



## State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. 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	MC1 Healthcare, LLC	
Doing Business As	Mountainside	
Name of Parent Corporation	MC1 Healthcare, LLC	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	Route 7, Box 717, Canaan, CT 06018	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Maureen O'Neill Biggs, VP Regulatory Affairs	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Route 7, Box 717, Canaan, CT 06018	
Contact Person's Telephone Number	(203) 641-4347	
Contact Person's Fax Number	(888)572-5978	
Contact Person's e-mail Address	Maureen.biggs@mountainside.com	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Mental Health License
- b. Estimated Total Project Cost: \$ 00.00
- c. Location of proposal, identifying Street Address, Town and Zip Code:  
187 S Canaan Road, Canaan, CT 06018
- d. List each town this project is intended to serve:  
Canaan, CT 06018
- e. Estimated starting date for the project: Upon authorization from OHCA and DPH

## SECTION IV. PROPOSAL DESCRIPTION

**Please provide a description of the proposed project, 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:**

- 1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.**

Mountainside currently operates a medically monitored detoxification program, residential short-term treatment, a family wellness program, extended care, and outpatient services for individuals diagnosed with substance abuse and/or a co-occurring disorder in Canaan, Ct and an Outpatient Substance Abuse, Mental Health and Chemical Maintenance Program in Wilton, CT

Mountainside has been operating addiction treatment programs since 1998, providing services to approximately 9,000 clients annually, including those in the insurance and self-pay sectors exclusively.

**2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.**

MC1 Healthcare, LLC, d/b/a Mountainside Treatment Center ("Mountainside"), a for-profit organization registered to conduct business in Connecticut, proposes to add a Mental Health License (Private Freestanding Psychiatric Outpatient Clinic) for adults (male and female) at the Canaan, Connecticut site.

**3. Identify the current population served and the target population to be served.**

The Mountainside Program is a client-centered, recovery oriented integrated treatment experience that focuses on the physical, emotional and social well-being, growth, education and empowerment of each client, promoting respect and dignity through the efforts of a qualified, well-trained, culturally competent clinical staff.

Equal access to treatment is given for all persons in need of treatment regardless of race, ethnicity, gender, age, disability and sexual orientation.

Mountainside's Outpatient Program goals are to provide individuals who are 18 years of age and older diagnosed with chemical dependency or a co-occurring disorder, clinically sound, and cost effective treatment in the least restrictive environment.

The Outpatient Program is a treatment environment that emphasizes respect, dignity and compassion for clients. The environment is trauma sensitive, promotes self-worth, a sense of personal efficacy and a view that recovery involves personal responsibility. The Outpatient Program functions in partnership with the clients admitted to treatment. The program undergoes continued development as part of a commitment to meet the emergent needs of all clients.

Intensive Outpatient Program

Admission Criteria:

- Men and women age eighteen (18) and older
- Persons served must be medically and psychiatrically stable
- There is no indication of withdrawal, or the symptoms of withdrawal can be safely managed in an outpatient setting
- The persons served condition requires a coordinated multi-disciplinary wellness plan as well as the structure and intensity of service offered in an Intensive Outpatient setting
- The individual has a history of or a continuing pattern of substance abuse and/or a co-occurring disorder with the ability to maintain sobriety and stability over a reasonable period of time
- The individual shows an intensification of symptoms/behaviors related to the addiction or co-occurring disorder with the high likelihood of relapse without close professional monitoring and support.
- If a client has a co-occurring disorder, the condition can be safely managed in an intensive outpatient setting

- Individuals may be accepted if they indicate suicidal ideation without assessed means or a plan

Exclusion Criteria:

- The client presents an imminent danger to self or others or sufficient impairment exists that a more intensive level of service is required
- The client has medical conditions or impairments that would prevent utilization of services
- The client requires a level of structure and supervision beyond the scope of the program
- The client can be safely maintained and effectively treated at a less intensive level of care

Outpatient Services

Admission Criteria:

- Men and women age eighteen (18) and older
- Persons served must be medically and psychiatrically stable.
- There is no indication of withdrawal, or the symptoms of withdrawal can be safely managed in an outpatient setting.
- The persons served condition requires a coordinated multi-disciplinary treatment plan as well as the structure and services offered in the Outpatient Program.
- The individual has a history of, or a continuing pattern of, substance abuse and/or a co-occurring disorder with the ability to maintain sobriety over a reasonable period of time.
- The client shows a history of symptoms/behaviors related to addiction with moderate likelihood of relapse without professional monitoring and support.
- If a client has a co-occurring disorder, the condition can be safely managed in an outpatient setting.
- Individuals may be accepted if they indicate suicidal ideation without assessed means or a plan.

Exclusion Criteria:

- The client presents an imminent danger to self or others or sufficient impairment exists that a more intensive level of service is required
- The client has medical conditions or impairments that would prevent utilization of services
- The client requires a level of structure and supervision beyond the scope of the program
- The client can be safely maintained and effectively treated at a less intensive level of care



# STATE OF CONNECTICUT

## Department of Public Health

### LICENSE

License No. 0388

#### 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:

MC1 Healthcare LLC of Canaan, CT, d/b/a Mountainside Treatment Center is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**Mountainside Treatment Center** is located at 187 South Canaan Rd, Canaan, CT 06018 with:

Stephen B. Langley as Executive Director.

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

20 Residential Detoxification and Evaluation Beds  
58 Intermediate and Long Term Treatment and Rehabilitation Beds  
Day or Evening Treatment  
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**



*Jewel Mullen MD*

Jewel Mullen, MD, MPH, MPA  
Commissioner



**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0609**

**Psychiatric Outpatient Clinic for Adults**

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

MC1 Healthcare LLC of Canaan, CT, d/b/a Mountainside-Wilton CT is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

**Mountainside-Wilton CT** is located at 372 Danbury Rd, Wilton, CT 06897 with:

Stephen Langley as Executive Director,  
Sarah Osborne as Director.

This license expires **March 31, 2020** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, May 2, 2016. **INITIAL**



Raul Pino, MD, MPH  
Commissioner

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0504**

**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:

MC1 Healthcare LLC of Canaan, CT, d/b/a Mountainside-Wilton CT is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**Mountainside-Wilton CT** is located at 372 Danbury Rd, Wilton, CT 06897 with:

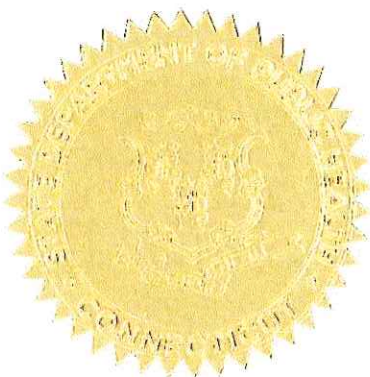
Stephen Langley as Executive Director.

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

Chemical Maintenance Treatment  
Outpatient Treatment

This license expires **March 31 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, May 2, 2016. **INITIAL**



A handwritten signature in black ink, appearing to read "Raul Pino".

Raul Pino, MD, MPH  
Commissioner



# OPIOID TREATMENT PROGRAM CERTIFICATION

Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
Rockville, MD 20850

**OTP NUMBER**  
CT-10097-M

**EXPIRATION DATE**  
March 31, 2018

Mountainside Treatment Center  
187 S. Canaan Road  
Canaan, CT 06018

This certificate is issued under authority of 42 CFR § 8.11 (21 U.S.C. 823(g)(1))



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

A handwritten signature in black ink, appearing to read "Daryl W. Kade".

Daryl W. Kade  
Acting Director,  
Center for Substance Abuse Treatment

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY OR VALID AFTER EXPIRATION DATE

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0464038 ZM0464038	01-31-2017	\$244
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,3	DETOXIFICATION	12-03-2015
<b>MOUNTAINSIDE TREATMENT CENTER</b> 187 S CANAAN RD CANAAN, CT 06018 0601 CANAAN, CT 06018 0601		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0464038 ZM0464038	01-31-2017	\$244
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,3	DETOXIFICATION	12-03-2015
<b>MOUNTAINSIDE TREATMENT CENTER</b> 187 S CANAAN RD CANAAN, CT 06018 0601 CANAAN, CT 06018 0601		

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (05/04)

April 23, 2015

Alexandra Helfer, M.S., LPC, LADC  
Mountainside Treatment Center  
187 South Canaan Road, Route 7  
Canaan, CT 06018

Dear Ms. Helfer:

It is my pleasure to inform you that Mountainside Treatment Center has been accredited by CARF International for a period of three years for the following programs:

Detoxification: Integrated: AOD/MH (Adults)  
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)  
Residential Treatment: Integrated: AOD/MH (Adults)

This accreditation will extend through March 2018. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of practice excellence.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation, and we encourage you to make this accomplishment known throughout your community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

The survey report is intended to support a continuation of the quality improvement of your programs. It contains comments on your organization's strengths as well as consultation (if any) and recommendations. A quality improvement plan (QIP) demonstrating your efforts to implement the survey recommendations must be submitted within the next 90 days to retain accreditation. Guidelines and the form for completing the QIP have been posted on Customer Connect ([customerconnect.carf.org](http://customerconnect.carf.org)), our secure, dedicated website for accredited organizations and organizations seeking accreditation. Please submit the QIP to the attention of the customer service unit identified in the QIP instructions.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation, you are encouraged to seek support from the resource specialist, Kathy Lauerman, at [klauerman@carf.org](mailto:klauerman@carf.org) or extension 7168.

We encourage your organization to continue fully and productively using the CARF standards as part of your ongoing commitment to accreditation. We commend your commitment and consistent efforts to improve the quality of your programs. We look forward to working with your organization in the future.

Sincerely,

A handwritten signature in black ink that reads "Brian J. Boon, Ph.D." in a cursive style.

Brian J. Boon, Ph.D.  
President/CEO

aw  
Enclosures



April 23, 2015

Alexandra Helfer, M.S., LPC, LADC  
Mountainside Treatment Center  
187 South Canaan Road, Route 7  
Canaan, CT 06018

Dear Ms. Helfer:

It is my pleasure to inform you that Mountainside Treatment Center has been accredited by CARF International for a period of three years for the following program:

Detoxification: Opioid Treatment Program (Adults)

This accreditation will extend through March 2018. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of practice excellence.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation, and we encourage you to make this accomplishment known throughout your community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

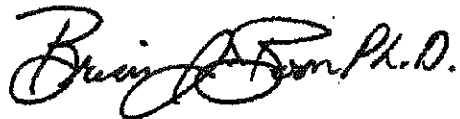
The survey report is intended to support a continuation of the quality improvement of your program. It contains comments on your organization's strengths as well as consultation (if any) and recommendations. A quality improvement plan (QIP) demonstrating your efforts to implement the survey recommendations must be submitted within the next 90 days to retain accreditation. Guidelines and the form for completing the QIP have been posted on Customer Connect ([customerconnect.carf.org](http://customerconnect.carf.org)), our secure, dedicated website for accredited organizations and organizations seeking accreditation. Please submit the QIP to the attention of the customer service unit identified in the QIP instructions.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation, you are encouraged to seek support from the resource specialist, Jani Greenwald, at [jgreenwald@carf.org](mailto:jgreenwald@carf.org) or extension 7180.

We encourage your organization to continue fully and productively using the CARF standards as part of your ongoing commitment to accreditation. We commend your commitment and consistent efforts to improve the quality of your program. We look forward to working with your organization in the future.

Sincerely,

A handwritten signature in black ink that reads "Brian J. Boon, Ph.D." in a cursive style.

Brian J. Boon, Ph.D.  
President/CEO

aw  
Enclosures



## Olejarz, Barbara

---

**From:** Hansted, Kevin  
**Sent:** Thursday, June 16, 2016 10:48 AM  
**To:** Olejarz, Barbara  
**Subject:** FW: OHCA Determination Report # 16-32091-DTR

Please add to the record for 16-32091-DTR

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](mailto:kevin.hansted@ct.gov)



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**From:** Maureen Biggs [mailto:Maureen.Biggs@Mountainside.com]  
**Sent:** Thursday, June 16, 2016 10:42 AM  
**To:** Hansted, Kevin <Kevin.Hansted@ct.gov>  
**Subject:** RE: OHCA Determination Report # 16-32091-DTR

Thank you for your response  
We are a for profit organization  
We will not be funded  
We accept insurance and self-pay

We currently have an outpatient program for substance abuse and co-occurring disorders  
We would like to add mental health  
Thanks again

Maureen

**From:** Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]  
**Sent:** Thursday, June 16, 2016 10:25 AM  
**To:** Maureen Biggs <[Maureen.Biggs@Mountainside.com](mailto:Maureen.Biggs@Mountainside.com)>  
**Subject:** OHCA Determination Report # 16-32091-DTR

Good morning Ms. Biggs,

I am in receipt of your determination request regarding Mountainside. Please let me know if the proposed Private Freestanding Psychiatric Outpatient Clinic will be licensed or funded by the Department of Children and Families.

Thank you,

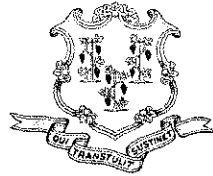
Kevin T. Hansted  
Staff Attorney  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134  
Phone: 860-418-7044  
[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



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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

June 16, 2016

Maureen O'Neill Biggs  
VP Regulatory Affairs  
MC1 Healthcare, LLC  
Route 7, Box 717  
Canaan, CT 06018

RE: Certificate of Need Determination Report Number 16-32091-DTR  
Establishment of Private Freestanding Psychiatric Outpatient Clinic

Dear Ms. Briggs:

On June 8, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of MC1 Healthcare, LLC d/b/a Mountainside ("Petitioner") with respect to the establishment of a Private Freestanding Psychiatric Outpatient Clinic.

The Petitioner, a for-profit entity, currently operates a medically monitored detoxification program, residential short-term treatment, a family wellness program, extended care, and outpatient services for individuals diagnosed with substance abuse and/or co-occurring disorder in Canaan, Connecticut. It also operates an Outpatient Substance Abuse, Mental Health and Chemical Maintenance Program in Wilton, Connecticut. The Petitioner is proposing to establish a Private Freestanding Psychiatric Outpatient Clinic at its Canaan location.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a certificate of need is required for the "establishment of a new health care facility". Conn. Gen. Stat. § 19a-630(11) defines a health care facility as "(G) mental health facilities". Therefore, a **CON is required** for the Petitioner's proposal.

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](http://www.ct.gov/dph)

Affirmative Action/Equal Opportunity Employer

\* \* \* COMMUNICATION RESULT REPORT ( JUN. 16. 2016 11:15AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUN. 16. 2016 11:14AM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

653 MEMORY TX

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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: MAUREEN BIGGS  
FAX: 888 572-5978  
AGENCY: MCI HEALTHCARE, LLC  
FROM: OHCA  
DATE: 6/16/16 Time: \_\_\_\_\_  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**

Please see attached determination for Report Number: 16-32091-DTR.  
Establishment of Private Freestanding Psychiatric Outpatient Clinic

**PLEASE PHONE Barbara K. Olejarsz 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