



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 Cannondale Health Associates, LLC		
Doing Business As		
Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail 632 Danbury Road Wilton, Connecticut 06897		
What is the Petitioner's Status: 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.		

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable. Cannondale Health Associates, LLC is seeking to obtain the following licenses through the Department of Public Health: Outpatient Treatment to include: Adult Regular Outpatient treatment, Adult Intensive Outpatient Treatment and Adult Day Treatment/Partial.
3. Identify the current population served and the target population to be served.

The general population segment within which the target population rests includes adults (18 years of age and older) with diagnosable substance use disorders who reside in Fairfield County, Connecticut.

The primary service area will include all 22 cities and towns in Fairfield County: Specifically:

Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Milford, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Stamford, Trumbull, Weston, Westport, and Wilton.

With Wilton situated in the center of Fairfield County, these towns are within a twenty mile radius, and within about 30 minutes' driving time, of the proposed facility. This will allow reasonable access to services by the primary target population.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: _____

Project Title: _____

I, SCOTT FRANKEL, CEO
(Name) (Position – CEO or CFO)

of Cannonvale Health Assoc. Inc. being duly sworn, depose and state that the
(Organization Name)

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

[Signature] _____ Date 11-15-16

Subscribed and sworn to before me on 11-15-16

[Signature]

Notary Public/Commissioner of Superior Court

My commission expires: Apr. 25, 2017



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

Via Electronic Mail

November 29, 2016

Scott Frankel
Cannondale Health Associates, LLC.
6909 SW 18th Street
Suite A301
Boca Raton, FL 33433

RE: Certificate of Need Determination Report Number 16-32134-DTR
Establishment of Outpatient Substance Abuse Treatment Program

Dear Mr. Frankel:

On November 22, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Cannondale Health Associates, LLC ("Petitioner") with respect to the establishment of a for-profit, substance abuse treatment program. The Petitioner proposes to offer multiple levels of outpatient substance abuse services to adults with diagnosable substance abuse disorders residing in Fairfield County. Specifically, the Petitioner is seeking licensure for adult regular outpatient treatment, adult intensive outpatient treatment and adult partial day treatment.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a certificate of need is required for the "establishment of a new health care facility." Conn. Gen. Stat. § 19a-630(11) defines a health care facility as "(H) substance abuse treatment facilities." Therefore, a *CON is required* for the Petitioner's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim M.", with a horizontal line extending to the right.

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR



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Affirmative Action/Equal Opportunity Employer

Olejarz, Barbara

From: Microsoft Outlook
To: scottboca@aol.com
Sent: Tuesday, November 29, 2016 9:46 AM
Subject: Relayed: Determination

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

scottboca@aol.com (scottboca@aol.com)

Subject: Determination