

Greer, Leslie

From: Martone, Kim
Sent: Monday, June 30, 2014 4:03 PM
To: Hansted, Kevin
Cc: Greer, Leslie; Riggott, Kaila; Roberts, Karen
Subject: FW: Form 2020 Submission
Attachments: 1353 CON 2014.pdf

From: Hutchins, Shelly [<mailto:Shelly.Hutchins@uhsinc.com>]
Sent: Monday, June 30, 2014 3:53 PM
To: Martone, Kim
Cc: Michaud, Cher; Bauer, Sandra; Aniskovich, William
Subject: Form 2020 Submission

Good Afternoon:

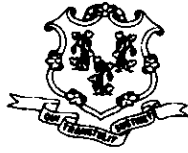
Attached please find a completed Form 2020. The original has been sent to your attention via overnight delivery.

Thank you.

Shelly Hutchins
Executive Assistant to the CEO
Stonington Institute
75 Swantown Hill Road
North Stonington, CT 06359
(860) 445-3008 Office
(860) 445-3010 Fax

www.stoningtoninstitute.com

UHS of Delaware, Inc. Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution of this information is prohibited, and may be punishable by law. If this was sent to you in error, please notify the sender by reply e-mail and destroy all copies of the original message.



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

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Same
Contact Person's Telephone Number	860-445-3008
Contact Person's Fax Number	860-445-3010
Contact Person's e-mail Address	<u>William.aniskovich@uhsinc.com</u>

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Groton Day Treatment Program Relocation**
- b. Estimated Total Project Cost:
\$10,000
- c. Location of proposal, identifying Street Address, Town and Zip Code:
618 Poquonock Road, Groton, CT 06340
- d. List each town this project is intended to serve:
Statewide
- e. Estimated starting date for the project:
August 1, 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.

PROPOSAL DESCRIPTION

Applicant current operates a DPH licensed substance abuse treatment facility and mental health day treatment program at 1353 Gold Star Highway in Groton, CT, 06340 ("1353 Gold Star"). Copies of the relevant licenses are attached. No change in license is proposed.

Applicant offers partial hospital and intensive outpatient treatment services to male and female adults age 18-65 with substance abuse and co-occurring mental health disorders at the 1353 site. No change in type of services is proposed.

Applicant operates a business office at 333 Long Hill Road in Groton, CT, 06340 ("333 Long Hill Road").

The lease agreement at 1353 Gold Star Highway has expired and the Applicant is on a verbal month-to-month lease. The lease agreement at 333 Long Hill Road expires in October, 2014 and the Landlord wishes Applicant to vacate the premises early in order to consummate a sale of the property to an Owner that will occupy the premises.

Applicant has reached an agreement with the owner of 618 Poquonnock Road, Groton, CT, 06340 ("Poquonnock") to lease the building.

Applicant proposes to re-locate its treatment programs at 1353 Gold Star Highway and business office at 333 Long Hill Road to Poquonnock.

The relocation is within the same Town and zip code and within 5 miles of the two current buildings.

Applicant provides transportation and boarding to clients so no adverse impact is proposed for clients. The new location is on a public bus route.

No impact on other providers is expected as no change in client population, type of service or licensed level of care is proposed.

Exhibit A

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0393

**Facility for the Care or Treatment of Substance Abusive
or Dependent Persons.**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Stonington Institute is located at 1353 Gold Star Highway, Groton, CT 06340 with:

William A. Aniskovich as Executive Director.

The service classification(s) and if applicable, the residential capacities are as follows:

Day or Evening Treatment
Outpatient Treatment

This license expires **December 31, 2015** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2014. RENEWAL



Handwritten signature of David Mullen

David Mullen, MD, MPH, MPA
Assistant Director

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0052

Mental Health Day Treatment Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

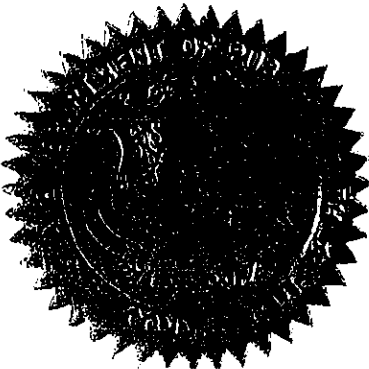
Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

Stonington Institute is located at 1353 Gold Stay Highway, Groton, CT 06340 with:

William A. Aniskovich as Executive Director,
Jerome M. Schnitt MD as Director.

This license expires **December 31, 2015** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2014. RENEWAL



Jewel Mullen

Jewel Mullen, MD, MPH, MPA
Commissioner



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

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Same
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: **Groton Day Treatment Program Relocation**
- b. Estimated Total Project Cost:
\$10,000
- c. Location of proposal, identifying Street Address, Town and Zip Code:
618 Poquonock Road, Groton, CT 06340
- d. List each town this project is intended to serve:
Statewide
- e. Estimated starting date for the project:
August 1, 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.

PROPOSAL DESCRIPTION

Applicant current operates a DPH licensced substance abuse treatment facility and mental health day treatment program at 1353 Gold Star Highway in Groton, CT, 06340 ("1353 Gold Star"). Copies of the relevant licenses are attached. No change in license is proposed.

Applicant offers partial hospital and intensive outpatient treatment services to male and female adults age 18-65 with substance abuse and co-occurring mental health disorders at the 1353 site. No change in type of services is proposed.

Applicant operates a business office at 333 Long Hill Road in Groton, CT, 06340 ("333 Long Hill Road").

The lease agreement at 1353 Gold Star Highway has expired and the Applicant is on a verbal month-to-month lease. The lease agreement at 333 Long Hill Road expires in October, 2014 and the Landlord wishes Applicant to vacate the premises early in order to consummate a sale of the property to an Owner that will occupy the premises.

Applicant has reached an agreement with the owner of 618 Poquonnock Road, Groton, CT, 06340 ("Poquonnock") to lease the building.

Applicant proposes to re-locate its treatment programs at 1353 Gold Star Highway and business office at 333 Long Hill Road to Poquonnock.

The relocation is within the same Town and zip code and within 5 miles of the two current buildings.

Applicant provides transportation and boarding to clients so no adverse impact is proposed for clients. The new location is on a public bus route.

No impact on other providers is expected as no change in client population, type of service or licensed level of care is proposed.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Stonington Behavioral Health Inc. d/b/a Stonington Institute

Project Title: Groton Day Treatment Program Relocation

I, Mary Minton, CFO of Stonington Behavioral Health, Inc. d/b/a 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.

Mary Minton, CFO
Signature

6/30/2014
Date

Subscribed and sworn to before me on June 30, 2014

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

Lynsey Malone
Notary Public

My commission expires: 10/31/14

Exhibit A

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0393

**Facility for the Care or Treatment of Substance Abusive
or Dependent Persons**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons:

Stonington Institute is located at 1353 Gold Star Highway, Groton, CT 06340 with:

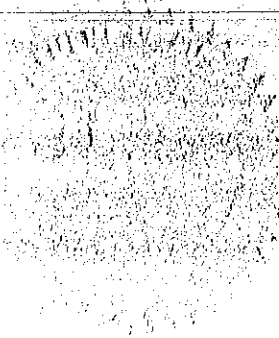

William A. Aniskovich as Executive Director.

The service classification(s) and if applicable, the residential capacities are as follows:

Day or Evening Treatment
Outpatient Treatment

This license expires December 31, 2015 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2014. RENEWAL



Jewel M. Biller, MD, MPH, MPA
Comptroller

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0052

Mental Health Day Treatment Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

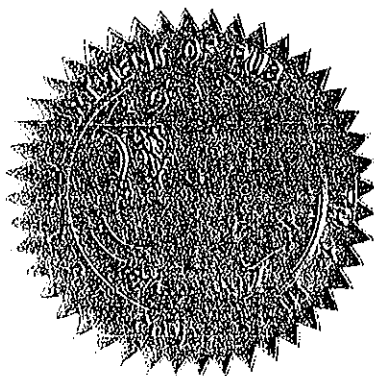
Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

Stonington Institute is located at 1353 Gold Stay Highway, Groton, CT 06340 with:

William A. Aniskovich as Executive Director,
Jerome M. Schnitt MD as Director.

This license expires **December 31, 2015** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2014. RENEWAL



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner



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

July 7, 2014

VIA FACSIMILE ONLY

Mr. William Aniskovich
Chief Executive Officer
Stonington Behavioral Health, Inc.
75 Swanton Hill Road
North Stonington, CT 06359

RE: Certificate of Need Determination Report Number 14-31925-DTR
Relocation of Groton Day Treatment Program

Dear Mr. Aniskovich:

On July 1, 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 relocation of its Day Treatment Program in Groton, Connecticut.

The Petitioner operates a Connecticut licensed substance abuse treatment facility and mental health day treatment program at 1353 Gold Star Highway, Groton, Connecticut. The Petitioner offers partial hospital and intensive outpatient treatment services to male and female adults age 18-65 with substance abuse and co-occurring mental health disorders. The Petitioner wishes to relocate its program to 618 Poquonnock Road, Groton, Connecticut. This new location is within the same town and within five miles of the current location. Additionally, there will be no changes to the services currently being provided so there will be no adverse impact to the current population served or payer mix.

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.

Sincerely,

A handwritten signature in black ink that reads "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 (JUL. 7. 2014 10:48AM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 7. 2014 10:47AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

441 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 ANISKOVICH
FAX: (860) 445-3010
AGENCY: STONINGTON BEHAVIORAL HEALTH, INC.
FROM: OHCA
DATE: 7/7/14
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: DN: 14-31925-DTR

PLEASE PHONE 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