



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

October 1, 2013

IN THE MATTER OF:

An Application for a Certificate of Need filed
Pursuant to Section 19a-638, C.G.S. by:

Notice of Final Decision
Office of Health Care Access
Docket Number: 13-31822-CON

The Next Right Thing

**Establishment of an Intensive
Outpatient Program for Substance
Abusing Adolescents and Young Adults**

To:

Jenifer C. Simson
Executive Director
The Next Right thing, LLC
246 Steele Rd.
West Hartford, CT 06117

Dear Ms. Simson:

This letter will serve as notice of the Final Decision of the Office of Health Care Access in the above matter, as provided by Section 19a-638, C.G.S. On October 1, 2013, the Final Decision was rendered as the finding and order of the Office of Health Care Access. A copy of the Final Decision is attached hereto for your information.

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

Kimberly R. Martone
Director of Operations

Enclosure
KRM:swl



**Department of Public Health
Office of Health Care Access
Certificate of Need Application**

Final Decision

Applicant: The Next Right Thing, LLC
345 North Main St., West Hartford, CT 06117

Docket Number: 13-31822-CON

Project Title: Establishment of an Intensive Outpatient Program for Substance Abusing Adolescents and Young Adults

Project Description: The Next Right Thing, LLC (“Applicant”) seeks authorization to establish an intensive outpatient program for substance abusing adolescents and young adults at 345 North Main Street, West Hartford, Connecticut.

Procedural History: The Applicant published notice of its intent to file the Certificate of Need (“CON”) application in the *Hartford Courant* on November 13, 14 and 15, 2012. On February 13, 2013, the Office of Health Care Access (“OHCA”) received the CON application from the Applicant for the above-referenced project.

On May 6, 2013, OHCA deemed the CON application complete and a public hearing was scheduled for June 19, 2013. On the request of the Applicant, OHCA rescheduled the hearing. On June 17, 2013, OHCA notified the Applicants of the rescheduled date, time and place of the public hearing. Two notices to the public announcing the hearing were published in the *Hartford Courant* on May 15, 2013, for the initial hearing date and on May 25, 2013, for the rescheduled date and time. Thereafter, pursuant to Connecticut General Statutes (“Conn. Gen. Stat.”) § 19a-639a, a public hearing regarding the Certificate of Need application was held on June 20, 2013.

Commissioner Jewel Mullen designated Attorney Kevin T. Hansted as the hearing officer in this matter. The hearing was conducted as a contested case in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the General Statutes) and Conn. Gen. Stat. § 19a-639a. The public hearing record was closed on August 7, 2013.

Findings of Fact

1. The Applicant, a for-profit limited liability company established in October of 2011 and located in West Hartford, is a private office-based substance abuse treatment center designed to meet the complex needs of dually-diagnosed adolescents and young adults age 16 to 23. Ex. A, pp. 10, 41
2. The Applicant currently provides intensive outpatient program (“IOP”) treatment to clients on a self-pay basis. The IOP level of service is three days per week for three consecutive hours each day. Those clients whose families are unable to pay due to personal financial constraints or whose insurance companies will not reimburse them for the IOP level of care are being served by the Applicant but not at the IOP level. Ex. A, p. 10, 27
3. The Applicant began accepting clients in October 2011 and provided IOP services to 20 clients and their families in 2012. The Applicant also offered treatment services to approximately 15 other clients who instead chose to accept care from their insurance companies’ in-network providers. Ex. A, p. 32
4. The majority of clients receiving the Applicant’s services are adolescents and young adults that abuse heroin with multiple other drugs and have a co-morbid psychiatric diagnosis. Ex. A, p. 10
5. The Applicant proposes obtaining the licensure required to become a behavioral health outpatient clinic and provide the IOP level of service. By obtaining licensure for this level of care, the Applicant will have the ability to become a recognized provider by third party payers and to establish contractual relationships for reimbursement. Ex. A, p. 10
6. Insurance companies require providers to be licensed by the Department of Public Health (DPH) in order to be reimbursed for the IOP level of care. Ex. A, p. 10, 49
7. The DPH licenses required for this proposal include the Psychiatric Outpatient Clinic for Adults, Mental Health Day Treatment Facility and the Facility for the Care or the Treatment of Substance Abusive or Dependent Persons. The Applicant also proposes obtaining the Outpatient Psychiatric Clinic for Children license from the Department of Children and Families. Ex. C, p. 92
8. The Applicant’s service area for the proposal includes Avon, Canton, Farmington, Simsbury and West Hartford. These towns are included in the service area because of the service needs of the adolescents and young adults and the ease of access to the Applicant’s office. The practice, however, has drawn families from Glastonbury and as far away as Orange. Ex. A, p. 19

9. According to the 2011 Biannual West Hartford Drug and Alcohol Survey, the relatively affluent communities in the Applicant's proposed service area are at particular risk in the current drug epidemic due to the high risk nature of the patterns of drug abuse in which these towns' teens indulge. The factors that influence the teens' high risk of using drugs include:
- Continued drug use even as their understanding of the perceived risks increase and include a willingness to try heroin;
 - Access to money to pay for drugs;
 - Access to gateway prescription painkillers, such as Oxycontin and Vicodin;
 - Tendency of parents to minimize problems; and
 - Lack of parental knowledge and skill in recognizing signs and symptoms of substance abuse.
- Ex. A, pp. 19, 20, 25
10. The 2011 National Survey on Drug Use and Health ("NSDUH") reported that:
- The number of people who were past-year heroin users in 2011 was higher than the number in 2007;
 - The rate of current illicit drug use varied by age. Among youths aged 12 to 17 in 2010, the rate increased from 4.0 percent at ages 12 or 13 to 9.3 percent at ages 14 or 15 and to 16.6 percent at ages 16 or 17.
 - The highest rate of current illicit drug use was among 18 to 20 year olds (23.1 percent), with the next highest rate among 21 to 25 year olds (20.5 percent).
- Source: Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.
11. There are no IOP providers in the proposed service area that primarily target substance abusing adolescents and young adults (16-23 years of age). The following facilities have intensive outpatient programs for children aged 12 to 18 years and young adults age 18 and over.

**Table 1: Intensive Outpatient Programs Serving Residents
of the Proposed Service Area**

Facility Name	Location	Admission Information
Community Renewal Team	Hartford	Adults 18 yrs. and older
ADRC	Hartford	Adults 18 yrs. and older
Catholic Charities	Hartford	Clients must be referred by the Court System
Hartford Behavioral Health	Hartford	Clients must be referred by the Hartford area Department of Children and Families

Sources: Statewide Health Care Facilities and Services Plan and websites of the listed agencies: <http://crtct.org/>; <http://www.adrc-ct.org/>; <http://www.ccaoh.org/>; and <http://www.hbh1.org/>

12. Currently, adolescents and young adults may be served by programs not designed for this population. Most, if not all, IOP providers that treat 18 to 23 year olds treat them in the same program along with both much older adults and those with a wide variety of mental health issues. This is also true for IOP providers who treat adolescents and young adults in the same program with patients that are much younger or have a variety of psychiatric issues. Ex. A, p. 27
13. Ann Price, M.D., Chief Medical Consultant, The Next Right Thing, LLC, stated that “these adolescent over time...present very differently from what they do when they’re just in withdrawal or just post-withdrawal...we have a whole population of adolescents and young adults out there, who I believe are not getting appropriate care.” Transcript of June 20, 2013, Public Hearing (“Tr.”) Testimony of Dr. Price, p. 11
14. Current treatment for many at-risk substance abusing adolescents and young adults is fragmented by brief hospitalizations for acute crises, brief partial hospitalizations, and conventional outpatient therapies. Ex. A, p. 35
15. Julian N. Hartt, Jr., L.C.S.W., Co-Founder and Clinical Director of The Next Right Thing, LLC explained:
 - a. Inpatient and partial hospital services are available for dually diagnosed adolescents and young adults , but not for those having a substance abuse disorder as the primary diagnosis;
 - b. Adolescents and young adults then step down to the least intensive care, outpatient, with once-a-week individual, family, or group session resulting in a gap in services;
 - c. Insurance companies have been hesitant to authorize inpatient detox because opiates are essentially medically non-life threatening;
 - d. The Applicant can provide intensive outpatient services and after-care, noting that the adolescents and young adults require a longer term recovery process; and
 - e. Being in a program during the long-term recovery will keep them out of more intensive levels of care and out of emergency rooms.Tr. Testimony of Mr. Hartt, p. 6, 9

16. The Applicant has provided care to adolescents who were referred for treatment from licensed therapists, social workers at area public high schools, and the juvenile justice system. The Applicant receives referrals from Hartford Hospital, private clinicians and others due to its clinical expertise regarding opiate addiction in adolescents and young adults. Table 2 shows the referral sources for clients that were treated or are currently being treated, as provided by the Applicant.

Table 2: Referral Sources of the Applicant's Clients by Calendar Year

Referral Source	2011	2012	2013
	Oct – Dec	Jan – Dec	Jan – May
Licensed Therapists*	6	15	10
Public High School Personnel (social workers)	0	14	6
Other Providers	0	1	2
Juvenile Justice System**	0	12	2
Other***	4	10	0
Total	10****	52****	20

* Includes psychiatrists, psychologists, and other licensed clinicians

** Court Support Services Division of the Department of Justice

*** Includes family and friends, website and others

**** 5 clients in 2011 and 20 clients in 2012 received multiple services and would have qualified for the IOP level of service; the number for 2013 was not provided

Ex. A, pp. 29, 31 and Ex. M (Late File 2)

17. The Applicant's proposed IOP is dual-diagnosis capable and designed to comply with the National Institute on Drug Abuse and the National Alliance on Mental Illness recommendations for treatment. Ex. A, p. 37
18. The Applicant's IOP incorporates best practices using cognitive behavioral therapy, relapse prevention, and 12-step program concepts. Ex. A, p. 2
19. The Applicant's IOP components include:
- Comprehensive assessment with the client and their family that incorporates the Stages of Change Model¹ to provide the guidelines for determining when a client is ready for less intensive treatment;
 - A treatment plan that includes both IOP and after-care goals;
 - Individual, family, a variety of group based services, parent support, and on-going medical supervision with medication when needed; and

¹ The Stages of Change Theory states people tend to progress through difference stages at different rates on their way to a successful change in behavior. The stages of change are pre-contemplation, contemplation, preparation and determination, action and will power, maintenance, and relapse. Source: <http://www.addictioninfo.org>. Ex. C, p. 95

- d. An alternative medically supervised ambulatory detox for opiate addicts using a non-opioid detox protocol.
Ex. A, p. 11
20. The Applicant's proposed IOP will offer:
- a. Specialized diagnostic and treatment services dedicated to 16-23 year olds;
 - b. Local and accessible treatment within 24 hours;
 - c. Treatment for the whole family, not just the substance abuser ; and
 - d. Connections to the community through close working relationships with school counselors, parole officers, mental health professionals and parents.
- Ex. A, p. 27
21. Julian N. Hartt, Jr., L.C.S.W., Co-Founder and Clinical Director of The Next Right Thing, LLC, stated that "we've been in operation for a year and a half and 25 percent of the population, about 40 families, have required detox...the first seven we admitted, five of them are heroin addicts. One of them was to die, because of non-compliance with Naltrexone, and two of them overdosed...a high-risk population...If there's going to be a sustained chance of recovery, the whole family had to be treated and treated intensively, with individual, family therapy, parent, group and multi-family therapy." Tr. Testimony of Mr. Julian Hartt, pp. 7-8
22. The Applicant will actively involve the client's parents, high schools and colleges, and the judicial system as critical elements for treatment success. Coordinating a safety net that includes the treatment program, school and family enhances odds of preventing relapse and stabilizing other mental health problems. Ex. A, p. 13
23. Mr. Hartt stated that the proposed IOP "was designed to be an after-school program for long-term recovery of a primary Axis I diagnosis of substance abuse...without exception, all of our adolescent have carried another Axis II diagnosis that is a medical diagnosis of a major psychiatric disorder. So these are adolescents demonstrating significant psychopathology...The IOP [will] offer a level of care that is just not available for primary diagnosis of substance abuse..." Tr. Testimony of Mr. Julian Hartt, p. 8
24. Dr. Price testified that the Applicant provides ambulatory detox using Clonidine, a medication that will calm the agitated response in withdrawal. The clients are closely monitored at home with the help of the family. Once detoxed, Naltrexone² is administered by the parent daily. Suboxone² is not used by the Applicant as it may be sold to obtain money to buy other drugs. Tr. Testimony of Dr. Price, pp. 13-15

² Naltrexone is an opioid receptor antagonist used to help the adolescents and young adults remain drug-free. Suboxone is another drug used to treat opiate addiction. Source: <http://www.drug.com>

25. The Applicant addresses the behavioral health treatment needs of the proposed population by providing:
 - a. Accurate assessment of a client's diagnosis, treatment and medication needs;
 - b. Time and opportunity to assess and stabilize clients;
 - c. Access, with same day or within 24 hours;
 - d. Individualized care;
 - e. Mobile crisis capacity; and
 - f. Long term aftercare for the clients and parents helping to reduce the need for higher levels of care.

Ex. A, p. 12

26. The Applicant established its office at 345 North Main Street, West Hartford, as it is at a major intersection of two state routes, has ample and well-lit parking with plenty of handicap parking and a handicap accessible building with 24-hour security. Also, the professional office building private practice suite was chosen to reduce client anxiety around treatment. Ex. A, p. 18

27. According to Census 2010, there are approximately 12,304 16-23 year olds residing in the proposed service area. The population is significantly higher when including students from over 15 private and public high schools and colleges within a 5-mile radius of the proposed location. Ex. A, p.19 and Ex. C, p. 83

28. There are approximately 2,035 16 to 23 year olds within the proposed service area that may utilize the Applicant’s proposed services. The Applicant estimates that it can serve about 15 youths and their families at any one time, and approximately 60 youths and families over the course of a year. The following table illustrates these estimates:

Table 3: Estimated Number of 16 to 23 Year Olds in Service Area with Unmet Treatment Need

Town	Population 16 to 23 Years Old*	% Needing Services	Number Needing Services	% Proposed to be Served by Applicant	Number of Persons to Benefit from Proposal
Avon	1,373	16.54%**	227	2.95%***	7
Canton	800		132		4
Farmington	2,187		362		10
Simsbury	2,036		337		10
West Hartford	5,908		977		29
Total	12,304		2,035		60

* Estimates based on Census 2010 counts of 15 to 24 year olds. The Applicant decreased the population count by 20% to remove the counts of the 15 and 24 years old residing in the proposed service area.

** Source: Substance Abuse and Mental Health services Administration’s 2010-2011 National Surveys on Drug Use and Health. For Connecticut, the survey reported the percentage by age group for those that needed but did not receive treatment in the past year for substance abuse. The percentages for alcohol use were 4.08% for the 12 to 17 age group and 16.54% for the 18 to 25 age group and the percentages for illicit drug use were 3.99% for the 12 to 17 age group and 6.96% for the 18 to 25 age group. The degree to which these prevalence percentages are additive is not clear, so the Applicant utilized the conservative rate of 16.54%.

*** The Applicant estimates that it can serve approximately 15 youths and their families at any one time and an estimated 60 patients and their families over the course of a year. The yearly percentage is 60/2,035 or 2.95% of the targeted population.

Ex. A, p. 20 and Ex. C, pp. 85, 86

29. In 2012, the Applicant offered treatment services to approximately 15 clients and families who did not accept care due their need to obtain services from their insurance companies’ in-network provider. Ex. A, pp. 31, 32
30. The Applicant projects that, once licensed, 31 clients will be served in 2013. With additional part-time and full time clinicians, the Applicant will accept referrals from towns, parole officers, hospitals and residential programs. The Applicant projects providing services to 38 and 52 clients in FYs 2014 and 2015, respectively.

Table 4: Projected Number of Clients by Fiscal Year

Fiscal Year:	2013	2014	2015
Number of Clients:	31	38	52
Change from Previous Year:	-	7	14

Ex. A, p. 31

31. Given the volume of prospective clients who are undertreated or untreated, the Applicant's proposal is not anticipated to have a negative impact on other providers within the community. Ex. A, p. 30
32. Lisa Namerow, M.D., attending child and adolescent psychiatrist at The Institute of Living in Hartford, stated in a letter of support that she "clearly see[s] a need for an IOP directed at adolescents struggling with substance use disorders in this area." Ex. R
33. Yifrah Kaminer, M.D., a professor of psychiatry at the University of Connecticut's Department of Medicine, stated in a letter of support that the "NRT (Next Right Thing) initiative would provide needed care for adolescents and young adults suffering from severe SUD (substance use disorder) and consequences. This subpopulation includes youth with or without concurrent mental health disorders and problems... who have very few options of care in CT." Ex. N
34. John Forlenza-Bailey, a Licensed Alcohol and Drug Counselor at Chemical Addictions Treatment Services in Newington stated in a letter of support that "As a clinician and alcohol and drug counselor who has practiced in the West Hartford area for the last 25 years, I have witnessed a lack of resources especially for IOP level of care needs for teenagers (14 to 19) with co-occurring disorders ... High risk substance abuse use such as opioid and cocaine abuse... are being used by more teens and at younger ages regarding first time usage reports. IOP with extended aftercare for the adolescents and parents will insure a greater level of care than just outpatient services have historically provided in the past."
Ex. L
35. The Applicant's proposal contributes to the quality of the health care delivery system in the greater Hartford region by:
 - a. Answering the demand for substance abuse treatment for adolescents and young adults that is developmentally appropriate;
 - b. Filling the gap for intensive treatment that falls between the level of PHP and weekly psychiatric visits;
 - c. Building parent and peer community;
 - d. Coordinating services with parole officers and school counselors; and
 - e. Negotiating case rates with insurers to make these intensive services affordable to more families.Ex. A, p. 34
36. Based on preliminary discussions with third party payers and local knowledge of rates of reimbursement for other providers offering similar levels of care, the Applicant anticipates charging from \$400 to \$600 per day per client in the intensive outpatient program. Ex. A, p. 53

37. The Applicant projects an incremental loss of \$36,076 with the proposal in the first fiscal year with modest incremental gains in the following two fiscal years.

Table 5: Projected Incremental Revenues and Expenditures by Fiscal Year

Account Description	FY2013	FY2014	FY2015
Net Operating Revenue	\$213,963	\$263,222	\$358,410
Salaries/Benefits	222,685	227,410	291,020
Professional Services	6,000	6,000	6,000
Bad Debts	9,720	11,232	16,272
Other Operating Expense	11,300	13,400	37,600
Total Operating Expense	249,705	258,042	350,892
Income (Loss) from Operations	(\$ 36,076)	\$ 5,180	\$ 7,518

Ex. A, p. 45

38. With relatively conservative estimates of revenue and expenses, charity clients and self-pay clients, the Applicant expects the program to break even by serving approximately 38 clients or providing 669 units of care/year in each of the first two years. Ex. A, p. 54
39. The Applicant asserted that the proposal will be cost effective in two ways:
- Decreased expense for clients immediately once the Applicant is licensed as an IOP and can participate in-network with providers; and
 - If these adolescents and young adults get effective treatment for substance abuse and co-morbidities, relapse and recidivism and future treatment will decrease.
- Ex. A, p. 54
40. The current payer mix based on patient population for the Applicant is 100% self-pay due to the absence of licensure and contractual relationships with insurance payers. Once licensed, the Applicant's patient payer mix will be primarily commercial insurance.

Table 6: Payer Mix based on Patient Population by Fiscal Year

Payer	Current	FY 2013	FY 2014	FY 2015
Commercial Insurers	-	81%	84%	81%
Uninsured or Self-pay	100%	16%	14%	16%
Charity/Bad Debt	-	3%	2%	3%
Total	100%	100%	100%	100%

Ex. A, p. 44 and Ex. C, p. 112

41. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))
42. This CON application is consistent with the overall goals of the State Health Care Facilities and Services Plan. (Conn. Gen. Stat. § 19a-639(a)(2))
43. The Applicant has established that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3))
44. The Applicant has satisfactorily demonstrated that its proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))
45. The Applicant has satisfactorily demonstrated that its proposal would improve the accessibility of health care delivery in the region and it has satisfactorily demonstrated a potential improvement in quality and cost effectiveness. (Conn. Gen. Stat. § 19a-639(a)(5))
46. The Applicant has shown that there will be an increase in access to the provision of health care services to the relevant populations and payer mix. (Conn. Gen. Stat. § 19a-639(a)(6))
47. The Applicant has satisfactorily identified the population to be served by its proposal and has satisfactorily demonstrated that this population has a need as proposed. (Conn. Gen. Stat. § 19a-639(a)(7))
48. The Applicant's historical provision of treatment in the service area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))
49. The Applicant has satisfactorily demonstrated that the proposal will not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))

Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in § 19a-639(a) of the Statutes. The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

The Applicant is a for-profit limited liability company that currently operates a private office-based substance abuse treatment center in West Hartford that is designed to meet the complex needs of dually-diagnosed adolescents and young adults ages 16 to 23. *FF 1* Since October 2011, the applicant has been providing adolescents and young adults that abuse heroin and have a comorbid psychiatric diagnosis with intensive outpatient program (“IOP”) services on a self-pay basis. *FF 2-4* The Applicant proposes obtaining the licenses needed to establish itself as a behavioral health outpatient clinic. As a licensed facility, the Applicant will be able to establish contractual relationships with third-party payers and thus provide services to more adolescents and young adults. *FF 5*

There are no IOP providers that primarily target substance abusing adolescents and young adults in the proposed service area of Avon, Canton, Farmington, Simsbury and West Hartford. *FF 8, 11* Adolescents and young adults living in the relatively affluent communities of the proposed service area indulge in high risk patterns of drug abuse influenced by continuing drug use; access to money to pay for drugs; access to gateway prescription painkillers; the tendency of parents to minimize problems; and lack of parental knowledge and skill in recognizing the signs and symptoms of substance abuse. *FF 9* Currently, adolescents and young adults may be served at other programs for youth or adults, but these programs are not designed to treat the specific ages proposed to be served by the Applicant. *FF 12, 13* These substance abusing adolescents and young adults are provided inpatient or partial hospitalization for the treatment of their drug addictions and then discharged to receive conventional outpatient therapies. *FF 14* The Applicant’s proposal will provide intensive outpatient services, conventional outpatient and after-care for a sustained recovery. *FF 15*

The Applicant has been providing care to adolescents and young adults who were referred to them for treatment from licensed therapists, social workers at area public high schools, juvenile justice and others. *FF 16* Using a treatment program that incorporates best practices, the Applicant proposes to offer a comprehensive assessment of the client, intensive outpatient therapy, after-care, individual, group and family therapy, and an alternative medically supervised ambulatory detox protocol. *FF 18, 19* These high-risk clients need to be treated intensively along with actively involved parents, educators and the judicial system. *FF 21, 22* The proposed IOP has been designed as an after-school program that will provide appropriate care for those with a primary diagnosis of substance abuse. *FF 23* The Applicant also provides an ambulatory detox program that a client receives at home with the support of family. *FF 24* By proposing to provide a continuum of care from detox to after-care for the targeted population, the Applicant’s proposal will improve the quality of health care delivery in the West Hartford area. Additionally, clear public need for this proposal is evident as it is providing services that are not readily available to dually-diagnosed adolescents and youth with a primary diagnosis of substance abuse.

available to dually-diagnosed adolescents and youth with a primary diagnosis of substance abuse.

The Applicant is currently treating some, but not all clients, at the intensive outpatient level due to the financial constraints upon the families and restrictions imposed by insurers. *FF 2* Once licensed, the Applicant projects to serve 31, 38 and 52 clients in the first three fiscal years, respectively. *FF 30* The Applicant will be treating a small portion of the potential number of clients needing this level of care each year. *FF 31* The low volume of clients being served will enable the Applicant to meet long-term after-care goals. Therefore, OHCA concludes that there will not be an unnecessary duplication of services in the proposed service area.

Licensure as a facility providing behavioral health services will enable the Applicant to receive reimbursement for its services from third-party payers. Adolescents and young adults who are covered by health insurance but not able to pay out-of-pocket will be able to utilize the Applicant's services. The parents or guardians of these adolescents and young adults will no longer be solely responsible for the costs of the treatment. The proposal will, therefore, improve access to IOP services for the targeted population.

Although the Applicant projects an incremental loss of \$36,076 with the proposal in the first fiscal year, it projects modest incremental gains in the next two fiscal years. *FF 37* Consequently, OHCA finds that the proposal is financially feasible.

Order

Based upon the foregoing Findings of Fact and Discussion, the Certificate of Need application of The Next Right Thing, LLC to establish an intensive outpatient program for substance abusing adolescents and young adults to be located at 345 North Main Street, West Hartford, Connecticut, is hereby **APPROVED**.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Department of Public Health
Office of Health Care Access

Date

9/30/13


Lisa A. Davis, MBA, BSN, RN
Deputy Commissioner

*** TX REPORT ***

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STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Jenifer C. Simson
FAX: 860.236.1414
AGENCY: THE NEXT RIGHT THING, LLC
FROM: OHCA
DATE: 10/01/13 Time:
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Comments:
Docket Number : 13-31842 & 13-31844

PLEASE PHONE
TRANSMISSION PROBLEMS

IF THERE ARE ANY