



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	Estherian Aesthetics, Inc.	
Doing Business As	Summer Street Ambulatory Surgery Center	
Name of Parent Corporation	n/a	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1290 Summer Street, Suite 3100, Stamford, CT 06905	
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.	Dr. Arthur R. Rosenstock	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1290 Summer Street, Suite 3100, Stamford, CT 06905	
Contact Person's Telephone Number	203-359-1959	
Contact Person's Fax Number	203-359-9344	
Contact Person's e-mail Address	arosenstockmd@aol.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Addition of physician owners in the Center.
- b. Estimated Total Project Cost: \$950,000
- c. Location of proposal, identifying Street Address, Town and Zip Code:
1290 Summer Street, Stamford, Connecticut 06905
- d. List each town this project is intended to serve: The Center serves the following cities and towns located in Connecticut: Bridgeport, Danbury, Darien, Fairfield, Greenwich, Milford, Monroe, New Canaan, Newtown, Norwalk, Ridgefield, Shelton, Stamford, Trumbull, Wilton, Weston, and Westport and the following cities and towns in New York: Armonk, Briarcliff Manor, Bedford, Carmel, Chappaqua, New York City, Pound Ridge, Rye, South Salem and Yorktown Heights. The Center will continue to serve the same cities and towns in the Service Area after the admission of additional physician owners.
- e. Estimated starting date for the project: June 1, 2015

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 V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Estherian Aesthetics, Inc.

Project Title: Additional physician owners in the Center.

I, Arthur R. Rosenstock, M.D., President
(Name) (Position – CEO or CFO)

of Estherian Aesthetics, Inc., d/b/a Summer Street Ambulatory Surgery Center 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.

Arthur Rosenstock
Signature

4/28/2015
Date

Subscribed and sworn to before me on April 28, 2015

Priscilla Flores
Notary Public/Commissioner of Superior Court

My commission expires: June 30, 2017



SECTION IV. PROPOSAL DESCRIPTION

Estherian Aesthetics, Inc., d/b/a Summer Street Ambulatory Surgery Center (the "Applicant") maintains a licensed outpatient surgical center located at 1290 Summer Street, Stamford, CT 06905 (the "Center"). Please see the Department of Public Health license set forth on Attachment 1 hereto. The Applicant is seeking a Determination that no Certificate of Need is required to add additional physician owners to the Center. The Center has been in existence since 1993. The Center is currently owned solely by Dr. Arthur R. Rosenstock, M.D., a physician duly licensed in the State of Connecticut. The Center provides outpatient surgical services to patients in the cities and towns listed in Section II(d) above. For licensure purposes, the Center will notify the Department of Public Health of the admission of the new members in accordance with Connecticut General Statute Section 19a-493(b)(2).

Applicant wishes to reorganize so as to allow for the addition of physician owners to the Center. As an initial matter, Applicant intends to transfer assets of the Center to a newly formed Connecticut limited liability company (the "Company"). Applicant then intends to allow for additional ownership interests in the Center by selling ownership interests in the Company to other physician members. Each of these new physician members is duly licensed in the State of Connecticut. For reasons of confidentiality, the new physician members prefer to remain anonymous. As part of this transaction, a minority ownership interest in the Center will also be sold to Merritt Healthcare, which will act as the third party management firm for the Center. Each of the physicians will hold his or her membership interests in the Center individually or through an entity which the physician member controls. The interests of Merritt may be held by Merritt or an entity owned by persons who are owners in Merritt and involved in the management of the Center. Upon the admission of the new physician members, the physician members will continue to own and control well in excess of sixty percent (60%) membership interest in the Center. The Center will expand to include other surgical specialties. The Board of Managers of the Center will have overall responsibility for governance of the Center.

Conn. Gen. Stat. §19a-493b(c) exempts transfers or changes of ownership or control of outpatient surgical centers from Certificate of Need review where the current ownership is one hundred percent (100%) owned and controlled by physicians licensed under Conn. Gen. Stat. §20-13 and the proposed ownership will remain at least sixty percent (60%) owned and controlled by physicians after the transfer of ownership. The ownership of the Center is currently one hundred percent (100%) owned by Arthur R. Rosenstock, M.D., a physician licensed under Conn. Gen. Stat. §20-13. Dr. Rosenstock is and the new physician members will be only physicians licensed under Conn. Gen. Stat. §20-13 and the ownership of the Center will remain in excess of sixty (60%) owned by physicians licensed under Conn. Gen. Stat. §20-13 after the transfer. As such, Conn. Gen. Stat. §19a-493b(c) applies and the transfer of physician owners will not trigger Certificate of Need review Conn. Gen. Stat. § 19a-638(a)(2). The addition of other surgical specialties, to the Center does not trigger Certificate of Need review as there is currently no requirement for the addition of such by a licensed outpatient surgical facility.

Based on the foregoing, the Applicant is seeking a favorable determination that no CON is required for the addition of physician members and use of the Center for other surgical specialties.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0299

Out-Patient Surgical Facility

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

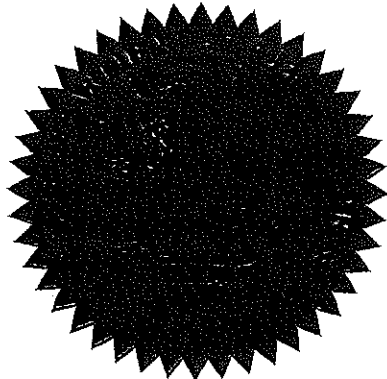
Estherian Aesthetics, Inc. of Stamford, CT, d/b/a Summer Street Ambulatory Surgery Center is hereby licensed to maintain and operate an Out-Patient Surgical Facility.

Summer Street Ambulatory Surgery Center is located at 1290 Summer Street, Stamford, CT 06905.

This license expires **March 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2015. **RENEWAL**

Waiver Sec. 19-D56 (b)(D)(5) exp: n/a
Waiver Sec. 19-D56 (b)(G)(1)(j) exp: n/a
Waiver Sec. 19-D56 (b)(E)(4) exp: n/a
Waiver Sec. 19-D56 (b)(E)(8) exp: n/a
Waiver Sec. 19-D56 (b)(E)(10) exp: n/a
Waiver Sec. 19-D56 (b)(F)(2) exp n/a
Waiver Sec. 19-D56 (b)(G)(1)(a) exp: n/a
Waiver Sec. 19-D56 (b)(G)(1)(c) exp: n/a
Waiver Sec. 19-D56 (e)(9) exp: n/a



Jewel Mullen, MD, MPH, MPA
Commissioner

Greer, Leslie

From: Hansted, Kevin
Sent: Monday, May 11, 2015 11:05 AM
To: Greer, Leslie
Cc: Martone, Kim
Subject: FW: Determination Report #15-31995-DTR

Leslie, please add the below to the record. 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

From: ARosenstockMD@aol.com <ARosenstockMD@aol.com>
Sent: Monday, May 11, 2015 10:49 AM
To: Hansted, Kevin
Subject: Re: Determination Report #15-31995-DTR

Dear Attorney Hansted,

I did not pick up my e-mails until Saturday. I am responding to your e-mail, attached. Merritt Healthcare will have one representative on the Board of Managers, and the remaining four Board positions will be held by physicians. If you have any other questions, please do not hesitate to contact me. Thank you,
Arthur Rosenstock, MD.

Statement of Confidentiality

The contents of this e-mail message and any attachments are confidential and are intended solely for addressee. The information may also be legally privileged. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any review, use, reproduction or dissemination of this transmission is strictly prohibited. If you are not the intended recipient, please immediately destroy this communication and notify the sender by reply e-mail or phone (914 450 5126) and delete this message and its attachments, if any.

In a message dated 5/8/2015 9:22:35 A.M. Eastern Daylight Time, Kevin.Hansted@ct.gov writes:

Dear Dr. Rosenstock,

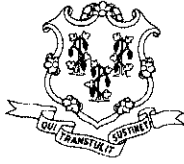
I am in receipt of your Determination Request regarding Estherian Aesthetics, Inc. In your request you state that the "Board of Managers of the Center will have overall responsibility for governance of the Center." Does the Board of managers consist solely of CT licensed physicians? If not, please provide me with the structure of the Board.

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*

☀ Please consider the environment before printing this message

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.



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

May 11, 2015

VIA FACSIMILE ONLY

Dr. Arthur R. Rosenstock
Estherian Aesthetics, Inc.
1290 Summer Street
Suite 3100
Stamford, CT 06905

RE: Certificate of Need Determination Report Number 15-31995-DTR
Addition of Physician Owners

Dear Dr. Rosenstock:

On May 4, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Estherian Aesthetics, Inc. d/b/a Summer Street Ambulatory Surgery Center ("Petitioner" or "Center") with respect to the addition of physician owners.

The Petitioner is a licensed outpatient surgical center located at 1290 Summer Street, Stamford, Connecticut. The Petitioner is currently owned and controlled solely by Arthur R. Rosenstock, M.D., a physician licensed in the State of Connecticut.

The Petitioner seeks to reorganize so as to allow for the addition of new physician members to the Center. Each of the new physician members is duly licensed in the State of Connecticut. As part of the transaction, a minority ownership interest will be sold to Merritt Healthcare, which will act as the third party management firm for the Center. Upon admission of the new physician members, the physician members will continue to own and control well in excess of a sixty percent (60%) membership interest in the Center. The Center will be managed by a Board of Managers consisting of one representative from Merritt Healthcare and the remaining four Board positions held by physician members.

Connecticut General Statutes § 19a-638(a)(2) requires a CON for the "transfer of ownership of a health care facility". However, Connecticut General Statutes § 19a-493b(c) provides an exception for outpatient surgical facilities whose Connecticut licensed physician members will maintain a controlling 60% ownershipship after a transfer of interest in a facility. Since the physician members will maintain well in excess of a 60% controlling interest in the Center, OHCA hereby determines that a CON *is not required* for the proposed sale.

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 (MAY. 11. 2015 3:30PM) * * *

FAX HEADER:

TRANSMITTED/STORED FILE MODE	MAY. 11. 2015 OPTION	3:29PM	ADDRESS	RESULT	PAGE
050	MEMORY TX		912033599344	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: DR. ARTHUR R. ROSENSTOCK

FAX: 203 359 9344

AGENCY: ESTHERIAN AESTHETICS, INC.

FROM: OHCA

DATE: 5/11/15 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Determination is attached regarding the addition of Physicain Owners under DN: 15-31995-DTR

PLEASE PHONE Barbara K. Olejarz 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