

**CT Department of Mental Health and Addiction Services**

## **Statewide Services**

# **RESOURCE GUIDE**

**Updated 1.1.2013**

## RESOURCE GUIDE TABLE of CONTENTS

<b>TOPIC</b>	<b>PAGE(S)</b>
Overview of the CT Department of Mental Health and Addiction Services (DMHAS)	3
<b>DMHAS Regional Managers</b>	<b>4</b>
DMHAS Statewide Services Office/Overview of Services	5
<b>DMHAS Older Adult Services Programs</b>	<b>6</b>
<ul style="list-style-type: none"> <li>• <b>Senior Outreach Substance Abuse Program</b></li> <li>• <b>Gatekeeper Program</b></li> </ul>	
Additional CT Resources for Older Adults with Co-occurring Mental Health and Substance Abuse Problems	7
<b>Geriatric Assessment Resources in CT</b>	<b>8-9</b>
WISE: Mental Health Waiver	10-12
<b>DMHAS Nursing Home Diversion and Transition Program</b>	<b>13</b>
DMHAS Acquired Brain Injury Services	14
<b>Additional Information on ABI Services</b>	<b>15</b>
DMHAS Local Mental Health Authorities (LMHAs)	16-17
<b>DMHAS Crisis Services</b>	<b>17</b>
DMHAS Respite Beds	18-20
<b>DMHAS Homeless Services</b>	<b>20</b>
CT Home and Community-based Services Waivers	21
<b>Other Resources</b>	<b>22-23</b>
Nursing Home Placements/Preadmission Screening Resident Review (PASRR)	24
 <b><u>APPENDIX:</u></b>	
Map of Connecticut/LMHA Locations	
Staff Contacts for Nursing Home Diversion and Transition Program <i>(as of 7.1.12)</i>	

**Overview of the CT Department of Mental Health and Addiction Services**  
*(Substance Abuse & Mental Health Authority for State of CT)*  
[www.ct.gov/dmhas](http://www.ct.gov/dmhas)

**Commissioner's Office**

410 Capitol Avenue (4<sup>th</sup> floor)  
P.O. Box 341431  
Hartford, CT 06134

**Main Telephone: 860.418.7000**

**Community Call Line: 860.418.6962**

**Mandate:**

1. To serve adults age 18 and older with psychiatric or substance abuse disorders, or both, who lack the financial means to obtain such services on their own.
2. To provide Prevention Services to ALL Connecticut citizens.

**Department includes:**

1. In-patient facilities
  - a. Connecticut Valley Hospital (CVH) in Middletown
  - b. Blue Hills Hospital (treats substance abuse) in Hartford
  - c. Greater Bridgeport Community Mental Health Center in Bridgeport
  - d. CT Mental Health Center in New Haven
  - e. Capitol Region Mental Health Center in Hartford
2. 15 Local Mental Health Authorities (LMHAs) responsible for community care at local level (see pages 11-12 and Appendix for Map of CT)

**Examples of Special Programs:** *(see DMHAS website for details)*

1. Acquired Brain Injury Program (ABI)
2. Problem Gambling Services
3. HIV/AIDS
4. Special Education
5. Military Support Program
6. Young Adult Services
7. Older Adult Services *(Mental Health Waiver; Nursing Home Diversion & Transition Program; PASRR)*

**To apply for services:**

1. Mental Health – contact LMHA (see pages 11-12 or visit DMHAS website)
2. Substance Abuse – contact specific program (see DMHAS website)

### **DMHAS Regional Managers**

The state is divided into 5 regions. Listed below are the managers for each region who can assist with finding mental health, substance abuse & problem gambling services.

#### **Region 1:**

**Manager: Wayne Starkey, 860.262.5355, [wayne.starkey@ct.gov](mailto:wayne.starkey@ct.gov)**

Bridgeport, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, Norwalk, Stamford, Stratford, Trumbull, Weston, Westport, Wilton.

#### **Region 2:**

**Manager: Wayne Starkey, 860-262-5355 [wayne.starkey@ct.gov](mailto:wayne.starkey@ct.gov)**

Ansonia, Bethany, Branford, Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Haven, Essex, Guilford, Haddam, Hamden, Killingworth, Lyme, Madison, Meriden, Middlefield, Middletown, Milford, New Haven, North Branford, North Haven, Old Lyme, Old Saybrook, Orange, Oxford, Portland, Seymour, Shelton, Wallingford, Westbrook, West Haven, Woodbridge.

#### **Region 3:**

**Manager: Rhonda Kincaid, 860-859-4531, [rhonda.kincaid@ct.gov](mailto:rhonda.kincaid@ct.gov)**

Ashford, Bozrah, Brooklyn, Canterbury, Chaplin, Colchester, Columbia, East Lyme, Eastford, Franklin, Griswold, Groton, Hampton, Killingly, Lebanon, Ledyard, Lisbon, Mansfield, Montville, New London, North Stonington, North Plainfield, Pomfret, Putnam, Salem, Scotland, Sprague, Sterling, Stonington, Thompson, Union, Voluntown, Waterford, Willington, Windham, Woodstock.

#### **Region 4:**

**Manager: Michael Michaud, 860-418-6900, [michael.michaud@ct.gov](mailto:michael.michaud@ct.gov)**

Andover, Avon, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Kensington, Manchester, Marlborough, New Britain, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Windsor, Windsor Locks

#### **Region 5:**

**Manager: Rhonda Kincaid, 860.859.4531, [Rhonda.kincaid@ct.gov](mailto:Rhonda.kincaid@ct.gov)**

Barkhamsted, Beacon Falls, Bethel, Bethlehem, Bridgewater, Brookfield, Canaan, Cheshire, Colebrook, Cornwall, Danbury, Goshen, Hartland, Kent, Litchfield, Middlebury, Morris, Naugatuck, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, North Canaan, Oxford, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Winchester, Winsted, Wolcott, Woodbury.

**Further Questions? Call the DMHAS Community Call Line: Patrick Tuckey, 860-418-6962 [patrick.tuckey@ct.gov](mailto:patrick.tuckey@ct.gov)**

**Department of Mental Health and Addiction Services**  
**Statewide Services Office**  
CVH, Beers Hall, 3<sup>rd</sup> Floor  
P.O. Box 351 – Middletown CT – 06457  
For further information, contact: Mary Ives, Administrative Assistant  
860.262.6957

### **Overview of Services**

#### **Older Adult Services:**

Older adults have not been the focus of the public health system until recently. To bring more attention to this population, we educate consumers, providers, and other interested individuals about the needs of older adults with respect to mental health and substance abuse. We conduct classes under the DMHAS Education and Training Division and offer workshops to community services providers. Two specific programs are offered statewide for adults age 55 and over:

- 1.) The Gatekeeper Program, which identifies at-risk older adults in the community; and
- 2.) The Senior Outreach Substance Abuse Program.

#### **Home and Community-based Services Waiver for Integration, Support and Empowerment (WISE):**

For individuals with serious mental illnesses, this program is authorized under 1915(c) of the Social Security Act, and is operated by DMHAS with oversight by DSS. The waiver permits the State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community, avoiding institutional care. Service package information is included in this guide.

In addition to the WISE Program described above, the **Nursing Home Diversion and Transition Program** ensures that nursing home placements for DMHAS clients are necessary, appropriate, and safe. PASRR (Preadmission Screening Resident Review) is an integral part of the program. Located at agencies around the state, DMHAS funds Nurse Clinicians and Case Managers who work with clients in nursing homes, hospitals, and the community. Further information is included in this guide.

#### **Acquired Brain Injury (ABI) Services:**

Providing integrated community services, ABI Community Services facilitates person-centered recovery and encourages personal empowerment for persons living with acquired brain injury and mental illness. Located at LMHAS statewide, Community Integration Specialists assess eligible individuals and link them with appropriate services. Further information is included in this guide.

## DMHAS Older Adult Services Programs

### Senior Outreach Substance Abuse Services

Through contract agencies, the Department of Mental Health and Addiction Services provides consultations and education, outreach, home visits, nursing home visits, and age-specific weekly substance abuse group therapy to Older Adults throughout the state.

<b>William Gonzalez, Med, LADC</b> 203-388-1565 Liberation Program Stamford, Bridgeport area	<b>Craig Simmons</b> 860-808-8796 Community Health Services Hartford, CT
<b>Mary Garofalo, DARC, MSW</b> 860-793-3846 Wheeler Clinic Plainville, Manchester area	<b>Edwina Ranganathan, MSW, LADC</b> 860-346-0300 Rushford Center Middletown, CT
<b>Glen Ryan, CADC</b> 860 496-2100 McCall Foundation Torrington, CT	<b>Jim Crean</b> 203-733-4524 MCCA Danbury, CT
<b>Deborah, Gregg, BS</b> 860-714-3520 Alcohol and Drug Recovery Center (ADRC) Hartford, New Britain area	<b>Cindy Everett-Simpson, ICAC, SCCP</b> 860-447-1717 (x225) SCADD New London, Norwich area

### Gatekeeper Program

This program educates the community (postal workers; beauticians; home delivery workers; etc.) how to identify and refer older adults (age 55+) who may need assistance to remain safe in their homes. A Gatekeeper Program can be called for follow-up. Programs are located in the following regions (see page 9 for specific towns in the regions) and agencies:

Regions 1 & 5	Region 2
<b>Gatekeeper 8</b> (Mental Health Association) 203.365.8444	<b>St. Luke's Eldercare Services</b> 860.347.5661 Toll Free: 1.855-ASK-GATE (855.275.4283)
Region 3	Region 4
<b>United Services Gatekeeper Program</b> 860.774.2020	<b>CRT Senior Services Gatekeeper Program</b> 860.243.3791

**Additional CT Resources for Older Adults  
with Co-occurring Mental Health and Substance Abuse Problems**

- ❖ **New Prospects: 392 Prospect Street, Bridgeport 06604      Tel: 203.610.6252**  
<http://www.regionalnetwork.org>  

Serves adult men and women with high severity of substance use and low to moderate severity of mental health symptoms in need of short-term treatment of approximately 30 days. Accepts referrals statewide. Equal access to treatment for all persons in need, regardless of race, ethnicity, gender, age, disability, source of payment, and sexual orientation. DMHAS-funded.
- ❖ **MCCA McDonough House: 38 Ridgebury Road, Danbury 06810 Tel: 203.792.4515**  
<http://www.mccaonline.com>  

Serves persons with co-occurring mental and substance abuse disorders, including seniors/older adults. Short and long-term residential treatment. Forms of payment: self-pay (sliding scale based on income & other factors); private insurance; Medicaid.
- ❖ **MCCA Trinity Glen: 149 West Cornwall Road, Sharon 06069 Tel: 860.672.6689**  
<http://www.mccaonline.com>  

Residential long-term treatment (more than 30 days) for men and women, including seniors/older adults, who need substance abuse services. Forms of payment: self-pay or private insurance.
- ❖ **SCADD Lebanon Pines: 37 Camp Mooween Road, Lebanon      Tel: 860.889.1717**  
<http://www.scadd.org/lebanonPines.html>  

Long term treatment for men with substance abuse problems. Minimum length of stay is 90 days.
- ❖ **Liberation Programs, Inc.: 780 Summer Street, Stamford 06901**  
<http://www.liberationprograms.org>  

Contact Bill Gonzalez about his outpatient group of older adults: 203.388.1565
- ❖ **Wheeler Clinic Senior Substance Abuse Services: Plainville      Tel: 860.793.3846**  
[http://www.wheelerclinic.org/adult/substance\\_abuse\\_services.php](http://www.wheelerclinic.org/adult/substance_abuse_services.php)  

Serves older adults age 60 plus who have substance abuse issues.
- ❖ **Merritt Hall at CT Valley Hospital:      Middletown 06457      Tel: 800.828.3396**  

Usually treats ages 25-40ish, but older person who has a primary substance abuse diagnosis on Axis I, is without a major psychotic disorder, and can attend 6-7 groups per day may be appropriate; LOS averages 35-40 days; T-19 accepted, but clients usually indigent/uninsured.
- ❖ **Greenwich Hospital: Addiction Recovery/ Older Adult Detox Program**  
**Tel: 203.863.4673**

## **Geriatric Assessment Resources in CT**

### **Day Kimball Healthcare**

Geriatric Care Management Program: 860.779.9270

320 Pomfret Street, Putnam, CT 06260

Adults age 60 and over are eligible. Referral from own physician is suggested. Offers comprehensive evaluation, planning and care coordination for seniors, their families and health care providers. The goal is to assist the elderly and their caregivers to manage chronic illness and high risk conditions in order to improve health, safety and function.

[www.daykimball.org](http://www.daykimball.org)

### **The Department of Veterans Administration (VA)**

#### **VA CT Healthcare System**

(1) West Haven VA (in- and out-patient programs)

950 Campbell Avenue, West Haven 06516

203.932.5711 (Nursing Home Program ext. 3940)

(2) Newington VA (out-patient programs)

555 Willard Avenue, Newington 06111

860.666.6951

All Veterans enrolled in the VA health care system are eligible for home and community based long term care services.

[www.connecticut.va.gov/](http://www.connecticut.va.gov/)

### **Hospital of Saint Raphael, New Haven**

Healthy Aging Hotline for Senior Services: 203.789.3275 (variety of services)

[www.srhs.org/body.cfm?id=43](http://www.srhs.org/body.cfm?id=43)

### **Hospital of Central CT, New Britain and Southington**

New Britain campus: 860.224.5267 (in & outpatient services for mental illness & substance abuse & Older Adult Programs)

Southington campus: 860.276.5293 (Center for Health Aging)

[www.thocc.org/services/medical/geriatric.aspx](http://www.thocc.org/services/medical/geriatric.aspx)

### **The Institute of Aging, Fairfield**

203.396.1240

175 Jefferson Street, Fairfield, CT

Specializes in examining, diagnosing and treating cognitive or memory function. Assessments available in the client's home, at the IOA clinic, or other location convenient to the client. Clients seen within 2 weeks of initial contact. Accepts Medicare, long-term care insurance, or private pay.

[www.ioaging/services/senior\\_assessment\\_service\\_sf.html](http://www.ioaging/services/senior_assessment_service_sf.html)

### **Institute of Living/Hartford Hospital, Hartford**

Geriatric Program (in & outpatient)

The Institute of Living Assessment Center 860.545.7200 or toll-free 1.800.673.2411

80 Seymour Street, Hartford, CT 06102

Work in consultation with own physician.

[www.instituteofliving.org/Programs/GeriatricServices.htm](http://www.instituteofliving.org/Programs/GeriatricServices.htm)



## **Geriatric Assessment Resources in CT *continued***

### **Masonicare Primary Care Physicians, Wallingford**

67 Masonic Avenue, Wallingrod, CT 06492

General Healthcare and Well-being Services

203.679.5900 or toll-free 1.800.528.6664

A geriatric assessment is an outpatient appointment, which usually takes approximately 1-1/2 to 2 hours. It includes a follow-up report to the patient's own physician.

[www.masonicare.org](http://www.masonicare.org)

### **Saint Francis Hospital, Hartford**

860.714.4749

114 Woodland Street, Hartford 06105

Provide comprehensive geriatric evaluations.

[www.stfranciscare.org](http://www.stfranciscare.org)

### **UConn Health Center, Center on Aging, Farmington**

Main: 860.679.3956

Appointments: 860.679.8400 (UConn Geriatric Associates)

Office hours Monday-Friday, 8-5.

263 Farmington Avenue, Farmington, CT 06032

Provides primary care for older adults on the Farmington campus and other locations; consultative and specialty services also available.

[www.uconn-aging.uhc.edu/](http://www.uconn-aging.uhc.edu/)

### **Yale New Haven Hospital, New Haven**

Dorothy Adler Geriatric Assessment Center: 203.688.6361

874 Howard Avenue, New Haven, CT

Person receives a comprehensive medical exam and diagnostic testing is done as an out-patient at YNHH or at the patient's preferred site. Team works closely with patient's own physician.

[www.geriatrics.yale.edu/clinical/index/html](http://www.geriatrics.yale.edu/clinical/index/html)

**WISE: Mental Health Waiver**  
**Working for Integration Support and Empowerment**  
*(Revised as of April 1, 2012)*

The waiver program for individuals with serious mental illness encompasses the recovery orientation adopted by the Department of Mental Health and Addiction Services (DMHAS), but also signals new directions in the community treatment of people with serious psychiatric disabilities because of its emphasis on:

- Intensive psychiatric rehabilitation provided in the participant's home, and in other community setting;
- Attention to both psychiatric and medical needs;
- Emphasis on wellness and recovery;
- Person-Centered Planning leading to development of an individualized Recovery Plan; and
- Use of peer supports provided by people trained and certified in rehabilitative care, who know from first-hand experience about recovery from mental illness.

The waiver program, authorized in §1915(c) of the Social Security Act, permits the State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutional care. Waiver services complement and/or supplement services available to participants through the Medicaid State plan and other federal, state and local public programs, as well as natural supports that families and communities provide. The Waiver is operated by the DMHAS with oversight by the Department of Social Services (DSS).

The waiver program serves eligible individuals transitioning out of nursing facilities or who are at risk for this level of care. Each person enrolled in the waiver participates in a Person-Centered Planning process leading to the development of an individualized Recovery Plan. The plan, developed collaboratively with the participant and a DMHAS Community Support Clinician includes one or more of the following services:

**Rehabilitative Services and Support Services:**

- **Community Support Program (CSP)** – A flexible, team-based approach to community rehabilitation.
- **Peer Support** – An alternative or “step-down” and follow-up to CSP provided by a trained and certified peer specialist.
- **Recovery Assistant** – homemaker, companion, personal care, and in-home respite services designed to help a participant maintain his/her own home.
- **Supported Employment** – an effective array of mental health supports designed to help participants find and sustain competitive employment.
- **Transitional Case Management** – services provided during the weeks prior to, and immediately following discharge from a nursing home, to help locate and set up a suitable apartment or other living arrangement.

- **Brief Episode Stabilization** – services designed to stabilize a participant in an emerging crisis situation or following discharge from a institutional level of care.

**Residential Based Services:**

- **Assisted Living Agency** – Personal care and services provided in a licensed community care facility, provided to residents of the facility. This service includes 24-hour on-site response staff.
- **Community Living Support Services** – Support Services, including overnight supervision, necessary to enable a participant to live in a shared apartment, or independent residential setting in the community.

**Other Ancillary Services:**

- **Specialized Medical Equipment**
- **Home Accessibility Adaptations**
- **Non-medical transportation**

## **Client Eligibility for Mental Health Waiver**

Participants must meet all of the requirements of Section 1, and one of the requirements of Section 2:

**Section 1** (all of the following five requirements)

1. An adult, 22 years of age or older;
2. Who is Medicaid eligible;
3. Meets the Medicaid State Plan criteria for nursing home level of care;
4. Voluntarily chooses to participate in the waiver; and
5. Has a diagnosis of serious mental illness as defined by State of Connecticut PASRR policy.

**Section 2** (one of the following three requirements)

1. Is currently a resident of a nursing facility;
2. Is a participant in money Follows the Person (MFP); or
3. Has a psychiatric history, impairment and service needs as evidenced by the following:

Is currently experiencing two or more of the following circumstances due to serious mental illness:

- Has been recommended to take, or currently uses prescribed medication to control psychiatric symptoms;
- Is unable to work in a full-time competitive employment situation;
- Requires on-going supervision and support to maintain a community living arrangement;
- Is homeless, or at-risk for homelessness;

- Has had, or will predictably have, repeated episodes of decompensation such as increased symptoms of psychosis; self-injury; suicidal/homicidal ideation; or psychiatric hospitalization.

***Additionally.....***

- Has a level of risk to self or others that a licensed mental health professional has determined can be managed safely in the community.
- Have the following core services needs, if living in the community:
  1. One-on-one rehabilitative activities in the home or in other community settings to assist in managing psychiatric, substance use, or medical problems, and in meeting requirements of everyday independent living; and
  2. Support Coordination to assist in developing and implementing a Recovery Plan that ensures psychiatric and/or medical needs are met.

## **MH Waiver Application – Referral Process**

1. Application/ Request for Service submitted to MH Waiver Program
2. Medicaid eligibility verified by DSS
3. Assessment conducted by a Waiver Community Support Clinician (CSC) to confirm eligibility
4. Recovery Plan developed including: services needed, assurance of cost neutrality and community safety
5. Plan and corresponding services submitted by Waiver staff to DSS for approval
6. Recovery Plan implemented with Waiver Service Providers selected by participant
7. Payment for Services as outlined in Recovery Plan are authorized by Waiver Staff-reviewed quarterly

**Contact Megan Goodfield (860) 262-6953 or toll free 1-866-548-0265 or [megan.goodfield@ct.gov](mailto:megan.goodfield@ct.gov)**

**Department of Mental Health and Addiction Services  
Nursing Home Diversion and Transition Program (NHDT)**

**Goal:** To ensure that DMHAS clients are not placed in, or remain in, nursing homes unless necessary, appropriate, and safe. Preadmission Screening Resident Review (PASRR) is an integral part of the program.

**Objectives:**

- 1) Divert DMHAS clients from nursing home placement unless absolutely necessary (i.e.; person could not be served in the community due to a need for continuous skilled nursing services related to a chronic condition, or requires short-term rehabilitation for a medical condition).
- 2) Transition back to the community DMHAS clients who reside in nursing homes and no longer require the level of care.

**NHDT Program Structure:**

Supervised by the DMHAS Program Director, Nurse Clinicians and Case Managers are located at DMHAS-funded agencies and work with clients in designated geographical areas. (See Attachment for names of the clinicians, coverage areas, and contact information).

**Staff Functions:**

Nurse Clinicians:

- Act as liaisons for clients eligible for DMHAS services through Local Mental Health Authorities and the Mental Health Waiver, as well as other initiatives (e.g., Money Follows the Person) or agencies providing services to clients.
- Work directly with community providers, nursing homes, and discharge planners (both inpatient and in emergency rooms) to determine the appropriate level of care for DMHAS clients.
- Link with PASRR Program by assisting DMHAS and other providers in determining whether client applying to a nursing home meets level of care criteria, and for clients who enter a nursing home with a short-term approval, monitor and track length of stay for possible transition to the community.

Case Managers:

- Support the work of the Nurse Clinicians as above.

**QUESTIONS?**

Megan Goodfield, Program Director

CVH - Beers Hall – 3<sup>rd</sup> floor  
P.O. Box 351  
Middletown, CT 06457  
Office: 860.262.6953

[megan.goodfield@ct.gov](mailto:megan.goodfield@ct.gov)

**DMHAS Acquired Brain Injury Services**

Administrative Assistant  
Terry Holley at 860.262.6991 or [terry.holley@ct.gov](mailto:terry.holley@ct.gov)

Regional Community Integration Specialists (CIS) serve clients who are 18 years of age or older, are receiving services through DMHAS, and have a qualifying ABI as provided through appropriate documentation.

**Definition of an Acquired Brain Injury**

An injury to the brain that has occurred after birth, which results in any combination of focal and diffuse central nervous system dysfunction, both immediate and/or delayed at the brain stem level and above. This dysfunction is acquired through the interaction of any external force and the body, including blows to the head and violent movements of the body (Traumatic Brain Injury), as well as through oxygen deprivation; infection; toxicity; surgery; and vascular disorders not associated with aging. *This dysfunction is not congenital, developmental or degenerative.*

Services are provided through the DMHAS LMHA network and the Regional CIS handles referrals within their designated service area. Program services include the following:

- Consultation Services
- ABI Substance Abuse Services
- ABI Vocational Services
- Community Residence and Transitional Housing and Living Subsidy
- Training and Education
- Advocacy Supports

**Regional CIS Staff for DMHAS ABI Services**

<b>Geographic Area</b>	<b>Contact Information</b>
<b>Lower Fairfield County</b>	<b>Latora Hall, MSW, CBIS</b> 203.388.1584 or <a href="mailto:latora.hall@ct.gov">latora.hall@ct.gov</a>
<b>Greater New Haven/ Middletown/Meriden</b>	<b>Elizabeth Van Leer, LCSW, CBIS</b> 203.974.7260 or <a href="mailto:elizabeth.vanleer@ct.gov">elizabeth.vanleer@ct.gov</a>
<b>Southeastern CT</b>	<b>William McEwen, MSW, CBIS</b> 860.859.4694 or <a href="mailto:william.mcewen@ct.gov">william.mcewen@ct.gov</a>
<b>Northeastern CT</b>	<b>Brooke Corbett, MSW</b> 860.359.3640 or <a href="mailto:brooke.corbett@ct.gov">brooke.corbett@ct.gov</a>
<b>Greater Hartford Area</b>	<b>Agnes Black, LCSW, CBIS</b> 860.293.6302 or <a href="mailto:agnes.black@ct.gov">agnes.black@ct.gov</a> <b>Kimberly Carta, MSW</b>

	860.291.1346 or <a href="mailto:Kimberly.carta@ct.gov">Kimberly.carta@ct.gov</a>
<b>Greater Torrington Area</b>	<b>To be determined</b>

### **Additional Information on ABI Services**

#### **CT Department of Social Services – Medicaid ABI Waiver**

The CT Department of Social Services (DSS) oversees the Medicaid ABI Waiver which provides a range of non-medical, home and community-based services to support adults with ABI (*again, not a developmental or degenerative disorder*) in the community.

#### **Eligibility Criteria:**

- Adults age 18-64;
- Must be able to participate in the development of a service plan in partnership with a DSS Social Worker, or have a Conservator to do so; and
- Must meet all technical, procedural and financial requirements of the Medicaid program, or the Medicaid for Employed Disabled program.

To learn more about the ABI Waiver or to obtain an ABI waiver request form, call the DSS office nearest to your home:

3580 Main Hartford	860.723.1030
699 East Middle Turnpike, Manchester	860.647.5811
30 Christian Lane, New Britain	860.612.3565
194 Bassett Street, New Haven	203.974.8038
117 Main Street Ext., Middletown	860.704.3040
925 Housatonic Ave, Bridgeport	203.551.2881
1642 Bedford Street, Stamford	203.251.9418
401 W. Thames Street, Unit 102, Norwich	860.823.3380
676 Main Street, Willimantic	860.465.3500
249 Thomaston Ave, Waterbury	203.597.4145
342 Main Street, Danbury	203.207.8955
62 Commercial Blvd, Torrington	860.496.6900

#### **This information is available in alternate formats.**

Phone 800.842.1508 or TDD/TTY 800.842.4524

#### **Brain Injury Alliance of Connecticut (BIAC)**

200 Day Hill Road, Suite 250

Windsor, CT 06095

<http://www.biact.homestead.com>

At BIAC, a Brain Injury Specialist is available to provide individualized support, advocacy and guidance to a brain injury survivor, family member, caregiver, or professional to ensure that the often complex and overwhelming challenges experienced following a

brain injury are handled more easily and effectively. The BIAC also sponsors approximately 30 Support Groups throughout Connecticut to provide information, support and encouragement to survivors and their loved ones.

**Phone: 860.219.0291**

**Email: [general@biact.org](mailto:general@biact.org)**

**Department of Mental Health and Addiction Services  
Local Mental Health Authorities (LMHAs)**

LMHAs have the authority and responsibility for planning, delivering, and managing a variety of DMHAS-funded mental health services at the local level. Each LMHA covers a specific geographic area of the state. Please check the DMHAS website at [www.ct.gov/dmhas](http://www.ct.gov/dmhas) to check the LMHA that covers your town.

<b>LMHA &amp; Location</b>	<b>Main Telephone</b>	<b>Diversion Nurse</b>
<b><i>Southwest CT Mental Health System:</i></b> <ul style="list-style-type: none"> <li>• F.S. DuBois Center in Stamford</li> <li>• Greater Bridgeport MHC in Bridgeport</li> </ul>	203.579.7300  203.388.1600  203.551.7400	SWCCA: Sue Westerberg will cover at 203.814.3624.
<b><i>BHcare</i></b> <ul style="list-style-type: none"> <li>• BHcare Valley Offices in Ansonia (<i>formerly Birmingham Group Health Services; aka Valley Mental Health</i>)</li> <li>• BHcare Shoreline Offices in Branford (<i>formerly Harbor Health Services</i>)</li> </ul>	203.736.2601  203.483.2630	Karen Warycha will cover the Ansonia area at 203.804.0202.  Heidi Spaman will cover the Branford area at 203.464.2275.
<b>Bridges Community Support System</b> in Milford	203.878.6365	Heidi Spaman or Karen Warycha will cover.
<b>CT Mental Health Center</b> in New Haven	203.974.7300	Continuum of Care: Karen Warycha or Heidi Spaman
<b>Rushford Center</b> in Meriden	203.235.1792	Loretta Ricker at 203.630.5290 or 203.537.2935
<b>River Valley Services</b> in Middletown	860.262.5200	Loretta Ricker will cover.
<b><i>Community Health Resources in Windsor</i></b> <ul style="list-style-type: none"> <li>• Genesis Center in Manchester</li> <li>• North Central Counseling Services in Enfield</li> </ul>	860.731.5522  860.646.3888  860.253.5020	Dorothy Fransen at Genesis Center at 860.432.8635 ext 223 or 860.218.8644
<b>Inter-Community</b>	860.569.5900	Lynda Dunlop at



<b>Mental Health</b> in East Hartford		860.205.2633
<b>Capitol Region Mental Health Center</b> in Hartford	860.297.0800	Chrysalis Center: Elaine Amato at 860.263.4407.
<b>Community Mental Health Affiliates</b> in New Britain	860.826.1268	Linda Stawski at 860.719.1919.
<b>United Services</b> in Dayville	860.774.2020	<i>Call Megan Goodfield</i>
<b>Southeastern MH Authority</b> in Norwich	860.859.4500	<i>Call Megan Goodfield</i>
<b>Western CT Mental Health Network</b> <ul style="list-style-type: none"> <li>• Greater Waterbury MHA</li> <li>• Greater Danbury MHA</li> <li>• Northwest MHA in Torrington</li> </ul>	203.805.6400 203.805.5300 203.448.3200 860.496.3700	Linda Stawski at 860.719.1919.

### DMHAS Crisis Services

LMHA	Telephone
<b>F.S. Dubois Center</b>	203.358.8500 8AM-8PM
<b>Greater Bridgeport MHC</b>	203.551.7501 (24 hours) 1.800.586.9903
<b>Birmingham Group Health Services</b>	203.736.2601
<b>Harbor Health Services</b>	203.483.2650
<b>Bridges</b>	203.878.6365
<b>CT Mental Health Center (CMHC)</b>	203.974.7735 or 974.7713/7714 (9AM-7PM) 203.974.7300 (7PM-9AM)
<b>River Valley Services (RVS)</b>	860.344.2100 or 860.262.5220
<b>Rushford Center</b>	203.630.5305 or 1.800.657.0902
<b>Southeastern MHA (SMHA)</b>	860.886.9302
<b>United Services</b>	860.774.2020 (Dayville) 860.456.2261 (Willimantic) 860.228.4480 (Columbia)
<b>Capitol Region Mental Health Center</b>	860.297.0999
<b>Community Health Resources (CHR)</b>	877.884.3571 or 860.683.8086 (Genesis & North Central Counseling)
<b>Intercommunity Mental Health Group</b>	860.569.5900 (ext 1) M-F 8.30-4.30 After 4.30, calls roll-over to the IOL.
<b>Wheeler Clinic – Community Response Team</b>	860.747.8719
<b>Western CT Mental Health Network</b>	1.888.447.3339 (Torrington) 203.739.7007 (Danbury Hospital Crisis Line) 1.866.794.1121 (Waterbury)

## DMHAS Respite Beds

Respite beds are voluntary and may be available as a short-term intervention for a client requiring a 24-hour supportive environment. Respite assists with psychiatric stabilization or as transitional housing to a community setting, but does not provide medical services such as those found in a hospital or nursing home setting. Each respite program listed as its own criteria, including varying length-of-stay.

<b>Respite Program</b>	<b>Description</b>	<b>Contact Information</b>
<b>Greater Bridgeport MH Center: Transitional Residential Program (TRP)</b>	24/7; voluntary; 20 beds; LOS approx. 70 days; open/unlocked unit; person must be homeless or at risk for homelessness; can participate in own recovery plan; & have assigned out-patient treatment team.	Corretta Williams at 203.455.2164.
<b>Norwalk Transitional Residential Program (TRP)</b>	Temporary residential placement located at 33 Stevens St., Norwalk & operated by F.S. DuBois Center; goal is to provide transitional housing (30-45 days) for DMHAS clients transitioning back to the community primarily from inpatient hospitalization; client expected to function independently.	Tom Kinder at 203.388.1567.
<b>Rushford (Meriden) &amp; River Valley Services (Middletown)</b>	Collaborative program between Rushford (10 beds) & RVS (8 beds).  <i>Crisis</i> respite beds provide high intensity service as alternative to hospitalization with 24/7 staff. <i>Respite</i> beds provide less intense service with 24/7 staff.	Access beds through RVS Mobile Crisis; Mid-State Hospital ED; Rushford Acute Care; & RVS Acute Care.  <u>RVS contact:</u> Mobile Crisis Team 860.262.5220.  <u>Rushford contact:</u> Teresa Kriebeck at 203.235.1792.
<b>Community Mental Health Affiliates (New Britain)</b>	4 beds (2 female; 2 male); cannot be homeless; LOS varies; clients utilizing beds	Tel: 860.224.2044 Fax: 860.224.0667

	are in crisis in community; stepping down from inpatient hospitalization; or under Jail Diversion.	
<p><b>Greater New Haven Area:</b> New Haven; Milford; Branford; Ansonia/Derby; etc.</p> <p>Managed by Continuum of Care &amp; Communicare depending on location.</p>	<p>New Haven: 9 high intensity crisis/respice beds with 14-day LOS.</p> <p>2 beds each located in Milford; Branford; &amp; Ansonia.</p>	<p>Contact Gretchen Elder (Continuum of Care) at 203.562.2264.</p> <p>Contact Sue Brown (Communicare) at 203.288.6523.</p> <p>All beds can be accessed through CMHC; YNHH; &amp; Communicare.</p>
<p><b>Community Mental Health Resources</b> (Manchester-Enfield)</p>	<p>Clients must be physically manageable; age 18+; &amp; enrolled in CHR services; provides brief crisis stabilization &amp; alternative to hospitalization; active programming for individuals who do not meet hospital LOC; not handicap accessible; clients must be able to ambulate without assistance &amp; climb stairs to shower.</p>	<p>607 Enfield St. Enfield, CT</p> <p>860.741.4392</p> <p>Can be referred 24/7</p>
<p><b>Waterbury MHA &amp; Waterbury Hospital Joint Program: Transitional Respite Services</b></p>	<p>Short-term housing for individuals without housing due to mental health problems; 15 beds of which 7 are forensic; LOS varies based on need; operates 24/7.</p>	<p>Located on grounds of Waterbury Hospital</p> <p>Contact Lisa Murray: 1.866.794.0021</p>
<p><b>Torrington MHA &amp; MHA of CT Joint Program: Transitional Services</b></p>	<p>Short-term (90-day) care for people in recovery having problems at home; person referred must have case manager to facilitate housing needs.</p>	<p>Litchfield St, Torrington</p> <p>Contact Marc Trivella at 860.482.0643</p>
<p><b>Southeast Mental Health Authority (SMHA)</b> (Norwich)</p>	<p>1 bed Brief Care Unit; person must be voluntary &amp; meet DMHAS criteria for services; admission must take place prior to 9 PM;</p>	<p>Contact SMHA Mobile Outreach: 860.886.9302</p>

	person screened by SMHA Mobile Outreach Clinician to determine appropriateness; LOS 3-5 days.	
<p><b>Sound Community Services, Inc.: Michael Kerr Respite Program</b> (Norwich)</p> <p>Located on grounds of SMHA</p>	5 bed short-term residential living center for persons with MI &/or co-occurring disorders; person must be voluntary & meet guidelines for DMHAS services; screening & assessment through SMHA Mobile Outreach; LOS up to 30 days.	Contact SMHA Mobile Outreach: 860.886.9302
<p><b>Mercy Shelter &amp; Housing Corporation</b> (Operates CRMHC's Respite Program covering Hartford; West Hartford; Farmington; Avon; Simsbury; East Hartford; Glastonbury; &amp; Wethersfield)</p>	For adults with psychiatric or co-occurring disorders in mental health crisis presenting to or being referred to general hospital ED; <u>referrals made directly to CRMHC Mobile Crisis in Hartford or InterCommunity Mobile Crisis in East Hartford &amp; must include a discharge plan.</u>	<p>6 beds at 118 Main St., Hartford.</p> <p>Contact CRMHC Mobile Crisis at 860.297.0999.</p> <p>Contact InterCommunity Mobile Crisis at 860.569.5900.</p> <p>An additional 4 beds accessed through CRMHC's Managed Service System Division.</p>

**DMHAS Homeless Services**

DMHAS provides services to persons with a serious mental illness, or a co-occurring mental illness and substance abuse disorder, who are homeless. Services include assertive outreach and engagement with clients, and referrals to case management services.

**Contact Alice Minervino at 860.418.6942 or [alice.minervino@ct.gov](mailto:alice.minervino@ct.gov)**

**For a list of emergency homeless shelters, go to.....**  
[http://www.cceh.org/pdf/consolidated\\_shelter\\_listing.pdf](http://www.cceh.org/pdf/consolidated_shelter_listing.pdf)

### CT Home and Community-based Services Waivers

<b>CT Home Care Program for Elders* (CHCPE)</b>	<b>Mental Health Waiver (WISE)</b>
<ol style="list-style-type: none"> <li>1. Age 65+ and Medicaid-eligible.</li> <li>2. At risk for nursing home placement based on 3 or more critical needs.</li> <li>3. Contact DSS Alternate Care Unit: 860.424.4904 –option 4.</li> </ol> <p><i>*If not Medicaid-eligible, may be eligible for state-funded home care services.</i></p>	<ol style="list-style-type: none"> <li>1. Age 22 and over &amp; Medicaid-eligible</li> <li>2. Diagnosis of serious &amp; persistent mental illness <i>plus</i> other criteria.</li> <li>3. Contact 1.866.548.0265.</li> <li>4. Visit <a href="http://www.ct.gov/dmhas">www.ct.gov/dmhas</a> for more information.</li> </ol>
<b>Home Care Program for Disabled Pilot</b>	<b>Personal Care Assistant (PCA)</b>
<ol style="list-style-type: none"> <li>1. Ages 18-64; <i>not</i> Medicaid &amp; <i>cannot</i> have a primary diagnosis of MI.</li> <li>2. Must have primary diagnosis of degenerative neurological condition.</li> <li>3. Has 3 or more critical needs or 2 critical needs <u>plus</u> 4 or more cognitive deficits.</li> <li>4. Contact DSS Alternate Care Unit: 860.424.4904 – option 4.</li> </ol>	<ol style="list-style-type: none"> <li>1. Age 18 and older; Medicaid-eligible.</li> <li>2. Has chronic, severe, permanent disability resulting in at least 2 critical needs.</li> <li>3. Those with MI, MR, and dementia do not qualify.</li> <li>4. Contact DSS at 860.424.5388.</li> </ol>
<b>Acquired Brain Injury (ABI)*</b>	<b>Dept. of Developmental Services*</b>
<ol style="list-style-type: none"> <li>1. Age 18 and older.</li> <li>2. Medicaid-eligible.</li> <li>3. Must have ABI &amp; meet level of care criteria for nursing home, including intermediate level, or chronic disease hospital.</li> <li>4. Must be able to participate in development of a service plan.</li> <li>5. Contact DSS at 860.424.5388.</li> </ol> <p><i>*If person has diagnosis of serious mental illness <u>preceding</u> ABI, may be eligible for DMHAS ABI services. Contact DMHAS ABI Unit @ 860.262.6725.</i></p>	<ol style="list-style-type: none"> <li>1. Age 18 and older with diagnosis of MR.</li> <li>2. Must meet ICF/MR level of care.</li> <li>3. Must demonstrate a need for one or more of the waiver services.</li> <li>4. Must be Medicaid-eligible.</li> <li>5. Contact DDS eligibility unit at 1.866.433.8192.</li> </ol> <p><i>*more than one waiver available</i></p>
<b>Katie Beckett</b>	<b>Money Follows the Person (MFP)*</b>
<ol style="list-style-type: none"> <li>1. No age limit, but most participants are children.</li> </ol>	<ol style="list-style-type: none"> <li>1. Age 18 and over; Medicaid-eligible.</li> <li>2. Person must be in a nursing home for</li> </ol>

<ol style="list-style-type: none"> <li>2. Must have severe disability.</li> <li>3. Medicaid-eligible.</li> <li>4. Contact DSS Alternate Care Unit at 860.424.5404 option 3.</li> </ol>	<p>90 consecutive days or more; wishes to be in the community; &amp; <u>meets criteria for one of Medicaid waivers.</u></p> <ol style="list-style-type: none"> <li>3. Contact DSS at 1.888.992.8637.</li> </ol> <p><i>*Not a waiver program per se.</i></p>
--	---

**Other Resources**

<b>Veterans Administration Aid &amp; Attendance Benefit</b>	<b>Statewide Respite Program</b>
<ol style="list-style-type: none"> <li>1. For vets (or surviving spouses of vets) who meet service requirements &amp; need help with ADLs; are blind; or a resident of a nursing home due to physical/mental disability.</li> <li>2. Income &amp; asset limits.</li> <li>3. Covers home care services &amp; assisted living services in managed residential community.</li> <li>4. Capped by amount of benefit.</li> <li>5. Contact CT Dept. of Veteran's Affairs at 860.594.6604.</li> </ol> <p><i>NOTE: For information on the West Haven VA Nursing Home Program, contact Donna Cramond at 203.932.5711</i></p>	<ol style="list-style-type: none"> <li>1. Must be diagnosed with irreversible &amp; deteriorating dementia.*</li> <li>2. Income &amp; asset limits.</li> <li>3. Covers Adult Day Care; HHA; homemaker; companion; SNF visits &amp;/or ST stays in SNF or ALF.</li> <li>4. Cost may not exceed \$3,500 per calendar year.</li> <li>5. 20% co-payment of cost for each service.</li> <li>6. Apply through Area Agencies on Aging at 1.800.994.9422.</li> </ol> <p><i>*If eligible for CHCPE, not eligible for respite program.</i></p> <p><b>TIP:</b> Person may also be eligible for \$500/family annual benefit from Alzheimer's Assoc. CT Chapter's Respite Fund. No age limit for person or his/her caregiver. Contact: 1-800.356.5502.</p>
<b>Medicare Home Care Benefit</b>	<b>Medicaid State Plan Services</b>
<ol style="list-style-type: none"> <li>1. MD must sign plan of care for person who has need for at least one skilled service (intermittent skilled nursing; PT or OT or ST &amp; is homebound).</li> <li>2. In addition to nursing &amp; therapies, covers intermittent HHA when receiving nursing care; medical social work; &amp; DME.</li> <li>3. No more than 8 hrs/day or 28 hrs/wk of care unless MD indicates need for up to 35 hrs &amp; there is a predictable end to need for more hrs.</li> <li>4. Consult on eligibility/denials by calling Center for Medicare Advocacy 1.800.456.7790.</li> </ol>	<ol style="list-style-type: none"> <li>1. Physician-ordered as part of a plan of care that is reviewed every 60 days.</li> <li>2. Begins with referral to community home-health agency.</li> <li>3. Need W-10 if person discharged from a facility (NH or hospital).</li> <li>4. Services: nursing; HHA; Pt; OT; ST; &amp; any supplies, equipment or appliances that are medically necessary.</li> <li>5. Prior authorization required for more than 2 nursing visits a week &amp; more than 14 hours a week of HHA.</li> <li>6. Contact DSS Regional Offices.</li> </ol>

## Other Resources

<b>Aging &amp; Disability Resource Centers (aka Community Choices)</b>	<b>Area Agencies on Aging (AAA)</b>
<ol style="list-style-type: none"> <li>1. Independent living philosophy, including self-determination.</li> <li>2. Single-point of entry system for access to long-term care information, programs &amp; services.</li> <li>3. Area Agencies on Aging partner with Independent Living (IL) Centers.</li> <li>4. Currently operational at 3 sites:               <ul style="list-style-type: none"> <li>• <u>Agency on Aging of South Central CT</u> at 203.785.8533.</li> <li>• <u>Western CT Area Agency on Aging</u> at 203.757.5449.</li> <li>• <u>North Central Area Agency on Aging</u> at 1.800.994.9422, ext 251.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Advocate for elders.</li> <li>2. Fund certain community services, including CHOICES Program which provides information &amp; assistance on Medicare.</li> <li>3. Partners with ILs around ADRCs &amp; MFP.</li> <li>4. 5 agencies, including 3 specified in previous box, and.....               <ul style="list-style-type: none"> <li>• <u>Southwestern CT Area on Aging</u> at 203. 333.9288.</li> <li>• <u>Senior Resources – Agency on Aging in Eastern CT</u> at 860.887.3561.</li> </ul> </li> </ol>
<b>Independent Living Centers (ILs)</b>	<b>State Long-Term Care Ombudsman Program</b>
<ol style="list-style-type: none"> <li>1. Independent living philosophy, including self-determination.</li> <li>2. Partners with AAA's around ADRCs &amp; MFP.</li> <li>3. Advocates for people with disabilities; tends to be younger pop with physical disabilities, but includes people with mental illness.</li> <li>4. Locations in 5 state regions:               <ul style="list-style-type: none"> <li>• <u>Independent Unlimited</u> (North Central CT) at 860.523.5603.</li> <li>• <u>Disabilities Network of Eastern CT</u> at 860.886.2316.</li> <li>• <u>Independent Northwest – Center of IL of Northwest CT</u> at 203.729.3299.</li> <li>• <u>Center for Disability Rights</u> (West Haven) at 203.934.7077.</li> <li>• <u>Disability Resource Center of</u></li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Advocates for residents of nursing homes, residential care homes &amp; assisted living facilities.</li> <li>2. Responds to &amp; investigates complaints brought forward by residents, family members, &amp;/or other individuals on their behalf.</li> <li>3. Offers info &amp; consultation to consumers &amp; providers; monitors state &amp; federal laws &amp; regulations; &amp; makes recommendations for improvements.</li> <li>4. 3 ombudsman per 3 state regions:               <ul style="list-style-type: none"> <li>• <u>Northern Region</u> Intake at 860.424.5221.</li> <li>• <u>Southern Region</u> Intake at 860.823.3366.</li> <li>• <u>Western Region</u> Intake at 203.5974181.</li> </ul> </li> </ol>

Fairfield County at 203.375.2748.	
-----------------------------------	--

## **Nursing Home Placements/Preadmission Screening Resident Review (PASRR)**

### **PASRR PROCESS for Persons with Serious Mental Illness**

*This is federal law for all states.* All applicants to Medicaid-certified nursing homes, regardless of reimbursement source, must be screened to identify a diagnosis of serious mental illness (SMI) and/or a developmental disability. If there is a diagnosis, the person must undergo a Level II evaluation. With some exceptions, this process must be completed prior to nursing home admission. In all cases, to be eligible for nursing home admission, or continued nursing home stay, level-of-care criteria must be met.

The PASRR screen is initiated through Ascend using a password-protected web-based system. Two forms are submitted electronically: (1) Level I, which identifies whether the person has an SMI; and (2) Level of Care Determination. If the Level I is positive for SMI and the person meets nursing home level of care criteria, an Ascend evaluator will meet the person face-to-face to conduct a Level II Evaluation. The Level II is a comprehensive psychiatric evaluation to determine if the person is stable and appropriate for nursing home placement. *NOTE: If the person does not meet nursing home level of care criteria, the Level II is usually not done.*

Besides preadmission screening, nursing facilities must report to Ascend when a resident with SMI experiences a change of condition/status. A Level II may be required to determine whether the resident requires inpatient psychiatric care provided in a hospital setting.

Ascend tracks those individuals with SMI who receive short-term approvals for nursing home stay to determine if they continue to need nursing home level of care. Ascend will communicate with the DMHAS Nursing Home Diversion and Transition Program, and a Nurse Clinician, in designated areas of the state, may follow an individual during their nursing home stay. If the individual no longer meets nursing home level of care, the nurse collaborates with the nursing facility social services staff to transition the person to a less restrictive setting. Again, this assistance is only for a person with mental illness (which may include a co-occurring substance abuse disorder).

*NOTE: The PASRR process is initiated on-line, and you must be registered with a password.*

<b>Ascend website:</b>	<a href="http://www.pasrr.com">www.pasrr.com</a> & hit link for CT WEBSTARS
------------------------	---

<b>Ascend Support Specialist</b>
----------------------------------



**to find out status of review: 1.877.431.1388 ext 3281**