

March 10, 2016

Director of the Office of Health Care Access  
State of Connecticut  
410 Capitol Avenue  
Hartford, CT 06134

Re: **Connecticut Institute of Behavioral Health, Inc.**  
**CON Determination Form – Form 2020**

To Whom It May Concern:

Enclosed please find a **CON Determination Form – Form 2020** for our client, **Connecticut Institute of Behavioral Health, Inc.** Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix  
140 Grand Street, Suite 300  
White Plains, NY 10601  
service@licenselogix.com  
(800) 292-0909



**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	Connecticut Institute of Behavioral Health Inc	
Doing Business As	N/A	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	495 Gold Star Hwy Ste 220 Groton CT 06340	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
<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.	Maria Higgins Manager	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	495 Gold Star Hwy Ste 220 Groton CT 06340	
Contact Person's Telephone Number	860-449-0200 ext 313	
Contact Person's Fax Number	860-326-5571	
Contact Person's e-mail Address	cibh.maria@ gmail.com	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Connecticut Institute of Behavioral Health Inc
- b. Estimated Total Project Cost: \$ N/A
- c. Location of proposal, identifying Street Address, Town and Zip Code:  
495 Gold Star Highway, Ste 220, Groton, CT 06340
- d. List each town this project is intended to serve:  
Town of Groton and surrounding areas, include New London and Stonington
- e. Estimated starting date for the project: Immediately

## 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: Ammar Traboulsi

Project Title: Connecticut Institute of Behavioral Health Inc

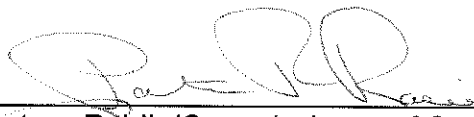
I, Ammar Traboulsi, President  
(Name) (Position – CEO or CFO)

of Connecticut Institute of Behavioral Health Inc being duly sworn, depose and state that the  
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my knowledge.

 2/12/16  
Signature Date

Subscribed and sworn to before me on Ammar Traboulsi 2/12/16

  
Notary Public/Commissioner of Superior Court

My commission expires: Mar 31, 2021



State of Connecticut

**Lookup Detail View****Name****Name**

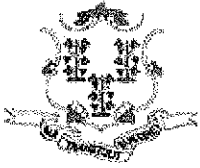
AMMAR S TRABOULSI MD

**License Information**

## License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Status Reason	Licensure Actions or Pending Charges
Physician/Surgeon	41692	11/30/2016	07/23/2003	Ammar Sami Traboulsi	ACTIVE	CURRENT	None

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State of Connecticut

**Lookup Detail View**

**DRUG CONTROL - CSP**

Name	License Address
AMMAR S TRABOULSI MD	41 Faire Harbour Place New London, CT 06320

**Credential Information**

Credential Information

Credential	License Type	Effective Date	Expiration Date	Status	Schedule 1	Schedule 2	Schedule 3	Schedule 4	Schedule 5
CSP.0033966	CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER	03/01/2015	02/28/2017	ACTIVE	No	Yes	Yes	Yes	Yes

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## **Proposal Description**

### **Project:**

Connecticut Institute of Behavioral Health Inc

### **Proposed Location:**

495 Gold Star Highway, Ste 220, Groton, CT 06340

### **Target Markets:**

Town of Groton and surrounding areas, including but not limited to New London and Stonington, with the aim of spreading our reach as resources and demand allow.

### **Proposed Services:**

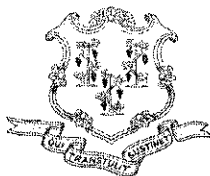
Mental Health and Psychiatric facility serving adults, children and adolescents. This facility will meet a need in the community by providing accessible and affordable mental health care. Initially, the operation will open for two days per week, but will increase in frequency as need and demand dictates.

Ammar Traboulsi is the President and initially will be the Sole Practitioner. Dr. Traboulsi has been licensed as a Physician/Surgeon in Connecticut since 2003, and maintains an unblemished record.

No public or government funding will be used – clients will pay either out of pocket or through their insurance plans.

Department of Public Health (DPH) license category being sought is Private Freestanding Psychiatric Outpatient Clinics for Adults (Connecticut General statues Section 19a 491 and or 19a-506).

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Raul Pino, M.D., M.P.H.  
Commissioner

Office of Health Care Access

March 17, 2016

Maria Higgins  
Manager  
Connecticut Institute of Behavioral Health, Inc.  
495 Gold Star Highway  
Groton, CT 06340

RE: Certificate of Need Determination Report Number 16-32075-DTR  
Establishment of Mental Health Facility

Dear Ms. Higgins:

On March 15, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of the Connecticut Institute of Behavioral Health, Inc. ("Petitioner") with respect to the establishment of a new outpatient clinic in Groton, Connecticut.

The Petitioner seeks to establish a for-profit mental health and psychiatric facility at 495 Gold Star Highway, Groton, Connecticut. The facility will serve individuals who will pay out-of-pocket or through their insurance plans. The Petitioner will seek licensure from the State of Connecticut Department of Public Health as a Private Freestanding Psychiatric Outpatient Clinic for Adults.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a certificate of need is required for the "establishment of a new health care facility". Conn. Gen. Stat. § 19a-630(11) defines a health care facility as "... (G) mental health facilities...". The Petitioner's facility will provide mental health services. As a result, the Petitioner's proposed facility fits within the definition of a health care facility. Consequently, a *CON is required* for the Petitioner's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim 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](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



\* \* \* COMMUNICATION RESULT REPORT ( MAR. 17. 2016 9:18AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	MAR. 17. 2016 9:17AM OPTION	ADDRESS	RESULT	PAGE
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REASON FOR ERROR  
 E-1) HANG UP OR LINE FAIL  
 E-2) BUSY  
 E-3) NO ANSWER  
 E-4) NO FACSIMILE CONNECTION



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

**FAX SHEET**

**TO:** MARIA HIGGINS

**FAX:** 860 326 5571

**AGENCY:** CONNECTICUT INSTITUTE OF BEHAVIORAL HEALTH, INC.

**FROM:** OHCA

**DATE:** 3/17/16 **Time:** \_\_\_\_\_

**NUMBER OF PAGES:** 2  
*(including transmittal sheet)*

**Comments:** Please see attached CON Determination for the establishment of a mental health facility.

**PLEASE PHONE Barbara K. Olejars 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**