

Greer, Leslie

From: Martone, Kim
Sent: Friday, February 07, 2014 12:27 PM
To: Riggott, Kaila; Hansted, Kevin
Cc: Greer, Leslie; Olejarz, Barbara
Subject: FW: 2020 Behavioral Health Services - Chemical Maintenance Service
Attachments: 2020 Chemical Maintenance 2014.pdf

From: Thomas, Emily [<mailto:Emily.Thomas@uhsinc.com>]
Sent: Friday, February 07, 2014 9:47 AM
To: Martone, Kim
Cc: Aniskovich, William
Subject: 2020 Behavioral Health Services - Chemical Maintenance Service

Ms. Martone,

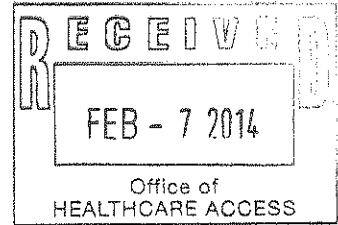
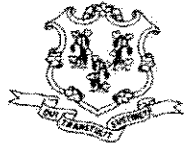
Ms. Martone - please see the attached 2020. The original documents have been overnighted to you.

Please let me know if you need anything additional.

Respectfully,
Emily

Emily M. Thomas
Administrative Coordinator
Stonington Institute
75 Swantown Hill Rd
North Stonington, CT 06359
860-445-3008 Phone
emily.thomas@uhsinc.com

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

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

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

	Petitioner	Petitioner
Full Legal Name	William A. Aniskovich	
Doing Business As	Stonington Institute	
Name of Parent Corporation	Universal Health Services	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	75 Swantown Hill Rd. North Stonington, CT 06359	
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.	William Aniskovich, CEO	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	75 Swantown Hill Rd. North Stonington, CT 06359	
Contact Person's Telephone Number	860-445-3008	
Contact Person's Fax Number	860-445-3010	
Contact Person's e-mail Address	William.aniskovich@uhsinc.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Behavioral Health Services – Chemical Maintenance Service
- b. Estimated Total Project Cost: \$0.00
- c. Location of proposal, identifying Street Address, Town and Zip Code:
75 Swantown Hill Rd. North Stonington, CT 06359
- d. List each town this project is intended to serve: Statewide
- e. Estimated starting date for the project: 02/14/2014

SECTION IV. PROPOSAL DESCRIPTION

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

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

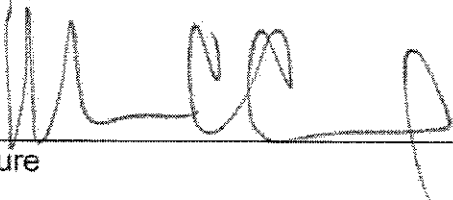
SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

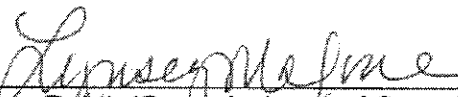
Petitioner: William A. Aniskovich

Project Title: Behavioral Health Services – Chemical Maintenance Service

I, William Aniskovich, CEO of Stonington Institute being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.


 Signature _____ Date 2/6/14

Subscribed and sworn to before me on February 6th 2014


 Notary Public/Commissioner of Superior Court

My commission expires: 10/31/16



Lynsey Malone
 Notary Public
 State of Connecticut
 My Commission Expires 10/31/2016

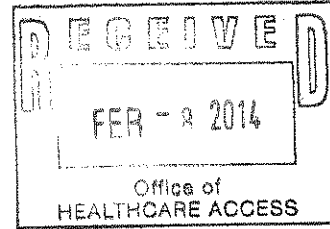
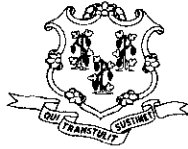
Stonington Behavioral Health, Inc.
Behavioral Health Services-Chemical Maintenance Service
Form 2020
February 6, 2014

Section IV. PROPOSAL DESCRIPTION

Stonington Behavioral Health, Inc. is a for-profit behavioral health treatment facility licensed by the State of Connecticut Department of Public Health ("DPH") to provide substance abuse and mental health services. A copy of the DPH licenses currently held by Stonington is attached.

The proposal would add a Chemical Maintenance Treatment license (as defined at CGS 19a-495-570) to each of Stonington's three currently licensed treatment locations in order to meet the patient demand for maintenance therapies as a part of an overall treatment plan for addiction disorders.

The service will be offered as a component of care, where appropriate, to all patients admitted to Stonington's substance abuse programs, regardless of payer source or insurance and as such will have little to no impact on other providers of chemical maintenance treatment.



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

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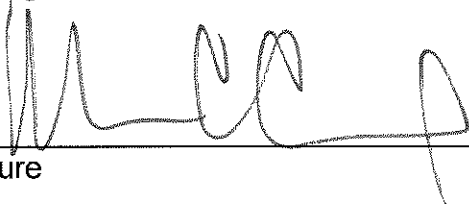
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(Each Petitioner must submit a completed Affidavit.)

Petitioner: William A. Aniskovich

Project Title: Behavioral Health Services – Chemical Maintenance Service

I, William Aniskovich, CEO of Stonington Institute being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

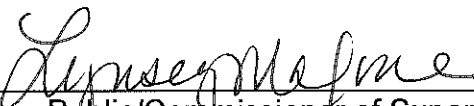


Signature

2/6/14

Date

Subscribed and sworn to before me on February 6th 2014



Notary Public/Commissioner of Superior Court

My commission expires: 10/31/16

Lynsey Malone
Notary Public
State of Connecticut
My Commission Expires 10/31/2016

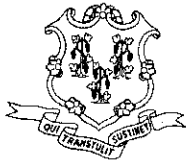
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

February 11, 2014

VIA FACSIMILE ONLY

William A. Aniskovich
CEO & Managing Director
Stonington Institute
75 Swantown Hill Rd
North Stonington, CT 06359

RE: Certificate of Need Determination Report Number 14-31895-DTR
Establishment of Chemical Maintenance Treatment

Dear Mr. Aniskovich:

On February 7, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Stonington Behavioral Health, Inc. ("Petitioner") with respect to the addition of a Chemical Maintenance Treatment license.

The Petitioner is a for-profit behavioral health treatment facility, with three locations, licensed to provide substance abuse and mental health services. The Petitioner seeks to add a Chemical Maintenance Treatment license and provide that service at each of its three locations. The service will be offered as a component of care, where appropriate, to all patients admitted to the Peitioner's program.

Connecticut General Statutes § 19a-638 does not require a CON for the addition of licensed services to a behavioral health treatment facility. Therefore, a CON *is not required* for the Petitioner's proposal.

Sincerely,

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

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 (FEB. 11. 2014 9:23AM) * * *

FAX HEADER:

TRANSMITTED/STORED FILE MODE	FEB. 11. 2014 9:22AM OPTION	ADDRESS	RESULT	PAGE
067	MEMORY TX	98604453010	OK	2/2

REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER

E-2) BUSY
 E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: WILLIAM A. ANISKOVICH

FAX: 860-445-3010

AGENCY: STONINGTON INSTITUTE

FROM: OHCA

DATE: 2/11/14 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Determination for Report Number 14-31895, establishment of chemical maintenance treatment.

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