

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 | William.aniskovich@uhsinc.com |

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:
Residential Bed Reallocation – North Stonington
- b. Estimated Total Project Cost:
\$60,000.00
- 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:
10/1/16

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.

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:

- 24 Residential Detoxification and Evaluation (RDE) beds
- 34 Intensive Treatment (IT) beds
- 10 Residential Treatment Center (RTC) beds

On January 12, 2016, OHCA approved a re-allocation of the current operational RDE and IT bed counts to 30 RDE and 28 IT beds. (CON Determination Report Number 16-32060-DTR) This proposal does not alter or affect that Application.

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.

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. Active discharge planning has commenced on all five current clients.

Based on the above, Applicant proposes to re-allocate its LBC by decreasing its RTC bed count by 10 beds and increasing its IT bed count by 10 beds. The re-allocation in the current proposal will result in no increase in Applicant’s total LBC.

This Application, together with 16-32060-DTR, will result in the following allocation of the total 68 LBC:

- 30 Residential Detoxification and Evaluation (RDE) beds
- 38 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.

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.

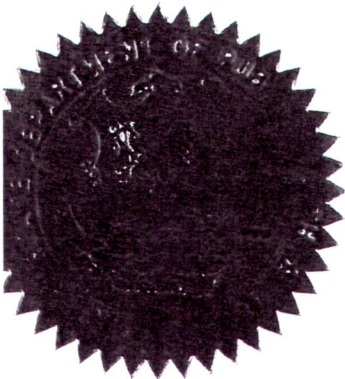
Waiver Sec. 19a-495-570(j)(1)(F)(iv)(i) Eff: 22-APR-08 Exp: N/A

License revised to reflect:

Reconfiguration of Beds Eff: 1/23/15



Jewel Mullen, MD, MPH, MPA
Commissioner



STATE OF CONNECTICUT
Department of Public Health
LICENSE

License No. 0040

Mental Health Day Treatment Facility

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

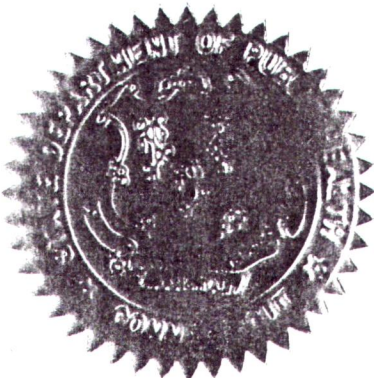
Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

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

William A. Aniskovich as Executive Director,
Jerome M. Schnitt MD as Director.

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

Dated at Hartford, Connecticut, April 1, 2012. RENEWAL



A handwritten signature in cursive script that reads "Jewel Mullen MD".

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

This is to certify, that, in accordance with the provisions of Sections 17a-145 and 17a-151 of the Connecticut General Statutes, as amended, STONINGTON BEHAVIORAL HEALTH, INC., DBA STONINGTON INSTITUTE IRFC GAIT, located at 75 SWANTOWN HILL ROAD in the TOWN OF NORTH STONINGTON, is hereby licensed as a CHILD CARE FACILITY to provide RESIDENTIAL TREATMENT services to children at the location listed below * for the licensed bed capacity (LBC) and gender listed.

This license is issued effective MARCH 19, 2015 for a period of 24 MONTHS and is conditional upon compliance with all regulations of the Department of Children and Families and may be revoked for cause at any time.

License No. CCF/RT-98

Signed at Hartford, Connecticut this 29th day of April 2015.

James McPherson

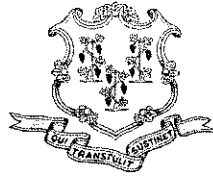
James McPherson

Program Manager

Office of Legal Affairs

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

March 8, 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 16-32070-DTR
Reallocation of Beds

Dear Mr. Aniskovich:

On March 4, 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, 34 Intensive Treatment ("IT") beds and 10 Residential Treatment Center (RTC) beds. The Petitioner is proposing the reallocation of 6 beds from RTC to RDE and 4 beds from RTC to IT 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,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

* * * COMMUNICATION RESULT REPORT (MAR. 8. 2016 9:50AM) * * *

FAX HEADER:

TRANSMITTED/STORED : MAR. 8. 2016 9:49AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

499 MEMORY TX

98604453010

OK

2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: WILLIAM A. ANISKOVICH

FAX: 860 445-3010

AGENCY: STONINGOTN INSTITUTE

FROM: OHCA

DATE: 3/8/16 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Please see attached determination for DN: 16-32070-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