



Associated Plastic and Reconstructive Surgeons, P.C.
d/b/a Dr. Felice's Youthful Images
580 Cottage Grove Road, Suite 103
Bloomfield, CT 06002
Telephone (860) 242-0505



May 27, 2015

VIA FACSIMILE (860) 418-7053
& U.S. MAIL

Hon. Janet M. Brancifort, MPH
Deputy Commissioner
Office of Health Care Access
Division of Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134-0308

Re: Dr. Felice's Youthful Images

Dear Deputy Commissioner Brancifort:

Enclosed a CON Determination Form being submitted on behalf Dr. Felice's Youthful Images.

Should you have any questions, please feel free to contact me at (860) 242-0505.

Very truly yours,

Patrick R. Felice, M.D.

Encl.



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	Associated Plastics and Reconstructive Surgeons, P.C.	
Doing Business As	Dr. Felice's Youthful Images	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	580 Cottage Grove Road, Suite 103, Bloomfield, CT 06002	
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	Patrick Felice, MD, President	

correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	580 Cottage Grove Road, Suite 103, Bloomfield, CT 06002	
Contact Person's Telephone Number	860-242-0505	
Contact Person's Fax Number	860-243-3913	
Contact Person's e-mail Address	prf1176@gmail.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Build-Out of Ambulatory Surgery Center at 580 Cottage Grove Road, Bloomfield
- b. Estimated Total Project Cost: \$4,500,000
- c. Location of proposal, identifying Street Address, Town and Zip Code: 580 Cottage Grove Road, Suite 103, Bloomfield, CT 06002
- d. List each town this project is intended to serve:
 The project will continue to serve patients from the geographic area currently served by Associated Plastic and Reconstructive Surgeons, P.C.; specifically Bloomfield, Hartford, West Hartford, Farmington, Avon, Simsbury, East Hartford, Manchester, Granby, Windsor and Enfield.
- e. Estimated starting date for the project: September 2015

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.

Associated Plastic and Reconstructive Surgeons, P.C. (the "Center") is a licensed outpatient surgical facility (see attached) located at 580 Cottage Grove Road, Bloomfield, Connecticut 06002 (the "Building"). The Center is changing suites within the same building and is seeking a Determination that this does not constitute a relocation pursuant to CGS §19a-639c.

A finding that this is not a relocation is consistent with OHCA's long-standing practice of not requiring CONs for movements of facilities within the same municipality - no less the same building- as well as other laws and regulations common to the health care industry. For example, the federal Stark regulations define "same building" to mean "a structure with, or combination of structures that share, a single street address as assigned by the U.S. Postal Service, excluding all exterior spaces (for example, lawns, courtyards, driveways, parking lots) and interior parking garages..." 45 CFR § 411.351. That definition is clearly met in the proposed build-out in the second floor of the Building.

For the foregoing reasons, the Center hereby requests that OHCA make a determination that the Center's suite change within the Building is not a "relocation" pursuant to CGS §19a-639c.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Associated Plastic and Reconstructive Surgeons, P.C.

Project Title: Build-Out of Ambulatory Surgery Center at 580 Cottage Grove Road, Bloomfield

I, Patrick Felice, M.D., President
(Name) (Position – CEO or CFO)

of Associated Plastic and Reconstructive Surgeons, P.C. being duly sworn, depose and state
(Organization Name)

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

[Handwritten Signature]
Signature

5/27/2015
Date

Subscribed and sworn to before me on 05/27/2015

NeHa KamaT
Notary Public/Commissioner of Superior Court

My commission expires: _____
 NEHA KAMAT
NOTARY PUBLIC
STATE OF CONNECTICUT
MY COMM. EXP 08-31-18

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0309

Out-Patient Surgical Facility

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

Associated Plastic and Reconstructive Surgeons P.C. of Bloomfield, CT, d/b/a Dr. Felice's Youthful Images is hereby licensed to maintain and operate an Out-Patient Surgical Facility.

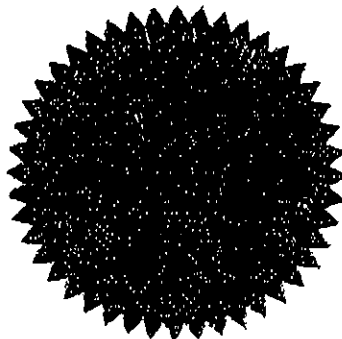
Dr. Felice's Youthful Images is located at 580 Cottage Grove Road, Suite 103, Bloomfield, CT 06002.

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

Dated at Hartford, Connecticut, April 1, 2013. RENEWAL

Waiver Sec 19-13-D56(b)D(2) exp: n/a
Waiver Sec 19-13-D56(b)D(5) exp: n/a
Waiver Sec 19-13-D56(b)E(4) exp: n/a
Waiver Sec 19-13-D56(b)E(8) exp: n/a
Waiver Sec 19-13-D56(b)E(11) exp: n/a
Waiver Sec 19-13-D56(e)(9) exp: n/a

Waiver Sec 19-13-D56(b)F(1) exp: n/a
Waiver Sec 19-13-D56(b)F(4) exp: n/a
Waiver Sec 19-13-D56(b)G(1)(a) exp: n/a
Waiver Sec 19-13-D56(b)G(1)(c) exp: n/a
Waiver Sec 19-13-D56(b)G(1)(j) exp: n/a



Jewel Mullen, MD, MPH, MPA
Commissioner

03/30/2015 11:52 FAX 000 509 8389

D P H

002/002



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

FAX: (860) 243-3913

TO: Nancy Russo, R.N.
Dr. Felice's Youthful Images
580 Cottage Grove Road, Suite 103
Bloomfield, CT 06002

FROM: Nancy Guzmán
Processing Technician
Facility Licensing & Investigations Section

DATE: March 30, 2015

RE: Renewal Licensure Status

Dear Ms. Russo:

This letter is to confirm that the license that shows the expiration date of March 31, 2015 will remain in effect until such time as this office conducts the State license renewal inspection for the entity located at 580 Cottage Grove Road, Suite 103, Bloomfield, CT 06002, which holds license number 0309.

When the renewal is issued, it will not show any lapse in dates/time frame.

If you have any questions or need to forward my contact information to any third party payers, please feel free to do so.



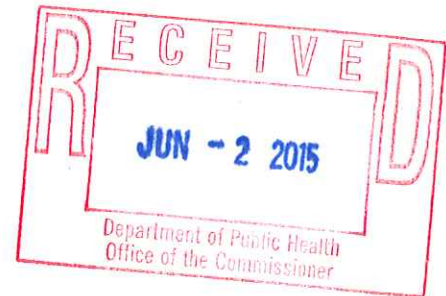
Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 124SR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

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Very truly yours,

A handwritten signature in blue ink, appearing to read "Patrick R. Felice".

Patrick R. Felice, M.D.

Encl.



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

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Doing Business As	Dr. Felice's Youthful Images	
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Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	580 Cottage Grove Road, Suite 103, Bloomfield, CT 06002	
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correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	580 Cottage Grove Road, Suite 103, Bloomfield, CT 06002	
Contact Person's Telephone Number	860-242-0505	
Contact Person's Fax Number	860-243-3913	
Contact Person's e-mail Address	prf1176@gmail.com	

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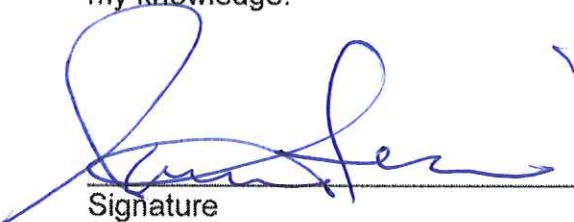
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(Name) (Position – CEO or CFO)

of Associated Plastic and Reconstructive Surgeons, P.C. being duly sworn, depose and state
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that the information provided in this CON Determination form is true and accurate to the best of my knowledge.


Signature

5/27/2015
Date

Subscribed and sworn to before me on 05/27/2015

NeHa KamaT
Notary Public/Commissioner of Superior Court

My commission expires: _____
 **NEHA KAMAT**
NOTARY PUBLIC
STATE OF CONNECTICUT
MY COMM. EXP 08-31-18

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0309

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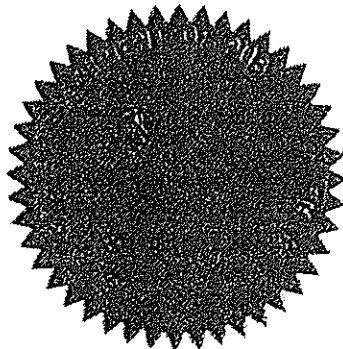
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Waiver Sec 19-13-D56(b)G(1)(c) exp: n/a
Waiver Sec 19-13-D56(b)G(1)(j) exp: n/a



Jewel Mullen, MD, MPH, MPA
Commissioner



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

FAX: (860) 243-3913

TO: Nancy Russo, R.N.
Dr. Felice's Youthful Images
580 Cottage Grove Road, Suite 103
Bloomfield, CT 06002

FROM: Nancy Guzmán
Processing Technician
Facility Licensing & Investigations Section

DATE: March 30, 2015

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If you have any questions or need to forward my contact information to any third party payers, please feel free to do so.



Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

Greer, Leslie

From: Hansted, Kevin
Sent: Wednesday, July 15, 2015 2:57 PM
To: Greer, Leslie
Cc: Martone, Kim
Subject: FW: FW: Determination # 15-32000-DTR

Leslie, please add the below to the record.

Thanks,

Kevin T. Hansted
Staff Attorney
Department of Public Health
Office of Health Care Access
410 Capitol Ave., MS #13HCA
P.O. Box 340308
Hartford, CT 06134
Phone: 860-418-7044

 Please consider the environment before printing this message

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

From: Patrick Felice [mailto:prf1176@gmail.com]
Sent: Wednesday, July 15, 2015 2:48 PM
To: Hansted, Kevin
Subject: Re: FW: Determination # 15-32000-DTR

Attorney Hansted:

With respect to your questions below, the percentages of total patient volume by payer source is presently running at approximately 60% government and 40%commercial/self-pay patients and, as we are planning to relocate within the same building, I would expect these percentages to remain approximately the same after the relocation.

Thank you for your attention to this matter.

Patrick Felice, MD

On Tue, Jun 16, 2015 at 9:30 AM, Patrick Felice <prf1176@gmail.com> wrote:

Attorney Hansted:

I have been attending to several matters this month. I will respond within the next 4-6 weeks.

Dr. Felice

On Fri, Jun 12, 2015 at 1:53 PM, Hansted, Kevin <Kevin.Hansted@ct.gov> wrote:

Dr. Felice,

Please provide me with a status on the below request.

Thank you,

Kevin T. Hansted

Staff Attorney

Department of Public Health

Office of Health Care Access

410 Capitol Ave., MS #13HCA

P.O. Box 340308

Hartford, CT 06134

Phone: [860-418-7044](tel:860-418-7044)

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From: Patrick Felice [mailto:prf1176@gmail.com]
Sent: Wednesday, June 03, 2015 8:12 PM
To: Hansted, Kevin
Subject: Re: FW: Determination # 15-32000-DTR

Attorney Hansted:

Thank you for the follow-up. I will be back in touch with you regarding your information request.

Pat Felice

On Wed, Jun 3, 2015 at 7:48 AM, Hansted, Kevin <Kevin.Hansted@ct.gov> wrote:

Dear Dr. Felice,

Please see below and advise.

Thank you,

Kevin T. Hansted

Staff Attorney

Department of Public Health

Office of Health Care Access

410 Capitol Ave., MS #13HCA

P.O. Box 340308

Hartford, CT 06134

Phone: [860-418-7044](tel:860-418-7044)

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From: Hansted, Kevin
Sent: Thursday, May 28, 2015 11:27 AM
To: 'prf1176@gmail.com'
Cc: Martone, Kim
Subject: Determination # 15-32000-DTR

Dear Dr. Felice,

I am in receipt of your determination request regarding the relocation of your facility. Pursuant to section 19a-639c-1(b) of the Regulations of Connecticut State Agencies, please provide me with the percentages of total patient volume by payer source prior to the proposed relocation and following the proposed relocation.

Thank you,

Kevin T. Hansted

Staff Attorney

Department of Public Health

Office of Health Care Access

410 Capitol Ave., MS #13HCA

P.O. Box 340308

Hartford, CT 06134

Phone: [860-418-7044](tel:860-418-7044)

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--

Patrick R. Felice, M.D.

Youthful Images
[860-242-0505](tel:860-242-0505)

R5 Capital, LLC

[860-413-2422](tel:860-413-2422)

NOTICE OF CONFIDENTIALITY

The information contained in this transmission is confidential and may be privileged and/or contain confidential health information that is legally protected by state and federal law, including the Health Insurance Portability and Accountability Act of 1996 and related regulations. This information is intended only for the use of the individual or organization to whom it is addressed. If it is not meant for you, please notify the sender immediately by telephone so that arrangements may be made to return the documents or destroy them. Use, disclosure, distribution, or copying of documents transmitted to you in error is strictly prohibited. Thank you.

--

Patrick R. Felice, M.D.

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Patrick R. Felice, M.D.

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

July 16, 2015

VIA FACSIMILE ONLY

Patrick R. Felice, M.D.
President
Associated Plastic and Reconstructive Surgeons, P.C.
580 Cottage Grove Road
Suite 103
Bloomfield, CT 06002

RE: Certificate of Need Determination Report Number 15-32000-DTR
Relocation of Associated Plastic and Reconstructive Surgeons, P.C.

Dear Dr. Felice:

On May 27, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Associated Plastic and Reconstructive Surgeons, P.C. ("Petitioner") with respect to its relocation within the same building.

The Petitioner is a licensed outpatient surgical facility located at 580 Cottage Grove Road, Bloomfield, Connecticut. The Petitioner intends to relocate to a new suite within the same building it currently occupies. The Petitioner currently serves approximately 60% government and 40% commercial/self-pay patients. Subsequent to the relocation, the Petitioner will serve the same percentages.

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,

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. 16. 2015 3:56PM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 16. 2015 3:55PM

FILE MODE	OPTION	ADDRESS	RESULT	PAGE
183	MEMORY TX	98602433913	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: PATRICK R. FELICE, M.D.

FAX: (860) 243-3913

AGENCY: ASSOCIATED PLASTIC AND RECONSTRUTIVE SURGEONS

FROM: OHCA

DATE: 7/16/15

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: DN: 15-32000-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