

Greer, Leslie

From: Matthew Searles <msearles@merritthealthcare.com>
Sent: Wednesday, December 23, 2015 2:58 PM
To: User, OHCA
Cc: Michele Volpe
Subject: Determination Letter Filing
Attachments: Summer Street ASC LLC 12_23_15.pdf; ATT00001.htm

Good Afternoon - I am writing to submit the attached notification. Please contact me should you have any questions or comments. Thank you and Happy Holidays.

Kindest Regards,

Matt Searles

Merritt Healthcare
O. 914.556.6266, x1
C. 914.262.1217
F. 914.470.0430

Summer Street ASC, LLC
1290 Summer Street, Suite 3100
Stamford, CT 06905
Telephone (203) 359-1959

December 23, 2015
Via Facsimile # (860) 418 7053
and First Class USPS Mail

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308

Re: Summer Street ASC, LLC
Notification of Relocation within the Same City

Dear Ms. Martone:

Please accept this letter as notification that Summer Street ASC, LLC intends to move from its current location at 1290 Summer Street, Suite 3100, Stamford, Connecticut 06905 to another location within the city of Stamford, Connecticut. Pursuant to Conn. Gen. Stat. §19a-639c, we are requesting the Office of Health Care Access to make a Determination that this relocation does not require a CON as the relocation is within the same city, and the current and proposed patient population served and the current and proposed payor mix will not substantially change.

We have attached the required Form 2020 to this letter.

Please do not hesitate to contact me if you have any questions or require additional information.
Thank you.

Very truly yours,



Matthew Searles
Member



**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	Summer Street ASC, LLC	
Doing Business As	Summer Street ASC, LLC	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1290 Summer Street, Suite 3100, Stamford, CT 06905	
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	Matthew Searles Manager	

Form 2020

Revised 08/11

the Petitioner's Designee to receive all correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1290 Summer Street, Suite 3100, Stamford, CT 06905	
Contact Person's Telephone Number	O. 914.556.6266, x1 C. 914.262.1217	
Contact Person's Fax Number	914.470.0430	
Contact Person's e-mail Address	msearles@merritthealthcare.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: Summer Street ASC, LLC

Current Location: 1290 Summer Street, Suite 3100, Stamford, CT.

Proposed Location: 1281 East Main Street, Stamford, CT, approximately 2 miles from the current location.

Current Population Served: The Center serves the following cities and towns located in Connecticut: Bridgeport, Danbury, Darien, Fairfield, Greenwich, Milford, Monroe, New Canaan, Newtown, Norwalk, Ridgefield, Shelton, Stamford, Trumbull, Wilton, Weston, and Westport and the following cities and towns in New York: Armonk, Briarcliff Manor, Bedford, Carmel, Chappaqua, New York City, Pound Ridge, Rye, South Salem and Yorktown Heights. The Center will continue to serve the same cities and towns in the Service Area after the Center's relocation.

Proposed Population Served: The proposed population served will not substantially change from the current population served.

Current Payor Mix: The current payor mix is 71% commercial, 20% self-pay and 9% government.

Proposed Payor Mix: The proposed payor mix will be substantially similar to the current payor mix at 71% commercial, 20% self-pay and 9% government.

Any other information that the Petitioner deems relevant:

The Center is a licensed outpatient surgical facility (see Attachment 1) located at 1290 Summer Street, Suite 3100, Stamford, CT 06905. The Center is relocating within the same city, the City of Stamford, and is seeking a Determination that this relocation does not trigger the need for a CON pursuant to CGS §19a-639c. The current and proposed patient population served and the current and proposed payor mix will not substantially change.

A finding that this is not a relocation is consistent with OHCA's long-standing practice of not requiring CONs for address changes of facilities within the same municipality who are not experiencing a substantial change in payer mix and patient population.

For the foregoing reasons, the Center hereby requests that OHCA make a determination that the Center's relocation within the City of Stamford does not trigger the need for a CON pursuant to CGS §19a-639c.

ATTACHMENT 1

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0299

Out-Patient Surgical Facility

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

Summer Street ASC, LLC of Stamford, CT, d/b/a *Summer Street ASC, LLC* is hereby licensed to maintain and operate an Out-Patient Surgical Facility.

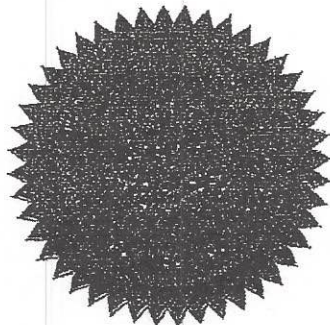
Summer Street ASC, LLC is located at 1290 Summer Street, Stamford, CT 06905.

This license expires **March 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2015. **RENEWAL**

License revised 10/21/15 to reflect: corrected the d/b/a name. eff: 9/23/15

- Waiver Sec. 19-D56 (b)(D)(5) exp: n/a
- Waiver Sec. 19-D56 (b)(G)(1)(j) exp: n/a
- Waiver Sec. 19-D56 (b)(E)(4) exp: n/a
- Waiver Sec. 19-D56 (b)(E)(8) exp: n/a
- Waiver Sec. 19-D56 (b)(E)(10) exp: n/a
- Waiver Sec. 19-D56 (b)(F)(2) exp: n/a
- Waiver Sec. 19-D56 (b)(G)(1)(a) exp: n/a
- Waiver Sec. 19-D56 (b)(G)(1)(c) exp: n/a
- Waiver Sec. 19-D56 (e)(9) exp: n/a



Jewel Mullen

Jewel Mullen, MD, MPH, MPA
Commissioner

SECTION III. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Summer Street ASC, LLC

Project Title: Relocation of the Center to another location within the City of Stamford, Connecticut

I, Matthew Searles Manager
(Name) (Position – CEO or CFO)

of Summer Street ASC, LLC 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.

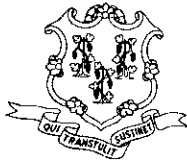
[Signature] 12-23-15
Signature Date

Subscribed and sworn to before me on 12/23/15

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: 10/09/16





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

December 24, 2015

Matthew Searles
Manager
Summer Street ASC, LLC
1290 Summer Street
Suite 3100
Stamford, CT 06905

RE: Certificate of Need Determination Report Number 15-32055-DTR
Relocation of Summer Street ASC, LLC

Dear Mr. Searles:

On December 23, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf Summer Street ASC, LLC (Petitioner") with respect to its relocation.

The Petitioner is a licensed outpatient surgical facility currently located at 1290 Summer Street, Suite 3100, Stamford, Connecticut. The Petitioner intends to relocate to a new facility located at 1281 East Main Street, Stamford, Connecticut. The Petitioner will continue to serve the same patient population that it currently serves. The Petitioner currently serves 9% government, 71% commercial insurance, and 20% 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 (DEC. 24. 2015 12:52PM) * * *

FAX HEADER:

TRANSMITTED/STORED : DEC. 24. 2015 12:50PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

420 MEMORY TX

919144700430

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: MATTHEW SEARLES

FAX: 914 470 0430

AGENCY: SUMMER STREET ASC, LLC

FROM: OHCA

DATE: 12/24/15 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Please see attached Determination for Report Number 15-32055-DTR
Relocation of Summer Street ASC, LLC.

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