

**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:
IT bed Increase/Reallocation
- b. Estimated Total Project Cost:
0
- 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:
12/28/16

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. 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. Stonington is also licensed by the Department of Children & Families (“DCF”) as Residential Treatment Center.

Copies of the DPH and DCF licenses currently held by Stonington for the 75 Swantown Hill Road facility (the “Facility”) are attached.

Stonington’s current total LBC is 68 beds allocated as follows:

- 30 Residential Detoxification and Evaluation (RDE) beds
- 28 Intensive Treatment (IT) beds
- 10 Residential Treatment Center (RTC) beds

The IT service is a TRICARE certified adult residential program dedicated to active duty military service members, male and female and receives referrals from all branches of the military across the United States. In February, 2016, the IT service began to receive referrals from two new military bases (Fort Drum and Fort Dix) and was advised to expect additional referrals from the Army National Guard. In October, 2016, Applicant added the Providence VA to its contracted referral sources to the military program.

The RTC service is an adolescent service for males with a development delay referred by the Connecticut DDS. CT DDS is the only referral source to the program. Since its inception, it has run at or below 60% occupancy. In the last four years the average occupancy rate is 40%. In 2015, CT DDS indicated that future residential placements for youth served by DDS would be directed to therapeutic group homes in the community. The last two referrals into the RTC occurred in August and December of 2015. The unit is currently closed to adolescent admissions.

Based on the above, Applicant proposes to re-allocate its LBC by decreasing its RTC bed count by 10 beds to 0 and increasing its IT bed count by 6 beds to 34.

The re-allocation in the current proposal will result in a decrease in Applicant’s total LBC from 68 to 64, allocated as follows:

- 30 Residential Detoxification and Evaluation (RDE) beds
- 34 Intensive Treatment (IT) beds

The beds re-allocated to the IT service will be offered to the same military population as the service currently serves and as such will have no impact on other providers in the state. The current payor mix in the IT program is 100% Tricare/VA and the proposal is not anticipated to change this mix.

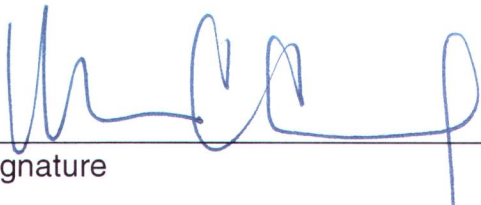
SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

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

Project Title: **Residential Bed Reallocation – North Stonington**

I, William A. Aniskovich, CEO 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

12/19/16

Date

Subscribed and sworn to before me on December 19th, 2016



Notary Public

My commission expires: 10/31/21

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

December 20, 2016

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

RE: Certificate of Need Determination Report Number 16-32141-DTR
Reallocation of Beds

Dear Mr. Aniskovich:

On December 19, 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 reallocation of beds.

The Petitioner operates a Connecticut licensed substance abuse treatment facility and mental health treatment program at 75 Swantown Hill Road, North Stonington, Connecticut (the "Facility"). The Facility is currently licensed for 30 Residential Detoxification and Evaluation ("RDE") beds, 28 Intensive Treatment ("IT") beds and 10 Residential Treatment Center (RTC) beds. The RDE and IT beds are licensed by the Department of Public Health ("DPH") and the RTC beds are licensed by the Department of Children and Families ("DCF"). The Petitioner is proposing the reallocation of 6 beds from RTC to IT and eliminating the remaining 4 beds in RTC. There will be no increase in the licensed bed capacity of the Facility.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(12), a certificate of need is required for an "increase in the licensed bed capacity of a health care facility". Conn. Gen. Stat. § 19a-630(11) 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. However, when evaluating the number of licensed beds held by a facility, OHCA does not differentiate between beds licensed by DPH and DCF. Consequently, as long as the Petitioner's total licensed bed capacity, including DPH and DCF licensed beds, does not increase, no CON is required. In this instance, the Petitioner is not seeking to increase its licensed bed capacity. Rather, the licensed bed capacity will decrease. Therefore, a *CON is not required* for the Petitioner's proposal.

Sincerely,

Handwritten signature of Kimberly R. Martone.

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: william.aniskovich@uhsinc.com
Sent: Tuesday, December 20, 2016 12:24 PM
Subject: Relayed: Determination

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

william.aniskovich@uhsinc.com (william.aniskovich@uhsinc.com)

Subject: Determination