

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

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name	CT Clinical Services, Inc.	
Doing Business As	Turning Point	
Name of Parent Corporation	CT Clinical Partners, Inc.	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	139 Orange Street, 4 th Floor, New Haven, CT 06510	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Brett Tiberio, Vice President	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	139 Orange Street, 4 th Floor, New Haven, CT 06510	
Contact Person's Telephone Number	O: 203-937-2309, x108 C: 860-424-1507	
Contact Person's Fax Number	203-604-0542	
Contact Person's e-mail Address	btiberio@tpaddictiontreatment.com	

SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable.

Name of the Health Care Facility: CT Clinical Services, Inc. d/b/a Turning Point

Current Location: 139 Orange Street, 4th Floor, New Haven, CT 06510

Proposed Location: 189-191 & 201 Orange Street, New Haven, CT 06510 (single building), approximately 400 feet away from the current location.

Current Population Served: Seventy seven percent (77%) of CT Clinical Services, Inc. clients have a permanent address outside Connecticut. Of the twenty three percent (23%) with a permanent address in Connecticut, most reside in Fairfield, Hartford or New Haven counties, including the towns of Avon, Branford, Brookfield, Canton, Darien, Fairfield, Greenwich, Hamden, Old Saybrook, Trumbull, Westport, Wilton, and Woodbridge.

Proposed Population Served: The proposed population served will not substantially change from the current population served.

Current Payor Mix: The current payor mix is 80% commercial and 20% self-pay.

Proposed Payor Mix: The proposed payor mix will not substantially change from the current payor mix.

Any other information that the Petitioner deems relevant:

CT Clinical Services, Inc. d/b/a Turning Point is a licensed provider of Substance Use Disorder (“SUD”) and Co-occurring Disorder (“COD”) aftercare services in Connecticut (see attachment 1). CT Clinical Services, Inc.’s unique treatment approach has two separate and distinct programs: (i) a transitional housing program for post-acute or post-residential treatment; and (ii) an outpatient behavioral health treatment program for adults. CT Clinical Services, Inc.’s outpatient behavioral health treatment program is located at 139 Orange Street, 4th Floor, New Haven, CT 06510.

In December of 2015, OCHA approved a 76% transfer of ownership to CT Clinical Partners, Inc. As indicated on that CON submission (15-32027-CON), one outcome of the transfer of ownership was the provision of additional capital to increase accessibility to new demographics, including to women. To do so, CT Clinical Services, Inc. will require additional direct-care and office space in which to operate.

CT Clinical Services, Inc. is relocating approximately 400 feet away within the same city, New Haven, and is seeking a determination that this relocation does not trigger the need for a CON pursuant to CGS §19a-639c. The current and proposed client population and payor mix will not substantially change as a result of this relocation request.

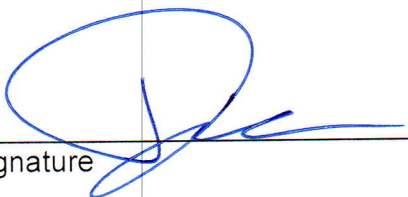
SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: **CT Clinical Services, Inc.**

Project Title: **Relocation of a Health Care Facility – CTCS**

I, David Vieau, CEO of CT Clinical Services, Inc., being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

Signature  _____ Date 03/22/2016

Subscribed and sworn to before me on March 22, 2016

 _____
Notary Public/Commissioner of Superior Court

My commission expires: February 28, 2017

Brett Tiberio
Notary Public-Connecticut
My Commission Expires
February 28, 2017



STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0425

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:

CT Clinical Services, Inc. of New Haven, CT, d/b/a *Turning Point* is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Turning Point is located at 139 Orange St, 4th FL, New Haven, CT 06510 with:

Jonathan Lowe as Executive Director.

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

Outpatient Treatment

This license expires **September 30, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2015. **RENEWAL**

License revised to reflect:

Change of D/B/A name eff: 7/23/15



Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0509

Psychiatric Outpatient Clinic for Adults

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

CT Clinical Services, Inc. of New Haven, CT, d/b/a *Turning Point* is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Turning Point is located at 139 Orange St, 4th FL, New Haven, CT 06510 with:

Jonathan Lowe as Executive Director,
Meaghan Gorman as Director.

This license expires **September 30, 2019** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2015. **RENEWAL**

License revised to reflect:

Change of D/B/A name eff: 7/23/15

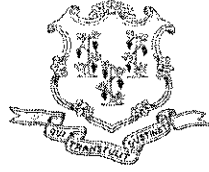
Change of Director Eff: 4/1/15



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

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

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

Office of Health Care Access

March 24, 2016

Brett Tiberio
Vice President
CT Clinical Services, Inc.
139 Orange Street, 4th Floor
New Haven, CT 06510

RE: Certificate of Need Determination Report Number 16-32076-DTR
Relocation of Facility

Dear Mr. Tiberio:

On March 23, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of CT Clinical Services, Inc. ("Petitioner") with respect to the relocation of its facility.

The Petitioner operates a Connecticut licensed substance abuse treatment facility and mental health treatment program at 139 Orange Street, 4th Floor, New Haven, Connecticut. The Petitioner wishes to relocate its program to a single building at 189-191 & 201 Orange Street, New Haven, Connecticut. This new location is within the same town and within 400 feet of the current location. The Petitioner currently serves eighty-percent commercial and twenty-percent self-pay patients. This will not substantially change after the proposed relocation.

Pursuant to Conn. Gen. Stat. § 19a-639c, the Petitioner has satisfactorily demonstrated that the population and payer mix currently served by the Petitioner will not substantially change as a result of the proposed relocation. Therefore, *no CON is required*.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Martone".

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR



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

Affirmative Action/Equal Opportunity Employer

* * * COMMUNICATION RESULT REPORT (MAR. 24. 2016 2:38PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	MAR. 24. 2016 2:37PM OPTION	ADDRESS	RESULT	PAGE
534	MEMORY TX	912036040542	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: BRETT TIBERIO

FAX: 203 604-0542

AGENCY: CT CLINICAL SERVICES, INC.

FROM: OHCA

DATE: 3/24/16 **Time:** _____

NUMBER OF PAGES: _____
(including transmittal sheet)

Comments: Please see attached Determination for Report Number; 16-32076-DTR regarding relocation of facility

PLEASE PHONE Barbara K. Olejarz 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