

## Greer, Leslie

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**From:** Martone, Kim  
**Sent:** Tuesday, January 05, 2016 12:35 PM  
**To:** Hansted, Kevin  
**Cc:** Greer, Leslie  
**Subject:** FW: Stonington Institute - CON Determination Form 2020  
**Attachments:** Stonington CON Service Relocation 1.5.16.pdf

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**From:** Hutchins, Shelly [<mailto:Shelly.Hutchins@uhsinc.com>]  
**Sent:** Tuesday, January 05, 2016 12:25 PM  
**To:** Martone, Kim  
**Subject:** Stonington Institute - CON Determination Form 2020

Good Afternoon:

Attached please find 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

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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	<b>Stonington Behavioral Health, Inc.</b>
Doing Business As	<b>Stonington Institute</b>
Name of Parent Corporation	<b>Universal Health Services, Inc.</b>
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	<b>75 Swantown Hill Road North Stonington, CT 06359</b>
What is the Petitioner's Status: P for profit and NP for Nonprofit	<b>P</b>
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	<b>William A. Aniskovich, CEO</b>

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

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: **Service Re-location: 428 Long Hill Rd**
- b. Estimated Total Project Cost: **- 0 -**
- c. Location of proposal, identifying Street Address, Town and Zip Code:  
**428 Long Hill Road, Groton, CT 06340**
- d. List each town this project is intended to serve: **State-wide**
- e. Estimated starting date for the project: **April 1, 2016**

## 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 IV. PROPOSAL DESCRIPTION

**Stonington Behavioral Health, Inc. (Applicant) 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.**

**Applicant currently holds a substance abuse and mental health day treatment facility license for a Partial Hospital and IOP service at 428 Long Hill Road, Groton 06340 (“428 LHR”). This license expires on March 31, 2016.**

**Pursuant to the determination granted by OHCA in 14-31925-DTR, Applicant relocated similarly-licensed services from 333 Long Hill Road, Groton, CT 06340 (“333 LHR”) to a new facility located within 5 miles of 333 LHR and in the same zip code at 618 Poquonnock Road, Groton, CT 06340 (“618 PR”).**

**Given the size of the facility located at 618 PR, Applicant has determined that it does not need to maintain programs at both locations (428 LHR and 618 PR) and therefore wishes to relocate services from 428 LHR to 618 PR.**

**The relocation site is within the same Town and zip code and within 5 miles of 428 LHR.**

**Applicant provides transportation and boarding to clients so no adverse impact will result. The new location is on a public bus route for those who commute.**

**There is no change in client population, type of service or licensed level of care proposed and thus no impact on other providers.**





STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0300

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 428 Long Hill Rd, Groton, CT 06340 with:

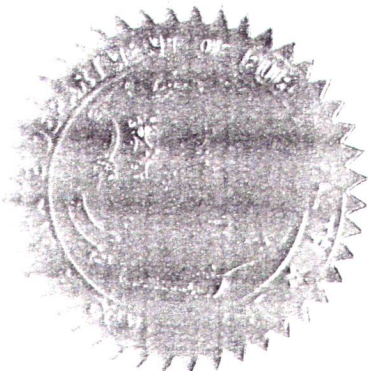
William A. Aniskovich as Executive Director.

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

Outpatient Treatment  
Day or Evening Treatment

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

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



*Jewel Mullen*

Jewel Mullen, MD, MPH, MPA  
Commissioner

STATE OF CONNECTICUT  
Department of Public Health

LICENSE

License No. 0041

Mental Health Day Treatment Facility

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

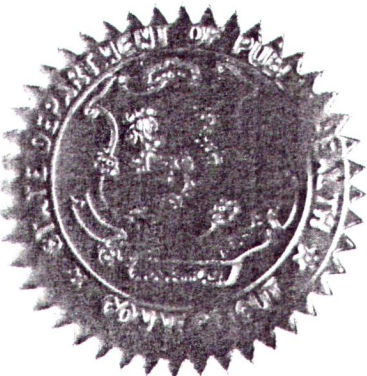
Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

**Stonington Institute** is located at 428 Long Hill Rd, Groton, CT 06340 with:

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



A handwritten signature in cursive script that reads "Jewel Mullen MD".

Jewel Mullen, MD, MPH, MPA  
Commissioner

## Greer, Leslie

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**From:** Hansted, Kevin  
**Sent:** Wednesday, January 06, 2016 2:10 PM  
**To:** Greer, Leslie  
**Subject:** FW: Determination Report # 16-32057-DTR

Leslie, please add the below to the record.

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  
Email: [kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



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**From:** Aniskovich, William [<mailto:William.Aniskovich@uhsinc.com>]  
**Sent:** Wednesday, January 06, 2016 2:03 PM  
**To:** Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>  
**Subject:** Re: Determination Report # 16-32057-DTR

Kevin:  
The payer mix prior to the proposed change is  
Medicaid: 80%  
Commercial: 20%

The relocation has no impact on payer mix.

William A. Aniskovich, MA, JD  
CEO & Managing Director

75 Swantown Hill Road  
North Stonington, CT 06359



[860-445-3008](tel:860-445-3008) (Phone)

[www.stoningtoninstitute.com](http://www.stoningtoninstitute.com)

On Jan 6, 2016, at 1:15 PM, Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)> wrote:

Dear Mr. Aniskovich,

I am in receipt of your determination request regarding the relocation of your facility at 428 Long Hill Rd, Groton. 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.

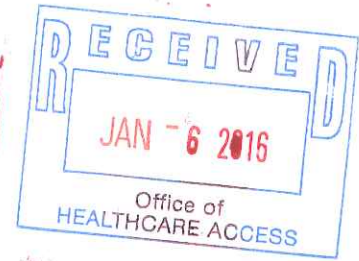
Thank you,

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  
Email: [kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)

<image001.jpg>

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**Office of Health Care Access**  
**CON Determination Form**  
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Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	<b>Same</b>
Contact Person's Telephone Number	<b>860-445-3008</b>
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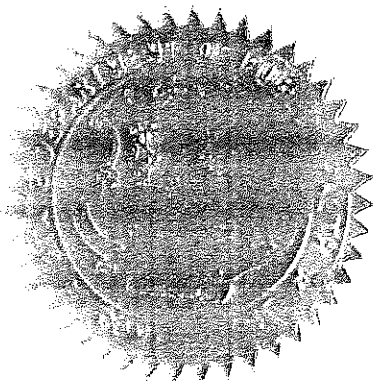
William A. Aniskovich as Executive Director.

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Day or Evening Treatment

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



*Jewel Mullen*

Jewel Mullen, MD, MPH, MPA  
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

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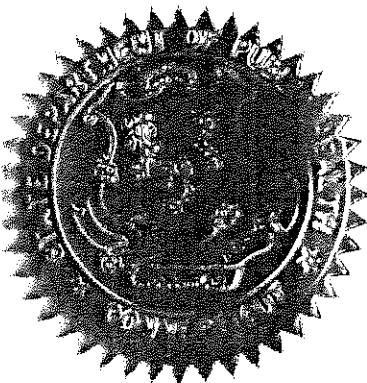
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William A. Aniskovich as Executive Director,  
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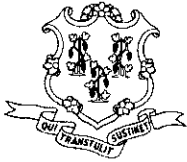
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Dated at Hartford, Connecticut, April 1, 2012. RENEWAL



*Jewel Mullen MD*

Jewel Mullen, MD, MPH, MPA  
Commissioner



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

January 6, 2016

VIA FACSIMILE ONLY

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

RE: Certificate of Need Determination Report Number 16-32057-DTR  
Relocation of Facility

Dear Mr. Aniskovich:

On January 6, 2016, 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 facility currently located at 428 Long Hill Road, Groton, Connecticut.

The Petitioner operates a Connecticut licensed substance abuse treatment facility and mental health treatment program at 428 Long Hill Road, Groton, Connecticut. The Petitioner also operates a facility with similarly-licensed services at 618 Poquonnock Road, Groton, Connecticut. The Petitioner wishes to relocate its program currently located at 428 Long Hill Road, Groton, Connecticut to 618 Poquonnock Road, Groton, Connecticut. This new location is within the same town and within five miles of the current location. The Petitioner currently serves eighty-percent Medicaid and twenty-percent commercial payors. This will not change after the proposed relocation.

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, appearing to read "Kim M.", with a stylized flourish at the end.

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 ( JAN. 6. 2016 3:31PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	JAN. 6. 2016 3:30PM OPTION	ADDRESS	RESULT	PAGE
430 MEMORY TX		918604453010	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: 1/6/16 Time: \_\_\_\_\_

NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**

Please see attached determination for Report Number: 16-32057-DTR

**PLEASE PHONE Barbara K. Olejarcz 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