



Office of Health Care Access Certificate of Need Application

Final Decision

Applicant: Stonington Behavioral Health, Inc. d/b/a Stonington Institute

Docket Number: 05-30563-CON

Project Title: Provide Adult Outpatient Behavioral Health Services at Clinics in Willimantic and Danielson

Statutory Reference: Section 19a-638 of the Connecticut General Statutes

Filing Date: December 20, 2005

Hearing Date: February 28, 2006

Presiding Officer: Cristine A. Vogel

Decision Date: May 1, 2006

Default Date: May 4, 2006 (including 15-day and 30-day review period extensions)

Staff Assigned: Laurie K. Greci

Project Description: Stonington Behavioral Health, Inc. d/b/a Stonington Institute (“Stonington” or “Applicant”) proposes to provide adult outpatient behavioral health services at clinics in Willimantic and Danielson, at a total capital expenditure of \$81,000.

Nature of Proceedings: On December 20, 2005, the Office of Health Care Access (“OHCA”) received the proposal of Stonington Behavioral Health, Inc. d/b/a Stonington Institute (“Stonington” or “Applicant”) to provide adult outpatient behavioral health services at clinics in Willimantic and Danielson, a total capital expenditure of \$81,000. The Applicant is a health care facility or institution as defined by Section 19a-630 of the Connecticut General Statutes (“C.G.S.”).

On August 11, 2005, a notice to the public regarding OHCA's receipt of the Applicant's Letter of Intent to file its CON application was published in *The Chronicle* (Willimantic) pursuant to Section 19a-638, C.G.S.

Pursuant to Section 19a-638, C.G.S., a public hearing regarding the CON application was held on February 28, 2006. On February 1, 2006, the Applicant was notified of the date, time and place of the hearing. On February 5, 2006, a notice to the public was published in *The Chronicle*. Commissioner Cristine A. Vogel served as Presiding Officer for this case. The public hearing was conducted as a contested case in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Connecticut General Statutes) and Section 19a-638, C.G.S.

By petition dated February 14, 2006, Community Prevention and Addiction Services requested Intervenor status regarding Stonington's CON application. The Presiding Officer designated Community Prevention and Addiction Services as an Intervenor with full rights of cross-examination.

By petition dated February 17, 2006, United Services, Inc. requested Intervenor status regarding Stonington's CON application. The Presiding Officer designated United Services, Inc. as an Intervenor with full rights of cross-examination.

By petition dated February 21, 2006, Perception Programs, Inc. requested Intervenor status regarding Stonington's CON application. The Presiding Officer designated Perception Programs, Inc. as an Intervenor with limited rights of participation.

By petition dated February 23, 2006, Natchaug Hospital requested Party status or, in the alternative, Intervenor status with full rights of cross-examination regarding Stonington's CON application. The Presiding Officer denied the request of Natchaug Hospital for Party status and granted Intervenor status with full rights of cross-examination.

OHCA's authority to review and approve, modify or deny the CON application is established by Section 19a-638, C.G.S. The provisions of this section as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

Findings of Fact

Clear Public Need

Impact of the Proposal on the Applicant's Current Utilization Statistics Proposal's Contribution to the Quality and Accessibility of Health Care Delivery in the Region

1. Stonington Behavioral Health, Inc. is a wholly owned subsidiary of Universal Health Services, Inc., a hospital management company. (*November 22, 2005, Initial CON Submission, page 203*)

2. Stonington Behavioral Health, Inc. d/b/a Stonington Institute (“Stonington” or “Applicant”) is a for-profit corporation licensed as a Hospital for Mentally Ill Persons by the State of Connecticut Department of Public Health that provides the following adult outpatient programs:
 - Detoxification program at 75 Swantown Hill Road, North Stonington;
 - An Outpatient- Early Recovery Group program and a Partial Hospital program¹ (“PHP”) at 86 Boston Post Road, Waterford;
 - Intensive Outpatient program² (“IOP”) at 83 Boston Post Road, Waterford;
 - An IOP, PHP and ambulatory detoxification program at 333 Long Hill Road, Groton; and
 - An outpatient treatment program at 428 Long Hill Road, Groton.
(November 22, 2005, Initial CON Submission, Exhibit A, page 62)
3. Stonington is accredited by the Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”) and is a credentialed provider under the state Medical Assistance Program (Medicaid) and the Department of Mental Health & Addiction Services General Assistance Behavioral Health Program. *(November 22, 2005., Initial CON Submission, pages 8 and 147)*
4. Stonington proposes to establish outpatient clinics that will provide its clients with mental health evaluation and treatment, including IOP and PHP levels of care. The clinics will be located at:
 - 37 Commerce Avenue, Danielson; and
 - 1491 West Main Street, Willimantic.³
(August 3, 2005, Letter of Intent, page 2)
5. In March 2005, a Request for Proposal Number 2404B (“RFP”) was issued by the State of Connecticut Judicial Branch Court Support Services Division (“CSSD”). CSSD issued the RFP to seek proposals for statewide community-based, behavioral health services for adult clients ages 16 and above. The RFP reflected CSSD’s “continued commitment to evidence-based practices by providing a continuum of programs and services for clients.” *(November 22, 2005, Initial CON Submission, page 50)*
6. In June 2005, Stonington entered into three separate agreements with CSSD to provide mental health evaluation and treatment in the towns of New London, Willimantic, and Danielson. *(August 3, 2005, Letter of Intent, page 6)*
7. Stonington provides services for the CSSD New London contract at its existing clinics in Groton and Waterford under its Hospital for Mentally Ill Persons license (“License”) from the Department of Public Health. *(August 3, 2005, Letter of Intent, page 6)*

¹ Partial hospital programs (“PHP”) provide patients four hours of therapy a day for four to five days per week.

² Intensive outpatient programs (“IOP”) provide patients with two to three hours of therapy per visit three times a week.

³ Danielson is a community located in the town of Killingly; Willimantic is a community in Windham.

8. Stonington's contracts with CSSD to provide mental health services in Willimantic and Danielson are identical to the CSSD New London contract. Stonington stated that the treatment services that CSSD requires under that contract are individualized mental health services at levels determined through an intake evaluation. For CSSD referrals under the New London contract Stonington provides the evaluation and as necessary the PHP, IOP and individual outpatient treatment. Stonington stated that it has been providing these services to CSSD-referred clients in New London County since approximately July 2005. Stonington stated that five individuals were evaluated and then referred to, and received, IOP services; six were evaluated and then referred to, and received, PHP services. (*February 27, 2006, Supplemental Prefiled Testimony of William Aniskovich, pages 7 and 8*)
9. The proposal's primary service area comprises the towns within Windham County; the secondary service area comprises the towns within Tolland County. (*November 22, 2005, Initial CON Submission, page 24*)
10. The target population will be adults referred by the Intake, Assessment and Referral or Adult Supervision Units of the CSSD and those individuals who demonstrate symptomatology consistent with a DSM-IV-TR⁴ diagnosis that requires therapeutic intervention. (*November 22, 2005, Initial CON Submission, page 4*)
11. Existing providers of behavioral health services in the primary and secondary service areas include:
 - Natchaug Hospital ("Natchaug");
 - Perception Programs, Inc. ("Perception");
 - United Services, Inc. ("United");
 - Community Prevention and Addiction Services ("CPAS"); and
 - Day Kimball Hospital.(*November 22, 2005, Initial CON Submission, page 4*)
12. Natchaug operates the Quinebaug Day Treatment Center ("Quinebaug") in Putnam. The services provided by Natchaug in Putnam include PHP and IOP for clients with substance abuse disorders and/or psychiatric disorders.⁵ Quinebaug is located on the campus of Day Kimball Hospital which also provides outpatient behavioral health services, but not IOP or PHP. (*November 22, 2005, Initial CON Submission, page 6*)
13. Natchaug operates Sachem House on its main hospital campus in Mansfield. Sachem House provides an adult PHP. (*February 23, 2006, Prefiled Testimony of David Klein, Ph.D., page 6*)
14. Perception provides outpatient substance abuse services in Danielson and Willimantic. It also provides outpatient treatment substance abusers for the dually-

⁴ DSM-IV-TR is most current version of the "Diagnostic and Statistical Manual of Mental Disorders" published by the American Psychiatric Association. It is a handbook used in diagnosing mental disorders.

⁵ Clients treated for both categories of disorders are described as dually-diagnosed or co-occurring.

diagnosed. However, clients requiring strictly outpatient mental health care are referred to United Services. *(February 23, 2006, Prefiled Testimony of Cynthia Adams)*

15. United offers adult outpatient mental health care services, including psychiatric evaluation and medication monitoring, in the towns of Windham and Killingly. It does not offer the IOP or PHP levels of care. *(February 28, 2006, Hearing Testimony of Diane Manning, President of United Services, Inc.)*
16. CPAS provides substance abuse prevention, intervention, and treatment in Willimantic and Danielson to patients with a primary substance abuse diagnosis. CPAS offers ambulatory and residential detoxification programs, methadone maintenance, residential and outpatient services for substance abuse. CPAS does not provide outpatient mental health care. Patients with co-occurring mental health disorders are referred to another provider for mental health services and often wait several months for evaluation and outpatient services. *(November 22, 2005, Initial CON Submission, pages 3 and 4 and December 20, 2005, CON Completeness Response, page 4)*
17. Van transportation will be provided to clients in need of services and who are without alternative means of transportation. *(November 22, 2005, Initial CON Submission, page 7)*
18. Stonington will not offer IOP or PHP services to individuals with primary substance abuse diagnoses at the clinic sites in Willimantic and Danielson CSSD clients will be referred to a CSSD contracted provider for these services. *(February 27, 2006, Supplemental Prefiled Testimony of William Aniskovich, page 2)*
19. The nature of IOP and PHP services is such that program clients are more likely to receive effective aftercare services if they participate in programming in close proximity to their homes. Proximity promotes regular attendance and participation in these program, that run anywhere from three to five days per week, three to four hours per day. Individuals would be better served with access to IOP and PHP service within their own communities where they can be connected to their families and natural support systems while undergoing treatment. *(February 17, 2006, Prefiled Testimony of William Aniskovich, page 5)*
20. Mental health evaluation and individual outpatient services will be available at the two proposed locations to all individuals, whether or not they are referred by CSSD. The three evaluations projected per week per clinic include both CSSD referrals and non-CSSD referrals. Stonington stated that these projections are based upon Stonington's experience at its clinics in Waterford and Groton where the average of CSSD referrals is 1.38 per week. *(February 27, 2006, Supplemental Prefiled Testimony of William Aniskovich, pages 5 and 6)*

21. Stonington projected the following admissions and visits by location and by service level:

Table 1: Projected Admissions and Visits⁶ by Location

Location	Level of Service	2006		2007		2008	
		Admissions	Visits	Admissions	Visits	Admissions	Visits
Willimantic	IOP	29	644	30	657	30	669
	PHP	66	526	67	537	69	548
	Evals	-	184	-	187	-	191
Danielson	IOP	29	644	30	656	30	669
	PHP	6	525	67	537	69	548
	Evals	-	184	-	187	-	191
		130	2,707	194	2,761	198	2,816

NOTE: The data reported by the Applicant could not be verified by OHCA.
 (December 20, 2005, CON Completeness Response, Exhibit A and February 17, 2006, Response to Interrogatories, page 5)

22. As of December 20, 2005, Stonington had 3,644 IOP and PHP admissions in a region where there are three additional providers of similar services.⁷ Approximately nine percent of these admissions were patients residing in Windham or Tolland Counties.
 (December 20, 2005, CON Completeness Response, page 4)

Table 2: Admissions of Windham and Tolland County Residents (Unduplicated) in Stonington's Groton and Waterford Adult Day Treatment Programs

County of Residence	Service	4 th Quarter 2004 ⁸ (Oct, Nov, and Dec)	2005 (Jan to Dec)	YTD 2006 (Jan 1 to Feb 17)
Windham	IOP	28	98	18
	PHP	31	115	23
Tolland	IOP	9	34	7
	PHP	10	44	8
Total Admissions		78	291	56

NOTE: The data reported by the Applicant could not be verified by OHCA.
 (February 17, 2006, Prefiled Testimony of William Aniskovich, pages 4 and 5, and February 27, 2006, Supplemental Prefiled Testimony of William Aniskovich, page 4)

⁶ Admissions reflect an average daily census per clinic of 5 clients and a 2% growth factor applied in each of the next two years.

⁷ The three providers in the New London County area are Sound Community Services, Southeast Mental Health Authority, and Natchaug.

⁸ Prior to the acquisition of Stonington by Universal Health Services, Inc. there was no reliable means of tracking the number of admissions by town of residence prior to the fourth quarter of 2004.

23. William Aniskovich, Chief Operating Officer for Stonington, testified at the hearing that:
- The contract with CSSD requires that Stonington provide evidence-based treatments that can enhance probational motivation and reduce recidivism;
 - Uninsured clients will have access to the full continuum of treatment services because the structure of the Stonington program allows them to receive the treatment they need at the contracted rate;
 - Those CSSD clients with a primary substance abuse diagnosis will be referred to a provider under contract with CSSD;
 - Under its New London contract with CSSD, Stonington has provided, and been reimbursed for, various levels of services, including evaluations and assessments, medication management, individual, group, couples, and family therapy, as well as IOP and PHP; and
 - Stonington's proposal will increase timely access to community-based outpatient treatment services and help reduce the need for inpatient hospitalizations.
- (February 28, 2006, Hearing Testimony, William Aniskovich)*
24. David Klein, M.D., Vice President, Community Programs of Natchaug testified that reductions in PHP will result in an increase in utilization of IOP and inpatient needs will grow because of people who are acutely ill but don't need care in a secure setting and are not getting the level of treatment that they need. Their depression and their thinking about suicide may become a severe depression with a plan for suicide and they will wind up in a hospital. *(February 28, 2006, Hearing Testimony, Dr. David Klein)*
25. Natchaug did not bid for the CSSD contract in Windham and Tolland Counties for mental health evaluation and treatment because Natchaug does not have outpatient services and does not have the infrastructure to provide outpatient services. Natchaug focuses on more intense levels of care, i.e. PHP and IOP. *(February 28, 2006, Hearing Testimony, Dr. David Klein)*
26. People should receive treatment close to their homes which is why Natchaug has locations in nine different towns in eastern Connecticut. *(February 28, 2006, Hearing Testimony, Dr. David Klein)*

27. Stonington, Natchaug, and Perception submitted the following summarized information concerning clients admitted to IOP or PHP programs in 2005:

Table 3: Late File Summary of Clients Admitted by Diagnosis and County for 2005

Provider	County	Mental Health Only	Mental Health with Co-occurring Substance	Substance Abuse Only	Substance Abuse with Co-occurring Mental Health
Stonington	Windham	43	85	37	100
	Tolland	14	39	21	33
	Total	57	124	58	133
Natchaug	Hartford	31	17	22	66
	New London	39	169	22	48
	Tolland	41	38	17	96
	Windham	61	116	46	193
	Other	1	3	1	3
	Total	173	343	108	406
Perception	New London	0	0	3	3
	Tolland	0	0	4	4
	Windham	0	0	57	27
	Total	0	0	64	34

(March 14, 2006, Natchaug Late File Submission, Table 1 and March 15, 2006, Applicant's Late File, Table 1; Perception Late File, Table 1)

28. Stonington submitted additional late file information on clients outside of Windham and Tolland Counties. The submitted data reported only the level of service provided and the client's town of origin. The following table summarizes the additional late file information:

Table 4: Stonington's Additional Late File Information for Clients Outside of Windham and Tolland Counties

County	Level of Service		Total
	IOP	PHP	
Fairfield	215	263	478
Hartford	351	423	774
Homeless	110	122	232
Litchfield	32	35	67
Middlesex	80	75	155
New Haven	487	574	1,061
New London	388	320	708
Homeless/Unknown	125	138	263
Grand Total	1,678	1,828	3,506

(April 6, 2006, Applicant's Additional Late File Information)

29. The following table provides a summary of CSSD clients from Windham and Tolland Counties provided IOP or PHP services in 2005 by Natchaug and Perception:

Table 5: Summary of CSSD Clients of Natchaug and Perception

County	Primary Diagnosis	Co-occurring	Natchaug	Perception
Windham	SA	No	2	7
Windham	SA	Yes	20	18
Tolland	SA	No	19	0
Tolland	SA	Yes	48	2
Substance Abuse Total			116	
Windham	MH	No	1	0
Windham	MH	Yes	1	0
Tolland	MH	No	5	0
Tolland	MH	Yes	19	0
Mental Health Total			26	
Provider Total			115	27

*(March 14, 2006, Natchaug Late File Submission, Table 1 and
 March 15, 2006, Perception Late File, Table 1)*

**Impact of the Proposal on the Interests of Consumers of Health Care Services and Payers for Such Services
 Financial Feasibility of the Proposal and its Impact on the Applicant's Rates and Financial Condition
 Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines**

30. Stonington's proposal includes the following total capital expenditure:

Table 6: Proposal's Total Capital Expenditure

Description	Amount
Non-Medical Equipment (Purchase)	\$54,950
Non-Medical Equipment (Fair Market Value of Leased Equipment)	26,050
Total Capital Expenditure	\$81,000

(November 22, 2005, Initial CON Submission, page 12)

31. Stonington’s projected incremental revenue from operations, total operating expense and gain from operations associated at each location with the CON proposal are as follows:

Table 7: Stonington’s Incremental Financial Projections for FY 2006, FY 2007 and FY 2008

Description	FY 2006	FY 2007	FY 2008
Revenue from Operations	\$218,500	\$222,870	\$229,556
Total Operating Expense	158,500	165,250	172,203
Gains from Operations	\$60,000	\$57,820	\$57,354
Provision for Income Taxes	4,521	4,481	4,436
Net Income per Location	\$55,479	\$53,139	\$52,917
Total for Willimantic and Danielson	\$110,958	\$106,278	\$105,834

(December 20, 2005, CON Completeness Response, pages 17 and 19)

32. Stonington’s projected payer mix during the first three years of operation at each location is as follows:

Table 8: Three-Year Projected Payer Mix with the CON Proposal

Payer Mix	FY 2006	FY 2007	FY 2008
Medicaid	85.3%	83.9%	83.8%
Medicare	0%	0%	0%
Total Government	85.3%	83.9%	83.8%
Commercial Insurers	14.2%	15.7%	15.8%
Uninsured	0.5%	0.5%	0.5%
Total Non-Government	14.7%	16.2%	16.3%
Total Payer Mix	100%	100%	100%

(November 22, 2005, Initial CON Submission, page 14)

33. There is no State Health Plan in existence at this time. *(November 22, 2005, Initial CON Submission, page 2)*
34. The Applicant has adduced evidence that this proposal is consistent with their long-range plans. *(November 22, 2005, Initial CON Submission, page 2)*
35. The Applicant’s proposal will not result in a change to any teaching or research responsibilities. *(November 22, 2005, Initial CON Submission, page 10)*
36. There are no distinguishing characteristics of the client/physician mix of the Applicant. *(November 22, 2005, Initial CON Submission, page 10)*
37. The Applicant has the technical, financial and managerial competence to provide efficient and adequate service to the public. *(November 22, 2005, Initial CON Submission, Exhibits J and M)*

38. The Applicant's rates are sufficient to cover its capital and operating costs. (*November 22, 2005, Initial CON Submission, page 441*)
39. The Applicant has improved productivity and contained costs through energy conservation, group purchasing, and the application of technology. (*November 22, 2005, Initial CON Submission, page 9*)

Rationale

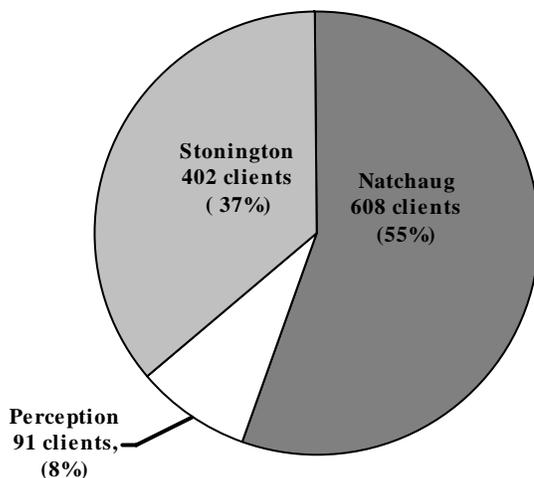
The Office of Health Care Access (“OHCA”) approaches community and regional need for Certificate of Need (“CON”) proposals on a case by case basis. CON applications do not lend themselves to general applicability due to a variety of factors, which may affect any given proposal; e.g. the characteristics of the population to be served, the nature of the existing services, the specific types of services proposed to be offered, the current utilization of services and the financial feasibility of the proposal.

Stonington Behavioral Health, Inc., d/b/a Stonington Institute (“Stonington” or “Applicant”) proposes to establish adult outpatient behavioral health clinics in Willimantic and Danielson. The Applicant stated that the target population will be those clients with a primary mental health disorder; these clients may also be dually-diagnosed. The primary purpose for Stonington’s proposal is to provide mental health evaluations and treatments to clients referred to them from the CSSD. Under the CSSD contract Stonington will provide community-based mental health evaluations and treatment to CSSD-referred adult clients ages 16 and above. Stonington stated that the treatment services that CSSD requires under that contract are individualized mental health services at levels determined through an intake evaluation. The RFP requested that providers who responded to the RFP be capable of continuing the CSSD’s commitment to evidence-based practices and provide a continuum of programs and services for clients.

Stonington reported that in 2005 it served 402 clients from Windham and Tolland Counties combined. Natchaug Hospital, an existing provider of services for residents, admitted to its IOP and PHP programs 608 clients, and Perception admitted 91 clients. In Chart 1, the percentage of clients by provider in 2005 is represented. Although OHCA is unable to verify the admission information provided by Stonington and the other providers, it does appear that Stonington provided IOP and PHP services to a significant percentage of those residents that received those levels of care. The Applicant stated that the nature of IOP and

PHP services is such that clients are more likely to receive effective aftercare services if they participate in programming in close proximity to their homes. Proximity promotes regular attendance and participation in these programs. The additional two clinics located closer to the towns of these clients will increase not only access to services for Stonington’s clients but the quality of the care by being closer to their respective homes and families.

Chart 1: Clients by Provider in 2005



Natchaug and Perception provided information on the admission referral and primary diagnosis of clients, and the payers for those services, for their IOP and PHP programs in 2005. Natchaug and Perception combined served 116 clients referred to them from CSSD and/or for which CSSD was a payer of service that had a primary diagnosis of a substance abuse disorder. Natchaug also admitted 26 CSSD clients with a primary diagnosis of a mental health disorder; Perception did not admit any as it does not provider services to those with a primary mental health disorder. After performing the mental health evaluations, Stonington stated that it will refer CSSD clients with a primary substance abuse disorder to a provider in the service area that has a contract with CSSD to provide those services. Although OHCA cannot verify the information reported by the area providers, OHCA supports the need identified by CSSD for the expansion of mental health evaluation and treatment services for CSSD-referred clients to be based in Willimantic and Danielson.

OHCA finds that Stonington's proposal to establish the two satellite clinics will enable it to provide its current clients with a full range of outpatient services and alleviate the need for those clinics to be admitted to its clinics in New London County. Stonington's proposal will add additional mental health services to an area where several providers have programs for substance abusers but refer mental health patients to another provider. Therefore, OHCA finds that Stonington's proposal will improve the accessibility of outpatient mental health services to the region, improve continuity of care, and increase the quality of care by having services in closer proximity to clients' homes.

The total capital expenditure for the CON proposal is \$81,000. The projected incremental gain in revenue from operations for the two clinics combined is reported to be \$110,958, \$106,278, and \$105,834, for Fiscal Years 2006, 2007, and 2008, respectively. Although OHCA cannot draw any conclusions, Stonington's volumes, and the financial projections upon which they are based, appear to be reasonable and achievable. Therefore, OHCA finds that the CON proposal is both financially feasible and cost effective.

Based on the foregoing Findings and Rationale, the Certificate of Need Application of Stonington Behavioral Health, Inc. d/b/a Stonington Institute to establish adult outpatient behavioral health clinics in Willimantic and Danielson, at an associated capital expenditure of \$81,000, is hereby GRANTED.

Order

Stonington Behavioral Health, Inc., d/b/a Stonington Institute's ("Stonington") proposal to establish two outpatient satellite clinics in Willimantic and Danielson, at a total capital expenditure of \$81,000 is hereby authorized subject to the following:

1. The authorization shall expire on May 1, 2008. Should the proposal not be completed by that date, Stonington must seek further approval from OHCA to complete the project beyond that date.
2. Stonington is authorized to establish satellite clinics for the purpose of providing adult outpatient behavioral health services under its Hospital for the Mentally Ill license from the State of Connecticut Department of Public Health at the following locations in Connecticut:
 - 37 Commerce Avenue, Danielson; and
 - 1491 West Main Street, Willimantic.
3. If Stonington proposes to change the location of the Danielson or Willimantic clinics, OHCA authorization prior to such change of location is required.
4. If Stonington proposes to terminate services at the Danielson or Willimantic clinics, OHCA authorization prior to such termination is required.
5. Stonington is authorized to provide services to CSSD-referred clients ages 16 years and older.
6. Stonington shall not exceed the approved capital expenditure of \$81,000 to establish the two satellite clinics. In the event that Stonington learns of potential cost increases or expects that the final project costs will exceed those approved, Stonington shall file with OHCA a request for approval of the revised project budget.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Office of Health Care Access

May 1, 2006

Signed by Cristine A. Vogel
Commissioner

CAV:lkg