



14-31966-DTR

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

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

SECTION I. PETITIONER INFORMATION

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

	Petitioner	Petitioner
Full Legal Name	PACES COUNSELING ASSOCIATES, INC.	
Doing Business As	SAME	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	991 MAIN ST EAST HARTFORD CT 06108	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	RYAN HERINGTON EXECUTIVE DIRECTOR	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	SAME	
Contact Person's Telephone Number	860 528 3238	
Contact Person's Fax Number	860 528 3267	
Contact Person's e-mail Address	ryan@pacescounseling.com	

SECTION II. INFORMATION ON PROPOSED RELOCATION

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

Name of the Health Care Facility: PACES COUNSELING ASSOCIATES INC.

Current Location: 991 MAIN ST EAST HARTFORD CT 06108

Proposed Location: 477 CONNECTICUT BLVD EAST HARTFORD CT 06108

Current Population Served: ADULTS with addiction diagnoses

Proposed Population Served: SAME

Current Payor Mix: 10% Medicare 30% Medicaid 50% Commercial 10% uninsured

Proposed Payor Mix: SAME

Any other information that the Petitioner deems relevant:

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: RYAN HERINGTON, PACES COUNSELING ASSOCIATES, INC.

Project Title: RELOCATION

I, RYAN HERINGTON CEO
(Name) (Position – CEO or CFO)

of PACES COUNSELING ASSOCIATES INC. being duly sworn, depose and state that the
(Organization Name)

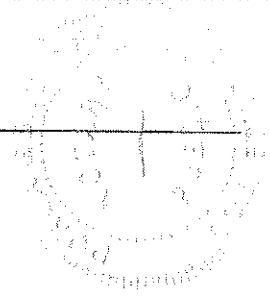
information provided in this CON Determination form is true and accurate to the best of my knowledge.

[Signature] 11/14/14
Signature Date

Subscribed and sworn to before me on November 14th, 2014

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: 7/31/2014





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

November 25, 2014

VIA FACSIMILE ONLY

Ryan Herington
Executive Director
Paces Counseling Associates, Inc.
991 Main Street
East Hartford, CT 06108

RE: Certificate of Need Determination Report Number 14-31966-DTR
Relocation of Paces Counseling Associates, Inc.

Dear Mr. Herington:

On September 24, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Paces Counseling Associates, Inc. ("Petitioner") with respect to its relocation.

The Petitioner is a Connecticut licensed substance abuse facility currently located at 991 Main Street, East Hartford, Connecticut. The Petitioner plans to relocate its facility to 477 Connecticut Boulevard, East Hartford, Connecticut. The Petitioner currently serves adults with an addiction diagnosis and has a payor mix of 10% Medicare, 30% Medicaid, 50% commercial, and 10% uninsured. After its relocation, the Petitioner will continue to serve the same population and payer mix that it currently serves.

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

Sincerely,

Kimberly R. Martone
Director of Operations

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

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

* * * COMMUNICATION RESULT REPORT (NOV. 25. 2014 12:53PM) * * *

FAX HEADER:

TRANSMITTED/STORED : NOV. 25. 2014 12:53PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

768 MEMORY TX

98605283267

OK

2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: RYAN HERINGTON

FAX: 860 528-3267

AGENCY: PACES COUNSELING ASSOCIATES, INC.

FROM: OHCA

DATE: 11/25/14 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Determination for DN: 14-31966 Relocation of Paces Counseling Associates, Inc.

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134