our findings are stated in the remainder of this report.

Purpose

The purpose of this report is to summarize the results of our review of the accessibility elements of the building. The purpose of the review was to determine the suitability for the future use of the building, identify accessibility deficiencies and make recommendations to bring the building into substantial compliance with the accessibility requirements.

The Scope of the Investigation

The investigation consisted of a walk-around visual survey of the building interior and exterior. No drawings of the existing structure were available at the time of the survey. Snow cover on the property limited access to some areas of the grounds. The existing paved driveway was plowed and the walkways to the front & rear entrances were shoveled clean of snow and ice.

The Description of the Building

The building is a two story wood framed structure with approximately 3,214 s.f. of living space and an attached two car garage. The building appears to be a single family dwelling. A small front porch is attached to the garage at the front of the building and another open porch is located at the rear of the living room. The building has wood shingle siding and an asphalt shingle roof. The original building was constructed in 1940.

Observations of the Existing Conditions

Exterior

The building has front and rear entries. The front entry is accessed from the driveway via multiple stone steps and a stone walkway. Outside of the front door is a stone landing that is one step down from the first floor level. Another step down is required to access the walkway from the landing. The front door is 3'-0" wide by 6'-8" high.

The rear door has access from a parking area located at the end of the existing driveway. This access is similar to the front, as it has stone steps and a stone walkway. The rear door also has a landing located outside the door that is one step down from the first floor elevation. The door is 2'-8" wide by 6'-8" high.

The existing paved driveway has a fairly level parking area for approximately 4 cars just past the two car garage at the rear of the building.

Interior

The first floor of the building has 5 rooms; A Living Room, Kitchen, Dining Room, Bedroom w/ bath and a half bath / powder room. The entry foyer has an open stair to the second floor and a closed set of stairs to the basement. The kitchen also has a closed set of stairs to the second floor and a closed set of stairs down to the two car garage.

The second floor consists of one Therapy office w/bath, four bedrooms and one common bathroom.

Opinion and Recommendations

In our opinion, the building is not compliant with the accessibility requirements for the future use as an R-4 Residential Care/ Assisted living facility.

It is our understanding that Blue Sky Behavioral Health intends to change the occupancy of the existing building from a single family residence to an R-4 Residential Care/ Assisted living facility. A change of occupancy from a single family dwelling to R-4 directs us to Section 3409, Accessibility for Existing Buildings in the current State of Connecticut Building Code (see below).

Section 3409.3 Change of Occupancy. Existing Buildings, or portions thereof, that undergo a change of group or occupancy shall have all of the following accessible features:

1. At least one accessible building entrance
2. At least one accessible route from an accessible entrance to primary function areas
3. Signage complying with section 1110
4. Accessible parking, where parking is being provided.
5. At least one accessible passenger loading zone, when loading zones area provided.
6. At least one accessible route connecting accessible parking and accessible passenger loading zones to an accessible entrance
7. At least one accessible toilet room and bathing facility per gender complying with section 1109.2 of the 2003 IBC
8. At least one accessible means of egress complying with section 1007 of the 2003 IBC
9. Type A and Type B units as required by section 1107 of the 2003 IBC

In order to comply with items 1 through 9 listed above, the following recommendations are submitted:

- Item 1. The existing building does not have any accessible building entrances. The only access to the building is via stone steps which do not meet the requirements for accessibility. To provide an accessible entrance we recommend modifying the front access / entry by doing the following:
- A. Construct a code-compliant ramp to negotiate the level change from the existing driveway to the front door (there appears to be approximately a min. of 36" to negotiate from the driveway to the existing first floor – this shall need to be confirmed – see Note C below). This ramp shall have a slope of no greater than one unit vertical in 12 units horizontal and shall meet all the requirements of Section 1010 Ramps.
 - Ramp shall have a slip resistant surface
 - Ramp shall have guardrails and handrails as required by height above grade.
 - Ramp shall have a landing at the top and bottom. The landing at the top of the ramp at the existing first floor shall be approximately 5' x 5' and be no more than ½" below the existing first floor elevation.
 - B. The front entry door meets the current requirement for width at 3'-0" and meets all the required approach dimensions from the interior. The door hardware will need to be changed to a lever type handle. The rear door in its existing configuration does not meet any of these requirements.
 - C. In order to properly design and construct the new ramp at the front access / entry, a site survey from a licensed surveyor will need to be done locating all exterior elements and

pertinent elevations of the property. This survey can then be used by a licensed civil engineer to indicate grades and to design parking and building access.

Item 2. If the front door is used as the accessible entry, you already have an accessible route to the most of the existing primary function areas. The primary function areas in this building are the Kitchen, Living Space, Bathroom, and Bedroom.

A. Kitchen:

The Kitchen is not currently accessible. The following modifications shall need to be made to the Kitchen to meet accessibility requirements:

- Provide a 30" wide work surface section and a 30" wide sink section with a maximum rim height of 34" above the floor. The area below the counter and sink shall have a min. of 27" clear knee space and be free and clear of any sharp or abrasives surfaces.
- All domestic and waste piping below to be insulated and or covered to protect against contact.
- All appliances to have a clear work area of 36"x48".
- Stove or cooktop to have front controls.
- Operable parts of the faucet shall be operable with one hand and shall not require more than 5.0 lbs of force to activate.

B. Living Room:

The Living Room is not currently accessible as it is two steps down from the existing foyer, removing it from the accessible route. This can be remedied either by installing a lift to allow access to the room or the existing dining room can be turned into a living room and the dining area can be relocated to the area adjacent to the kitchen.

C. Bathroom:

The existing Bathroom is not currently accessible and the existing ½ bath is too small to qualify as an accessible bathroom. Our suggestion is to provide a door from the hall to the existing bathroom that is currently accessed from the first floor bedroom. This bathroom is large enough to be reconfigured to meet the requirements for an accessible bathroom.

Item 3. Accessible signage will be required in the parking area, the bathroom and at exits.

Item 4. A designated parking space is required with an accessible access to the building.

Item 5. Not required

Item 6. Not required

Item 7. As stated in section 3409.7.9, where it is technically infeasible to alter existing toilet and bathing facilities to be accessible, an accessible unisex toilet or bathing facility is permitted. As described in item 2, we suggest reconfiguring the existing bathroom. This bathroom should be accessed from the hall and have a roll in type shower, toilet with all the required grab bars, and an accessible sink.

- Item 8. An accessible means of egress is can be provided at the front door without much work if the front door is also the accessible entry. At this point it looks like only a hardware change would be required. If the rear door is determined to be the accessible entry, the door location may have to be moved closer to the kitchen to allow for the required door maneuvering clearances.
- Item 9. The existing first floor bedroom can be converted to an accessible sleeping unit as per section 1107.6.4. The bedroom door will need to be replaced with a 36" door with lever type hardware. Only the sleeping units located on the first floor are required to be accessible. No work will be required for the sleeping units on the second floor.

Limitations

1. This report is based on our visual observations of conditions that were readily accessible at the time of our review. Conditions may exist which are hidden from view that could affect some of the recommendations contained in this report. The recommendations and conclusions reached, therefore, are based on the information available and are subject to revision if and when additional evidence or information is available.
2. Our investigation of the condition of the building was not exhaustive. As is common for this type of service, we limited our review to typical elements that were repetitively used. This report does not express or imply a warranty of any of the building elements or of the entire structure.
3. This report does not include the discovery, testing, monitoring, handling, removal, or disposal of, or exposure of persons to, hazardous materials in any form at the project site, including, but not limited to asbestos, asbestos products, polychlorinated biphenyl (PCB) or other toxic substances.

End of Report

Submitted by:

H & R Design, Inc.

Raymond Walker

ray.hrdesign@snet.net

(203) 790-9750 ext. 15



FAIRFIELD COUNTY SPRINKLER CO., INC.

52 SHERIDAN STREET, STRATFORD, CT 06615-6237

DATE: January 13, 2013

TO: Blue Sky Behavioral Health
ATTN: Marcus Sharpe

RE: Fire Sprinkler Contract Proposal
Franklin St. Residence
Danbury, CT

BUDGET PRICE: \$55,000.00

SCOPE OF WORK:

- 1) Work to begin within the building's basement where we shall provide and install (1) residential water storage tank and pump assembly listed for use in accordance with NFPA-13D.
- 2) Extend black steel and/or CPVC piping from the tank & pump assembly to all areas of the basement, 1st floor, 2nd floor and attic to supply fire sprinklers throughout. All piping will be hung exposed to view. The piping could be concealed in soffits and false beams. This work is not included in our proposal.
- 3) The attic piping will be arranged as an anti-freeze loop to prevent freezing.
- 4) The design criteria of these systems will be based on the provisions of NFPA-13D with the exception that all closets and attic spaces will be protected..
- 5) Price includes all engineering, drawings, permits, materials, material use tax and labor to perform this work in accordance with NFPA-13.

EXCLUSIONS:

- 1) Overtime.
- 2) Electrical wiring.
- 3) Concealing sprinkler piping.
- 4) Painting.
- 5) Sales taxes.
- 6) Design criteria based on NFPA-13 or 13-R

PREPARED BY:

Ronald K. Moran

Ronald K. Moran
President

FAIRFIELD COUNTY SPRINKLER CO., INC.

PROPOSAL ACCEPTED IN THE AMOUNT OF \$

BY: _____ DATE: _____
Signature

_____ TITLE: _____
Name

J. P. Poulin Electrical Corp.

Estimate

70 S. White Rock Road
Holmes, NY 12531

DATE	ESTIMATE #
11/7/2013	1043

NAME / ADDRESS
Blue Sky Behavioral Health 52 Federal Road Danbury, CT 06810

DUE DATE
11/7/2013

DESCRIPTION	COST	TOTAL
Re: 122 Franklin Street, Danbury, CT To wire combination exit sign and emergency light over dining room exterior door To wire combination exit sign and emergency light over foyer exterior door To wire combination exit sign and emergency light over 1st floor bedroom exterior door To wire combination exit sign and emergency light near 1st floor hall exterior door To wire combination exit sign and emergency light over great room exterior door To wire combination exit sign and emergency light over kitchen exterior door To wire combination exit sign and emergency light at top of 2nd floor stairwell To wire combination exit sign and emergency light at center hall To replace existing rear stairwell light with fluorescent fixture with emergency backup ballast To wire two combination exit signs and emergency lights in rear stairwell on garage side of house To wire combination exit sign and emergency light in office above garage To wire emergency light in main 2nd floor hall near bathroom To modify two basement gameroom fluorescent fixtures with emergency battery backup ballasts To wire combination exit sign and emergency light in basement rec room To wire combination exit sign and emergency light in basement stairwell To wire three-way system for basement lights To wire combination exit sign and emergency light in basement To wire emergency light in basement To wire combination exit sign and emergency light at back door near garage	5,750.00	5,750.00T
Thank you for your business.		
	(6.35%)	
		TOTAL

Phone #	Fax #	E-mail
845-878-4534	845-350-4433	jpoulin2@comcast.net

J. P. Poulin Electrical Corp.

Estimate

70 S. White Rock Road
Holmes, NY 12531

DATE	ESTIMATE #
11/7/2013	1043

NAME / ADDRESS
Blue Sky Behavioral Health 52 Federal Road Danbury, CT 06810

DUE DATE
11/7/2013

DESCRIPTION	COST	TOTAL
Note: Includes town permit fee		
Thank you for your business.		\$5,750.00
	(6.35%)	\$365.13
	TOTAL	\$6,115.13

Phone #	Fax #	E-mail
845-878-4534	845-350-4433	jpoulin2@comcast.net

Olejarz, Barbara

From: Hansted, Kevin
Sent: Thursday, July 13, 2017 1:07 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: Marcus Sharpe [mailto:marcussharpe@yahoo.com]
Sent: Thursday, July 13, 2017 12:33 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: Re: Modification Request OHCA Docket # 17-31811-MDF

Mr. Hansted,

The company has a credit line with Mahopac National Bank but it will need to request a \$100,000 increase to that existing credit line to accommodate the project. We would expect the the bank to require the CON extension in order to approve the increase. The increase in combination with existing funds would fully fund the project.

Best,

Marcus

Marcus Sharpe
Executive Director
Chief Administrative Officer

Blue Sky Behavioral Health LLC
52 Federal Road, Suite 2A
Danbury, CT 06810
Phone: 203 300-5055 Ext 202
Fax: 203 942-2693

<https://www.blueskyrecovery.com/>

From: "Hansted, Kevin" <Kevin.Hansted@ct.gov>
To: 'Marcus Sharpe' <marcussharpe@yahoo.com>
Sent: Wednesday, July 12, 2017 11:33 AM
Subject: RE: Modification Request OHCA Docket # 17-31811-MDF

Thank you Mr. Sharpe. What steps have been taken to secure the credit line and how soon will that be completed? Will the credit line be sufficient to cover the costs of completing the project?

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: Marcus Sharpe [<mailto:marcussharpe@yahoo.com>]
Sent: Wednesday, July 12, 2017 11:16 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: Re: Modification Request OHCA Docket # 17-31811-MDF

Mr. Hansted,

Thank you for response. Below, please find our answers to your questions.

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;

The results of an inspection of the proposed residential treatment facility at 122 Franklin Street Ext, Danbury, CT from the Department of Public Health's Fire Marshall, indicated that in order to achieve code compliance, a fire sprinkler system, alarm system, emergency lighting and exit signage as well as a number of other safety devices and systems needed to be installed at the site. Additionally, a requirement was indicated to have a structural assessment performed for ADA compliance.

Multiple estimates were secured for a NFPA-13D compliant Fire Sprinkler System. A fire safety code professional was consulted to ensure that proper understanding of the code would lead to compliant system designs. Estimates are attached.

In terms of the other requirements, a Fire Alarm System, Smoke Detectors, Carbon Monoxide Detection and Emergency Egress Illumination need to be installed to code standards. The proposals that we have received from vendors for these respective systems are also attached.

A structural compliance assessment for the American Disabilities Act (ADA) was performed by an architectural firm. This report is also attached. The report includes recommendations for substantial kitchen renovations, installation of an ADA compliant ramp and a chair lift to provide access to a common area which has a step down.

2. The amount of funds currently available to complete the project;

The company currently has allocated \$60,000 towards the project.

3. The amount of funds necessary to complete the project;

The amount of funds necessary to complete the infrastructure improvements is approximately \$140,000. The company also projects the need for an additional \$60,000 to cover staffing and program costs. This would bring the total cost necessary for launch to \$200,000.

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.

Efforts to raise funds have included an initiative to sell two properties owned by the managing members. The sale of one property was completed in September of 2016. The other sale was completed in May 2017. This in turn has generated some funds but equally importantly, the company's bank will now consider a credit line (which must be personally guaranteed by the managing members) to fund necessary infrastructure improvements at the facility as well as provide working capital to cover startup costs.

My hope is that the above responses as well as the attached supporting documentation adequately answers your questions. Please do not hesitate to contact me directly with questions or requirements for clarification at (203) 770-5473.

Sincerely,

Marcus

Marcus Sharpe
Executive Director
Chief Administrative Officer

Blue Sky Behavioral Health LLC
52 Federal Road, Suite 2A
Danbury, CT 06810
Phone: 203 300-5055 Ext 202
Fax: 203 942-2693

<https://www.blueskyrecovery.com/>

From: "Hansted, Kevin" <Kevin.Hansted@ct.gov>
To: "msharpe@blueskybh.com" <msharpe@blueskybh.com>
Sent: Tuesday, July 11, 2017 2:06 PM
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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Marcus Sharpe
Executive Director
Chief Administrative Officer

Blue Sky Behavioral Health LLC
52 Federal Road, Suite 2A
Danbury, CT 06810
Phone: 203 300-5055 Ext 202
Fax: 203 942-2693

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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

7/12/17

Mr. Hansted,

Thank you for response. Below, please find our answers to your questions.

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;

The results of an inspection of the proposed residential treatment facility at 122 Franklin Street Ext, Danbury, CT from the Department of Public Health's Fire Marshall, indicated that in order to achieve code compliance, a fire sprinkler system, alarm system, emergency lighting and exit signage as well as a number of other safety devices and systems needed to be installed at the site. Additionally, a requirement was indicated to have a structural assessment performed for ADA compliance.

Multiple estimates were secured for a NFPA-13D compliant Fire Sprinkler System. A fire safety code professional was consulted to ensure that proper understanding of the code would lead to compliant system designs. Estimates are attached.

In terms of the other requirements, a Fire Alarm System, Smoke Detectors, Carbon Monoxide Detection and Emergency Egress Illumination need to be installed to code standards. The proposals that we have received from vendors for these respective systems are also attached.

A structural compliance assessment for the American Disabilities Act (ADA) was performed by an architectural firm. This report is also attached. The report includes recommendations for substantial kitchen renovations, installation of an ADA compliant ramp and a chair lift to provide access to a common area which has a step down.

2. The amount of funds currently available to complete the project;

The company currently has allocated \$60,000 towards the project.

3. The amount of funds necessary to complete the project;

The amount of funds necessary to complete the infrastructure improvements is approximately \$140,000. The company also projects the need for an additional \$60,000 to cover staffing and program costs. This would bring the total cost necessary for launch to \$200,000.

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.

Efforts to raise funds have included an initiative to sell two properties owned by the managing members. The sale of one property was completed in September of 2016. The other sale was completed in May 2017. This in turn has generated some funds but equally importantly, the company's bank will now consider a credit line (which must be personally guaranteed by the managing members) to fund necessary infrastructure improvements at the facility as well as provide working capital to cover startup costs.

My hope is that the above responses as well as the attached supporting documentation adequately answers your questions. Please do not hesitate to contact me directly with questions or requirements for clarification at (203) 770-5473.

Sincerely,



Marcus Sharpe
Executive Director
Chief Administrative Officer

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Danbury, CT 06810
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

State of Connecticut Department of Public Health Office of Health Care Access

Final Decision

Modification of a Previously Authorized Certificate of Need

Applicants: Blue Sky Behavioral Health, LLC
52 Federal Road, Suite 2A, Danbury, CT 06810

Docket Number: 17-31811-MDF

Project Description: Modification of Previous Certificate of Need
Authorization 12-31811-CON

Procedural History: On August 1, 2013, the Office of Health Care Access (“OHCA”) granted a Certificate of Need (“CON”) to Blue Sky Behavioral Health, LLC (“Blue Sky” or “Applicant”) under Docket Number 12-31811-CON, for the establishment of a 6 bed Mental Health Residential Living Center to be located at 122 Franklin Street, Danbury, Connecticut. On August 11, 2015, OHCA issued a modification under Docket Number 15-31811-MDF extending the CON expiration date to August 1, 2017.

On July 11, 2017, OHCA received a Request for Modification seeking to extend the CON expiration date to August 1, 2019. There were no Intervenor involved in the initial CON proceeding. Deputy Commissioner Addo has reviewed the entire record in this matter.



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Affirmative Action/Equal Opportunity Employer



Findings of Fact

1. On August 1, 2013, OHCA granted a CON to Blue Sky for the establishment of a 6 bed Mental Health Residential Living Center to be located at 122 Franklin Street, Danbury, Connecticut. The CON expiration date was August 1, 2015.
2. As part of the project, Blue Sky was to renovate a residential home in order to bring it up to code for use as a Mental Health Residential Living Center.
3. On August 11, 2015 OHCA modified the CON to extend the expiration date to August 1, 2017 due to Blue Sky's need to raise funds to complete renovations to the home.
4. On July 11, 2017 Blue Sky requested a second extension of the CON expiration date to August 1, 2019.
5. On October 13, 2013, Blue Sky received a report from the Building and Fire Safety Unit of the Facility Licensing and Investigations Section ("Report").
6. The Report listed numerous repairs required to bring the house up to code.
7. Blue Sky estimates that the repairs will cost approximately \$140,000, with an additional \$60,000 needed for staffing and program costs.
8. Blue Sky has sold two properties in an effort to raise the funds necessary to complete its project. The first was sold in September 2016 and the second was sold in May 2017.
9. Blue Sky currently has allocated \$60,000 towards the project.
10. Blue Sky has a credit line with Mahopac National Bank and needs to request a \$100,000 increase to the credit line in order to complete the project.
11. Blue Sky requires additional time to secure the funds necessary to complete the project.

Discussion

Connecticut General Statutes § 4-181a (b) provides in relevant part: "On a showing of changed conditions, the agency may reverse or modify the final decision, at any time, at the request of any person or on the agency's own motion." The Applicant is seeking to extend the CON expiration date to August 1, 2019 as a result of alleged changed conditions related to the costs of construction. The Applicant has failed to sufficiently identify a change in conditions since the last modification was issued by OHCA. Specifically, no renovations have been made to the residential home since the last modification was issued and Blue Sky continues to struggle to raise the funds necessary to complete a project that was approved by OHCA four years ago. Consequently, OHCA cannot extend the expiration date as requested by Blue Sky. However, in an effort to increase access to necessary services in the area, OHCA will extend the expiration

date for six months in order for Blue Sky to obtain funds in an amount adequate to complete the project. Upon a showing that Blue Sky has the full amount of funds needed, it may request additional time to complete the project.

Order

Based upon the foregoing, the CON expiration date is extended to February 1, 2018.

8/11/2017

Date



Yvonne T. Addo, MBA
Deputy Commissioner

Olejarz, Barbara

From: Microsoft Outlook
To: msharpe@blueskybh.com
Sent: Friday, August 11, 2017 10:46 AM
Subject: Relayed: Modification decision

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

msharpe@blueskybh.com (msharpe@blueskybh.com)

Subject: Modification decision

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Friday, August 11, 2017 10:46 AM
To: 'msharpe@blueskybh.com'
Subject: Modification decision
Attachments: 17-31811-MDF.pdf

Tracking:	Recipient	Delivery	Read
	'msharpe@blueskybh.com'		
	Foreman, Rebecca	Delivered: 8/11/2017 10:46 AM	
	Jensen, Dana	Delivered: 8/11/2017 10:46 AM	
	OHCA-DL All OHCA Users		
	Johnson, Colleen M		
	Bruno, Anthony M.	Delivered: 8/11/2017 10:46 AM	Read: 8/11/2017 11:13 AM
	'daniels@chime.org'		
	Barbara.Olejarz@ct.gov	Delivered: 8/11/2017 10:46 AM	
	Jessica.Schaeffer-Helmecki@ct.gov	Delivered: 8/11/2017 10:46 AM	
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	Chalikonda, Srinivasa		Read: 8/11/2017 10:46 AM

Recipient	Delivery	Read
Roberts, Karen		Read: 8/11/2017 10:46 AM
Mitchell, Micheala		Read: 8/11/2017 10:48 AM
Cotto, Carmen		Read: 8/11/2017 10:50 AM
Rival, Jessica		Read: 8/11/2017 10:51 AM

8/11/17

Marcus Sharpe,

Please see attached final decision for Blue Sky Behavioral Health LLC's request for modification of previous certificate of need authorization 12-31811-CON

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

