

## Greer, Leslie

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**From:** Martone, Kim  
**Sent:** Monday, January 11, 2016 3:49 PM  
**To:** Hansted, Kevin  
**Cc:** Greer, Leslie  
**Subject:** FW: Stonington Institute - CON Determination Form 2020 - Seven Bed Reallocation  
**Attachments:** OHCA Form 2020 Seven Bed Allocation 1.11.16.pdf

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**From:** Hutchins, Shelly [<mailto:Shelly.Hutchins@uhsinc.com>]  
**Sent:** Monday, January 11, 2016 3:49 PM  
**To:** Martone, Kim  
**Subject:** Stonington Institute - CON Determination Form 2020 - Seven Bed Reallocation

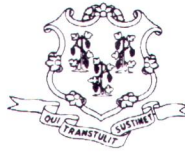
Good Afternoon:

Attached please find a completed Form 2020 for Stonington Institute. The original will be mailed to you via FedEx delivery.

Thank you.

Shelly Hutchins  
Executive Assistant to the CEO  
Stonington Institute  
75 Swantown Hill Road  
North Stonington, CT 06359  
(860) 445-3008 Office  
(860) 445-3010 Fax

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## 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	<b>Stonington Behavioral Health, Inc.</b>
Doing Business As	<b>Stonington Institute</b>
Name of Parent Corporation	<b>Universal Health Services, Inc.</b>
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	<b>75 Swantown Hill Road North Stonington, CT 06359</b>
What is the Petitioner's Status: P for profit and NP for Nonprofit	<b>P</b>
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	<b>William A. Aniskovich, CEO</b>

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	<b>Same</b>
Contact Person's Telephone Number	<b>860-445-3008</b>
Contact Person's Fax Number	<b>860-445-3010</b>
Contact Person's e-mail Address	<a href="mailto:William.aniskovich@uhsinc.com">William.aniskovich@uhsinc.com</a>

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:  
**Seven Bed Reallocation**
- b. Estimated Total Project Cost:  
**\$29,000.00**
- 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:  
**4/1/16**

## 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.

**Stonington Behavioral Health, Inc.  
Behavioral Health Services-Seven Bed Reallocation  
Form 2020  
January 11, 2016**

#### **Section IV. PROPOSAL DESCRIPTION**

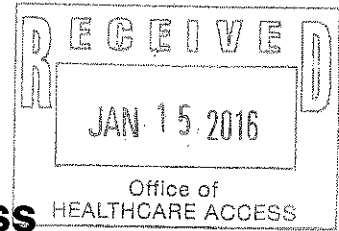
**Stonington Behavioral Health, Inc. is a for-profit behavioral health treatment facility licensed by the State of Connecticut Department of Public Health (“DPH”) to provide substance abuse and mental health services. Copies of the DPH licenses currently held by Stonington for the 75 Swantown Hill Road facility (the “Facility”) are attached.**

**Stonington is currently licensed for 24 Residential Detoxification and Evaluation (RDE) beds and 34 Intensive Treatment (IT) beds. The RDE and IT service treats adult male and female patients from across the state. Stonington’s 34 bed IT unit has an ADC of 22 over the last 12 months.**

**The proposal would decrease IT unit beds by six (6) and increase the RDE unit beds by six (6), thus resulting in no net increase in the total LBC at the Facility.**

**The service will be offered as a component of care, where appropriate, to all patients admitted to Stonington’s substance abuse programs, regardless of payer source or insurance and as such will have little to no impact on other providers. The current payor mix in the RDE program is 71% Medicaid, 12% Commercial, 17% Tricare/VA and the proposal is not anticipated to change this mix.**





**State of Connecticut  
Office of Health Care Access  
CON Determination Form  
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Contact Person's Telephone Number	<b>860-445-3008</b>
Contact Person's Fax Number	<b>860-445-3010</b>
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**Stonington Behavioral Health, Inc.  
Behavioral Health Services-Seven Bed Reallocation  
Form 2020  
January 11, 2016**

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**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

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

Project Title: **Seven Bed Reallocation**

I, Mary Minton, CFO 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.

Mary Minton  
Signature

1/11/2016  
Date

Subscribed and sworn to before me on January 11, 2016

Lynsey Malone  
Notary Public

My commission expires: 10/31/16

**Lynsey Malone**  
Notary Public  
State of Connecticut  
My Commission Expires 10/31/2016

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0298**

**Facility for the Care or Treatment of Substance Abusive  
or Dependent Persons**

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

Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**Stonington Institute** is located at 75 Swantown Hill Rd, North Stonington, CT 06359 with:

William A. Aniskovich as Executive Director.

The service classification(s) and if applicable, the residential capacities are as follows:

- \*34 Intensive Treatment Beds\*
- \*24 Residential Detoxification and Evaluation Beds\*
- Outpatient Treatment
- Day or Evening Treatment
- Ambulatory Chemical Detoxification Treatment

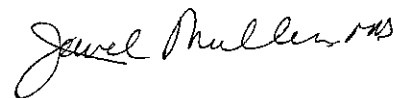
This license expires **March 31, 2016** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2014.

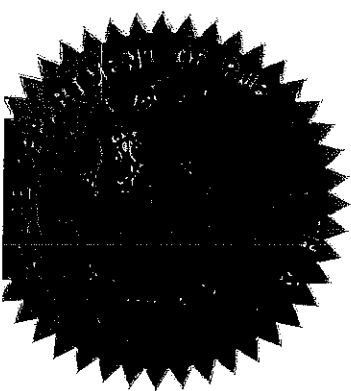
Waiver Sec. 19a-495-570(j)(1)(F)(iv)(i) Eff: 22-APR-08 Exp: N/A

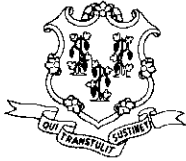
License revised to reflect:

\*Reconfiguration of Beds Eff: 1/23/15\*



Jewel Mullen, MD, MPH, MPA  
Commissioner





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

January 12, 2016

VIA FACSIMILE ONLY

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

RE: Certificate of Need Determination Report Number 16-32060-DTR  
Reallocation of Beds

Dear Mr. Aniskovich:

On January 11, 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 24 Residential Detoxification and Evaluation ("RDE") beds and 34 Intensive Treatment ("IT") beds. The Petitioner is proposing the reallocation of 6 beds from IT to RDE without any 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 but is not seeking to increase its licensed bed capacity. Therefore, a **CON is not required** for the Petitioner's proposal.

Sincerely,

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 ( JAN. 12. 2016 12:17PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JAN. 12. 2016 12:16PM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

438 MEMORY TX

918604453010

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: WILLIAM ANISKOVICH  
FAX: 1 860 445-3010  
AGENCY: STONINGTON BEHAVIORAL HEALTH, INC.  
FROM: OHCA  
DATE: 1/12/16 Time: \_\_\_\_\_  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**

Please see attached Determination for Report Number 16-32060-DTR  
Reallocation of beds.

**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