

Greer, Leslie

From: Martone, Kim
Sent: Wednesday, September 17, 2014 3:16 PM
To: Hansted, Kevin
Cc: Greer, Leslie
Subject: FW: Stonington Institute - CON Determination Form 2020
Attachments: CON Determination Form 2020 9.17.14.pdf

From: Hutchins, Shelly [<mailto:Shelly.Hutchins@uhsinc.com>]
Sent: Wednesday, September 17, 2014 2:17 PM
To: Martone, Kim
Cc: Bauer, Sandra
Subject: Stonington Institute - CON Determination Form 2020

Good Afternoon:

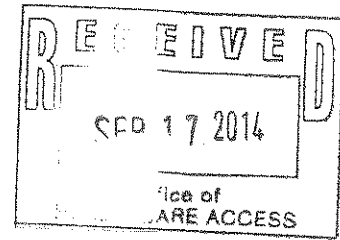
Attached please a completed Form 2020 for Stonington Institute. The original will be mailed to you via overnight delivery.

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

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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
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:
Detox Service Addition
- b. Estimated Total Project Cost:
\$6,000.00
- c. Location of proposal, identifying Street Address, Town and Zip Code:
75 Swantown Hill Road, North Stonington, CT 06359
- d. List each town this project is intended to serve:
State-wide
- e. Estimated starting date for the project:
10/1/14

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.

**Stonington Behavioral Health, Inc.
Behavioral Health Services-Chemical Maintenance Service
Form 2020
September 17, 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. Copies of the DPH licenses currently held by Stonington for the 75 Swantown Hill Road facility (the "Facility") are attached.

The proposal would add 1 bed to the existing 20-bed Residential Detoxification and Evaluation (RDE) service at the Facility. The RDE service treats adult male and female patients from across the state. The additional proposed bed will be utilized similarly.

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.

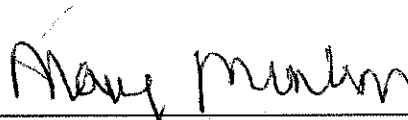
SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)


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

Project Title: Detox Service Addition

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.

	<u>9/17/14</u>
Signature	Date

Subscribed and sworn to before me on September 17, 2014


Notary Public
<i>Commissioner of the Superior Court</i>

My ~~commission~~ expires: _____

Exhibit A

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0298

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 75 Swantown Hill Rd, North Stonington, CT 06359 with:

William A. Aniskovich as Executive Director.

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

38 Intensive Treatment Beds
20 Residential Detoxification and Evaluation Beds
Outpatient Treatment
Day or Evening Treatment
Ambulatory Chemical Detoxification Treatment

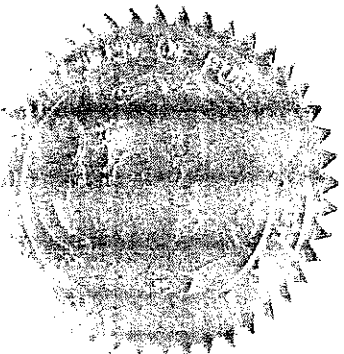
This license expires **March 31, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2014.

Waiver Sec.19a-495-570(j)(1)(F)(iv)(i) Eff: 22-APR-08 Exp: N/A

License revised to reflect:

Addition of 4 Residential Detoxification and Evaluation Beds EFF: 2/26/14



Jewel Mullen

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0040

Mental Health Day Treatment Facility

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

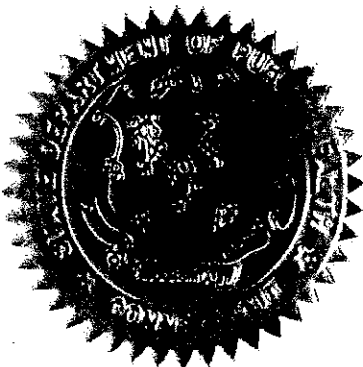
Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

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

This license expires **March 31, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2012. RENEWAL



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
Commissioner



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

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Contact Person's Telephone Number	860-445-3008
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SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

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

Project Title: **Detox Service Addition**

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.



Signature



Date

Subscribed and sworn to before me on September 17, 2014



Notary Public
Commissioner of the Superior Court

My ~~commission~~ expires: _____

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Department of Public Health

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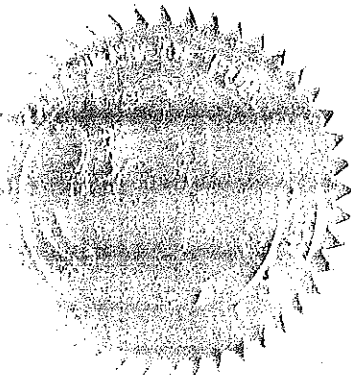
This license expires **March 31, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2014.

Waiver Sec.19a-495-570(j)(1)(F)(iv)(i) Eff: 22-APR-08 Exp: N/A

License revised to reflect:

Addition of 4 Residential Detoxification and Evaluation Beds EFF: 2/26/14



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0040

Mental Health Day Treatment Facility

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

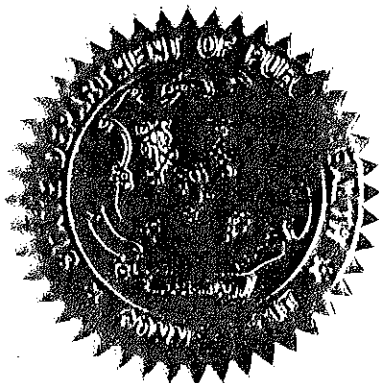
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William A. Aniskovich as Executive Director,
Jerome M. Schnitt MD as Director.

This license expires **March 31, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2012. RENEWAL



Jewel Mullen MD
Jewel Mullen, MD, MPH, MPA
Commissioner



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

September 24, 2014

VIA FACSIMILE ONLY

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

RE: Certificate of Need Determination Report Number 14-31946-DTR
Addition of One Licensed Bed to Facility

Dear Mr. Aniskovich:

On September 17, 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 one bed to the facility.

The Petitioner is a for-profit behavioral health treatment facility licensed to provide substance abuse and mental health services. The Petitioner is currently licensed for twenty beds. The Petitioner wishes to add one bed to its existing twenty bed Residential Detoxification and Evaluation ("RDE") service. The RDE treats adult male and female patients from across the state.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(11), a certificate of need is required for an "increase in the licensed bed capacity of a health care facility". Conn. Gen. Stat. § 19a-630(10) defines a health care facility as "... (G) mental health facilities; (H) substance abuse treatment facilities...". The Petitioner is a mental health and substance abuse facility seeking to add one licensed bed to its capacity. Therefore, a **CON is required** for the Petitioner's proposal.

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 (SEP. 24. 2014 10:38AM) * * *

FAX HEADER:

TRANSMITTED/STORED : SEP. 24. 2014 10:37AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

634 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 BEHAVIORAL HEALTH, INC.
FROM: OHCA
DATE: 9/24/14 Time: _____
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Please see attached determination

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