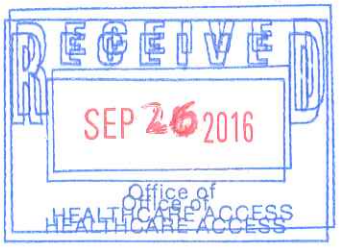


State of Connecticut
Department of Public Health
Office of Health Care Access

Certificate of Need Application
Main Form
Required for all CON applications

Contents:

- Checklist
- List of Supplemental Forms
- General Information
- Affidavit
- Abbreviated Executive Summary
- Project Description
- Public Need and Access to Health Care
- Financial Information
- Utilization

Supplemental Forms

In addition to completing this **Main Form** and **Financial Worksheet (A, B or C)**, the applicant(s) must complete the appropriate **Supplemental Form** listed below. All CON forms can be found on the OHCA website at OHCA Forms.

Conn. Gen. Stat. Section 19a-638(a)	Supplemental Form
(1)	**Establishment of a new health care facility (mental health and/or substance abuse)** - *see note below**
(2)	**Transfer of ownership of a health care facility** (excludes transfer of ownership/sale of hospital – see "Other" below)
(3)	**Transfer of ownership of a group practice**
(4)	**Establishment of a freestanding emergency department**
(5) (7) (8) (15)	**Termination of a service:** - inpatient or outpatient services offered by a hospital - surgical services by an outpatient surgical facility** - emergency department by a short-term acute care general hospital - inpatient or outpatient services offered by a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title DI or XIX of the federal Social Security Act, 42 USC 301, as amended
(6)	**Establishment of an outpatient surgical facility**
(9)	**Establishment of cardiac services**
(10) (11)	**Acquisition of equipment:** - acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners - acquisition of nonhospital based linear accelerators
(12)	**Increase in licensed bed capacity** of a health care facility
(13)	**Acquisition of equipment utilizing [new] technology** that has not previously been used in the state
(14)	**Increase of two or more operating rooms** within any three-year period by an outpatient surgical facility or short-term acute care general hospital
Other	**Transfer of Ownership / Sale of Hospital**

*This supplemental form should be included with all applications requesting authorization for the establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other "health care facilities," as defined by Conn. Gen. Stat § 19a-630(11) - hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.

**If termination is due to insufficient patient volume, or it is a subspecialty being terminated, a CON is not required.

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 a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.

☑ (**New**). A completed supplemental application specific to the proposal type, available on OHCA's website under "OHCA Forms." A list of supplemental forms can be found on page 2.

☑ 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.

☑ 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 completed Financial Attachment

☑ Submission includes one (1) original hardcopy in a 3-ring binder and a USB flash drive containing:

1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.
2. An electronic copy of the applicant's responses in MS Word (the applications) and MS Excel (the financial attachment).

For OHCA Use Only:

Docket No.: _____ **Check No.:** 9726
OHCA Verified by: SC **Date:** ~~8/19/16~~ 9/26/16

Docket Number:

Applicant: New Era Rehabilitation Center

Contact Person: Deolu Kolade

Contact Person's Title: Director of Operations

Contact Person's Address: 38 Crawford Road, Westport, CT, 06880

Contact Person's Phone Number: 203.372.3333

Contact Person's Fax Number: 203.374.7515

Contact Person's Email Address: akolade@newerarehab.com

Project Town: New Haven, CT

Project Name: New Era Mental Health

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

Estimated Total Capital Expenditure: $0

General Information

Name of Applicant: New Era Rehabilitation Center, INC

Name of Co-Applicant:

Connecticut Statute Reference:

Main Site			
MAIN SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	MAIN SITE NAME
STREET & NUMBER			
311 East Street			
TOWN		ZIP CODE	
New Haven		06511	

Project Site			
PROJECT SITE	MEDICAID PROVIDER ID	TYPE OF FACILITY	PROJECT SITE NAME
STREET & NUMBER			
311 East Street			
TOWN		ZIP CODE	
New Haven		06511	

Operator		
OPERATING CERTIFICATE NUMBER	TYPE OF FACILITY	LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator)
STREET & NUMBER		
TOWN		ZIP CODE

Chief Executive			
NAME		TITLE	
Ebenezer Kolade		Dr	
STREET & NUMBER			
38 Crawford Road			
TOWN		STATE	ZIP CODE
Westport		**CT**	**06606**
TELEPHONE	FAX	E-MAIL ADDRESS	
		Akolade@newerarehab.com	

		Title of Attachment:
Is the applicant an existing facility? If yes, attach a copy of the resolution of partners, corporate directors, or LLC managers, as the case may be, authorizing the project.	YES ☑ NO ☐	
Does the Applicant have non-profit status? If yes, attach documentation.	YES ☐ NO ☑	
Identify the Applicant's ownership type.	PC ☐ LLC ☐ Corporation ☐	Other: S Corp ☑
Applicant's Fiscal Year (mm/dd)	Start: January	End: December

Contact:

Identify a single person that will act as the contact between OHCA and the Applicant.

Contact Information			
NAME:		TITLE	
Adeoluwa Kolade		Mr.	
STREET & NUMBER			
38 Crawford Road			
TOWN	STATE	ZIP CODE	
Westport	**CT**	**06880**	
TELEPHONE	FAX	E-MAIL ADDRESS	
203-543-9950		akolade@newerarehab.com	
RELATIONSHIP TO APPLICANT	Employee		

Identify the person primarily responsible for preparation of the application (optional):

Prepared by			
NAME		TITLE	
STREET & NUMBER			
TOWN	STATE	ZIP CODE	
TELEPHONE	FAX	E-MAIL ADDRESS	
RELATIONSHIP TO APPLICANT			

Affidavit

Applicant: NEW ERA REHABILITATION

Project Title: NEW MENTAL HEALTH LICENSE

I, EBENEZER KOLADE, MD, CEO
(Name) (Position – CEO or CFO)

of New era rehab ctr being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

EAKolade 7/26/16
Signature Date

Subscribed and sworn to before me on 26th July 2016.

Notary Public

Notary Public/Commissioner of Superior Court

My commission expires: My Commission Expires November 30, 2019

Executive Summary

The purpose of the Executive Summary is to give the reviewer a conceptual understanding of the proposal. In the space below, provide a succinct overview of your proposal (this may be done in bullet format). Summarize the key elements of the proposed project. Details should be provided in the appropriate sections of the application that follow.

With the advent of spending cuts to the state grant program for community mental health providers there is an increased need for facilities to address the states mentally ill and indigent. Individuals suffering from co-occurring substance abuse and mental abuse disorders are finding it increasingly difficult to find providers that can accept state insurance. The purpose of this proposal is to obtain a mental health license in order to increase the access to and the continuum of care, of patients currently being treated in New Era Rehabilitation Center as well as the greater New Haven Area.

According to the NSDUH, in 2014, about 1 in 5 adults aged 18 or older (18.1 percent, or 43.6 million adults) had any mental illness (AMI) in the past year, and 4.1 percent (9.8 million adults) had serious mental illness (SMI). This equals about 170,649 people suffering from mental illness in Fairfield County. The capacity for treatment is dwindling and more and more people are finding it difficult to find the necessary treatment that they need. To assist in the alleviation of this burden to the state.

NERC proposes granting the facility a mental health license. The expansion of services will cost the facility nothing in capital expenditure as it already runs a full service behavioral health facility. The target market are clients already enrolled in the facility, therefore there will be little to no duplication of services.

Pursuant to Section 19a-639 of the Connecticut General Statutes, the Office of Health Care Access is required to consider specific criteria and principles when reviewing a Certificate of Need application. Text marked with a "§" indicates it is actual text from the statute and may be helpful when responding to prompts.

Project Description

1. **Provide a detailed narrative describing the proposal. Explain how the Applicant(s) determined the necessity for the proposal and discuss the benefits for each Applicant separately (if multiple Applicants). Include all key elements, including the parties involved, what the proposal will entail, the equipment/service location(s), the geographic area the proposal will serve, the implementation timeline and why the proposal is needed in the community.**

New Era Rehabilitation Center, ("NERC"), a for-profit organization registered to conduct business in Connecticut, proposes to expand its current substance abuse and behavioral health services to include a full suite of mental health services in Bridgeport, Connecticut. NERC currently operates 2 outpatient behavioral health facilities, licensed by the Connecticut Department of Public Health (DPH) and accredited by the Council on Accreditation of Rehabilitation Facilities (CARF) and The Joint Commission, at both of its facilities in Bridgeport, Connecticut and New Haven Connecticut, respectively The new service will primarily serve~ existing clients suffering from addiction who receive other substance abuse treatment at NERC.

NERC has been operating addiction treatment programs since 2002, providing services to approximately 1000 clients annually, the majority of which are Medicaid recipients.. The proposed service will address the need to provide adequate mental health services and continuing treatment for the vast majority of NERC's client population - one-half of which is from New Haven County. In order to maximize client outcomes and to reduce relapse to addiction, NERC will offer increase access to desperately needed mental health services. The proposed service expansion will take place at NERC's already existing location in New Haven, CT, the center provides a convenient location for clients as they are already receiving other services at the location. The location will also provide increased accessibility for mental health services within the greater New Haven Area.

The need for substance abuse services within the state of Connecticut far exceeds capacity. The current epidemic of opiate (e.g., heroin, prescription opioids) addiction is amplifying this need as well as changing the landscape of the treatment industry. Heroin has exceeded alcohol as the primary drug for which clients seek treatment. Accidental deaths associated with heroin overdose have reached an all-time high, creating a major public health crisis. According to the National Survey on Drug Use and Health (NSDUH)[i], it is estimated that up to 39.1 percent of people with substance abuse issues also suffer from a co-occurring mental illness disorder. This statistic become increasingly meaningful when coupled with the National Institute of Drug Abuse (NIDA) fact that of all of the adults who go through addiction treatment, only about 7 percent are treated for both their substance abuse and their co-occurring disorder. Also, by expanding the client scope away from individuals with co-occurring SUD and AMI, we find that 52.5% of individuals with AMI did not receive treatment, according to The Behavioral Health Barometer: Connecticut 2015.

The proposed expansion of service will begin immediately upon award of a certificate of need (CON) and issuance of a license by the Department of Public Health (DPH).

Existing clients suffering from co-occurring issues will be referred to the in house specialists to receive the treatment that they so desperately need. With a minimal capital outlay, and benefitting from administrative efficiencies of its existing infrastructure, NERC projects operating with a modest margin from start-up, and will be cost-effective. A gradual increase in both client volume and fees will ensure continued viability. Within the proposed space, NERC will be able to expand services to meet actual demand as it is presented. The proposed outpatient service will improve health care services in the area, improve client outcomes including reduced recidivism and reduced medical costs and costs to society by enabling clients to increase the likelihood of achieving sustained recovery. The introduction of this service will have minimal impact on the existing licensed providers in the area.

2. **Provide the history and timeline of the proposal (i.e., When did discussions begin internally or between Applicant(s)? What have the Applicant(s) accomplished so far?).**

   In the early spring of 2014, NERC transitioned from referring clients suffering from co-occurring disorders to local mental health agencies to evaluating and stabilizing them in-house. The initial intention was to stabilize clients and then slowly triage them to regular mental health providers outside of NERC. After piloting this service, NERC quickly found that segmenting the treatment of behavioral and mental health led to a lack of continuity of care. To better serve our clientele the agency intends to expand its service capability to include the full gamut of mental health services. NERC has already employed a psychiatrist who will have the ability to manage our clientele and help establish a robust mental health program.

3. **Provide the following information:**

   a. **utilizing <u>OHCA Table 1</u>, list all services to be added, terminated or modified, their physical location (street address, town and zip code), the population to be served and the existing/proposed days/hours of operation;**

   b. **identify in <u>OHCA Table 2</u> the service area towns and the reason for their inclusion (e.g., provider availability, increased/decreased patient demand for service, market share);**

4. **List the health care facility license(s) that will be needed to implement the proposal;**

   - Mental Health Facility
   - Psychiatric Outpatient Facility

5. **Submit the following information as <u>attachments</u> to the application:**

   a. a copy of all State of Connecticut, Department of Public Health license(s) currently held by the Applicant(s);

   b. **a list of all key professional, administrative, clinical and direct service personnel related to the proposal and attach a copy of their Curriculum Vitae;**
      - Ebenezer Kolade, MD- Executive Director
      - Adeoluwa Kolade, MPH- Director of Operations
      - Maxine Cartwright, MD
      - Donna Rivera- LADC MATS

   c. **copies of any scholarly articles, studies or reports that support the need to establish the proposed service, along with a brief explanation regarding the relevance of the selected articles;**

d. **letters of support for the proposal;**

e. **the protocols or 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 the protocols or guidelines.**

f. **copies of agreements (e.g., memorandum of understanding, transfer agreement, operating agreement) related to the proposal. If a final signed version is not available, provide a draft with an estimated date by which the final agreement will be available.**

Public Need and Access to Care

> § *"Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the Department of Public Health;" (Conn.Gen.Stat. § 19a-639(a)(1))*

6. **Describe how the proposed project is consistent with any applicable policies and standards in regulations adopted by the Connecticut Department of Public Health.**

> § *"The relationship of the proposed project to the statewide health care facilities and services plan;" (Conn.Gen.Stat. § 19a-639(a)(2))*

7. **Describe how the proposed project aligns with the Connecticut Department of Public Health Statewide Health Care Facilities and Services Plan, available on <u>OHCA's website</u>.**

According to the CT Dept. of Public Health Statewide Health Care facilities and Services Plan, "More than one-half of the assessments identified substance abuse and mental health care as priority health needs in the community" as a key issue as well as "the need for the coordination of mental health and substance abuse care". This proposal is aligned with these issues directly. As a comprehensive behavioral health facility serving a drug dependent population of over 850 clients adding a mental health license will be a great help to the community. It will expand services to a population that is struggling to have proper access to care. It will also allow NERC to better coordinate its care for clients who are suffering from substance abuse issues as well as mental health issues by co-locating the two services. This is directly in line with a recommendation in the CT Dept. of Public Health Statewide Health Care facilities and Services Plan, to "Provide more focus in future plans which specifically discuss the coordination, interrelation, provision or co-location of mental health, primary care and/or oral health services within the various settings and how such interrelationship will benefit the behavioral health patient population." The granting of this proposal will help execute this recommendation and ultimately lead to better engagement of those clients and better health outcomes.

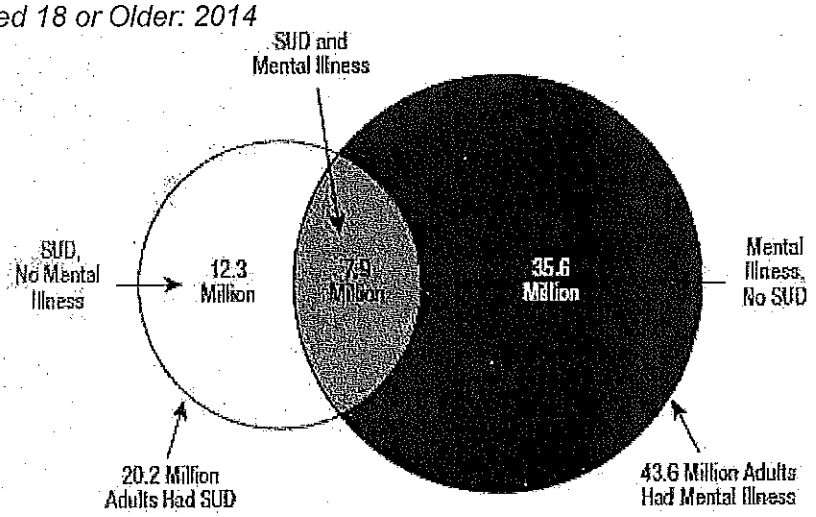
§ *"Whether there is a clear public need for the health care facility or services proposed by the applicant;" (Conn.Gen.Stat. § 19a-639(a)(3))*

8. **With respect to the proposal, provide evidence and documentation to support clear public need:**

   a. **identify the target patient population to be served;**

The target patient population to be served includes adults, (18 years of age and above) suffering from any mental illness (AMI) and/or substance use disorders (SUD), who reside in New Haven County, Connecticut. The most current national data available is for 2014 from the Substance Abuse and Mental Health Services Administration (SAMHSA) based upon results from the National Survey on Drug Use (NSDUH). According to the NSDUH, in 2014, about 1 in 5 adults aged 18 or older (18.1 percent, or 43.6 million adults) had any mental illness (AMI) in the past year, and 4.1 percent (9.8 million adults) had serious mental illness (SMI). About 3.3 percent of all adults in 2014 had both AMI and an SUD in the past year, and 1.0 percent had both SMI and an SUD.

Figure.1 Past Year Substance Use Disorders and Mental Illness among Adults Aged 18 or Older: 2014



According to the United States Census Bureau , the population of New Haven County in 2015 was 859,470, (about 26% of the total population of Connecticut}. It reports that 76.1% of those are aged 18 and over - placing this estimate of the adult
population in New Haven County at 654,056. Extrapolating by applying the NSDUH prevalence estimate of 3.3%, the census data would suggest there are about 21,583 adults with SUD and AMI in New Haven County.

It is important to recognize that actual data from Connecticut is not available. For

example, DMHAS needs data reflect services only within the public-funded treatment system and do not include data from private, for-profit providers who primarily serve self-pay clients. In addition, high net-worth clients who often receive treatment in programs located elsewhere across the country are not included in these statistics. Therefore, the estimate of 3.3% for the general United States population will be Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014. used for projections.

b. discuss how the target patient population is currently being served;

NERC has defined the current target population as the co-occurring population currently being served at NERC. From our internal reports, the majority of individuals suffering from mental health issues in this population are largely going untreated. The majority of the population receive partial services from facility through the resident psychiatrist however as NERC does not have a mental health license the inability to bill for these services limits the amount that can actually be done to help patients.

c. document the need for the equipment and/or service in the community;

NERC plans to establish this new service in New Haven, CT. According to the US Census Bureau, 23.9% of that New Haven population is currently living in poverty. This is in comparison to the national average of 14.8%. The majority of the city utilizes a combination of Medicaid or state insurance to fund their healthcare needs. This fact makes it extremely difficult to receive mental health services as the majority of psychiatrists do not accept Medicaid or make low-income patients pay cash out of pocket. NERC plans to alleviate this burden by providing patients with an accessible and affordable alternative.

d. explain why the location of the facility or service was chosen;

The main rationale for locating an outpatient treatment facility in New Haven, CT is to enable us to better meet NERC's existing outpatient clients' continuing care needs; and to improve client health outcomes including reduced rates of relapse. By offering an industry- and client-preferred level of continuing care services (i.e., mental health and psychiatric services near their home communities within reasonable driving distance and on a public bus line, we will be better able to ensure that our clients' treatment is comprehensive and can be implemented with greater certainty through a lower level-of-care, delivered by the same provider. We chose New Haven because it is geographically, logistically at the center of New Haven County -- where the highest concentration (70% of total) of our substance abuse clients live (see map in Figure 1 below). More specifically, the following factors were central to the choice of location:

Accessibility – NERC's New Haven facility is located on Bus Route D (East Street) -- a major bus line through New Haven County. It is situated one (1) mile

from exit 34 of the Interstate 95 and exit 2 of interstate 91 -- the primary State highways through the center of lower New Haven County.

Proximity - Since clients will travel to the facility car up to six times per week, drive time is an important factor. Our central location makes it possible to drive from virtually anywhere in the county within about 30 minutes.

Privacy - We are located in an attractive yet relatively non-descript commercial office mall to house our new services, rather than a dedicated building, in order to maximize client anonymity and privacy. Clients will share the main building entrance that serves several other businesses, ensuring that clients will not be seen walking directly into NERC's counseling offices. The parking area is large, as it is shared by occupants and visitors of a cluster of office buildings - removing the possible assumption by others that an individual is one of our clients.

e. provide incidence, prevalence or other demographic data that demonstrates community need;

The general population segment within which the target population rests includes adults (18 years of age and above} with co-occurring substance use and mental health disorders who reside in New Haven County, Connecticut. The most current national data are available for 2014 from the Substance Abuse and Mental Health Services Administration (SAMHSA} based upon results from the National Survey on Drug Use and Health (NSDUH}. 2 The 2014 (most recent} NSDUH estimates the prevalence of SUD and AMI (including alcohol and illicit drugs} among adults in the United States at 3.3%.

According to the United States Census Bureau, the population of New Haven County in 2015 was 859,470, (about 26% of the total population of Connecticut}. It reports that 76.1% of those are aged 18 and over - placing this estimate of the adult population in New Haven County at 654,056. Extrapolating by applying the NSDUH prevalence estimate of 3.3%, the census data would suggest there are about 21,583 adults with SUD and AMI in New Haven County. Actual data from Connecticut is not available. For example, DMHAS needs data reflect services only within the public-funded treatment system and do not include data from private, for-profit providers who primarily serve self-pay clients. In addition, high net-worth clients often receive treatment in programs located elsewhere across the country. Therefore, the estimate of 3.3% for the general United States population will be Source: *SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.* used for projections.

In reference to the need for treatment in New Haven County, Connecticut, perhaps the most compelling, recent evidence available to demonstrate treatment need in Connecticut comes from the Behavioral Health Barometer- Connecticut 2014, issued by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) in 2015.

The following excerpt validates the extrapolated estimate of treatment need suggested above [note that the figures below only include Serious Mental Illness (SMI) and excludes Any Mental Illness (AMI), the former is a subset of AMI's implying the statistics will be under reporting the total prevalence], and also

identifies the percentage of those in need who are not served in any given year:

"According to SAMHSA's National Survey on Drug Use and Health (NSDUH), 23.2 million persons (9.4 percent of the U.S. population aged 12 or older) needed treatment for an illicit drug or alcohol use problem in 2007. Of these individuals, 2.4 million (10.4 percent of those who needed treatment) received treatment at a specialty facility (i.e., hospital, drug or alcohol rehabilitation or mental health center). Thus, 20.8 million persons (8.4 percent of the population aged 12 or older) needed treatment for an illicit drug or alcohol use problem but did not receive it. These estimates are similar to those in previous years".1

f. discuss how low income persons, racial and ethnic minorities, disabled persons and other underserved groups will benefit from this proposal;

NERC plans to establish this new service in New Haven, CT. According to the US Census Bureau, 23.9% of the New Haven population is currently living in poverty and 72.8% of the population is either African-American or Hispanic. The majority of the city utilizes a combination of Medicaid or state insurance to fund their healthcare needs. This fact makes it extremely difficult to receive mental health services as the majority of psychiatrists do not accept Medicaid or make low-income patients pay cash out of pocket. NERC plans to alleviate this burden by providing patients with an accessible and affordable alternative for low income persons and racial and ethnic minorities. Furthermore according to the United State Census Bureau, 27.7% of New Haven county residents are an ethnic minority (African American or Hispanic). With NERC's patient population being 25.7% minority, this is mirrored with in NERC's clinic population. We expect that the utilization of the of the services will be predominantly from

g. list any changes to the clinical services offered by the Applicant(s) and explain why the change was necessary;

No changes will be made to the clinical services.

h. explain how access to care will be affected;

Currently New Haven county residents have very little options to receive mental health services. Private psychiatrists often times do not accept state insurance and community mental health centers keep complicated intake processes that often deter clients. With the advent of the NERC mental health services, we intend to provide a needed increase in the capacity.

i. **discuss any alternative proposals that were considered.**

No other proposals were discussed.

> § *"Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including, but not limited to, (A) provision of or any change in the access to services for Medicaid recipients and indigent persons; (Conn.Gen.Stat. § 19a-639(a)(5))*

9. Describe how the proposal will:

a. **improve the quality of health care in the region;**

In addition to adding a new, high quality mental health treatment program within the region, NERC will serve to improve health care outcomes for individuals beginning recovery from SUD. By providing essential, continuing engagement the proposed service will help minimize relapse and enhance transition to productive, independent and self-supporting healthy lifestyles in the community.

Various clinical studies have proven that increase engagement in treatment will result in positive health outcomes as well as an increase chance for achieving sustained recovery (e.g., long-term abstinence). According to the national Drug Abuse Treatment Outcome Study (DATOS), "The length of time clients stayed in treatment was directly related to improvements in follow-up outcomes, replicating findings from previous national treatment evaluations". Providing continuing, uninterrupted treatment, extending it into the community, enables clients to increases the likelihood to achieve positive health outcomes. This results in a reduction in the over-use of repeated acute care services such as the emergency room and other specialized settings.

Lastly, the introduction of this service will have minimal impact on the existing licensed providers in the area as NERC already possesses a sizable census receiving substance abuse services, adding mental health services will promote the continuum of care as well as engagement, ultimately leading to better health outcomes.

b. **improve accessibility of health care in the region;** and

c. **improve the cost effectiveness of health care delivery in the region.**

NERC mental health service will be designed to provide seamless, continuing treatment for individuals with substance use disorders (SUD). The majority of individuals suffering from opiate addiction are also suffering from a form of mental illness. By addressing the emerging and underlying emotional and mental health factors associated with relapse to substance use, the proposed service will reduce future healthcare costs related to relapse, including repeated addiction treatment and associated medical costs. By providing a dedicated regimen of clinical services that are closely coordinated with mental health treatment the proposed service will contribute to decreasing long-term behavioral healthcare costs - especially the need for chronic, acute care episodes, and particularly the costs associated with heroin overdose incidents. In addition to the aforementioned long term effects, by combining both substance abuse and mental health treatment,

there should be a decrease in the amount the transportation subsidies for clients receiving multiple services. Lastly, national studies 21 estimate that the benefit-cost ratio achieved by providing addiction treatment is 7:1 (i.e., $7.00 saved in societal costs for every $1.00 spent).This can only be further enhanced by providing the necessary Finally, by sharing administrative and support service infrastructure with the existing NERC treatment facility, NERC will minimize indirect costs, allowing for the greatest societal return from a minimal investment.

10. How will this proposal help improve the coordination of patient care (explain in detail regardless of whether your answer is in the negative or affirmative)?

Coordination of care is one of the key drivers that has led NERC to establish a mental health program. Currently the facility serves roughly 850 clients for substance abuse disorders, in an internal survey of NERC patients the organization found that over 90% of individuals receiving substance abuse services are also suffering from mental illness. We hope to establish a mental health program that will first assist in alleviating the burden of disease among our current client and then expand to further alleviate the burden of disease in the city and eventually the state as a whole.

11. Describe how this proposal will impact access to care for Medicaid recipients and indigent persons.

Currently 90% of NERC's current census is made up of individuals who utilize Medicaid to pay for their healthcare services. We expect the introduction of the service to further increase access of care to Medicaid recipients.

12. Provide a copy of the Applicant's charity care policy and sliding fee scale applicable to the proposal.

This is not applicable.

> *§ "Whether an applicant, who has failed to provide or reduced access to services by Medicaid recipients or indigent persons, has demonstrated good cause for doing so, which shall not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers;" (Conn.Gen.Stat. § 19a-639(a)(10))*

13. If the proposal fails to provide or reduces access to services by Medicaid recipients or indigent persons, provide explanation of good cause for doing so.

The proposal is focused on increasing access specifically for Medicaid recipients.

> *§ "Whether the applicant has satisfactorily demonstrated that any consolidation resulting from the proposal will not adversely affect*

health care costs or accessibility to care." (Conn.Gen.Stat. § 19a-639(a)(12))

14. Will the proposal adversely affect patient health care costs in any way? Quantify and provide the rationale for any changes in price structure that will result from this proposal, including, but not limited to, the addition of any imposed facility fees.

There will be no change in price structure.

Financial Information

> § *"Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the applicant;" (Conn.Gen.Stat. § 19a-639(a)(4))*

15. **Describe the impact of this proposal on the financial strength of the state's health care system or demonstrate that the proposal is financially feasible for the applicant.**

16. **Provide a final version of all capital expenditure/costs for the proposal using OHCA Table 3.**

    Due to the services that NERC currently provide the organization does not need to spend any additional money to add this service. However, the facility forecasts the addition of another counselor that would approximately cost $60,000.

17. **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.**

    If there are any unforeseen expenses NERC will be funding the project with cash.

18. **Include as an attachment:**

    a. **audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, provide other financial documentation (e.g., unaudited balance sheet, statement of operations, tax return, or other set of books). Connecticut hospitals required to submit annual audited financial statements may reference that filing, if current;**

       Please find attached.

    b. completed **Financial Worksheet A (non-profit entity), B (for-profit entity) or C (§19a-486a sale)**, available on OHCA's website under OHCA Forms, providing a summary of revenue, expense, and volume statistics, "without the CON project," "incremental to the CON project," and "with the CON project." **Note: the actual results reported in the Financial Worksheet must match the audited financial statement that was submitted or referenced.**

19. **Complete OHCA Table 4 utilizing the information reported in the attached Financial Worksheet.**

20. **Explain all assumptions used in developing the financial projections reported in the Financial Worksheet.**

The following are the assumptions utilized in developing the financial projections of the proposed service:

- NERC will begin the proposed service Dec. 1st
- Client census remains at 850 clients
- Reimbursement for Psychotherapy 60 min remains at $62.94 (Medicaid)
- Weeks in a year: 52 weeks per year
- Number of Psychotherapy sessions per week: Assuming 1 session per week
- 100% of the new clients will be on Medicaid

21. Explain any projected incremental losses from operations resulting from the implementation of the CON proposal.

There are no incremental losses from the operations.

22. Indicate the minimum number of units required to show an incremental gain from operations for each projected fiscal year.

Assuming the only operational expense associated with the proposed operation will be an added staff member at $60,000, there would need to be 636 units of the service provided to show an incremental gain.

Utilization

> § *"The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons;" (Conn.Gen.Stat. § 19a-639(a)(6))*

23. **Complete OHCA Table 5 and OHCA Table 6 for the past three fiscal years ("FY"), current fiscal year ("CFY") and first three projected FYs of the proposal, for each of the Applicant's existing and/or proposed services. Report the units by service, service type or service level.**

24. **Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected service volume; explain any increases and/or decreases in volume reported in OHCA Table 5 and 6.**

    The following are the assumptions utilized in developing the financial projections of the proposed service:
    - Client census for MMTP BPT location per year:
      - 2014: 436
      - 2015: 450
      - 2016: 466
    - Client census for IOP BPT location per year:
      - 2014: 5
      - 2015: 34
      - 2016: 34*
        - * annualized
    - Each client utilizes the MMTP service 1 per week or 52 per year
    - Avg IOP utilization per client is 15 sessions

25. **Provide the current and projected patient population mix (number and percentage of patients by payer) for the proposal using OHCA Table 7 and provide all assumptions. Note: payer mix should be calculated from patient volumes, not patient revenues.**

> § *"Whether the applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services;" (Conn.Gen.Stat. § 19a-639(a)(7))*

26. **Describe the population (as identified in question 8(a)) by gender, age groups or persons with a specific condition or disorder and provide evidence (i.e., incidence, prevalence or other demographic data) that demonstrates a need for the proposed service or proposal. Please note: if population estimates or other demographic data are submitted, provide only publicly available and verifiable information (e.g., U.S. Census Bureau, Department of Public Health,**

CT State Data Center) and document the source.

27. **Using OHCA Table 8, provide a breakdown of utilization by town for the most recently completed fiscal year. Utilization may be reported as number of persons, visits, scans or other unit appropriate for the information being reported.**

Number of Projected Population in Need					
Rank			Total Population	NSDUH Estimate	Population in Need
1	Bridgeport	City	143,412	18%	25,958
2	Stamford	City	121,784	18%	22,043
3	Norwalk	City	85,145	18%	15,411
4	Danbury	City	80,101	18%	14,498
5	Greenwich	Town	61,023	18%	11,045
6	New Haven	Town	59,078	18%	10,693
7	Stratford	Town	51,116	18%	9,252
8	Shelton	Town	39,310	18%	7,115
9	Trumbull	Town	35,752	18%	6,471
10	Newtown	Town	27,235	18%	4,930
11	Westport	Town	26,249	18%	4,751
12	Ridgefield	Town	24,469	18%	4,429
13	Darien	Town	20,580	18%	3,725
14	New Canaan	Town	19,642	18%	3,555
15	Monroe	Town	19,398	18%	3,511
16	Bethel	Town	18,584	18%	3,364
17	Wilton	Town	17,973	18%	3,253
18	Brookfield	Town	16,339	18%	2,957
19	New New Haven	Town	13,847	18%	2,506
20	Weston	Town	10,142	18%	1,836

21	Redding	Town	9,058	18%	1,639
22	Easton	Town	7,452	18%	1,349
23	Sherman	Town	3,598	18%	651
24	Newtown	Borough	2,035	18%	368
Total					165,311

> § *"The utilization of existing health care facilities and health care services in the service area of the applicant;" (Conn.Gen.Stat. § 19a-639(a)(8))*

28. **Using OHCA Table 9, identify all existing providers in the service area and, as available, list the services provided, population served, facility ID (see table footnote), address, hours/days of operation and current utilization of the facility. Include providers in the towns served or proposed to be served by the Applicant, as well as providers in towns contiguous to the service area.**

29. **Describe the effect of the proposal on these existing providers.**

    NERC intends to focus treatment efforts on existing clients who are suffering from co-occurring mental health and substance abuse issues. These clients are already receiving basic mental health treatment at NERC, the facility intends to expand its services to better treat its existing client base. Therefore the facility foresees no significant effect on the existing providers.

30. **Describe the existing referral patterns in the area served by the proposal.**

    Of the 18 facilities that provide mental health services, only 5 of them are located in New Haven County. This comes as a surprise considering that New Haven County is the most populated county within the state.

31. **Explain how current referral patterns will be affected by the proposal.**

    NERC intends to focus treatment efforts on existing clients who are suffering from co-occurring mental health and substance abuse issues. Therefore the facility is not forecasting any referrals for the mental health services and does not expect there to be a significant change in the current patterns of referrals.

> § *"Whether the applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities;" (Conn.Gen.Stat. § 19a-639(a)(9))*

32. **If applicable, explain why approval of the proposal will not result in an unnecessary duplication of services.**

N/A

> *§ "Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the geographic region;" (Conn.Gen.Stat. § 19a-639(a)(11))*

33. **Explain in detail how the proposal will impact (i.e., positive, negative or no impact) the diversity of health care providers and patient choice in the geographic region.**

NERC is the only African-American owned and operated comprehensive behavioral health facility in the state of Connecticut. NERC's employees are split evenly among African-Americans, Caucasians and Hispanic proving that the facility is both racially mixed and ethnically diverse. By granting the facility a mental health license, the state will be positively impacting the diversity of health care throughout the geographic region.

Tables

TABLE 1
APPLICANT'S SERVICES AND SERVICE LOCATIONS

Service	Street Address, Town	Population Served	Days/Hours of Operation	New Service or Proposed Termination
Mental Health	311 East Street, NH, CT	New Haven County	M-F 5am-2pm	New Service

[back to question]

TABLE 2
SERVICE AREA TOWNS

List the official name of town* and provide the reason for inclusion.

Town*	Reason for Inclusion
Ansonia	NERC currently serves clients from here
Beacon Falls	NERC currently serves clients from here
Bethel	NERC currently serves clients from here
Bridgeport	NERC currently serves clients from here
	NERC currently serves clients from here
Bridgewater	NERC currently serves clients from here
	NERC currently serves clients from here
Bristol	NERC currently serves clients from here
Brookfield	NERC currently serves clients from here
Danbury	NERC currently serves clients from here
Derby	NERC currently serves clients from here
Easton	NERC currently serves clients from here
New Haven	NERC currentiy serves clients from here
Harwinton	NERC currently serves clients from here
Milfod	NERC currently serves clients from here
Monroe	NERC currently serves clients from here
Naugatuck	NERC currently serves clients from here
New Canaan	NERC currently serves clients from here
New New Haven	NERC currently serves clients from here
New Haven	NERC currently serves clients from here
New Milford	NERC currently serves clients from here
Norwalk	NERC currently serves clients from here
Oakville	NERC currently serves clients from here
Orange	NERC currently serves clients from here
Oxford	NERC currently serves clients from here
Redding	NERC currently serves clients from here
Ridgefield	NERC currently serves clients from here
Sandy Hook	NERC currently serves clients from here
Seymour	NERC currently serves clients from here
Shelton	NERC currently serves clients from here
Southbury	NERC currently serves clients from here
Staffordville	NERC currently serves clients from here
Stamdord	NERC currently serves clients from here
Stratford	NERC currently serves clients from here
Torrington	NERC currently serves clients from here
Trumbull	NERC currently serves clients from here
Waterbury	NERC currently serves clients from here
Watertown	NERC currently serves clients from here
West Haven	NERC currently serves clients from here
Westport	NERC currently serves clients from here
Winsted	NERC currently serves clients from here
Wolcott	NERC currently serves clients from here

* Village or place names are not acceptable.

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TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE

Purchase/Lease	Cost
Equipment (Medical, Non-medical, Imaging)	0
Land/Building Purchase*	0
Construction/Renovation**	0
Other (specify)	0
Total Capital Expenditure (TCE)	**0**
Lease (Medical, Non-medical, Imaging)***	**0**
Total Lease Cost (TLC)	**0**
Total Project Cost (TCE+TLC)	**0**

* 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.

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TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES

	FY 2016*	FY 2017*	FY 2018*
Revenue from Operations	$278,195	$347,744	$417,292
Total Operating Expenses	$40,000	0	0
Gain/Loss from Operations	$238,195	$347,744	$417,292

* Fill in years using those reported in the Financial Worksheet attached.

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TABLE 5
HISTORICAL UTILIZATION BY SERVICE

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2013***	FY 2014***	FY 2015***	FY 2016***
Methadone Maintenance	N/A	22,672	23,400	24,232
IOP	N/A	75	540	540
Total	N/A	22,747	23,940	24,772

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the
metiiod of annualizing. For periods less than 6 months, report actual volume and identify the period covered.
** Identify each service type and level adding lines as necessary. Provide the number of visits or discharges as appropriate for
each service type and level listed.
*** Fill in years. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the
date range using the mm/dd format as a footnote to the table.

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TABLE 6
PROJECTED UTILIZATION BY SERVICE

Service*	Projected Volume		
	FY 2017**	FY 2018**	FY 2019**
Mental Health Outpatient	4,420	5,525	6,630
Methadone Maintenance	46,410	48,731	48,731
Total	50,830	54,256	55,361

* Identify each service type by location and add lines as necessary. Provide the number of visits/discharges as appropriate for each service listed.
** 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. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

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TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX

Payer	Current FY 2016**		Projected					
			FY 2017**		FY 2018**		FY 2019**	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*								
Medicaid*	208	89	196	83	186	83	177	79
CHAMPUS & TriCare								
Total Government	**208**		**196**		**186**		**177**	
Commercial Insurers	36	14.7	40	17	44	17	47	21
Uninsured								
Workers Compensation								
Total Non-Government	**36**		**40**		**44**		**47**	
Total Payer Mix								

* Includes managed care activity.
** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided. New programs may leave the "current" column blank.

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TABLE 8
UTILIZATION BY TOWN

Town	Utilization FY 2016**
Ansonia, CT	16
Beacon Falls, CT	4
Bethel, CT	6
Bridgeport, CT	206
Bridgewater, CT	1
Bristol, CT	1
Brookfield, CT	4
Danbury, CT	16
Derby, CT	8
Easton, CT	2
Faifield, CT	4
New Haven, CT	7
Milford, CT	10
Monroe, CT	6
Naugatuck, CT	15
New Canaan, CT	1
New Haven, CT	1
New Milford, CT	4
Norwalk, CT	5
Oakville, CT	1
Orange, CT	1
Oxford, CT	6
Redding, CT	2
Ridgefield, CT	3
SHELTON, CT	1
Sandy Hook, CT	2
Seymour, CT	12
Shelton, CT	32
Southbury, CT	1
Staffordville, CT	1
Stamford, CT	1
Stratford, CT	17
Stratford , CT	1
Stratford, CT	8
Torrington , CT	3
Trumbull, CT	17
Waterbury, CT	26
Watertown, CT	1
West Haven, CT	3

Westport, CT	1
Winsted, CT	1
Wolcott, CT	1

* List inpatient/outpatient/ED volumes separately, if applicable
** Fill in most recently completed fiscal year.

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SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Facility Name	Provider Name	Facility Address	City	Hours of Operation	NPI	Current Utilization
Angelus House	Wellspring Foundation, Inc.	158 Flanders Road	Bethlehem	N/A	N/A	N/A
Blue Sky Behavioral Health Clinic	Blue Sky Behavioral Health, LLC	52 Federal Road	Danbury	9am-8pm	N/A	N/A
Community Renewal Team, Inc. Behavioral Health	Community Renewal Team, Inc.	330 Market Street	Hartford	8am-4pm	1841301876	99
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	20 North Main Street	Norwalk	N/A	1619093523	26
Connecticut Counseling Centers, Inc.	Connecticut Counseling Centers, Inc.	4 Midland Road	Waterbury	N/A	1982720702	81
FSW, Inc. CT	FSW, Inc. CT	475 Clinton Avenue	Bridgeport	N/A	N/A	
McCall Foundation	McCall Foundation, Inc.	58 High Street	Torrington	8am-9pm	1043362429	6
McCall Foundation, Inc. - Winsted Satellite Office	McCall Foundation, Inc.	231 North Main Street	Winchester	8am-9pm	1467504779	9
New Directions, Inc. of North Central Connecticut	New Directions Inc. of North Central Connecticut	113 Elm Street	Enfield	06082	1295827475	340
New Prospects	Recovery Network of Programs, Inc.	392 Prospect Street	Bridgeport	8:30am-8:30pm	1407033152	N/A
Renfrew Center of Southern Connecticut	Renfrew Center of Southern Connecticut, LLC	1445 Putnam Avenue	Greenwich	N/A	N/A	N/A
Rushford Center, Inc.	Rushford Center, Inc.	883 Paddock Avenue	Meriden	8am-8pm	1275541005	94
Rushford Center, Inc.	Rushford Center, Inc.	1250 Silver Street	Middletown	8am-8pm	1275541005	64
Walden Behavioral Care	WBC Connecticut East, LLC	2400 Tamarack Avenue	South Windsor	7:30am-5pm	1730442179	
Wellspring Foundation Inc.	Wellspring Foundation, Inc.	21 Arch Bridge Road	Bethlehem	N/A	N/A	

SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

Service or Program Name	Population Served	Facility's Provider Name, Street Address and Town
Wellspring Foundation, Inc.	Bethlehem	Angelus House, 158 Flanders Road, Bethlehem
Blue Sky Behavioral Health, LLC	Danbury	Blue Sky Behavioral Health Clinic, 52 Federal Road, Danbury
Community Renewal Team, Inc.	Hartford	Community Renewal Team, Inc. Behavioral Health
Connecticut Counseling Centers, Inc.	Norwalk	Connecticut Counseling Centers, Inc.
Counseling Centers, Inc.	Waterbury	Connecticut Counseling Centers, Inc.
FSW, Inc. CT	Bridgeport	FSW, Inc. CT
McCall Foundation, Inc.	Torrington	McCall Foundation
McCall Foundation, Inc.	Winchester	McCall Foundation, Inc. - Winsted Satellite Office
New Directions Inc. of North Central Connecticut	Enfield	New Directions, Inc. of North Central Connecticut
Recovery Network of Programs, Inc.	Bridgeport	New Prospects
Renfrew Center of Southern Connecticut, LLC	Greenwich	Renfrew Center of Southern Connecticut
Rushford Center, Inc.	Meriden	Rushford Center, Inc.
Rushford Center, Inc.	Middletown	Rushford Center, Inc.
Stonington Behavioral Health, Inc.	Groton	Stonington Institute
Stonington Behavioral Health, Inc.	Groton	Stonington Institute
Stonington Behavioral Health, Inc.	North Stonington	Stonington Institute
WBC Connecticut East, LLC	South Windsor	Walden Behavioral Care
Wellspring Foundation, Inc.	Bethlehem	Wellspring Foundation Inc.

* Provide the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.

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Supplemental CON Application Form

Establishment of a New Health Care Facility (Mental Health and/or Substance Abuse Treatment)*

Conn. Gen. Stat. § 19a-638(1)

Applicant: New Era Rehabilitation Center

Project Name: Mental Health License

*This supplemental form should be included with all applications requesting authorization for the establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other "health care facilities," as defined by Conn. Gen. Stat § 19a-630(11) - hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.

Affidavit

Applicant: _____

Project Title: _____

I, _____, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the
(Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

_____ _____
Signature Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

2. **Project Description: New Facility (Mental Health and/or Substance Abuse)**

   a. **Describe any unique services (i.e., not readily available in the service area) that may be included in the proposal.**

   Services to be provided at the facility do not include any that would be considered unique among facilities within the service area serving a similar population in a mental health treatment facility. However, unlike the majority of mental health clinics, NERC will be able to provide clients with MAT, IOP, OP and Ambulatory Detox services, this will increase the coordination of care for the most at risk population in the area. This ability will be unique and better help the state manage patients and decrease the cost of healthcare.

   b. **List the type and number of DPH-licensed health care professionals that will be required to initiate the proposal.**

      a. In addition to the two (2) part-time, licensed physicians (MD) already engaged by New Era Rehabilitation Center -- who will provide medical and psychiatric supervision –

         i. the following full-time DPH-licensed health care professional positions will be required to initiate the proposed mental health facility:
            1. Licensed Alcohol and Drug Counselor (LADC)
            2. Licensed Clinical Social Worker (LCSW)

3. **Projected Volume**

   a. **For each of the specific population groups to be served, report the following by service level (include all assumptions):**

      (i) An estimate of the number of persons within the population group by town that need the proposed service; and

Number of Persons Needing the Proposed Service by Town					
Rank			Total Population	NSDUH Estimate	Population in Need
1	Bridgeport	City	143,412	18%	25,958
2	Stamford	City	121,784	18%	22,043
3	Norwalk	City	85,145	18%	15,411
4	Danbury	City	80,101	18%	14,498

5	Greenwich	Town	61,023	18%	11,045
6	New Haven	Town	59,078	18%	10,693
7	Stratford	Town	51,116	18%	9,252
8	Shelton	Town	39,310	18%	7,115
9	Trumbull	Town	35,752	18%	6,471
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19	New New Haven	Town	13,847	18%	2,506
20	Weston	Town	10,142	18%	1,836
21	Redding	Town	9,058	18%	1,639
22	Easton	Town	7,452	18%	1,349
23	Sherman	Town	3,598	18%	651
24	Newtown	Borough	2,035	18%	368
Total					165,311

(ii) The number of persons in need of the service that will be served by the proposal (estimated patient volume).

The specific target population to be served includes adults suffering from co-occurring mental health and substance abuse disorders currently enrolled in treatment at New Era Rehabilitation Center. NERC assumes that 20% of its total population will be utilizing the proposed service by in 3 years

b. Provide statistical information from the Substance Abuse and Mental Health Administration ("SAMSHA"), or a similar organization demonstrating that the target population has a need for the proposed services.

The previously cited National Survey on Drug Use and Health (NSDUH)-2014, issued by SAMHSA, indicates that 18.1% of those aged 18 and over are in need of treatment for AMI. The Behavioral Health Barometer: Connecticut, 2014 (SAMHSA, 2015) (also cited previously) provides an estimated percentage of the unmet need for AMI treatment among the population of adults in Connecticut of 52.5%. Both sources cited herein are Federal documents available in the public domain (excerpts are provided in Attachments).

Please note: provide only publicly available and verifiable information and document the source.

Attachments

1. Scholarly Articles
    a. NSDUH 2014; pg 32 &33
    b. CT Dept. of Public Health Statewide Health Care facilities and Services Plan; pg 2 & 3
    c. A National Survey of Care for Persons With Co-occurring Mental and Substance Use Disorders

2. DPH Financial Worksheets
3. Letter of Support

used severe problems with their ability to manage at home, manage well at work, have relationships with others, or have a social life.[38]

In 2014, 6.6 percent of adults aged 18 or older (15.7 million people) had at least one MDE in the past year, and 4.3 percent of adults (10.2 million people) had an MDE with severe impairment in the past year (Figure 43). Adults in 2014 who had an MDE with severe impairment represent nearly two thirds (65.5 percent) of adults who had a past year MDE.[39]

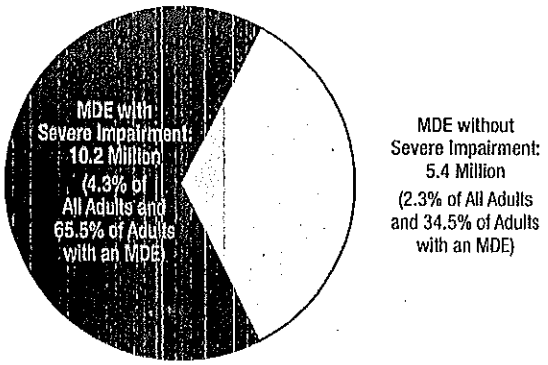
The percentage of adults who had a past year MDE remained stable between 2005 and 2014 (Figure 44). The percentage of adults with a past year MDE with severe impairment also remained stable between 2009 and 2014 (Figure 45).

By Adult Age Groups

Among adults aged 18 or older, the percentage having a past year MDE in 2014 was highest for young adults aged 18 to 25 (9.3 percent), followed by adults aged 26 to 49 (7.2 percent), then by those aged 50 or older (5.2 percent) (Figure 44). However, the percentages of adults aged 18 to 25 and those aged 26 to 49 who had a past year MDE were similar in 2006, 2007, 2009, and 2011. In addition, adults ed 50 or older in 2005 to 2013 were less likely than other adults to have a past year MDE.

The percentage of young adults aged 18 to 25 with a past year MDE was greater in 2014 than the percentages in 2006 to 2011 (Figure 44). Percentages of adults aged 26 to 49 and 50 or older in 2014 who had a past year MDE were similar to the corresponding percentages in 2005 to 2013.

Figure 43. Major Depressive Episode and Major Depressive Episode with Severe Impairment in the Past Year among Adults Aged 18 or Older: 2014



15.7 Million Adults with a Past Year MDE (6.6% of All Adults)

MDE = major depressive episode.

Note: Adult respondents with unknown past year MDE data or unknown impairment data were excluded.

Figure 44. Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2005-2014

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 44 Table. Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2005-2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
18 or Older	6.6	6.5	6.7	6.5	6.6	6.8	6.6	6.9	6.7	6.6
18 to 25	8.8	8.1+	8.0+	8.4+	8.0+	8.3+	8.3+	8.9	8.7	9.3
26 to 49	7.6	7.7	7.6	7.4	7.6	7.5	7.7	7.6	7.6	7.2
50 or Older	4.5	4.5	5.2	4.8	4.9	5.6	4.8	5.5	5.1	5.2

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 45. Major Depressive Episode with Severe Impairment in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2009-2014

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 45 Table. Major Depressive Episode with Severe Impairment in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2009-2014

	2009	2010	2011	2012	2013	2014
18 or Older	4.0	4.2	4.2	4.5	4.3	4.3
18 to 25	5.2+	5.2+	5.2+	5.8	5.7	6.0
26 to 49	4.8	4.7	5.2	5.1	4.9	4.6
50 or Older	2.6+	3.5	2.9	3.4	3.2	3.5

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

mong adults aged 18 or older, the percentage having a past year MDE with severe impairment in 2014 was highest for those aged 18 to 25 (6.0 percent), followed by those aged 26 to 49 (4.6 percent), then by those aged 50 or older (3.5 percent) (Figure 45). Adults aged 50 or older in 2009 to 2013 also were less likely than other adults to have an MDE with severe impairment. In addition, young adults aged 18 to 25 were more likely than adults aged 26 to 49 in 2010 and 2012 to have an MDE with severe impairment. In other years from 2009 to 2013, however, similar percentages of young adults and adults aged 26 to 49 had an MDE with severe impairment.

The percentage of young adults aged 18 to 25 with a past year MDE with severe impairment was greater in 2014 than in 2009 to 2011 (Figure 45). Percentages of adults aged 26 to 49 and 50 or older in 2014 who had a past year MDE with severe impairment were similar to the percentages in most years from 2009 to 2013.

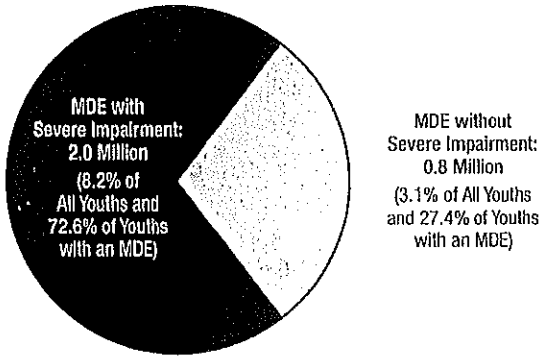
Past Year Major Depressive Episode (MDE) and MDE with Severe Impairment among Adolescents Aged 12 to 17

Although NSDUH does not have an overall measure of ental illness among adolescents aged 12 to 17, the survey provides estimates of having a past year MDE for this age group. MDE is defined using the diagnostic criteria from DSM-IV.[30] Similar to adults, adolescents were defined as having an MDE if they had a period of 2 weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth. However, some wordings to the questions for adolescents were designed to make them more developmentally appropriate for youths.[40] Adolescents were defined as having an MDE with severe impairment if their depression caused severe problems with their ability to do chores at home, do well at work or school, get along with their family, or have a social life.[41]

In 2014, 11.4 percent of adolescents aged 12 to 17 (2.8 million adolescents) had an MDE during the past year, and 8.2 percent of adolescents (2.0 million adolescents) had a past year MDE with severe impairment in one or more role domains (Figure 46). Adolescents in 2014 who had an MDE with severe impairment represent nearly three fourths (72.6 percent) of adolescents who had a past year MDE.[40]

his percentage of adolescents aged 12 to 17 in 2014 who had a past year MDE was higher than the percentages in 2004 to 2012 (ranging from 7.9 to 9.1 percent), but it was similar to the percentage in 2013 (Figure 47). The percentage of adolescents in 2014 who had a past year MDE with severe impairment also was higher than the percentages in 2006 to 2012, which ranged from 5.5 to 6.3 percent.

Figure 46. Major Depressive Episode and Major Depressive Episode with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2014

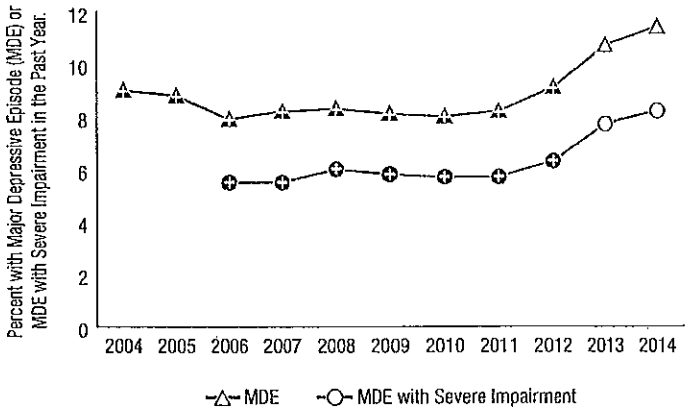


2.8 Million Youths with a Past Year MDE (11.4% of All Youths)

MDE = major depressive episode.

Note: Youth respondents with unknown past year MDE data or unknown impairment data were excluded.

Figure 47. Major Depressive Episode and Major Depressive Episode with Severe Impairment in the Past Year among Youths Aged 12 to 17: Percentages, 2004-2014



+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 47 Table. Major Depressive Episode and Major Depressive Episode with Severe Impairment in the Past Year among Youths Aged 12 to 17: Percentages, 2004-2014

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
MDE	9.0+	8.8+	7.9+	8.2+	8.3+	8.1+	8.0+	8.2+	9.1+	10.7	11.4
MDE with Severe Impairment	N/A	N/A	5.5+	5.5+	6.0+	5.8+	5.7+	5.7+	6.3+	7.7	8.2

N/A = not available.

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Co-Occurring Mental Health Issues and Substance Use Disorders among Adults

The coexistence of both a mental health issue and an SUD is referred to as a co-occurring disorder (i.e., a mental disorder and an SUD). Because NSDUH data allow estimates to be made for mental health issues and SUDs, it is possible to estimate the percentages of adults and adolescents with co-occurring disorders. This section presents findings on co-occurring mental health issues (including AMI, SMI, and MDE) and SUDs (i.e., illicit drug or alcohol dependence or abuse) among adults aged 18 or older in the United States. In addition, findings for adolescents aged 12 to 17 are presented in a later section on the co-occurrence of MDE and substance use and SUDs.

Mental Illness and Substance Use Disorders among Adults with a Disorder

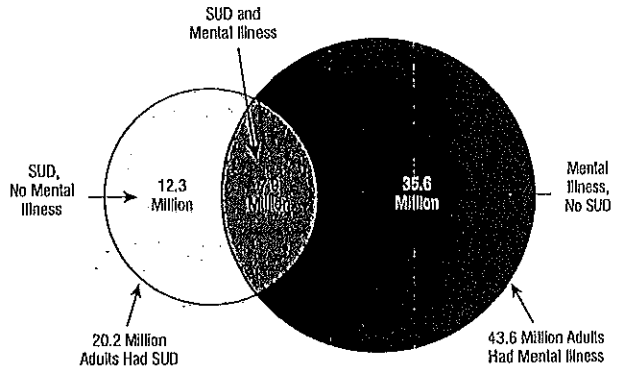
In 2014, among the 20.2 million adults with a past year SUD, 7.9 million (39.1 percent) had AMI in the past year (Figure 48 and Table A.18B in Appendix A). In contrast, among adults without a past year SUD, 16.2 percent (35.6 million adults) had AMI in the past year. Among adults with a past year SUD, the percentage of adults with co-occurring AMI in 2014 was similar to the percentages of adults with AMI in most years from 2008 to 2013.

The 7.9 million adults with AMI who met the criteria for an SUD in the past year (Figure 48) represent 18.2 percent of the 43.6 million adults with AMI (Figure 49). In contrast, 6.3 percent of adults who did not have past year AMI (12.3 million adults) met the criteria for an SUD (Figure 48 and Table A.19B in Appendix A). Among adults who had AMI in the past year, the percentage of adults with a co-occurring SUD in 2014 was similar to the percentages of adults with a co-occurring SUD in most years from 2008 to 2013 (Figure 49).

Among the 20.2 million adults aged 18 or older in 2014 who had a past year SUD, 2.3 million (11.3 percent) also had SMI in the past year (Figure 50 and Table A.18B). Among adults with a past year SUD, the percentage of adults with SMI in 2014 was similar to the percentages of adults with SMI in most years from 2008 to 2013.

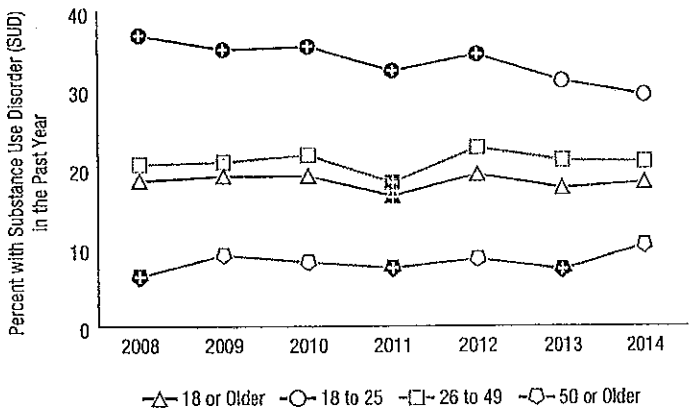
Among the 9.8 million adults aged 18 or older in 2014 who had past year SMI, the 2.3 million adults who met the criteria for an SUD in the past year represent 23.3 percent of adults with SMI (Figure 50 and Table A.19B). Among adults who had SMI in the past year, the percentage of adults with an SUD in 2014 was similar to the percentages in most years from 2008 to 2013 (Figure 51).

Figure 48. Past Year Substance Use Disorders and Mental Illness among Adults Aged 18 or Older: 2014



SUD = substance use disorder.

Figure 49. Past Year Substance Use Disorder among Adults Aged 18 or Older with Any Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014



+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 49 Table. Past Year Substance Use Disorder among Adults Aged 18 or Older with Any Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014

	2008	2009	2010	2011	2012	2013	2014
18 or Older	18.4	19.0	19.0	16.5+	19.2	17.5	18.2
18 to 25	36.9+	35.1+	35.5+	32.4+	34.5+	31.1	29.3
26 to 49	20.5	20.8	21.7	18.2+	22.6	21.0	20.8
50 or Older	6.3+	9.1	8.2	7.4+	8.6	7.2+	10.3

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

y Adult Age Groups in 2014

Among adults aged 18 or older in 2014 with past year SUDs, the percentage of adults who had co-occurring AMI in the past year was highest among those aged 26 to 49 (42.7 percent) than among those aged 18 to 25 (36.0 percent) or those aged 50 or older (35.6 percent) (Table A.18B in Appendix A). The percentages of adults with SUDs who had co-occurring SMI in the past year were 12.3 percent for adults aged 26 to 49, 10.5 percent for those aged 50 or older, and 10.4 percent for those aged 18 to 25.

Among adults aged 18 or older in 2014 with past year AMI, the percentage of adults who had a co-occurring SUD in the past year was highest among those aged 18 to 25 (29.3 percent), followed by those aged 26 to 49 (20.8 percent), then by those aged 50 or older (10.3 percent) (Figure 49). Among adults aged 18 or older in 2014 with past year SMI, the percentage of adults who had a past year SUD was highest among those aged 18 to 25 (35.3 percent), followed by those aged 26 to 49 (24.9 percent), then by those aged 50 or older (15.1 percent) (Figure 51).

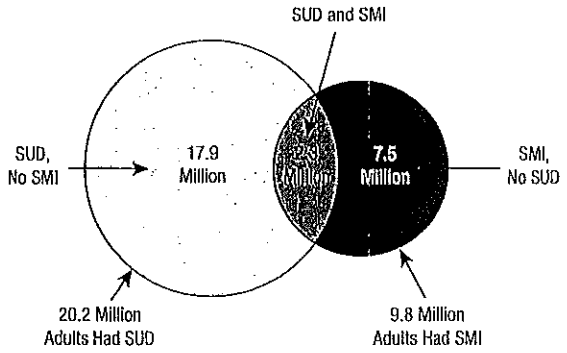
Co-Occurring Mental Illness and Substance Use isorders among Adults in the General Population

Prior sections described the percentage of adults with mental illness among the subpopulation of adults who had a past year SUD or described the percentage of adults with an SUD among the subpopulation of adults with mental illness. This section presents findings on the percentages of adults who had co-occurring SUDs and mental illness among all adults in the United States. This type of presentation helps to provide further context for discussions of co-occurring disorders. Although the numbers of adults in the population who had co-occurring disorders are the same as presented in previous sections, the percentages presented in this section are based on the total population of adults.

In 2014, the estimate of 7.9 million adults aged 18 or older who had both mental illness and SUDs in the past year (Figure 48) corresponds to 3.3 percent of all adults (Table A.22B in Appendix A). This percentage for 2014 among all adults was similar to the percentages in most years from 2008 to 2013.

The estimate of 2.3 million adults aged 18 or older in 2014 who had co-occurring SMI and SUDs in the past year (Figure 50) corresponds to 1.0 percent of all adults (Table A.22B). This percentage among all adults in 2014 was similar to the percentages in 2008 to 2013.

Figure 50. Past Year Substance Use Disorders and Serious Mental Illness among Adults Aged 18 or Older: 2014



SMI = serious mental illness; SUD = substance use disorder.

Figure 51. Past Year Substance Use Disorder among Adults Aged 18 or Older with Serious Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 51 Table. Past Year Substance Use Disorder among Adults Aged 18 or Older with Serious Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014

	2008	2009	2010	2011	2012	2013	2014
18 or Older	23.4	24.6	25.6	23.6	27.3+	23.1	23.3
18 to 25	46.8+	39.7	42.7+	40.8	39.9	39.6	35.3
26 to 49	25.2	25.3	29.4	23.3	29.4	25.6	24.9
50 or Older	7.3+	16.1	10.8	16.0	18.0	12.0	15.1

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

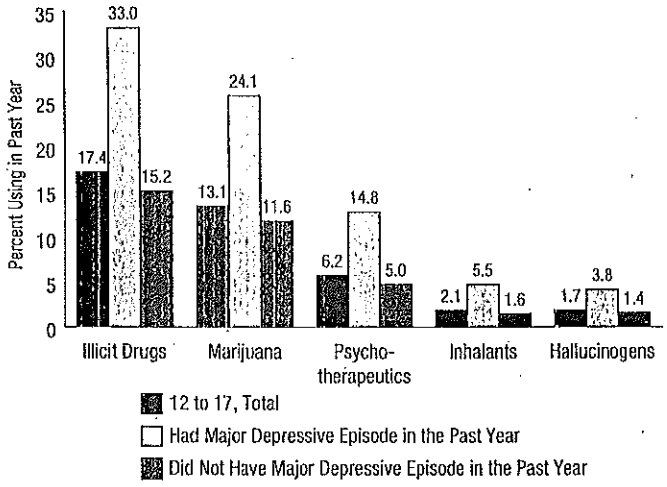
Co-Occurring Mental Health and Substance Use Issues among Adolescents

This section discusses co-occurring MDE and substance use among adolescents aged 12 to 17 in addition to discussing co-occurring MDE and SUDs among adolescents. Specifically, estimates of substance use and SUDs are described among adolescents with an MDE, estimates of MDE are described among those with SUDs, and estimates of co-occurring MDE and SUDs are described among all adolescents.

Substance Use and Substance Use Disorders among Adolescents with Major Depressive Episode

In 2014, the percentage of adolescents aged 12 to 17 who used illicit drugs in the past year was higher among those with a past year MDE than it was among those without a past year MDE (33.0 vs. 15.2 percent) (Figure 52). Youths with a past year MDE in 2014 also were more likely than those without an MDE to be users of marijuana, nonmedical users of psychotherapeutics, users of inhalants, and users of hallucinogens in the past year. (Because estimates of illicit drug use among adolescents that previously were mentioned in this report pertain to use in the past 30 days, percentages for past year illicit drug use measures among all adolescents are shown in Figure 52 as additional points of reference.)

Figure 52. Past Year Illicit Drug Use among Youths Aged 12 to 17, by Past Year Major Depressive Episode: Percentages, 2014



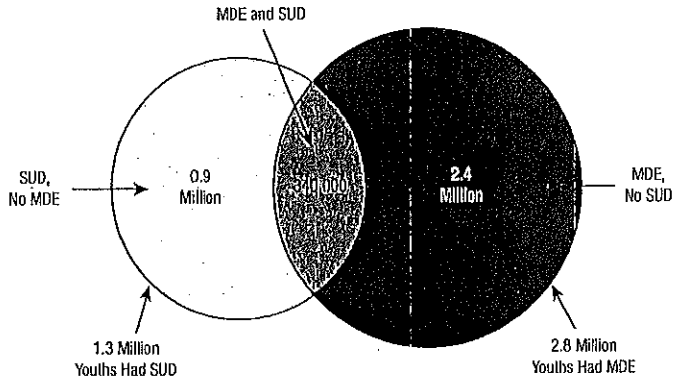
Among adolescents aged 12 to 17 in 2014, 1.6 percent of those with a past year MDE and 1.1 percent of those without a past year MDE were daily cigarette smokers in the past month (Table A.24B in Appendix A). In addition, 1.8 percent of adolescents aged 12 to 17 with a past year MDE and 0.9 percent of those without a past year MDE were heavy alcohol drinkers in the past month.

Among the 2.8 million adolescents aged 12 to 17 in 2014 who had a past year MDE, a total of 340,000 adolescents (12.4 percent) had a past year SUD (Figure 53). In contrast, among adolescents without a past year MDE, 858,000 (4.0 percent) had an SUD in the past year.

Major Depressive Episode among Adolescents with a Substance Use Disorder

An estimated 340,000 adolescents aged 12 to 17 in 2014 had a co-occurring MDE and an SUD in the past year (Figure 53) in 2014. This number of adolescents with a co-occurring MDE and an SUD represents 28.4 percent of the 1.3 million adolescents who had a past year SUD. Among adolescents without a past year SUD, 10.5 percent (2.4 million adolescents) had an MDE in the past year.

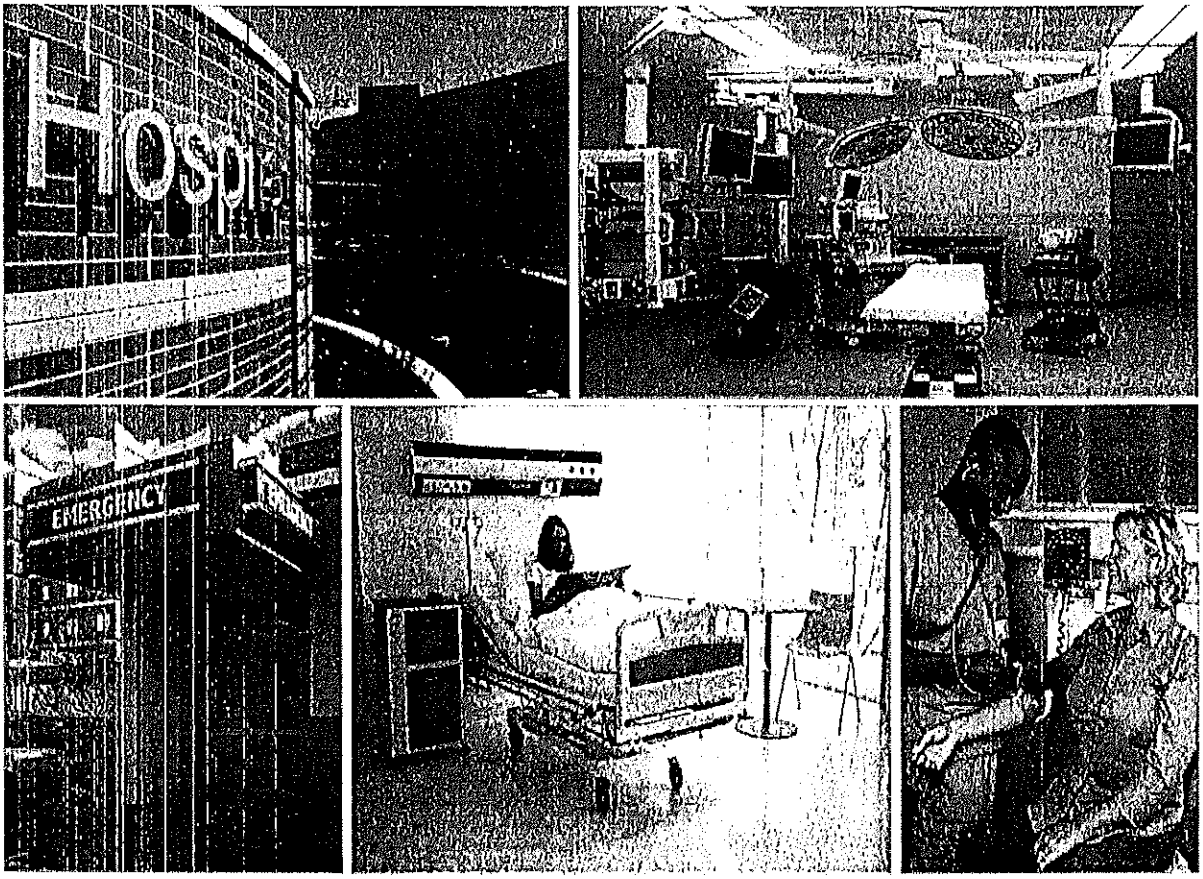
Figure 53. Past Year Substance Use Disorders and Major Depressive Episode in the Past Year among Youths Aged 12 to 17: 2014



MDE = major depressive episode; SUD = substance use disorder.
Note: Youth respondents with unknown MDE data were excluded.

Connecticut Department
of Public Health

Statewide Health Care Facilities and Services Plan



2014 Supplement

- Based on acute care bed need projections for 2020, Connecticut has an adequate supply of acute care inpatient beds statewide.

- In 2013, the largest proportion of emergency department (ED) visits was among patients with Medicaid (38%).

- From 2009 to 2013, there were almost 8 million visits made to an ED in Connecticut by state residents. Of these visits, one million were for psychiatric, drug or alcohol-related mental disorders

- Of the children visiting the ED for issues relating to behavioral health, nine out of ten were treated for a psychiatric-related disorder.

- The growth of urgent care settings has contributed to some concern that this type of care setting may contribute to fragmentation of care, inadequate follow-up and preventive care, and misdiagnoses, particularly for clinics that are not affiliated with a health care system.

- While Connecticut has an overall favorable health profile compared to the rest of the U.S., the health of Connecticut's residents is not equally distributed across population groups or geographic regions.

- In general, at-risk and vulnerable populations have a higher prevalence of chronic disease than the overall population.

- The Socioeconomic Status Index identifies 20 Connecticut towns as at-risk for unmet health care need.

- Black non-Hispanics and Hispanics were more likely than White non-Hispanics to have a potentially preventable hospitalization, avoidable ED visit or to visit the ED more than ten times within a year.

- One hundred forty Connecticut towns have better health outcomes than the state. Twenty-three of the remaining twenty-nine were urban core or urban periphery towns.

- Nearly all the CHNAs identified chronic disease, overweight, obesity, nutrition and physical activity as overlapping and major health issues regardless of socioeconomic status.

- More than one-half of the assessments identified substance abuse and mental health care as priority health needs in the community.

- A reconvened ED focus group identified the need for the coordination of mental health and substance abuse care.

RECOMMENDATIONS

Recommendations are intended to build upon the efforts and discussions conducted during the initial 2011-2012 planning process and reflect additional discussions held during the planning process for the 2014 supplemental plan.

Behavioral Health

1) Determine the resources available and options and approaches for further exploration of ways that Connecticut's behavioral health service delivery system can be measured to determine capacity as it relates to need and access to care;
2) Develop further understanding of recovery supports and how they relate to the overall care for behavioral health clients across all age groups;
3) Determine the feasibility of and resources available for a future inventory of distinct service levels as opposed to broad categorization of facilities using behavioral health licensure categories;
4) Provide more focus in future plans which specifically discuss the coordination, interrelation, provision or co-location of mental health, primary care and/or oral health services within the various settings and how such interrelationship will benefit the behavioral health patient population.

Acute Care/Ambulatory Surgery

5) Investigate the development of planning regions that best facilitate the ability to assess the availability of and future demand for care, taking into consideration existing hospital service areas;
6) Research, investigate and quantify the use of observation stays in Connecticut hospitals and determine how these data can be standardized in a way that would allow them to be incorporated in the acute care bed need model;
7) With respect to ambulatory surgery standards and guidelines, discuss and consider including backlogs in the service area, ability of physicians to schedule block times, patient throughput at other facilities, the quality of care at other facilities as additional factors for consideration in the next Plan, if such data is available to OHCA to verify and analyze.

Primary Care

8) The DPH Primary Care Office will collect and report real-time health workforce data and will support the analyses necessary to interpret this data to estimate both current and future health workforce needs;[1]
9) Utilize data from Behavioral Risk Factor Surveillance System and/or other surveys which have large enough samples so that results for questions related to health care access may be used for town, city or county level assessment and solutions;
10) Consider assessing/evaluating primary care provided by hospital-affiliated entities (e.g., urgent care centers) and determine if beneficial to patients;

11) Provide additional Plan focus on the provision of mental health and oral health services in primary care settings and assess the interrelation of these services with primary care.
12) Align OHCA planning efforts with SIM Grant activities (e.g., physician data collection, goals and objectives, etc.) and other relevant State planning efforts.

NEXT STEPS

As providers continue to assess their organizations, service array and delivery structures, OHCA's planning efforts will focus on the evolving health care system and available data to determine how best to meet the unmet need of residents in ways that benefit the community and assist providers in transforming to meet those needs. Future OHCA planning activities will include:

- Analyzing health care service specific data by health care systems, utilization and physician referral patterns to determine if there could be logical regionalization of certain services;
- Evaluating patient data and provider revenue patterns to identify shifts in demand for inpatient to outpatient services and between types of services for geographic regions;
- Identifying modalities through which the state may direct and/or assist providers to be more responsive to health care needs of communities;
- Analyzing all payer claims data to identify availability of and access to health care services, utilization patterns and the impact of expanded health insurance coverage through the PPACA.
- Monitoring the various settings where health care is now being delivered as additional data sources become available to OHCA.
- Reviewing CON statutes and regulations to ensure they are responsive to the evolving health care environment and make recommendations to better align the process with health care reform.
- Providing consumers with access to all available data.

Additionally, as more information becomes available to OHCA, the next plan will attempt to:

- Address the impact that technology may have on the demand, capacity or need for health care services;
- Facilitate communication between appropriate state agencies concerning innovations or changes that may affect future health planning.

DATA AVAILABILITY AND CHALLENGES

- Data-related challenges and gaps are important considerations when planning for appropriate allocation of health care facilities and services. The success of such planning is dependent upon the availability of comprehensive data spanning numerous service delivery settings. Discussion of data gaps and efforts to resolve them will help to build the foundation for better planning and greater understanding of the evolving health care system.

INTRODUCTION

LEGAL MANDATE AND PURPOSE

Section 19a-634 of the Connecticut General Statutes (see Appendix A) requires the Department of Public Health (DPH) Office of Health Care Access (OHCA) to conduct an annual statewide health care facility utilization study, establish and maintain an inventory of all Connecticut health care facilities, and services and certain equipment and to develop and maintain a Statewide Health Care Facilities and Services Plan. The Plan is intended to be a blueprint for health care delivery in Connecticut, serving as a resource guide for planning for specific health care facilities and services. In 2012, OHCA issued its first Statewide Health Care Facilities and Services Plan (Plan). This publication is a supplement to the 2012 Plan. It includes an updated discussion of the current health care environment in Connecticut and adds a "population health" and "health equity" perspective, focusing on those who have experienced social or economic disadvantages. While the 2012 Plan focused on standards, guidelines and methodologies, which will be codified into regulation for use in the Certificate of Need (CON) review process, this Plan focuses on the unmet health care need of vulnerable and at-risk populations and the alignment of public health and health care initiatives that aim to address these needs. The 2014 planning process also involved updating the 2012 inventory of health care facilities, services and equipment, available at http://www.ct.gov/dph/cwp/view.asp?a=3902&q=557564.

RELATIONSHIP TO THE CONNECTICUT STATE HEALTH ASSESSMENT AND IMPROVEMENT PLAN

Section 19a-7 of the Connecticut General Statutes (see Appendix B) establishes DPH as the "lead agency for public health planning," and charges the department with "assist[ing] communities in the development of collaborative health planning activities which address public health issues on a regional basis or which respond to public health needs having state-wide significance." DPH is required to prepare a multiyear assessment of the health of Connecticut's population and the availability of health facilities and a plan that includes: (1) policy recommendations regarding allocation of resources; (2) public health priorities; (3) quantitative goals and objectives with respect to the appropriate supply, distribution and organization of public health resources; and (4) evaluation of the implications of new technology for the organization, delivery and equitable distribution of services.

Healthy Connecticut 2020, available at http://www.ct.gov/dph/hct2020, includes the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP), which were developed in 2013-2014 to identify priority public health needs and facilitate public health planning for residents of Connecticut.

Key findings from the SHA include:

- Chronic diseases and injuries are the leading causes of premature death and morbidity;
- Racial/ethnic minority groups suffer from many conditions at disproportionately higher rates;
- Specific age groups such as youth/young adults and older adults are more at risk for certain conditions;
- Unhealthy behaviors such as binge drinking and prescription drug misuse have increased over the last decade; and
- HIV, smoking and teen pregnancy rates have declined over the last decade.

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CLINICAL NURSE SPECIALIST

OBJECTIVE: Clinical Nurse Specialist/APRN position in adult healthcare. To support and coordinate health education and care while providing optimal multidisciplinary care.

SUMMARY: Experienced Nursing Specialist with strong clinical background. Successful track record in education planning and presentation. Several years experience in various leadership roles, including administrative, managerial, and financial. Skilled author and presentation speaker.

Key Qualifications:

- National Speaker
- Education Material Development
- Respected Nursing Expert
- Industry Thought Leader
- Accomplished Author
- Leadership Training Skills

EXPERIENCE

Milford Hospital, Milford, CT **2013-Present**
Director of Nurses
Responsibility, authority and accountability for patient care administration and practice of identified nursing units and services. Provides leadership and direction to respective Patient Care Managers and contributes to and supports the philosophy and objectives of the Nursing Department and hospital to effect quality patient care, staff development and patient and staff satisfaction.

Incorporated Skin, Wound and Ostomy Education, LLC **2009-Present**
Director for Athena Online Wound Care Course
Serves as director for online wound care course. Develops educational materials and programs. Reviews, proofreads, and comments on learning materials. Regularly updates materials and presentations to ensure highest quality education standards.

Norwalk Hospital, Norwalk, CT **2006-2013**
APRN/Wound and Ostomy Care Specialist
Coordinates and facilitates various aspects of wound-related care. Organized and expanded the ostomy program, establishing the first ostomy support group in the facility. Updates care policy and procedure. Manages program budgeting and finances.

Kinetic Concept Inc., San Antonio, TX **2005-2006**
Regional Wound Closure Specialist

Regional educational consultant. Support sales staff as well as clients regarding current wound care evidence and best practice. Work in collaboration with the R&D department to implement marketing and product education. Support product promotion at regional and national conferences and seminars.

Hospital of St. Raphael, New Haven, CT **2003-2005**

Clinical Nurse Specialist in Wound, Skin and Ostomy
Provided clinical support to three surgical units. Led monthly continuing education unit for wound and ostomy care nurses. Performed wound and ostomy-related nursing duties on all medical and surgical units as needed.

Hospital of St. Raphael, New Haven, CT **2001-2003**
Staff Development, Education and Clinical Resource
Served as clinical support for all surgical floors. Coordinated and facilitated the wound and ostomy service. Held the following offices/titles:

- Cardiac Arrest Team Co-Chairperson
- Stroke Program Data Coordinator

Hospital of St. Raphael, New Haven, CT **1999-2001**
Emergency Department Staff Nurse
Experienceded staff nurse in a Level 2 Trauma Center.
Taught Advanced Cardiac Life Support to both nursing and physician staff.
Mentored staff new to the Emergency Room setting.

Hospital of St. Raphael, New Haven, CT **1992-1999**
Staff Development, Education and Clinical Resource
Provided support to the off-shift clinical staff. Assisted in the implementation of mandatory education for the off-shift staff. Coordinated the Certified Nurse Aid Program, in addition to Graduate Nurse orientation programs.

Hospital of St. Raphael, New Haven, CT **1987-1992**
Surgical Intensive Care Unit – Nurse Care Coordinator
Served as Nurse Care Coordinator. Presented educational in-services to night staff in the unit. Supervised nursing staff, providing education and resources to the unit. Oversaw patient selection. Responsible for patient resuscitation in the event of collapse.

Griffin Hospital, Derby, CT **1972-1987**
Intensive Care Unit Staff Nurse/Manager
Served as staff nurse for 8 years, before being promoted to acting manager.

EDUCATION

Sacred Heart University — Fairfield, Connecticut
Doctorate of Nursing — 2013

Southern Connecticut State University — New Haven, Connecticut
Master of Science in Nursing — 2004

Southern Connecticut State University — New Haven, Connecticut
Bachelor of Science in Nursing — 2000

Greenwich Hospital School of Nursing — Greenwich, Connecticut
Diploma Registered Nurse — 1972

PROFESSIONAL ACCREDITATION

CWCN – Certified Wound Care Nurse

COCN – Certified Ostomy Care Nurse

CCRN – Certified Critical Care Nurse (1990 – 2005)

Served on the board of the South Central Chapter of the American Critical Care Association for 2 years

American Heart Association ACLS Instructor (1994-2008)

TNCC – Trauma Nurse Certification 1995-2004

CATN- Advanced Trauma Nurse Certification

SANE – Sexual Assault Nurse Certification 2000-2003

PROFESSIONAL AFFILIATIONS

Wound, Ostomy and Continence Nurses Society
Sigma Theta Tau International Nursing Honor Society
American Heart Association
Norwalk Hospital Institutional Review Board

PUBLICATIONS

"Perioperative Wound Documentation." *Journal of Wound, Ostomy and Continence* 36 (3S) (2009): S14.

"Skin Care Team Improves Assessment and Documentation." *Nursing* 36.10 (2006): 66-67.

"Wound VAC Management for Spinal or Bone Graft Infections." *Spine Surgery: Tricks of the Trade*. Ed. Alex R. Vaccaro and Todd J. Albert. New York: Thieme, 2003. Print.

PRESENTATIONS

June 22, 2013 A Retrospective Study of the Impact of Preoperative Stoma Siting on Hospital Length of Stay at National WOCN Conference in Seattle, WA

October, 2012 Stoma Site Marking :Impact on Patient Outcomes and Hospital Length of Stay presented at the New England Regional Conference In Danvers, MA.

June 2010 Poster Presentation at WOCN conference in Phoenix, AZ

March 2009 Fistula Control Presentation at WOCN Regional Meeting in Fairfax, VA

Oct. 2004 Improved Patient Outcomes Post Lower Extremity Amputation at National Skin and Wound Conference in Phoenix, AZ

Local Presentations given on various topics e.g. Skin and Wounds, Blood Pressure and Stroke.

HONORS

- 2012 Carol Bauer Scholarship Award
- 2011 Nurse Exemplar Award
- 2010 Norwalk Hospital Quality Award
- 2009 Norwalk Hospital Presidents Award
- 2005 "Woman of Note" in New Haven, CT
- 2005 Seton Clinical Excellence Award
- 2005 Nightingale Nurse Award

Maurice E. Bunnell

38 Leigh Drive

East Haven, CT 06512

203-927-7309

bunnell@aya.yale.edu

LICENSURE

Advanced Practice Registered Nurse, 2002—Present.

Registered Nurse, 1976—Present.

PROFESSIONAL POSITIONS

Psychiatric APRN: Liberty HealthCare: Independent Contractor with "Connections, Inc." Medication Evaluation, Medication Management, 6/2014-Present.

Psychiatric APRN: Waterbury Hospital. Medication Evaluation, Medication Management, 6/2015-4/2016.

Director of Education; Psychiatric Home Care Nurse; VNS of Southern CT, 4/2013—Present.

Psychiatric Home Care Nurse; In-Service Director; Total Care Visiting Nurses; New Haven, CT, 02/2010–4/2013.

Psychiatric Home Care Nurse, All About You; East Haven, CT, 01/2009—02/2010.

Commissioner of Mental Health, Town of East Haven; East Haven, CT, 2009—2010.

- Responsible for overseeing Town of East Haven Counseling Services.

Educated the public on eliminating the stigma of mental illness. Presentation on the History of Mental Illness.

Adult Nurse Practitioner; Hill Health Center; Dual Diagnosis Clinic; New Haven, CT, 2005.

Psychiatric Home Care Nurse; In-Service Director; New England Homecare; New Haven, CT, 1997–2009.

Administrator; Psychiatric Home Care Nurse; PrimeCare of CT; New Haven, CT, 1995–1997.

Yale-New Haven Hospital; New Haven, CT.

- Charge Nurse; Ear, Nose, and Throat Clinic, 1994–1995.
- Staff nurse; Cardio-Thoracic Intensive Care Unit, 1993–1994.
- Nursing Analyst; Clinical Care Support System Project, 1990–1993.
- Private Duty Nurse; Medical and Surgical Units, 1982–1989.
- Researcher; Phrenic Pacemaker (Dr. William Glenn), 1982–1989.
- Staff Nurse; In-Patient Psychiatry, 1981–1982.
- Assistant Head Nurse and Staff Nurse; Orthopaedics/Ear, Nose & Throat Unit, 1976–1981.

EDUCATION

Sacred Heart University: Bridgeport, CT: Doctor of Nursing Practice Student.

Yale University School of Nursing; New Haven CT: M. S. N., 2002. Completion of Scholarly Praxis, "QTc Prolongation and Torsades de Pointes Associated with Antipsychotic Agents".

ANCC Board Certification Adult Psychiatric and Mental Health Nurse Practitioner.

ANCC Board Certification Adult Nurse Practitioner.

Southern Connecticut State University; New Haven, CT: B. S. N., 1994.

Quinnipiac University; Hamden, CT: A. D. N., 1976.

AWARDS

Florence Nightingale Excellence in Nursing, 1994.

Who's Who in American Nursing, 1996.

PROFESSIONAL MEMBERSHIPS

Sigma Theta Tau; Delta Mu Chapter.

American Nurses Association.

Neuroscience Institute.

Ebenezer A. Kolade, M.D., FASAM

38 Crawford Rd. | Westport, CT 06880
Office: 203.372.3333 | Fax: 203.374.7515
Email: ekolade@sbcglobal.net

PROFESSIONAL EXPERIENCE

New Era Rehabilitation Center Inc, Bridgeport, CT/ New Haven, CT — **06/02 – Present**
Chief Executive Director | Medical Director

- Supervising Medical, Nursing, Administration and Counseling Department.
- Clinical evaluation of all patients admitted into the program.

St. Barnabas Union Hospital, Bronx, NY — **07/90 – 05/02**
Medical Director of the Alcohol and Drug Detoxification Inpatient Program — *07/01 – 05/02*

- Supervising Medical, Nursing, Administration and Counseling Department.
- Clinical evaluation of patients admitted into the program.

Medical Supervisor of Alcohol and Drug Detoxification Inpatient Program — *10/98 – 06/01*

- Supervising all Medical Staff
- Clinical evaluation of patients admitted into the program.

Emergency Attending Physician — *07/92 – 09/98*

- Managing medical inpatients and running outpatient clinic.
- Managing inpatient alcohol and drug detoxification unit
- Medical consultation in surgical, psychiatric, Obstetrics and Gynecology unit

Residency in Internal Medicine — *07/90 – 06/92*

Brookdale Hospital Medical Center, Brooklyn, NY — **07/89 – 06/90**
Intern in Internal Medicine

Parkway Medical Office, Brooklyn, NY — **08/86 – 06/89**
Medical Physician

University College Hospital, Ibadan, Nigeria — **07/83 – 06/86**
OB/GYN Resident

- Outpatient and Inpatient management.
- Medical Student and Resident teaching

Mariere Memorial Hospital, Ughelli, Nigeria — **07/82 – 06/83**
General Medicine Practitioner

University of Ibadan, Nigeria — **07/81 – 06/82**
Rotating Internship

Ebenezer A. Kolade, M.D., FASAM

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Chief Executive Director | Medical Director

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General Medicine Practitioner

University of Ibadan, Nigeria — 07/81 – 06/82
Rotating Internship

Applicant:
Financial Worksheet (A)

FOR-PROFIT

Please provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

LINE	Total Entity: Description	(1) FY Actual Results	(2) FY Projected W/out CON	(3) FY Projected Incremental	(4) FY Projected With CON	(5) FY Projected W/out CON	(6) FY Projected Incremental	(7) FY Projected With CON	(8) FY Projected W/out CON	(9) FY Projected Incremental	(10) FY Projected With CON	(11) FY Projected W/out CON	(12) FY Projected Incremental	(13) FY Projected With CON
A.	OPERATING REVENUE													
1	Total Gross Patient Revenue	$3,479,836	$3,653,827	$278,195	$3,932,022	$3,836,519	$347,744	$4,184,262	$3,836,519	$417,292	$4,253,811	$3,836,519	$556,390	$4,392,908
2	Less: Allowances				$0			$0			$0			$0
3	Less: Charity Care				$0			$0			$0			$0
4	Less: Other Deductions				$0			$0			$0			$0
	Net Patient Service Revenue	$3,479,836	$3,653,827	$278,195	$3,932,022	$3,836,519	$347,744	$4,184,262	$3,836,519	$417,292	$4,253,811	$3,836,519	$556,390	$4,392,908
5	Medicare				$0			$0			$0			$0
6	Medicaid	$2,586,092	$2,650,744	$278,195	$2,928,939	$2,783,281	$347,744	$3,131,025	$2,783,281	$417,292	$3,200,573	$2,783,281		$2,783,281
7	CHAMPUS & TriCare				$0			$0			$0			$0
8	Other				$0			$0			$0			$0
	Total Government	$2,586,092	$2,650,744	$278,195	$2,928,939	$2,783,281	$347,744	$3,131,025	$2,783,281	$417,292	$3,200,573	$2,783,281	$556,390	$2,783,281
9	Commercial Insurers				$0			$0			$0			$0
10	Uninsured				$0			$0			$0			$0
11	Self Pay				$0			$0			$0			$0
12	Workers Compensation				$0			$0			$0			$0
13	Other	$893,744	$893,744		$893,744			$0			$0			$0
	Total Non-Government	$893,744	$893,744	$0	$893,744	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Patient Service Revenue* (Government+Non-Government)	$3,479,836	$3,544,488	$278,195	$3,822,683	$2,783,281	$347,744	$3,131,025	$2,783,281	$417,292	$3,200,573	$2,783,281	$556,390	$3,339,671
14	Less: Provision for Bad Debts				$0			$0			$0			$0
	Net Patient Service Revenue less provision for bad debts	$3,479,836	$3,653,827	$278,195	$3,932,022	$3,836,519	$347,744	$4,184,262	$3,836,519	$417,292	$4,253,811	$3,836,519	$556,390	$4,392,908
15	Other Operating Revenue				$0			$0			$0			$0
17	Net Assets Released from Restrictions				$0			$0			$0			$0
	TOTAL OPERATING REVENUE	$3,479,836	$3,653,827	$278,195	$3,932,022	$3,836,519	$347,744	$4,184,262	$3,836,519	$417,292	$4,253,811	$3,836,519	$556,390	$4,392,908
B.	OPERATING EXPENSES													
1	Salaries and Wages	$1,776,125	$1,953,737		$1,953,737	$1,953,737		$1,953,737	$1,953,737		$1,953,737	$1,953,737		$1,953,737
2	Fringe Benefits				$0			$0	$0		$0	$0		$0
3	Physicians Fees				$0			$0	$0		$0	$0		$0
4	Supplies and Drugs	$161,075	$161,075		$161,075	$161,075		$161,075	$161,075		$161,075	$161,075		$161,075
5	Depreciation and Amortization	$302,598			$0			$0	$0		$0	$0		$0
6	Provision for Bad Debts-Other[b]				$0			$0	$0		$0	$0		$0
7	Interest Expense	$22,523	$0		$0			$0	$0		$0	$0		$0
8	Malpractice Insurance Cost	$32,010	$32,010		$32,010	$32,010		$32,010	$32,010		$32,010	$32,010		$32,010
9	Lease Expense	$296,312	$228,587		$228,587	$228,587		$228,587	$228,587		$228,587	$228,587		$228,587
10	Other Operating Expenses	$1,067,010	$1,067,010		$1,067,010	$1,067,010		$1,067,010	$1,067,010		$1,067,010	$1,067,010		$1,067,010
	TOTAL OPERATING EXPENSES	$3,657,652	$3,442,418	$0	$3,442,418	$3,442,418	$0	$3,442,418	$3,442,418	$0	$3,442,418	$3,442,418	$0	$3,442,418
	INCOME/(LOSS) FROM OPERATIONS	($177,816)	$211,409	$278,195	$489,604	$394,101	$347,744	$741,844	$394,101	$417,292	$811,393	$394,101	$556,390	$950,490
	NON-OPERATING REVENUE				$0			$0			$0			$0
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	($177,816)	$211,409	$278,195	$489,604	$394,101	$347,744	$741,844	$394,101	$417,292	$811,393	$394,101	$556,390	$950,490
	Principal Payments				$0			$0			$0			$0
C.	PROFITABILITY SUMMARY													

Applicant:
Financial Worksheet (A)

FOR-PROFIT

Please provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

LINE	Total Entity:	(1) FY Actual Results	(2) FY Projected W/out CON	(3) FY Projected Incremental	(4) FY Projected With CON	(5) FY Projected W/out CON	(6) FY Projected Incremental	(7) FY Projected With CON	(8) FY Projected W/out CON	(9) FY Projected Incremental	(10) FY Projected With CON	(11) FY Projected W/out CON	(12) FY Projected Incremental	(13) FY Projected With CON
	Description													
1	Hospital Operating Margin	-5.1%	5.8%	100.0%	12.5%	10.3%	100.0%	17.7%	10.3%	100.0%	19.1%	10.3%	100.0%	21.6%
2	Hospital Non Operating Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3	Hospital Total Margin	-5.1%	5.8%	100.0%	12.5%	10.3%	100.0%	17.7%	10.3%	100.0%	19.1%	10.3%	100.0%	21.6%
D.	FTEs				0			0			0			0
E.	VOLUME STATISTICS[c]													
1	Inpatient Discharges	0			0			0			0			0
2	Outpatient Visits	44,200	46,410	4,420	50,830	48,731	5,525	54,256	48,731	6,630	55,361	48,731	8,840	57,571
	TOTAL VOLUME	44,200	46,410	4,420	50,830	48,731	5,525	54,256	48,731	6,630	55,361	48,731	8,840	57,571

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

[b]Provide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No.2011-07, July 2011.

[c]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.

ANNCO CONSULTING LLC, CERTIFIED PUBLIC ACCOUNTANT
4634 WHITE PLAINS ROAD
BRONX, NY 10470
Phone: (718) 882-7500
Fax: (718) 708-4157
INFO@ANNCOCONSULTING.COM

May 11, 2016

NEW ERA REHABILITATION CENTER INC.
3715 MAIN STREET
BRIDGEPORT, CT 06606

Dear Sir,

I have prepared the 2015 Form 1120S for NEW ERA REHABILITATION CENTER INC. based on the information you provided. The return has been successfully e-filed and a copy is enclosed for NEW ERA REHABILITATION CENTER INC.'s records.

NEW ERA REHABILITATION CENTER INC.'s 2015 federal taxes have been paid in full.

I have also prepared the 2015 Connecticut 1065/1120SI tax return based on the information you provided. The 2015 return for NEW ERA REHABILITATION CENTER INC. has been successfully e-filed and a copy is enclosed for NEW ERA REHABILITATION CENTER INC.'s records.

The 2015 Connecticut taxes have been paid in full.

If you have any questions about the return(s) or about NEW ERA REHABILITATION CENTER INC.'s tax situation during the year, please do not hesitate to call me at (718) 882-7500. I appreciate this opportunity to serve you.

Sincerely,

ANNCO CONSULTING LLC, CERTIFIED PUBLIC ACCOUNTANT

Federal
Tax Return

NEW ERA REHABILITATION CENTER INC.

2015

ANNCO CONSULTING LLC, CERTIFIED PUBLIC ACCOUNTANT
4634 WHITE PLAINS ROAD
BRONX, NY 10470
Phone: (718) 882-7500
Fax: (718) 708-4157
INFO@ANNCOCONSULTING.COM

Form **1120S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Information about Form 1120S and its separate instructions is at *www.irs.gov/form1120s.*

OMB No. 1545-0123

2015

For calendar year 2015 or tax year beginning , ending

A S election effective date: 3/2/2002	TYPE OR PRINT	Name: NEW ERA REHABILITATION CENTER INC.
B Business activity code number (see instructions): 621498		Number, street, and room or suite no. If a P.O. box, see instructions.: 3715 MAIN STREET
		City or town: BRIDGEPORT; State: CT; ZIP code: 06606
C Check if Sch. M-3 attached ☐		Foreign country name; Foreign province/state/county; Foreign postal code

D Employer identification number: 02-0596949

E Date incorporated: 3/2/2002

F Total assets (see instructions): $ 1,746,642

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☐ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ 2

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales	1a	3,479,835	
	b	Returns and allowances	1b	528	
	c	Balance. Subtract line 1b from line 1a			1c 3,479,307
	2	Cost of goods sold (attach Form 1125-A)			2
	3	Gross profit. Subtract line 2 from line 1c			3 3,479,307
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4
	5	Other income (loss) (see instructions—attach statement)			5
	6	**Total income (loss).** Add lines 3 through 5 ▶			6 3,479,307
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions — attach Form 1125-E)			7 579,377
	8	Salaries and wages (less employment credits)			8 1,516,611
	9	Repairs and maintenance			9 37,925
	10	Bad debts			10
	11	Rents			11 296,312
	12	Taxes and licenses			12 147,145
	13	Interest			13 22,523
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14 7,449
	15	Depletion **(Do not deduct oil and gas depletion.)**			15
	16	Advertising			16 2,000
	17	Pension, profit-sharing, etc., plans			17
	18	Employee benefit programs			18 59,621
	19	Other deductions (attach statement)			19 988,615
	20	**Total deductions.** Add lines 7 through 19 ▶			20 3,657,578
	21	**Ordinary business income (loss).** Subtract line 20 from line 6			21 -178,271
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b	Tax from Schedule D (Form 1120S)	22b		
	c	Add lines 22a and 22b (see instructions for additional taxes)			22c 0
	23a	2015 estimated tax payments and 2014 overpayment credited to 2015	23a		
	b	Tax deposited with Form 7004	23b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d	Add lines 23a through 23c			23d 0
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			24
	25	**Amount owed.** If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25 0
	26	**Overpayment.** If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26 0
	27	Enter amount from line 26 **Credited to 2016 estimated tax** ▶		**Refunded** ▶	27 0

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date ▶ Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer Use Only

Print/Type preparer's name: ANIKE BOLARINWA	Preparer's signature	Date: 5/11/2016	Check ☐ if self-employed; PTIN [redacted]
Firm's name ▶ ANNCO CONSULTING LLC, CERTIFIED PUBLIC ACCOUNTAN			Firm's EIN ▶ [redacted]
Firm's address ▶ 4634 WHITE PLAINS ROAD			Phone no. (718) 882-7500
City: BRONX	State: NY		ZIP code: 10470

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120S** (2015)

HTA

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Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a [X] Cash b [ ] Accrual c [ ] Other (specify) ▶		
2	See the instructions and enter the: a Business activity ▶ REHAB CENTER b Product or service ▶ MEDICAL HELP		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock ▶ (ii) Total shares of non-restricted stock ▶		X
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year ▶ (ii) Total shares of stock outstanding if all instruments were executed ▶		X
6	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ [ ] If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ $		
9	Enter the accumulated earnings and profits of the corporation at the end of the tax year. $		
10	Does the corporation satisfy both of the following conditions?		
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000		
b	The corporation's total assets at the end of the tax year were less than $250,000 If "Yes," the corporation is not required to complete Schedules L and M-1.		X
11	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction $		X
12	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
13 a	Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?	X	
b	If "Yes," did the corporation file or will it file required Forms 1099?		X

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Schedule K Shareholders' Pro Rata Share Items

					Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)		1	-178,271
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		3c	0
	4	Interest income		4	
	5	Dividends: a Ordinary dividends		5a	
		b Qualified dividends	5b		
	6	Royalties		6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))		7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))		8a	
	b	Collectibles (28%) gain (loss)	8b		
	c	Unrecaptured section 1250 gain (attach statement)	8c		
	9	Net section 1231 gain (loss) (attach Form 4797)		9	
	10	Other income (loss) (see instructions) Type ▶		10	
Deductions	11	Section 179 deduction (attach Form 4562)		11	
	12a	Charitable contributions		12a	200
	b	Investment interest expense		12b	
	c	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶		12c(2)	
	d	Other deductions (see instructions) Type ▶		12d	
Credits	13a	Low-income housing credit (section 42(j)(5))		13a	
	b	Low-income housing credit (other)		13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		13c	
	d	Other rental real estate credits (see instructions) Type ▶		13d	
	e	Other rental credits (see instructions) Type ▶		13e	
	f	Biofuel producer credit (attach Form 6478)		13f	
	g	Other credits (see instructions) Type ▶		13g	
Foreign Transactions	14a	Name of country or U.S. possession ▶			
	b	Gross income from all sources		14b	
	c	Gross income sourced at shareholder level		14c	
		Foreign gross income sourced at corporate level			
	d	Passive category		14d	
	e	General category		14e	
	f	Other (attach statement)		14f	
		Deductions allocated and apportioned at shareholder level			
	g	Interest expense		14g	
	h	Other		14h	
		Deductions allocated and apportioned at corporate level to foreign source income			
	i	Passive category		14i	
	j	General category		14j	
	k	Other (attach statement)		14k	
		Other information			
	l	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued		14l	
	m	Reduction in taxes available for credit (attach statement)		14m	
	n	Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment		15a	
	b	Adjusted gain or loss		15b	
	c	Depletion (other than oil and gas)		15c	
	d	Oil, gas, and geothermal properties—gross income		15d	
	e	Oil, gas, and geothermal properties—deductions		15e	
	f	Other AMT items (attach statement)		15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income		16a	
	b	Other tax-exempt income		16b	
	c	Nondeductible expenses		16c	34
	d	Distributions (attach statement if required) (see instructions)		16d	
	e	Repayment of loans from shareholders		16e	

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Schedule K	Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Recon-ciliation	18 **Income/loss reconciliation.** Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	-178,471

Schedule L	Balance Sheets per Books	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
	Assets				
1	Cash		56,595		77,983
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts		0		0
3	Inventories		23,873		23,873
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	599,304		599,304	
b	Less accumulated depreciation	552,493	46,811	559,942	39,362
11a	Depletable assets				
b	Less accumulated depletion		0		0
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	2,974,042		2,974,042	
b	Less accumulated amortization	1,073,469	1,900,573	1,368,618	1,605,424
14	Other assets (attach statement)				
15	Total assets		2,027,852		1,746,642
	Liabilities and Shareholders' Equity				
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		337,300		234,595
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock		1,012,462		1,012,462
23	Additional paid-in capital				
24	Retained earnings		678,090		499,585
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		2,027,852		1,746,642

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Schedule M-1 **Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note: The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books	-178,505	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest $	0
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): a Depreciation $	0
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation $ b Travel and entertainment $ 34	34	7	Add lines 5 and 6	0
4	Add lines 1 through 3	-178,471	8	Income (loss) (Schedule K, line 18). Line 4 less line 7	-178,471

Schedule M-2 **Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed** (see instructions)

		(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	678,090		
2	Ordinary income from page 1, line 21			
3	Other additions			
4	Loss from page 1, line 21	-178,271		
5	Other reductions	234		
6	Combine lines 1 through 5	499,585	0	0
7	Distributions other than dividend distributions			
8	Balance at end of tax year. Subtract line 7 from line 6	499,585	0	0

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NEW ERA REHABILITATION CENTER INC.
3715 MAIN STREET
BRIDGEPORT, CT 06606

May 11, 2016

EBENEZER KOLADE
38 CRAWFORD ROAD
WESTPORT, CT 06880

RE: NEW ERA REHABILITATION CENTER INC.
02-0596949

Enclosed is your current year Schedule K-1 (Form 1120S) for the above-referenced account. The amounts shown are your distributive share of the S corporation's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocatior of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the S corporation.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

NEW ERA REHABILITATION CENTER INC.

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671113

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1120S) 2015

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or tax year beginning _____, 2015
ending _____, 20____

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
02-0596949

B Corporation's name, address, city, state, and ZIP code

NEW ERA REHABILITATION CENTER INC.
3715 MAIN STREET
BRIDGEPORT, CT 06606

C IRS Center where corporation filed return
e-file

Part II Information About the Shareholder

D Shareholder's identifying number Shareholder: 1

E Shareholder's name, address, city, state, and ZIP code

EBENEZER KOLADE
38 CRAWFORD ROAD
WESTPORT, CT 06880

F Shareholder's percentage of stock ownership for tax year 50.000000%

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -89,135	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C	17
12 A	Other deductions 100		
		17	Other information

* See attached statement for additional information.

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EBENEZER KOLADE [redacted]

K-1 Statement (Sch K-1, Form 1120S)

Line 12 - Deductions

A Code A - Cash contributions (50%) . . . . . A 100

Line 16 - Items affecting shareholder basis

C Code C - Nondeductible expenses . . . . . C 17

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NEW ERA REHABILITATION CENTER INC.
3715 MAIN STREET
BRIDGEPORT, CT 06606

May 11, 2016

CHRISTINA KOLADE
38 CRAWFORD ROAD
WESTPORT, CT 06880

RE: NEW ERA REHABILITATION CENTER INC.
02-0596949

Enclosed is your current year Schedule K-1 (Form 1120S) for the above-referenced account. The amounts shown are your distributive share of the S corporation's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocatior of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the S corporation.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

NEW ERA REHABILITATION CENTER INC.

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671113

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1120S)
Department of the Treasury
Internal Revenue Service

2015

For calendar year 2015, or tax year beginning _____, 2015
ending _____, 20____

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
02-0596949

B Corporation's name, address, city, state, and ZIP code
NEW ERA REHABILITATION CENTER INC.
3715 MAIN STREET
BRIDGEPORT, CT 06606

C IRS Center where corporation filed return
e-file

Part II Information About the Shareholder

D Shareholder's identifying number Shareholder: 2

E Shareholder's name, address, city, state, and ZIP code
CHRISTINA KOLADE
38 CRAWFORD ROAD
WESTPORT, CT 06880

F Shareholder's percentage of stock ownership for tax year 50.000000%

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -89,136	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C	17
12	Other deductions		
A	100		
		17	Other information

* See attached statement for additional information.

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For Paperwork Reduction Act Notice, see Instructions for Form 1120S. IRS.gov/form1120s Schedule K-1 (Form 1120S) 2015
HTA

CHRISTINA KOLADE [redacted]

K-1 Statement (Sch K-1, Form 1120S)

Line 12 - Deductions

A Code A - Cash contributions (50%) . . . . . A 100

Line 16 - Items affecting shareholder basis

C Code C - Nondeductible expenses . . . . . C 17

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Form **1125-E**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S
▶ Information about Form 1125-E and its separate instructions is at *www.irs.gov/form1125e.*

OMB No. 1545-2225

Name: NEW ERA REHABILITATION CENTER INC.

Employer identification number: 02-0596949

Note. Complete Form 1125-E only if total receipts are $500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of stock owned (d) Common	Percent of stock owned (e) Preferred	(f) Amount of compensation
1 EBENEZER KOLADE		100.00%	50.00%	%	289,689
CHRISTINE KOLADE		100.00%	50.00%	%	289,688
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	

2 Total compensation of officers	2	579,377
3 Compensation of officers claimed on Form 1125-A or elsewhere on return	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return	4	579,377

For Paperwork Reduction Act Notice, see separate instructions.
HTA

Form **1125-E** (Rev. 12-2013)

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No. 1545-0172
2015
Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
NEW ERA REHABILITATION CENTER INC.	1120S - REHAB CENTER	02-0596949

Part I **Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	3,495
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	3,954
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,449
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

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Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No **24b** If "Yes," is the evidence written? [ ] Yes [X] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
VEHICLES	1/20/2012	100.00%	80,000	34,320	5	200DB - HY	3,954	
VEHICLES - OLD	1/1/2006	100.00%	20,000	20,000	5	200DB - HY		
27 Property used 50% or less in a qualified business use:								
		%				S/L –		
		%				S/L –		
		%				S/L –		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	3,954	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do **not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year				43	295,149
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	295,149

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Line 19 (1120S) - Other Deductions

1	Travel, Meals and Entertainment				
	a Travel			1a	17,282
	b Meals and entertainment, subject to 50% limit	1b	67		
	c Meals and entertainment, subject to 80% limit (DOT)	1c			
	d Less disallowed	1d	34		
	e Subtract line d from lines b and c			1e	33
2	From Form 4562 - Amortization			2	295,149
3	Automobile and truck expenses			3	562
4	Bank charges			4	4,682
5	Consulting fees			5	109,968
6	Dues and subscriptions			6	6,382
7	Insurance			7	92,831
8	Janitorial			8	5,274
9	Legal and professional fees			9	59,652
10	Maintenance			10	45,731
11	Miscellaneous			11	2,094
12	Office expenses			12	35,395
13	Postage			13	231
14	Printing			14	715
15	Security			15	11,134
16	Supplies			16	166,372
17	Telephone			17	11,613
18	Utilities			18	45,173
19	Staff training			19	2,094
20	Payroll processing fees			20	4,834
21	Payroll expenses			21	2,106
22	Laboratory fess			22	69,308
23	Total other deductions			23	988,615

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Line 22a (1120S) - Excess Net Passive Income Tax

1	Enter gross receipts for the tax year (see section 1362(d)(3)(B) for gross receipts from the sale of capital assets)*	1	
2	Enter passive investment income as defined in section 1362(d)(3)(C)*	2	
3	Enter 25% of line 1 (If line 2 is less than line 3, stop here. You are not liable for this tax.)	3	0
4	Excess passive investment income - Subtract line 3 from line 2	4	0
5	Enter deductions directly connected with the production of income on line 2 (see section 1375(b)(2))*	5	
6	Net passive income - Subtract line 5 from line 2	6	0
7	Divide amount on line 4 by amount on line 2	7	0.0000%
8	Excess net passive income - Multiply line 6 by line 7	8	0
9	Enter taxable income (see instructions for taxable income below)	9	0
10	Enter smaller of line 8 or line 9	10	0
11	Excess net passive income tax - Enter 35% of line 10	11	0

*Income and deductions on lines 1, 2, and 5 are from total operations for the tax year. This includes applicable income and expenses from page 1, Form 1120S, as well as those reported separately on Schedule K. See section 1375(b)(4) for an exception regarding lines 2 and 5.

Line 9 worksheet - Computation of Corporate Taxable Income - (1120 Computation)

Line 9 taxable income is defined in Regulations section 1.1374-1(d). Figure this income by completing lines 1 through 28 of Form 1120, U.S. Corporation Income Tax Return. Include the Form 1120 computation with the worksheet computation you attach to Form 1120S. You do not have to attach the schedules, etc., called for on Form 1120. However, you may want to complete certain Form 1120 schedules, such as Schedule D (Form 1120), if you have capital gains or losses.

Income

1	Gross receipts or sales (less returns and allowances)			1	3,479,307
2	Cost of goods sold (from 1125-A)			2	0
3	Gross profit. Subtract line 2 from line 1			3	3,479,307
4	Dividends			4	0
5	Interest			5	0
6	Gross rents			6	0
7	Gross royalties			7	0
8	Capital gain net income (Schedule D (Form 1120))			8	0
9	Net gain or (loss) from Form 4797, Part II, line 17			9	0
10	Other income			10	0
11	Total income. Add lines 3 through 10			11	3,479,307

Deductions

12	Compensation of officers			12	579,377
13	Salaries and wages (less employment credits)			13	1,516,611
14	Repairs and maintenance			14	37,925
15	Bad debts			15	0
16	Rents			16	296,312
17	Taxes and licenses			17	147,145
18	Interest			18	22,523
19	Charitable contributions (see instructions for 10% limitation)			19	0
20a	Depreciation (from Form 4562)	20a	7,449		
20b	Less depreciation claimed elsewhere	20b	0	20c	7,449
21	Depletion			21	0
22	Advertising			22	2,000
23	Pension, profit-sharing, etc., plans			23	0
24	Employee benefit programs			24	59,621
25	Domestic production activities deduction			25	
26	Other deductions			26	988,615
27	Total deductions. Add lines 12 through 26			27	3,657,578
28	Taxable income for line 9 of the Excess Net Passive Income Tax. Subtract line 27 from line 11			28	-178,271

Line 22c (1120S) - Additional Taxes

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This return MUST be filed electronically!
DO NOT MAIL paper return to DRS.

Department of Revenue Services
State of Connecticut
(Rev. 01/16)

CT-1065/CT-1120SI

Form CT-1065/CT-1120SI

Connecticut Composite Income Tax Return

2015

Complete this form in blue or black ink only. See instructions before completing this return.
Visit **www.ct.gov/TSC** to file and pay this return electronically.

For calendar year 2015, or other taxable year ▶ beginning _____, 2015, and ▶ ending _____, _____.

Name of pass-through entity (PE)			Federal Employer ID Number (FEIN)
▶ NEW ERA REHABILITATION CENTER INC.		▶	[redacted]
Number and street		PO Box	DRS use only
▶ 3715 MAIN STREET		▶	– – 20
City or town	State	ZIP code	Connecticut Tax Registration Number
▶ BRIDGEPORT	CT	06606 ▶	[redacted]0

Type of PE ▶ ☐ **Electing large partnership (ELP)** ▶ ☐ **General partnership (GP)** ▶ ☒ **S corporation**
▶ ☐ **Limited liability partnership (LLP)** ▶ ☐ **Limited partnership (LP)** ▶ ☐ **Partnership** (LLC treated as a partnership)

Pass-Through Entity Information

Complete this section first and then complete Part I, *Schedule C.*

A. Check here if ▶ ☐ Final return (out of business in Connecticut) Date of dissolution: _____
☐ Amended return ☐ Short period return Explanation: _____

B. ☐ Change of address. See instructions, Page 16.

C. Total number of noncorporate members as of the close of the PE's taxable year:
Resident (RI, RE, RT) ▶ 2 Nonresident (NI, NE, NT, PE) ▶ 0

You are required to file this form and remit payments electronically. See instructions.

D. Enter the six-digit Business Code Number from federal Form 1065 or federal Form 1120S.
Business Code Number ▶ 621498

E. Date business began: 3/2/2002 Date business began in Connecticut: 3/2/2003

F. Does this PE own, directly or indirectly, an interest in Connecticut real property? If the answer to this question is **Yes**, and either answer to Item G or H is **Yes**, provide a listing of all Connecticut real property owned. ▶ Yes ☐ ▶ No ☒

G. Was a controlling interest in this PE transferred? If **Yes**, enter transferor name and Social Security Number (SSN) or FEIN, transferee name, and date of transfer below. ▶ Yes ☐ ▶ No ☒
Transferor name: _____ SSN or FEIN: _____
Transferee name: _____ Date of transfer: _____

H. Did this PE transfer a controlling interest in an entity that owns, directly or indirectly, an interest in Connecticut real property? If **Yes**, enter name and FEIN, transferee name, and date of transfer below. ▶ Yes ☐ ▶ No ☒
Name: _____ FEIN: _____
Transferee name: _____ Date of transfer: _____

Part I Schedule A – PE Computation of Composite Tax Due

1. Total Connecticut-sourced income included in composite return from Part I, *Schedule B*, Line 10, Column C. ▶	1.	0	00
2. Multiply Line 1 by 6.99% (.0699). ▶	2.	0	00
3. Members' credits from Part I, *Schedule B*, Line 12, Column E. ▶	3.	0	00
4. Tax liability: Subtract Line 3 from Line 2. ▶	4.	0	00
5. Payment made with Form CT-1065/CT-1120SI EXT. ▶	5.	0	00
6. Parent PE only: Enter amount from Part I, *Schedule D,* Line 10, Column C. ▶	6.	0	00
7. Add Line 5 and Line 6. ▶	7.	0	00
8. Amount to be refunded to PE: If Line 7 is more than Line 4, subtract Line 4 from Line 7. ▶	8.	0	00

For faster refund, use Direct Deposit by completing Lines 8a, 8b, and 8c.

8a. Checking ▶ ☐ Savings ▶ ☐ 8b. Routing number ▶ _____

8c. Account number ▶ _____ 8d. Will this refund go to a bank account outside the U.S.? ▶ ☐ Yes

9. Amount of tax owed: If Line 4 is more than Line 7, subtract Line 7 from Line 4. ▶	9.	0	00
10. If late, enter penalty. See instructions. ▶	10.	0	00
11. If late, enter interest. Multiply the amount on Line 9 by 1% (.01). Multiply the result by the number of months or fraction of a month late. ▶	11.	0	00
12. Balance due with this return: Add Lines 9 through 11. ▶	12.	0	00

Partnership: Attach a complete copy of federal Form 1065 (excluding federal K-1s).
S corporation: Attach a complete copy of federal Form 1120S (excluding federal K-1s).

For a faster refund, choose direct deposit (Lines 8a - 8c).

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Part I Schedule B – PE Member Composite Return Attach supplemental attachment(s), if needed.

Column A Member # From Part IV	Column B Identification Number See instructions.	Column C Connecticut-Sourced Income See instructions.	Column D Multiply Column C by 6.99% (0.0699)	Column E Members' Credit Schedule CT K-1, Part IV, Line 5, Col. B	Column F Connecticut Income Tax Liability Column D minus Column E
1.	▶	▶ 00	00	▶ 00	▶ 00
2.	▶	▶ 00	00	▶ 00	▶ 00
3.	▶	▶ 00	00	▶ 00	▶ 00
4.	▶	▶ 00	00	▶ 00	▶ 00
5.	▶	▶ 00	00	▶ 00	▶ 00
6.	▶	▶ 00	00	▶ 00	▶ 00
7.	▶	▶ 00	00	▶ 00	▶ 00
8.	▶	▶ 00	00	▶ 00	▶ 00
9. Subtotal(s) from supplemental attachment(s)		0 00	0 00	0 00	0 00
10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, *Schedule A*, Line 1.		0 00			
11. Add Lines 1 through 9, Column D.			0 00		
12. Add Lines 1 through 9, Column E. Enter amount here and on Part I, *Schedule A*, Line 3.				0 00	
13. Total composite return tax liability. Add Lines 1 through 9, Column F.					0 00

Part I Schedule C – Federal Schedule K Information (Form 1065 or Form 1120S)

All PEs must complete this schedule.		Column A Amounts Reported by This PE on Federal Schedule K	Column B Amount From Subsidiary PE(s)	Column C Column A minus Column B
1. Ordinary business income (loss)	1.	▶ -178,271 00	▶ 0 00	-178,271 00
2. Net rental real estate income (loss)	2.	▶ 0 00	▶ 0 00	0 00
3. Other net rental income (loss)	3.	▶ 0 00	▶ 0 00	0 00
4. Guaranteed payments	4.	▶ 0 00	▶ 0 00	0 00
5. Interest income	5.	▶ 0 00	▶ 0 00	0 00
6a. Ordinary dividends	6a.	▶ 0 00	▶ 0 00	0 00
6b. Qualified dividends	6b.	▶ 0 00	▶ 0 00	0 00
7. Royalties	7.	▶ 0 00	▶ 0 00	0 00
8. Net short-term capital gain (loss)	8.	▶ 0 00	▶ 0 00	0 00
9a. Net long-term capital gain (loss)	9a.	▶ 0 00	▶ 0 00	0 00
9b. Collectibles (28%) gain (loss)	9b.	▶ 0 00	▶ 0 00	0 00
9c. Unrecaptured section 1250 gain	9c.	▶ 0 00	▶ 0 00	0 00
10. Net section 1231 gain (loss)	10.	▶ 0 00	▶ 0 00	0 00
11. Other income (loss): Attach statement.	11.	▶ 0 00	▶ 0 00	0 00
12. Section 179 deduction	12.	▶ 0 00	▶ 0 00	0 00
13. Other deductions: Attach statement.	13.	▶ 200 00	▶ 0 00	200 00

Part I Schedule D – Connecticut-Sourced Income From Subsidiary PE(s) Attach supplemental attachment(s), if needed.

Only a parent PE must complete this schedule.

- Refer to federal Schedule K-1 and Schedule CT K-1 for amounts to enter in Columns A, B, and C.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and capital loss limitations.

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Sources	Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1
1. ▶	▶	▶ 0 00	▶ 0 00	▶ 0 00
2. ▶	▶	▶ 0 00	▶ 0 00	▶ 0 00
3. ▶	▶	▶ 0 00	▶ 0 00	▶ 0 00
4. ▶	▶	▶ 0 00	▶ 0 00	▶ 0 00
5. ▶	▶	▶ 0 00	▶ 0 00	▶ 0 00
6. ▶	▶	▶ 0 00	▶ 0 00	▶ 0 00
7. ▶	▶	▶ 0 00	▶ 0 00	▶ 0 00
8. ▶	▶	▶ 0 00	▶ 0 00	▶ 0 00
9. Subtotal(s) from supplemental attachment(s)		0 00	0 00	0 00
10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, *Schedule A*, Line 6.				0 00

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Part II – Allocation and Apportionment of Income

Complete only if all of the following apply:

- There are one or more nonresident noncorporate members or one or more members that are PEs;
- The PE carries on business both within and outside Connecticut; **and**
- The PE does not maintain books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources.

		Column A Totals Everywhere	Column B Connecticut Only	Column C Fraction Enter as a decimal
1. Real property owned	1.	0 00	0 00	Divide Column B by Column A
2. Real property rented from others	2.	0 00	0 00	
3. Tangible personal property owned or rented	3.	0 00	0 00	
4. Property owned or rented: Add Lines 1, 2, and 3.	4.	► 0 00	► 0 00	► 0.000000
5. Employee wages and salaries	5.	► 0 00	► 0 00	► 0.000000
6. Gross income from sales and services	6.	► 0 00	► 0 00	► 0.000000
7. Total: Add Lines 4, 5, and 6, Column C.				7. ► 0.000000
8. Apportionment fraction: Divide Line 7 by three or actual number of fractions.				8. ► 0.000000

Part III Place(s) of Business Attach supplemental attachment(s), if needed.

Complete only if the PE carries on business both **within and outside** Connecticut.

Location	Description	Owned or Rented to PE	Activity

Part IV – Member Information Attach supplemental attachment(s), if needed.

Member #	Member Name and Address See instructions for order in which to list and for member type codes	Member Type Code	FEIN or SSN	Profit Sharing % Enter as a decimal.	Loss Sharing % Enter as a decimal.	Capital Ownership % Enter as a decimal.
► 1	► EBENEZER KOLADE 38 CRAWFORD ROAD WESTPORT, CT 06880	► RI	►	►	►	► 50.0000%
► 2	► CHRISTINA KOLADE 38 CRAWFORD ROAD WESTPORT, CT 06880	► RI	►	►	►	► 50.0000%
►	►	►	►	►	►	►
►	►	►	►	►	►	►

Part V – Member's Share of Connecticut Modifications Attach supplemental attachment(s), if needed.

		Member # 1	Member # 2	Member #	Totals for All Members
Additions: Enter all amounts as positive numbers.					
1. Interest on state and local government obligations other than Connecticut	1.	► 0 00	► 0 00	► 00	0 00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	► 0 00	► 0 00	► 00	0 00
3. Certain deductions relating to income exempt from Connecticut income tax	3.	► 0 00	► 0 00	► 00	0 00
4. *Reserved for future use*	4.				
5. Other - specify: _____	5.	► 0 00	► 0 00	► 00	0 00
Subtractions: Enter all amounts as positive numbers.					
6. Interest on U.S. government obligations	6.	► 0 00	► 0 00	► 00	0 00
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7.	► 0 00	► 0 00	► 00	0 00
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	8.	► 0 00	► 0 00	► 00	0 00
9. *Reserved for future use*	9.				
10. Other - specify: _____	10.	► 0 00	► 0 00	► 00	0 00

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Part VI – Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S.

Include member's share of Connecticut modifications from Part V.
Attach supplemental attachment(s), if needed.

		Member #	Member #	Member #	Totals for All Members
1. Ordinary business income (loss)	1.	▶ 00	▶ 00	▶ 00	0 00
2. Net rental real estate income (loss)	2.	▶ 00	▶ 00	▶ 00	0 00
3. Other net rental income (loss)	3.	▶ 00	▶ 00	▶ 00	0 00
4. Guaranteed payments	4.	▶ 00	▶ 00	▶ 00	0 00
5. Interest income	5.	▶ 00	▶ 00	▶ 00	0 00
6a. Ordinary dividends	6a.	▶ 00	▶ 00	▶ 00	0 00
6b. Qualified dividends	6b.	▶ 00	▶ 00	▶ 00	0 00
7. Royalties	7.	▶ 00	▶ 00	▶ 00	0 00
8. Net short-term capital gain (loss)	8.	▶ 00	▶ 00	▶ 00	0 00
9a. Net long-term capital gain (loss)	9a.	▶ 00	▶ 00	▶ 00	0 00
9b. Collectibles (28%) gain (loss)	9b.	▶ 00	▶ 00	▶ 00	0 00
9c. Unrecaptured section 1250 gain	9c.	▶ 00	▶ 00	▶ 00	0 00
10. Net section 1231 gain (loss)	10.	▶ 00	▶ 00	▶ 00	0 00
11. Other income (loss): Attach statement.	11.	▶ 00	▶ 00	▶ 00	0 00
12. Section 179 deduction	12.	▶ 00	▶ 00	▶ 00	0 00
13. Other deductions: Attach statement.	13.	▶ 00	▶ 00	▶ 00	0 00

Part VII – Connecticut Income Tax Credit Summary

Attach supplemental attachment(s), if needed.

		Member # 1	Member # 2	Member #	Totals for All Members
1. *Reserved for future use*	1.				
2. Job expansion tax credit	2.	▶ 0 00	▶ 0 00	▶ 00	▶ 0 00
3. Angel investor tax credit	3.	▶ 0 00	▶ 0 00	▶ 00	▶ 0 00
4. Insurance reinvestment fund tax credit	4.	▶ 0 00	▶ 0 00	▶ 00	▶ 0 00
5. Total credits: Add Lines 2 through 4.	5.	0 00	0 00	00	0 00

The PE must furnish Schedule CT K-1 to all members.

Visit the DRS website at **www.ct.gov/TSC** to use the **Taxpayer Service Center *(TSC)*** to file and pay this return electronically.

Paper returns may **only** be submitted by taxpayers who have been granted an electronic filing waiver from DRS or amended returns.

To pay by mail, make check payable to **Commissioner of Revenue Services.**

Mail return **with** payment to: Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019.

Mail return **without** payment to: Department of Revenue Services, State of Connecticut, PO Box 2967, Hartford CT 06104-2967.

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than $5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here	Signature of general partner or corporate officer	Date	May DRS contact the preparer shown below about this return? ☐ Yes ☒ No (See Instructions, Page 30.)
Keep a copy of this return for your records.	Title	Telephone number	
	Email address of general partner or corporate officer ▶		
	Paid preparer's signature	Date ▶ 5/11/2016	
	Paid preparer's name (printed) ANIKE BOLARINWA	Preparer's SSN or PTIN ▶ [redacted]	☐ SSN ☒ PTIN
	Firm's name and address ANNCO CONSULTING LLC, CERTIFIED PUBLIC ACCOUNTA 4634 WHITE PLAINS ROAD, BRONX, NY 10470	FEIN [redacted]	Telephone number (718) 882-7500

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Department of Revenue Services
State of Connecticut
(Rev. 12/15)

Schedule CT K-1
Member's Share of Certain Connecticut Items

2015

For calendar year 2015 or other taxable year ► beginning _____, 2015, and ► ending _____, 20 ____.
Complete in blue or black ink only.

Pass-through entity (PE) Information		Member Information
Federal Employer ID Number (FEIN) ► [redacted]	CT Tax Registration Number ► [redacted]	Member's Social Security Number (SSN) or FEIN ► ► ► [X] SSN ► [ ] FEIN
Name ► NEW ERA REHABILITATION CENTER INC.		Name ► EBENEZER KOLADE — Member: 1
Number and street address ► 3715 MAIN STREET	PO Box	Number and street address ► 38 CRAWFORD ROAD — PO Box
City or town ► BRIDGEPORT	State CT — ZIP code 06606	City or town ► WESTPORT — State CT — ZIP code 06880
Check the box if this is an amended or a final Schedule CT K-1. ► [ ] Amended Schedule CT K-1 ► [ ] Final Schedule CT K-1		Type of member (check one): ► [X] RI ► [ ] RE ► [ ] RT ► [ ] PE ► [ ] NI ► [ ] NE ► [ ] NT ► [ ] CM

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.			
1. Interest on state and local obligations other than Connecticut	1.	0	00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	0	00
3. Certain deductions relating to income exempt from Connecticut income tax	3.	0	00
4. *Reserved for future use*	4.		
5. Other - specify _____	5.	0	00
Subtractions Enter all amounts as positive numbers.			
6. Interest on U.S. government obligations	6.	0	00
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7.	0	00
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	8.	0	00
9. *Reserved for future use*	9.		
10. Other - specify _____	10.	0	00

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

		Column A From Federal Schedule K-1		Column B From Form CT-1065/CT-1120SI, Part VI	
1. Ordinary business income (loss)	1.	0	00	0	00
2. Net rental real estate income (loss)	2.	0	00	0	00
3. Other net rental income (loss)	3.	0	00	0	00
4. Guaranteed payments	4.	0	00	0	00
5. Interest income	5.	0	00	0	00
6a. Ordinary dividends	6a.	0	00	0	00
6b. Qualified dividends	6b.	0	00	0	00
7. Royalties	7.	0	00	0	00
8. Net short-term capital gain (loss)	8.	0	00	0	00
9a. Net long-term capital gain (loss)	9a.	0	00	0	00
9b. Collectibles 28% gain (loss)	9b.	0	00	0	00
9c. Unrecaptured section 1250 gain	9c.	0	00	0	00
10. Net section 1231 gain (loss)	10.	0	00	0	00
11. Other income (loss): Attach statement.	11.	0	00	0	00
12. Section 179 deduction	12.	0	00	0	00
13. Other deductions: Attach statement.	13.	0	00	0	00

Part III - Connecticut Income Tax Information

1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, *Schedule B*, Column F	1.	0	00

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EBENEZER KOLADE

Member: 1

[redacted]

Part IV - Connecticut Income Tax Credit Summary

		Column A Total credit earned by member in 2015 (from Form CT-1065/CT-1120SI, Part VII)	Column B Credit allowed on behalf of member on composite return (amounts from worksheet below)
1. *Reserved for future use.*	1.		
2. Job expansion tax credit	2.	► 0 00	► 0 00
3. Angel investor tax credit	3.	► 0 00	► 0 00
4. Insurance reinvestment fund tax credit	4.	► 0 00	► 0 00
5. Total credits: Add Lines 2 through 4.	5.	0 00	0 00

Income Tax Credit Worksheet

Completed for nonresident, noncorporate, and PE members only		Column A Tax credit limitation	Column B 2015 credit amount earned (enter amounts from Part IV, Column A)	Column C Amount of credit applied to 2015 income tax liability
1. Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, *Schedule B*, Column D.	1.	0 00		
2. *Reserved for future use.*	2.			
3. *Reserved for future use.*	3.			
4. Job expansion tax credit: Enter in Column C the lesser of Line 4, Column B, or Line 1, Column A.	4.		0 00	0 00
5. Balance of income tax liability: Subtract Line 4, Column C from Line 1, Column A. If less than zero, enter "0."	5.	0 00		
6. Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 5, Column A.	6.		0 00	0 00
7. Balance of income tax liability: Subtract Line 6, Column C from Line 5, Column A. If less than zero, enter "0."	7.	0 00		
8. Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A.	8.		0 00	0 00

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Department of Revenue Services
State of Connecticut
PO Box 150420
Hartford CT 06115-0420

(Rev. 12/15)

Form CT K-1T

Transmittal of Schedule CT K-1, Member's Share of Certain Connecticut Items

2015

For DRS use only
- - 20

Complete this form in blue or black ink only.

Pass-Through Entity Information

► Federal Employer ID Number (FEIN) [redacted]	CT Tax Registration Number [redacted]
► Pass-through entity name NEW ERA REHABILITATION CENTER INC.	
► Number and street address 3715 MAIN STREET	PO Box
► City or town BRIDGEPORT	State CT / ZIP code 06606

Part I - Schedule CT K-1s Submitted

1. Total number of Schedule CT K-1s submitted with this Form CT K-1T ►	1.	2

Part II - Number of Members

	Column A Number of Members	Column B Ownership Percentage by Member Type
1. Resident (RI, RT, RE)	► 2	► 100.000000%
2. Nonresident (NI, NT, NE, PE)	► 0	► 0.000000%
3. Corporate (CM)	► 0	► 0.000000%

Part III - Summary of Schedule CT K-1 Information

1. Total Connecticut-sourced income (NI, NT, NE) ►	1.	0	00
2. Total Connecticut-sourced income (PE) ►	2.	0	00
3. Connecticut-sourced income: Amount from Form CT-1065/CT-1120SI, Part I, *Schedule* A, Line 1 ►	3.	0	00
4. Connecticut tax liability: Amount from Form CT-1065/CT-1120SI, Part I, *Schedule* A, Line 4 ►	4.	0	00

Part IV - Summary of Income Tax Credits

		Total Credit Allocated to Members	
1. *Reserved for future use.* ►	1.		
2. Job expansion tax credit ►	2.	0	00
3. Angel investor tax credit ►	3.	0	00
4. Insurance reinvestment fund tax credit ►	4.	0	00
5. Total credits earned in 2015: Add lines 2 through 4. ►	5.	0	00

Do not attach Form CT K-1T or copies of Schedule CT K-1, *Member's Share of Certain Connecticut Items* to Form CT-1065/CT-1120SI, *Connecticut Composite Income Tax Return*. Form CT K-1T and copies of Schedule CT K-1 must be mailed separately.

Attach Schedule CT K-1s to Form CT K-1T and **mail to:**
Department of Revenue Services
State of Connecticut
PO Box 150420
Hartford CT 06115 - 0420

A penalty of $5 per schedule (up to a total of $2,000 per calendar year) will be imposed for failure to provide a copy of Schedule CT K-1 to DRS unless the failure is due to reasonable cause and not to willful neglect.

Declaration: I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than $5,000, imprisonment for not more than five years, or both.

Sign Here Keep a copy of this return for your records.	Signature	Date
	Title	Telephone number

1833

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Department of Revenue Services
State of Connecticut
(Rev. 12/15)

Schedule CT K-1
Member's Share of Certain Connecticut Items

2015

For calendar year 2015 or other taxable year ► beginning _____, 2015, and ► ending _____, 20 ____ .
Complete in blue or black ink only.

Pass-through entity (PE) information		Member information
Federal Employer ID Number (FEIN) ► [redacted]	CT Tax Registration Number ► [redacted]	Member's Social Security Number (SSN) or FEIN ► ► ☒ SSN ☐ FEIN
Name ► NEW ERA REHABILITATION CENTER INC.		Name ► CHRISTINA KOLADE — Member: 2
Number and street address ► 3715 MAIN STREET	PO Box	Number and street address ► 38 CRAWFORD ROAD — PO Box
City or town ► BRIDGEPORT — State CT — ZIP code 06606		City or town ► WESTPORT — State CT — ZIP code 06880
Check the box if this is an amended or a final Schedule CT K-1. ► ☐ Amended Schedule CT K-1 ► ☐ Final Schedule CT K-1		Type of member (check one): ► ☒ RI ► ☐ RE ► ☐ RT ► ☐ PE ► ☐ NI ► ☐ NE ► ☐ NT ► ☐ CM

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1.	Interest on state and local obligations other than Connecticut ►	1.	0 00
2.	Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ►	2.	0 00
3.	Certain deductions relating to income exempt from Connecticut income tax ►	3.	0 00
4.	*Reserved for future use* ►	4.	
5.	Other - specify _____ ►	5.	0 00

Subtractions Enter all amounts as positive numbers.

6.	Interest on U.S. government obligations ►	6.	0 00
7.	Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ►	7.	0 00
8.	Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ►	8.	0 00
9.	*Reserved for future use* ►	9.	
10.	Other - specify _____ ►	10.	0 00

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

			Column A From Federal Schedule K-1		Column B From Form CT-1065/CT-1120SI, Part VI
1.	Ordinary business income (loss)	1.	0 00	►	0 00
2.	Net rental real estate income (loss)	2.	0 00	►	0 00
3.	Other net rental income (loss)	3.	0 00	►	0 00
4.	Guaranteed payments	4.	0 00	►	0 00
5.	Interest income	5.	0 00	►	0 00
6a.	Ordinary dividends	6a.	0 00	►	0 00
6b.	Qualified dividends	6b.	0 00	►	0 00
7.	Royalties	7.	0 00	►	0 00
8.	Net short-term capital gain (loss)	8.	0 00	►	0 00
9a.	Net long-term capital gain (loss)	9a.	0 00	►	0 00
9b.	Collectibles 28% gain (loss)	9b.	0 00	►	0 00
9c.	Unrecaptured section 1250 gain	9c.	0 00	►	0 00
10.	Net section 1231 gain (loss)	10.	0 00	►	0 00
11.	Other income (loss): Attach statement.	11.	0 00	►	0 00
12.	Section 179 deduction	12.	0 00	►	0 00
13.	Other deductions: Attach statement.	13.	0 00	►	0 00

Part III - Connecticut Income Tax Information

1.	Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, *Schedule B*, Column F ►	1.	0 00

1833

CLIENT COPY

CHRISTINA KOLADE Member: 2 [redacted]

Part IV - Connecticut Income Tax Credit Summary

		Column A Total credit earned by member in 2015 (from Form CT-1065/CT-1120SI, Part VII)	Column B Credit allowed on behalf of member on composite return (amounts from worksheet below)
1. *Reserved for future use.*	1.		
2. Job expansion tax credit	2.	► 0 00	► 0 00
3. Angel investor tax credit	3.	► 0 00	► 0 00
4. Insurance reinvestment fund tax credit	4.	► 0 00	► 0 00
5. Total credits: Add Lines 2 through 4.	5.	0 00	0 00

Income Tax Credit Worksheet

Completed for nonresident, noncorporate, and PE members only		Column A Tax credit limitation	Column B 2015 credit amount earned (enter amounts from Part IV, Column A)	Column C Amount of credit applied to 2015 income tax liability
1. Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, *Schedule B*, Column D.	1.	0 00		
2. *Reserved for future use.*	2.			
3. *Reserved for future use.*	3.			
4. Job expansion tax credit: Enter in Column C the lesser of Line 4, Column B, or Line 1, Column A.	4.		0 00	0 00
5. Balance of income tax liability: Subtract Line 4, Column C from Line 1, Column A. If less than zero, enter "0."	5.	0 00		
6. Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 5, Column A.	6.		0 00	0 00
7. Balance of income tax liability: Subtract Line 6, Column C from Line 5, Column A. If less than zero, enter "0."	7.	0 00		
8. Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A.	8.		0 00	0 00

CLIENT COPY

Item F (CT 1065, 1120SI, K1) - Connecticut Real Property Owned

	Property Name	Street Address	Street Address 2	City	State	Zip Code
1						

CLIENT COPY

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Part III (CT 1065, 1120SI, K1) - Places of Business

	Address1	Address2	City	State	Zip Code	Country	Description	Owned or Rented	Activity
1									

CLIENT COPY

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Kathleen Whelan Ulm, Consultant
4 Madaket Court
Guilford, CT 06437

To Whom It May Concern,

I am writing to support the New Era Rehabilitation Center In their applications to become a provider of Mental Health Services at their Bridgeport and New Haven locations.

As a clinician in the field of mental health and addiction services for thirty years, I am aware of how mental health and other psychosocial needs complicate the treatment of this population. Today, New Era must turn to these two major communities to provide those services.
As a consultant for New Era over the past year, I have witnessed the challenges of connecting mentally ill substance abusers on methadone and Medicaid to resources in the community. And when they do find willing providers, they are often not well versed in the nuances of methadone maintenance, such as the interaction of psychotropic drugs with methadone. Communication between agencies is another challenge.

Studies conducted by Dartmouth and available through SAMHSA show evidence that if all services can be provided at the same agency, outcomes improve. This is especially important when working with clients in a special modality such as methadone maintenance. New Era is an expert in this modality. New Era MUST provide these services.

Sincerely,
Kathleen Whelan-Ulm, MA, LADC, CCS

Kathleen Whelan Ulm, MA, LADC, CCS

NEW HAVEN REGISTER THE REGISTER CITIZEN The Middletown Press Farmington Valley Times CONNECTICUT
SHORELINE TIMES The Foothills Trader WEST HARTFORD NEWS MINUTEMAN Newspapers
Milford-Orange Bulletin THE GRANBY NEWS the Dolphin THE LITCHFIELD COUNTY TIMES Post-Chronicle

RECEIPT

New Haven Register
100 Gando Drive
New Haven, CT 06513
Phone: **1-203-850-6628**

08/12/16

Account:	1013910
Name:	
Company:	NEW ERA REHABILITAION
Address:	
Telephone:	(203) 372-3333
Description:	expansion of services New Era

Gross:	$141.45
Paid Amount:	- $141.45
Amount Due:	$0.00

Date:	08/12/16
Ad Date:	07/13/16
Class:	1060
Ad ID:	1065637
Ad Taker:	CRCCOVINGT30
Sales Person:	Crystall Covington (200311)
Words:	14
Lines:	4
Agate Lines:	4
Column width:	1
Depth:	0.444
Inserts:	9
Blind Box:	

Publication

New Haven Register, nhregister.com, nhregister.com2

Ad sample

Expansion of Services
New Era Rehabilitation
Plans to expand services
for mental health treatment.

We Appreciate Your Business!
Thank You !

21ST CENTURY media

Adeoluwa Kolade

From: Cindy Carroll <ccarroll@newerarehab.com>
Sent: Friday, August 12, 2016 12:45 PM
To: Adeoluwa Kolade
Subject: FW: Ad confirmation

From: Denise Hendricks [mailto:dhendricks@newspaperclassifieds.com]
Sent: Friday, August 12, 2016 12:44 PM
To: ccarroll@newerarehab.com
Subject: Re: Ad confirmation

It ran 3 times on July 13, 14 & 15 in print and online.

On Fri, Aug 12, 2016 at 12:37 PM, Denise Hendricks <dhendricks@newspaperclassifieds.com> wrote:

--

Denise Hendricks

Classified Sales Representative for:
Connecticut, Massachusetts & Michigan

Phone: 248.745.4501
Fax: 248.284.1440

dhendricks@newspaperclassifieds.com

--

Denise Hendricks

Classified Sales Representative for:
Connecticut, Massachusetts & Michigan

Phone: 248.745.4501
Fax: 248.284.1440

dhendricks@newspaperclassifieds.com

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Hours: 8:30 a.m.–4:30 p.
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ANNOUNCEMENTS

EXPANSION OF Services New Era Rehabilitation plan to expand services for mental health treatment.

LOST AND FOUND

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ANIMAL CONTROL

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GREAT FOR TC
$25 CALL 203 3

BATHROOM V
deep. Wht sin
cabinet 203-8

BATH TOW
QUALITY S

Order Confirmation

Ad Order Number	Customer	Payor Customer
0002194359	New Era ,Rehab	New Era ,Rehab
Sales Rep. asasser	**Customer Account** 236833	**Payor Account** 236833
Order Taker asasser	**Customer Address** 3851 Main st BRIDGEPORT CT 06606 USA	**Payor Address** 3851 Main st BRIDGEPORT CT 06606 USA
Ordered By Cindy	**Customer Phone** 203-372-3333	**Payor Phone** 203-372-3333
Order Source E-mail		
PO Number	**Customer Fax**	**Customer EMail** ccarroll@newerarehab.com

Ad Content Proof

Certificate of Need for additional service for Mental Health and Co-occurring program. New Era Rehab 3851 Main St, Bridgeport, CT 06606 .

Tear Sheets	Proofs	Affidavits	Special Pricing	Promo Type
0	0	0	None	

Order Notes:

Invoice Text:

Blind Box **Materials** **Payment Method**

Net Amount	Tax Amount	Total Amount	Payment Amt	Amount Due
$235.59	$0.00	$235.59	$0.00	$235.59

Ad Number	Ad Type	Ad Size	Pick Up Number
0002194359-01	CLS Liner	1.0 X 7 Li	0002181842

External Ad #	Ad Released	Ad Attributes
	No	

Color	Production Method	Production Notes
<NONE>	AdBooker	

Product / Run Dates / Sort Text / Run Schedule Invoice Text	Placement/Class	# Inserts	Cost
Connecticut Post:: 9/2/2016, 9/3/2016, 9/4/2016 CERTIFICATEOFNEEDFORADDITIONALSERVICEFORMENTALHEALTHANDCOOCCURRINGPF Certificate of Need for additional service for Mental Health and	Announcements	3	$231.59
Connpost.com:: 9/2/2016, 9/3/2016, 9/4/2016 CERTIFICATEOFNEEDFORADDITIONALSERVICEFORMENTALHEALTHANDCOOCCURRINGPF Certificate of Need for additional service for Mental Health and	Announcements	3	$4.00

NEW HAVEN REGISTER THE REGISTER CITIZEN The Middletown Press Farmington Valley Times CONNECTICUT
SHORELINE TIMES The Foothills Trader WEST HARTFORD NEWS MINUTEMAN Newspapers Connecticut Bridge
Milford-Orange Bulletin THE GRANBY NEWS the Dolphin THE LITCHFIELD COUNTY TIMES Post-Chronicle

RECEIPT

New Haven Register
100 Gando Drive
New Haven, CT 06513
Phone: **1-203-850-6628**

09/01/16

Account:	**1013910**
Name:	
Company:	**NEW ERA REHABILITAION**
Address:	**3851 MAIN ST, 2ND FLOOR BRIDGEPORT, CT 06606**
Telephone:	**(203) 372-3333**
Description:	**certificate of need FOR Additional s**

Gross:	**$155.45**
Paid Amount:	**- $155.45**
Amount Due:	**$0.00**

Date:	**09/01/16**
Ad Date:	**09/02/16**
Class:	**1060**
Ad ID:	**1114059**
Ad Taker:	**CRDHENDRIC30**
Sales Person:	**Denise Hendricks (200316)**
Words:	**23**
Lines:	**7**
Agate Lines:	**9**
Column width:	**1**
Depth:	**0.931**
Inserts:	**7**
Blind Box:	

Publication

New Haven Register, nhregister.com, nhregister.com2

Ad sample

CERTIFICATE OF NEED FOR
Additional service
for mental health &
co-occuring program.
New Era Rehab Center
311 East Street
New Haven, CT 06511

We Appreciate Your Business!
Thank You !

21ST CENTURY media

Greer, Leslie

From: Walker, Shauna
Sent: Wednesday, October 19, 2016 7:39 AM
To: akolade@newerarehab.com
Cc: User, OHCA; Riggott, Kaila; Armah, Olga; Walker, Shauna
Subject: Completeness Questions on CON Application # 16-32116
Attachments: 16-32116 Completeness.docx

Dear Mr. Kolade,

Please see attached request for additional information regarding CON application 16-32116 – Establishment of a Psychiatric Outpatient Clinic for Adults in New Haven. There are additional items that need to be addressed.

Please contact me if you have any questions. Reponses are due by **Monday December 19, 2016**.

Much Regards,

Shauna L. Walker
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: (860) 418-7069
Email: Shauna.Walker@ct.gov

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

October 19, 2016 VIA EMAIL
akolade@newerarehab.com
Adeoluwa Kolade
New Era Rehabilitation Center, Inc.
38 Crawford Road
Westport, CT 06880

RE: Certificate of Need Application, Docket Number 16-32116-CON
Establishment of a Psychiatric Outpatient Clinic for Adults

Dear Mr. Kolade:

On September 26th, 2016, the Department of Public Health ("DPH"), Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") application on behalf of New Era Rehabilitation Center, Inc., ("NERC" or "Applicant") proposing to establish a psychiatric outpatient clinic for adults in New Haven.

OHCA requests additional information pursuant to Connecticut General Statutes §19a-639a(c). *Please electronically confirm receipt of this email as soon as you receive it.* Provide responses to the questions below in both a Word document and PDF format at the earliest convenience as an attachment to a responding email. *Please email your responses to all of the following email addresses:* **OHCA@ct.gov; shauna.walker@ct.gov; olga.armah@ct.gov;** and **kaila.riggott@ct.gov.**

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information no later than sixty days after the date that this request was transmitted. Therefore, please provide your written responses to OHCA no later than **December 19, 2016**, otherwise your application will be automatically considered withdrawn.

Repeat each question before providing your response and paginate and date your response, i.e., each page, in its entirety. Information filed after the initial CON application submission (e.g., 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 102** and reference "**Docket Number: 16-32116-CON**."

1. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the applicant.

2. Place a checkmark (✓) in the "Needed for Proposal" column for each license that the Applicant is seeking from the State's Department of Public Health (DPH) in relation to the proposal.

Table 1: DPH Licenses Needed for the Proposal

License	Needed for Proposal
Psychiatric Outpatient Clinic for Adults	☐
Mental Health Day Treatment (outpatient- one unit of service must be four (4) hours or more per person daily also known as Partial Hospitalization)	☐
Mental Health Residential Living Center	☐
Mental Health Community Residence	☐
Facility for the Care or the Treatment of Substance Abusive or Dependent Persons: Select at least one of the following if proposing substance abuse treatment services: Ambulatory Chemical Detox (outpatient) ☐ Day or Evening Treatment (outpatient, one unit of service is less than four (4) hours per person daily, includes IOP & OP) ☐ Chemical Maintenance (outpatient, administers Methadone, DEA involved in approval) ☐ Outpatient Treatment (outpatient) ☐ Care or Rehab (residential) ☐ Intermediate and long term treatment and rehab (residential) ☐ Detoxification & Evaluation (residential) ☐	☐

3. Explain how the proposed mental health treatment program will operate, including the services to be provided, treatment approaches and structure.

4. 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.

5. Describe how other residents in the proposed service area of the NERC New Haven location would access the proposed services. How are these potential clients currently receiving mental health treatment?

6. Provide the number of months covered in Table 8 on page 31. Also, please update the table to reflect utilization by town for the New Haven location only.

7. Page 46 states that 20% of the total population will utilize the proposed program within 3 years, yet page 18 states that over 90% of NERC clients receiving substance abuse treatment are also suffering from mental illness. What proportion of NERC New Haven clients are currently suffering from co-occurring disorders? Explain how they will access and utilize the proposed services.

8. The data in the table below is taken from Tables 5 and 6 on page 29. Please revise Tables 5 and 6 to include utilization for the New Haven location only, based solely on this location's historical client census. Provide the unit of measure (clients, sessions or visits) for the utilization data provided in the table. Confirm that the volume for IOP is included in the projected utilization for the mental health outpatient program. Also, provide the method of annualizing and the number of actual months covered for fiscal year 2016. Explain the 90% increase in the projected utilization for methadone maintenance in 2017 compared with the current fiscal year, should this still exist after revising the data.

	Actual Volume			**CFY Volume**	**Projected Volume**		
Service**	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**
Methadone Maintenance	N/A	22,672	23,400	24,232	46,410	48,731	48,731
IOP	N/A	75	540	540			
Mental Health Outpatient					4,420	5,525	6,630
Total	N/A	22,747	23,940	24,772	50,830	54,256	55,361

9. According to the Behavioral Health Treatment Services Locator on the Substance Abuse and Mental Health Services Administration website (https://findtreatment.samhsa.gov), NERC of New Haven currently accepts cash, self-pay and Access to Recovery (ATR) Vouchers. A sliding fee scale, based on income and other factors, is also available. Will this be extended to the proposed mental health treatment program? Provide a copy of the charity care policy if it applies to the proposal.

10. Provide the referral sources for the substance abuse treatment program for the New Haven location only.

11. Include any copies of agreements (e.g. memorandum of understanding, transfer agreement, operating agreement) related to the proposal. This includes any key referral and/or transfer agreements with local providers.

12. Update and resubmit the Financial Worksheet (A) on pages 67 and 68 based on the New Haven location only. Include the net patient service revenue for commercial insurers in line 9. Verify any revenue included under "Other" non-government net patient service revenue. Also, verify there is no projected incremental income from Medicaid in line 6, column 12. Please include labels identifying the fiscal years.

13. Update Table 4 on page 28 based on the updated Financial Worksheet (A) for the New Haven location. Also, the table shows that fiscal year 2016 is projected to have $40,000 in incremental operating expenses. Please reflect this appropriately in Financial Worksheet (A).

14. Page 14 states that the existing location was chosen for the mental health treatment program to improve client health outcomes, including reduced rates of relapse. What is the rate of relapse for the New Haven location clients? Provide evidence such as scholarly articles, studies or reports which demonstrate how the location of the proposed services impacts rates of relapse.

15. Update the list of services and service locations of existing providers on pages 33 and 38 based on the service area for the New Haven location only.

16. Update Table 7 on page 30 to reflect the payer mix of the New Haven location only, based on patient and visit volume. Utilize the table format below. Ensure visit totals are consistent with "Outpatient Visits" in the Financial Worksheet (A). Also, please explain the basis and the assumptions used to project the reported numbers.

CURRENT AND PROJECTED PAYER MIX FOR
NEW ERA REHABILITATION CENTER, INC., BY NUMBER OF CLIENTS AND VISITS

Payer	**Current**			**Projected**								
	FY 2016			**FY 2017**			**FY 2018**			**FY 2019**		
	Patient Vol.	**%**	**Visit Vol.**	**Patient Vol.**	**%**	**Visit Vol.**	**Patient Vol.**	**%**	**Visit Vol.**	**Patient Vol.**	**%**	**Visit Vol.**
Medicare*												
Medicaid*												
CHAMPUS & TriCare												
Total Government												
Commercial Insurers												
Self-pay												

Payer	Current			Projected								
	FY 2016			FY 2017			FY 2018			FY 2019		
	Patient Vol.	%	Visit Vol.	Patient Vol.	%	Visit Vol.	Patient Vol.	%	Visit Vol.	Patient Vol.	%	Visit Vol.
Uninsured												
Workers Compensation												
Total Non-Government												
Total Payer Mix												

If you have any questions concerning this letter, please feel free to contact me or Olga Armah at (860) 418-7001.

Sincerely,

Shauna Walker
Research Analyst

Greer, Leslie

From: Walker, Shauna
Sent: Wednesday, November 02, 2016 11:23 AM
To: akolade@newerarehab.com
Cc: User, OHCA; Riggott, Kaila; Armah, Olga
Subject: RE: Completeness Questions on CON Application # 16-32116
Attachments: 16-32116 Completeness.docx

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Shauna L. Walker
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: (860) 418-7069
Email: Shauna.Walker@ct.gov

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Sent: Wednesday, October 19, 2016 7:39 AM
To: 'akolade@newerarehab.com' <akolade@newerarehab.com>
Cc: User, OHCA <OHCA@ct.gov>; Riggott, Kaila <Kaila.Riggott@ct.gov>; Armah, Olga <Olga.Armah@ct.gov>; Walker, Shauna <Shauna.Walker@ct.gov>
Subject: Completeness Questions on CON Application # 16-32116

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Much Regards,

Shauna L. Walker
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

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

October 19, 2016 VIA EMAIL
akolade@newerarehab.com
Adeoluwa Kolade
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Westport, CT 06880

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Medicare*												
Medicaid*												
CHAMPUS & TriCare												
Total Government												
Commercial Insurers												
Self-pay												

Payer	Current			Projected								
	FY 2016			FY 2017			FY 2018			FY 2019		
	Patient Vol.	%	Visit Vol.	Patient Vol.	%	Visit Vol.	Patient Vol.	%	Visit Vol.	Patient Vol.	%	Visit Vol.
Uninsured												
Workers Compensation												
Total Non-Government												
Total Payer Mix												

If you have any questions concerning this letter, please feel free to contact me or Olga Armah at (860) 418-7001.

Sincerely,

Shauna Walker
Research Analyst