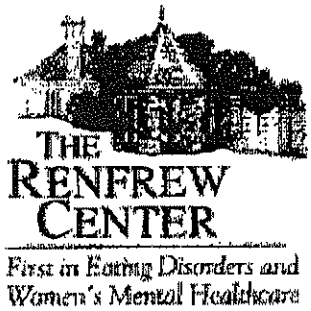

FAX

The Renfrew Center of Philadelphia
475 Spring Lane
Philadelphia, PA 19128
Phone: 215-482-5353
FAX: 215-482-7390

To: Cristine Vogel **From:** Hayes Russock

Fax #: 860/418-7053 **Date:** 4/15/10

Phone: 860/418-7005 **Pages:**

Re: Relocation **CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Message:

Many thanks!

The Renfrew Center of Philadelphia
475 Spring Lane
Philadelphia, Pennsylvania 19128
215-482-5353 • Fax: 215-482-7390
www.renfrewcenter.com
info@renfrewcenter.com

April 15, 2010

Ms. Cristine Vogel
Deputy Commissioner
Office of Health Care Access
410 Capitol Avenue, MS# 13HCA
P.O.Box 340308
Hartford, CT 06134-0308

Ms. Vogel:

On behalf of The Renfrew Center of Southern Connecticut, I am sending you the attached Letter of Intent with regard to our scheduled move from our present location in Wilton, Connecticut to a new location in Old Greenwich in June of this year.

For several years we have been receiving requests from professionals and individuals in the area to open a facility farther south and with greater accessibility to public transportation. As our lease is about to expire on the space we have inhabited for the past seven years, we are pleased to be relocating our services to a space that will allow us to serve these clients in a larger and more accessible facility.

We would appreciate clarification as to whether we would need to complete a Certificate of Need application; provided that this is an existing, licensed, and Joint Commission accredited service, it would be our hope that we can complete this move without any disruption of service, which could have significant consequences for our patients. It is also our understanding that in the event we need to submit a CON, that we must wait 60 days before submitting that application. Considering our lease expiration and the need to provide uninterrupted service, we would appreciate if there are any ways in which this process could be expedited.

Kindly forward me any information, required application forms, and instructions that we will need to ensure a smooth process. Many thanks.

Sincerely,

Hayes Russock
Manager, Quality Management

State of Connecticut
Office of Health Care Access
Letter of Intent Form
Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by the Applicant(s), pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	The Renfrew Center, LLC	
Doing Business As	The Renfrew Center of Southern Connecticut	
Name of Parent Corporation	The Renfrew Center, LLC	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	475 Spring Lane Philadelphia, PA 19128	
Identify Applicant Status: P for Profit or NP for Nonprofit	P (Profit)	
Does the Applicant have Tax Exempt Status?	No	
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Hayes Russock Manager, Quality Management	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	475 Spring Lane Philadelphia, PA 19128	
Contact Person Telephone Number	(215) 482-5353 x3001	
Contact Person Fax Number	(215) 482-1761	
Contact Person e-mail Address	Hrussock@RenfrewCenter.com	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: The Renfrew Center of Southern Connecticut (Relocation)

b. Project Proposal: Relocate Mental Health Day Treatment and Psychiatric Outpatient Clinic to new location

c. Type of Project/Proposal, please check all that apply:

Inpatient Service(s):

☐ Medical/Surgical ☐ Cardiac ☐ Pediatric ☐ Maternity
☐ Trauma Center ☐ Transplantation Programs
☐ Rehabilitation *(specify type)* _____
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Inpatient *(specify)* _____

Outpatient Service(s):

☐ Ambulatory Surgery Center ☐ Primary Care ☐ Oncology
☐ New Hospital Satellite Facility ☐ Emergency ☐ Urgent Care
☐ Rehabilitation *(specify type)* _____ ☐ Central Services Facility
X Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Outpatient *(specify)* _____

Imaging:

☐ MRI ☐ CT Scanner ☐ PET Scanner
☐ CT Simulator ☐ PET/CT Scanner ☐ Linear Accelerator
☐ Cineangiography Equipment ☐ New Technology: _____

Non-Clinical:

☐ Facility Development ☐ Non-Medical Equipment ☐ Renovations
☐ Change in Ownership or Control ☐ Land and/or Building Acquisitions
☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)
☐ Other Non-Clinical: _____

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

X Yes ☐ No

If you checked "Yes" above, please check the appropriate box below:

☐ New (F, S, Fnc) ☐ Additional (F, S, Fnc) ☐ Replacement
☐ Expansion (F, S, Fnc) **X Relocation** ☐ Termination of Service

☐ Reduction ☐ Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed $3,000,000, pursuant to Section 19a-639, C.G.S.?

☐ Yes **X No**

If you checked "Yes" above, please check the boxes below, as appropriate:

☐ New equipment acquisition and operation

☐ Replacement equipment with disposal of existing equipment

☐ Major medical equipment

☐ Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code:

1445 Putman Avenue, Old Greenwich, CT 06870

g. List each town this project is intended to serve:

Stamford, New Caanan, Darien, Westport, Norwalk, Wilton, Weston, Fairfield, Bridgeport, Stratford, Ridgefield, Redding, Danbury, Bethel, Newtown, Easton. In New York (Westchester County) White Plains, Hastings on Hudson, Dobbs Ferry, Bronxville, Irvington, Mount Kisco, Harrison, Yonkers, Pound Ridge.

h. Estimated starting date for the project: June 12, 2010

i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $ 63,000

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	
Non-Medical Equipment Purchases*	
Land/Building Purchases	
Construction/Renovation	
Other (Non-Construction) Specify: Movers, Furniture, Fixtures	$63,000
Total Capital Expenditure	$63,000
Major Medical Equipment – Fair Market Value of Leases Medical	
Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	
Total Capital Cost	
Total Project Cost	$63,000
Capitalized Financing Costs (Informational Purpose Only)	

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost exceeding $20,000,000 or if the proposal is for major medical equipment exceeding $3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes X No

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

☐ Energy Conservation ☐ Health, Fire, Building and Life Safety Code

☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.

e. Type of financing or funding source (more than one can be checked):

X **Applicant's Equity**	☐ Capital Lease	☐ Conventional Loan
☐ Charitable Contributions	☐ Operating Lease	☐ CHEFA Financing
☐ Funded Depreciation	☐ Grant Funding	

☐ Other *(specify)* _____

SECTION IV. PROJECT DESCRIPTION

In paragraph format, 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 items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

2. List the types of services 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.

4. Identify any unmet need and describe how this project will fulfill that need.

5. Are there any similar existing service providers in the proposed geographic area?

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

7. Who will be responsible for providing the service?

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

AFFIDAVIT

To be completed by each Applicant

Applicant: The Renfrew Center, LLC

Project Title: The Renfrew Center of Southern Connecticut (Relocation)

I, Samuel Menaged, President & CEO of The Renfrew Center, LLC, being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that The Renfrew Center of Connecticut complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature _____ Date 4/15/10

Subscribed and sworn to before me on April 15th, 2010

Notary Public/Commissioner of Superior Court

My commission expires: June 25th, 2011

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Rose E. Armstrong, Notary Public
City Of Philadelphia, Philadelphia County
My Commission Expires June 25, 2011
Member, Pennsylvania Association of Notaries

Project Description: Renfrew Center of Southern Connecticut Relocation

Since 2003, The Renfrew Center of Southern Connecticut has been serving a diverse population of individuals diagnosed with eating disorders. With active licenses for our Wilton, Ct program for providing (Item 1*) a Mental Health Day Treatment Facility and a Psychiatric Outpatient Clinic, our primary focus continues to be treating patients in the most supportive, welcoming and professional environment staffed with clinical professionals who collectively represent dozens of years of specialized experience in the field of Eating Disorder treatment.

Our scheduled move from Wilton to Old Greenwich, Connecticut (both within Fairfield County) will allow us to respond to several years' worth of requests to make our services available to individuals located farther South than our current address, and in a location that is more accessible via public transportation. (2) We do not anticipate any changes in the specific services we will provide as a result of this relocation.

The population we serve (3) is primarily women and adolescents, ages 14 and above with a psychiatric diagnosis of Anorexia Nervosa, Bulimia Nervosa, or Eating Disorder NOS. There will be no difference in our target population as a result of our relocation.

Our intent is to relocate (4) to accommodate the expressed need of our patient population and area providers. To the best of our knowledge, (5) there are no similar services provided within the general geographic area of our program. It should be further noted that this is a highly vulnerable population, and our intent is to maintain uninterrupted services to our actively enrolled patients.

We anticipate that our relocation will (6) facilitate our ability to serve and support a larger patient population and reduce the incidence of hospitalizations and Eating Disorder symptom-related deaths within the State of Connecticut.

As with our current location, (7) this program will be under the direct leadership and supervision provided by Site Director Tom Foster, LCSW. Regional Assistant Vice President Cindy Shore provides administrative oversight for our Northeast Regional programs, including Connecticut, New York, New Jersey, Maryland, and Pennsylvania.

We currently have (8) over 70 payer contracts that support this program. Among them are Anthem-Blue Cross/Blue Shield, Cigna, Aetna, United Behavioral Health, MHN, and Value Options. There are no changes to the payers anticipated as a result of this relocation.

*Numbered items reflect applicable aspects identified from Form 2030.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0318

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493: Renfrew Center of Connecticut, LLC of Philidelphia, PA, d/b/a Renfrew Center of Southern Connecticut is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Renfrew Center of Southern Connecticut is located at 436 Danbury Road, Wilton, CT 06897 with:

Cindy Shore as Executive Director
Joseph A. Zannella as Director

This license expires **June 30, 2013** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, July 1, 2009. RENEWAL.

J Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA,
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0000-0036

Mental Health Day Treatment Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493: Renfrew Center of Connecticut, LLC of Philidelphia, PA, d/b/a Renfrew Center of Southern Connecticut is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

Renfrew Center of Southern Connecticut is located at 436 Danbury Road, Wilton, CT 06897 with:

Cindy Shore as Executive Director
Joseph A. Zannella as Director

This license expires **June 30, 2013** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, July 1, 2009. RENEWAL.

J. Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA,
Commissioner

THE RENFREW CENTER
First in Eating Disorders

The Renfrew Center of Philadelphia
475 Spring Lane
Philadelphia, Pennsylvania 19128
215-482-5353 • Fax: 215-482-7390
www.renfrewcenter.com
info@renfrewcenter.com

April 15, 2010

Ms. Cristine Vogel
Deputy Commissioner
Office of Health Care Access
410 Capitol Avenue, MS# 13HCA
P.O.Box 340308
Hartford, CT 06134-0308

Ms. Vogel:

On behalf of The Renfrew Center of Southern Connecticut, I am sending you the attached Letter of Intent with regard to our scheduled move from our present location in Wilton, Connecticut to a new location in Old Greenwich in June of this year.

For several years we have been receiving requests from professionals and individuals in the area to open a facility farther south and with greater accessibility to public transportation. As our lease is about to expire on the space we have inhabited for the past seven years, we are pleased to be relocating our services to a space that will allow us to serve these clients in a larger and more accessible facility.

We would appreciate clarification as to whether we would need to complete a Certificate of Need application; provided that this is an existing, licensed, and Joint Commission accredited service, it would be our hope that we can complete this move without any disruption of service, which could have significant consequences for our patients. It is also our understanding that in the event we need to submit a CON, that we must wait 60 days before submitting that application. Considering our lease expiration and the need to provide uninterrupted service, we would appreciate if there are any ways in which this process could be expedited.

Kindly forward me any information, required application forms, and instructions that we will need to ensure a smooth process. Many thanks.

Sincerely,

Hayes Russock
Manager, Quality Management

State of Connecticut
Office of Health Care Access
Letter of Intent Form
Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by the Applicant(s), pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	The Renfrew Center, LLC	
Doing Business As	The Renfrew Center of Southern Connecticut	
Name of Parent Corporation	The Renfrew Center, LLC	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	475 Spring Lane Philadelphia, PA 19128	
Identify Applicant Status: P for Profit or NP for Nonprofit	P (Profit)	
Does the Applicant have Tax Exempt Status?	No	
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Hayes Russock Manager, Quality Management	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	475 Spring Lane Philadelphia, PA 19128	
Contact Person Telephone Number	(215) 482-5353 x3001	
Contact Person Fax Number	(215) 482-1761	
Contact Person e-mail Address	Hrussock@RenfrewCenter.com	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: The Renfrew Center of Southern Connecticut (Relocation)

b. Project Proposal: Relocate Mental Health Day Treatment and Psychiatric Outpatient Clinic to new location

c. Type of Project/Proposal, please check all that apply:

Inpatient Service(s):

☐ Medical/Surgical ☐ Cardiac ☐ Pediatric ☐ Maternity
☐ Trauma Center ☐ Transplantation Programs
☐ Rehabilitation *(specify type)* _____
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Inpatient *(specify)* _____

Outpatient Service(s):

☐ Ambulatory Surgery Center ☐ Primary Care ☐ Oncology
☐ New Hospital Satellite Facility ☐ Emergency ☐ Urgent Care
☐ Rehabilitation *(specify type)* _____ ☐ Central Services Facility
X Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Outpatient *(specify)* _____

Imaging:

☐ MRI ☐ CT Scanner ☐ PET Scanner
☐ CT Simulator ☐ PET/CT Scanner ☐ Linear Accelerator
☐ Cineangiography Equipment ☐ New Technology: _____

Non-Clinical:

☐ Facility Development ☐ Non-Medical Equipment ☐ Renovations
☐ Change in Ownership or Control ☐ Land and/or Building Acquisitions
☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)
☐ Other Non-Clinical: _____

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

X Yes ☐ No

If you checked "Yes" above, please check the appropriate box below:

☐ New (F, S, Fnc) ☐ Additional (F, S, Fnc) ☐ Replacement
☐ Expansion (F, S, Fnc) **X Relocation** ☐ Termination of Service

☐ Reduction ☐ Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed $3,000,000, pursuant to Section 19a-639, C.G.S.?

☐ Yes **X No**

If you checked "Yes" above, please check the boxes below, as appropriate:

☐ New equipment acquisition and operation

☐ Replacement equipment with disposal of existing equipment

☐ Major medical equipment

☐ Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code:

1445 Putman Avenue, Old Greenwich, CT 06870

g. List each town this project is intended to serve:

Stamford, New Caanan, Darien, Westport, Norwalk, Wilton, Weston, Fairfield, Bridgeport, Stratford, Ridgefield, Redding, Danbury, Bethel, Newtown, Easton. In New York (Westchester County) White Plains, Hastings on Hudson, Dobbs Ferry, Bronxville, Irvington, Mount Kisco, Harrison, Yonkers, Pound Ridge.

h. Estimated starting date for the project: June 12, 2010

i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $ 63,000

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	
Non-Medical Equipment Purchases*	
Land/Building Purchases	
Construction/Renovation	
Other (Non-Construction) Specify: Movers, Furniture, Fixtures	$63,000
Total Capital Expenditure	$63,000
Major Medical Equipment – Fair Market Value of Leases Medical	
Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	
Total Capital Cost	
Total Project Cost	$63,000
Capitalized Financing Costs (Informational Purpose Only)	

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost exceeding $20,000,000 or if the proposal is for major medical equipment exceeding $3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes **X No**

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

   ☐ Energy Conservation ☐ Health, Fire, Building and Life Safety Code

   ☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.

e. Type of financing or funding source (more than one can be checked):

X **Applicant's Equity**	☐ Capital Lease	☐ Conventional Loan
☐ Charitable Contributions	☐ Operating Lease	☐ CHEFA Financing
☐ Funded Depreciation	☐ Grant Funding	
☐ Other *(specify)* _____		

SECTION IV. PROJECT DESCRIPTION

In paragraph format, 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 items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

2. List the types of services 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.

4. Identify any unmet need and describe how this project will fulfill that need.

5. Are there any similar existing service providers in the proposed geographic area?

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

7. Who will be responsible for providing the service?

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

AFFIDAVIT

To be completed by each Applicant

Applicant: The Renfrew Center, LLC

Project Title: The Renfrew Center of Southern Connecticut (Relocation)

I, Samuel Menaged, President & CEO of The Renfrew Center, LLC, being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that The Renfrew Center of Connecticut complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature _____ Date 4/15/10

Subscribed and sworn to before me on April 15th, 2010

Rose E. Armstrong
Notary Public/Commissioner of Superior Court

My commission expires: June 25th, 2011

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Rose E. Armstrong, Notary Public
City Of Philadelphia, Philadelphia County
My Commission Expires June 25, 2011
Member, Pennsylvania Association of Notaries

RECEIVED
2010 APR 16 A 11: 52
CONNECTICUT STATE DEPARTMENT OF PUBLIC HEALTH

Project Description: Renfrew Center of Southern Connecticut Relocation

Since 2003, The Renfrew Center of Southern Connecticut has been serving a diverse population of individuals diagnosed with eating disorders. With active licenses for our Wilton, Ct program for providing (Item 1*) a Mental Health Day Treatment Facility and a Psychiatric Outpatient Clinic, our primary focus continues to be treating patients in the most supportive, welcoming and professional environment staffed with clinical professionals who collectively represent dozens of years of specialized experience in the field of Eating Disorder treatment.

Our scheduled move from Wilton to Old Greenwich, Connecticut (both within Fairfield County) will allow us to respond to several years' worth of requests to make our services available to individuals located farther South than our current address, and in a location that is more accessible via public transportation. (2) We do not anticipate any changes in the specific services we will provide as a result of this relocation.

The population we serve (3) is primarily women and adolescents, ages 14 and above with a psychiatric diagnosis of Anorexia Nervosa, Bulimia Nervosa, or Eating Disorder NOS. There will be no difference in our target population as a result of our relocation.

Our intent is to relocate (4) to accommodate the expressed need of our patient population and area providers. To the best of our knowledge, (5) there are no similar services provided within the general geographic area of our program. It should be further noted that this is a highly vulnerable population, and our intent is to maintain uninterrupted services to our actively enrolled patients.

We anticipate that our relocation will (6) facilitate our ability to serve and support a larger patient population and reduce the incidence of hospitalizations and Eating Disorder symptom-related deaths within the State of Connecticut.

As with our current location, (7) this program will be under the direct leadership and supervision provided by Site Director Tom Foster, LCSW. Regional Assistant Vice President Cindy Shore provides administrative oversight for our Northeast Regional programs, including Connecticut, New York, New Jersey, Maryland, and Pennsylvania.

We currently have (8) over 70 payer contracts that support this program. Among them are Anthem-Blue Cross/Blue Shield, Cigna, Aetna, United Behavioral Health, MHN, and Value Options. There are no changes to the payers anticipated as a result of this relocation.

*Numbered items reflect applicable aspects identified from Form 2030.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0318

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493: Renfrew Center of Connecticut, LLC of Philidelphia, PA, d/b/a Renfrew Center of Southern Connecticut is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Renfrew Center of Southern Connecticut is located at 436 Danbury Road, Wilton, CT 06897 with:

Cindy Shore as Executive Director
Joseph A. Zannella as Director

This license expires **June 30, 2013** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, July 1, 2009. RENEWAL.

J Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA,
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0000-0036

Mental Health Day Treatment Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493: Renfrew Center of Connecticut, LLC of Philidelphia, PA, d/b/a Renfrew Center of Southern Connecticut is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

Renfrew Center of Southern Connecticut is located at 436 Danbury Road, Wilton, CT 06897 with:

Cindy Shore as Executive Director
Joseph A. Zannella as Director

This license expires **June 30, 2013** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, July 1, 2009. RENEWAL.

J Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA,
Commissioner