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ORAL ARGUMENT

HELD ON

FEBRUARY 14TH, 2023

Docket No. 20-32515-CON

1 MS. CAPOZZI: Let's start it right now. Oh,
2 sorry. Two things at once, sorry.

3 ATTORNEY VOLPE: No worries.

4 UNIDENTIFIED SPEAKER: -- ID followed by
5 pound; otherwise -- you are in the meeting now.
6 There are 16 participants in the meeting. This
7 meeting is being recorded.

8 DR. GIFFORD: Okay, if all those who are not
9 speaking could kindly place your device on mute,
10 that would be helpful. Thank you.

11 Good afternoon, this hearing is being
12 convened for the limited purpose of hearing oral
13 argument in Docket No. 20-32515-CON.

14 The Applicant in this matter, Landmark
15 Recovery of Connecticut, LLC, seeks to establish
16 a new healthcare facility.

17 On December 8th, 2022, the Hearing Officer
18 in this matter issued a proposed final decision
19 denying the application.

20 On December 29th, 2022, the Applicant filed
21 a brief and exceptions and requested an
22 opportunity to present oral argument.

23 On January 31st, 2023, the Office of Health
24 Strategy issued a notice of oral argument for
25 today.

1 This hearing before the Office of Health
2 Strategy is being held on February 14th, 2023.

3 My name is Deidre Gifford and I'm the
4 executive director of OHS and I will be issuing
5 the final decision in this matter.

6 Also, present on behalf of the agency is OHS
7 General Counsel, Anthony Casagrande.

8 Public Act No. 21-2, Section 149, as amended
9 by Public Act No. 22-3, authorizes an agency to
10 hold a public hearing by means of electronic
11 equipment. In accordance with these Acts, any
12 person who participates orally in an electronic
13 meeting shall make a good-faith effort to state
14 his or her name and title at the outset of each
15 occasion that such person participates orally
16 during an uninterrupted dialogue or series of
17 questions and answers.

18 We ask that all members of the public mute
19 the device that they are using to access the
20 hearing and silence any additional devices that
21 are around them.

22 This hearing concerns only the Applicant's
23 oral argument regarding its brief and exceptions
24 to the proposed final decision and it will be
25 conducted under the provisions of Chapter 54 of

1 the Connecticut General Statutes.

2 The certificate of need process is a
3 regulatory process, and as such, the highest
4 level of respect will be afforded to the
5 Applicant and our staff. Our priority is the
6 integrity and transparency of this process.
7 Accordingly, decorum must be maintained by all
8 present during these proceedings.

9 This hearing is being transcribed and
10 recorded and the video will also be made
11 available on the OHS Website and its YouTube
12 account.

13 All documents related to this hearing that
14 have been or will be submitted to OHS are
15 available for review through our electronic
16 certificate of need portal, which is accessible
17 on the OHS CON Web page.

18 Although this hearing is open to the public,
19 only the Applicant and its representatives and
20 OHS and its representatives will be allowed to
21 make comments. Accordingly, the chat feature in
22 this Zoom call has been (no audio).

23 As this hearing is being held virtually, we
24 ask that anyone speaking, to the extent possible,
25 and able use of video cameras when speaking

1 during the proceedings.

2 In addition, anyone who is not speaking
3 shall mute their electric devices, including
4 telephones, televisions, and other devices not
5 being used to access the hearing.

6 Lastly, as Zoom notified you while entering
7 this meeting, I wish to point out that by
8 appearing on a camera in this virtual hearing,
9 you are consenting to being filmed. If you wish
10 to revoke your consent, please, do so at this
11 time. However, please, be advised that in such
12 an event, the hearing will be continued to a
13 later date.

14 We will now proceed.

15 Counsel for the Applicant, can you, please,
16 identify yourself for the record?

17 ATTORNEY VOLPE: Yes, Michele Volpe, legal
18 counsel for Landmark Recovery of Connecticut.

19 DR. GIFFORD: Thank you, Attorney Volpe.

20 Are there any other housekeeping matters or
21 procedural issues we need to address before we
22 start?

23 ATTORNEY VOLPE: Not before. Time
24 permitting, there may be some at the end that we
25 just want to note for your consideration.

1 DR. GIFFORD: Thank you, Attorney Volpe.
2 You may begin when wherever you're ready.

3 ATTORNEY VOLPE: Thank you.

4 Again, for the record, good afternoon. My
5 name is Michele Volpe, legal counsel appearing on
6 behalf of Landmark Recovery of Connecticut. With
7 me in this virtual proceeding today are
8 representatives from Landmark, in particular, Mr.
9 Jeffrey Burns, senior vice-president of
10 acquisitions; Attorney Chris Kang, general
11 counsel for Landmark; Annie Mooney,
12 vice-president of public affairs, and other
13 members of the leadership team for Landmark.

14 Thank you, Executive Director Dr. Gifford,
15 Attorney Casagrande, Attorney Manzione, and all
16 the members of the OHS staff and analysts who
17 have been working on this CON application. We
18 thank you for the time this afternoon and
19 allowing us to appear before you on behalf of
20 Landmark. We know how extremely busy and full
21 the dockets are at OHS, so we're very
22 appreciative that you're allowing us to conduct
23 this oral argument, and we know these proceedings
24 are a large undertaking.

25 We're here this afternoon to respectfully

1 request OHS to reconsider its proposed decision
2 of denial and issue an approval of a CON to
3 Landmark. There is precedent for OHS in doing
4 just this and moving forward with a decision to
5 approve the CON. OHS and its predecessors have
6 taken this very action we are seeking on behalf
7 of other applicants.

8 A vital component of OHS's mission is
9 ensuring access to cost-effective, quality care
10 for Connecticut residents. In Landmark's
11 proposal to open the facility in New London is in
12 furtherance of that mission.

13 There is no greater access need for
14 Connecticut residents right now than having
15 cost-effective, quality providers to treat the
16 overwhelming Substance Use Disorder plaguing the
17 most vulnerable of Connecticut's residents.
18 Connecticut is in a Substance Use Disorder
19 crisis, and you, Dr. Gifford, you have the
20 foresight and the resolve to address and tackle
21 this crisis head-on in your tenure as
22 Commissioner for the Department of Social
23 Services. The Herculean effort you undertook
24 that occurred under your guidance and leadership
25 in seeking, and more importantly, obtaining the

1 Substance Use Disorder demonstration waiver from
2 the federal government needs to be fully realized
3 now in Connecticut.

4 The Landmark facility proposed in New London
5 for a 48-bed detox and residential Substance Use
6 Disorder treatment center is vitally important
7 and another step in the continuum of action to
8 address the dire need. The Connecticut
9 Department of Social Services definitively stated
10 in its Section 11-115 waiver application, and I
11 quote, "Connecticut is experiencing one of the
12 most significant public health crises in
13 history."

14 In addition, this agency, the Office of
15 Health Strategy, identified in its supplement to
16 the State-Wide Healthcare Facilities and Services
17 Plan, that substance abuse is one of the leading
18 healthcare needs of most Connecticut communities.
19 Again, "The most significant public healthcare
20 crisis in Connecticut history and Connecticut's
21 healthcare need is growing, it's leading," direct
22 quotes from key Connecticut agencies working
23 tirelessly to address and provide access to
24 combat Substance Abuse Disorder crisis in
25 Connecticut.

1 Landmark's proposed facility has tremendous
2 support, as evidenced by the numerous letters and
3 correspondence submitted on behalf of public
4 servants to your Commission; specifically, New
5 London Mayor Passero, State Representative
6 Anthony Nolan, State Senator Kathy Austin, State
7 Senator Heather Somers, State Representative
8 Christine Conley, State Representative Kathy --
9 Kathleen McCarty, Eastern Connecticut Chamber of
10 Commerce president and CEO, Tony Sheridan, New
11 London Homeless Hospitality Center Executive,
12 Kathy Zal, and the New London Director of Human
13 Services, Ms. Millstein.

14 Please know, the list of notable persons and
15 public servants supporting the facility that
16 Landmark is looking to put in New London goes on,
17 and we'd like to use this forum to publicly thank
18 them.

19 The facts are undisputed, Dr. Gifford: The
20 doctor -- the docket for this CON is voluminous.
21 We recognize that this is a new application for
22 your review, but all the data and evidence set
23 out in the CON, the prefile testimony that was
24 attested to at the hearing, as well as all the
25 evidence proffered during the public proceeding

1 is compelling and supports the approval of a
2 certificate of need being granted to Landmark.

3 Please, also, refer to our legal brief you
4 referenced as you opened the proceedings and that
5 we filed in this docket, as well as the
6 exceptions that were taken with the factual
7 findings by OHS in the proposed decision. It is
8 really unconscionable to deny Landmark, an
9 experienced provider with financial wherewithal
10 and a proven track record for the treatment of
11 the Medicaid population, the ability to bring its
12 expertise and financial resources to Connecticut
13 during this time of crisis.

14 Why deny greater access when every effort
15 should be made to extend more treatment options
16 for those suffering with Substance Abuse
17 Disorder? The dire need for SUD treatment cannot
18 go unanswered. People are dying every day from
19 overdose(sic). The patients are overwhelming
20 local hospital emergency departments. Statistics
21 for overdose and SUD have increased all over
22 Connecticut but particularly in New London.

23 As was set forth in Landmark's application,
24 the Department of Public Health published data
25 for New London County that shows overdose death

1 increased in the last few years from 60 to 134, a
2 more than doubling of deaths in New London County
3 alone in a very short period.

4 Landmark is an experienced provider,
5 nationally accredited by the Joint Commission for
6 meeting and exceeding industry standards with
7 national awards of excellence and for its
8 superior clinical programs and successful
9 protocols for effectively treating SUD and
10 specifically for caring for the Medicaid
11 population.

12 Landmark has success rates and low
13 readmission statistics to back this up. All the
14 data was set forth in the detail in the CON as
15 well as in the hearing, and it was methodically
16 put forth in the exceptions and legal brief
17 recently submitted to you.

18 There are many key factual findings and
19 legal conclusions in OHS's proposed decision that
20 we view as erroneous and must be corrected. We
21 would like OHS to apply accurate information to
22 make its final decision approving the CON.

23 As a result of some of the inaccuracies put
24 forth in the initial decision, it led OHS to the
25 wrong conclusion with respect to Landmark and its

1 ability to meet all the statutory factors
2 required for your Commission to grant the CON.

3 All the statutory factors were, in fact,
4 met, even though not every factor need be
5 satisfied in order for OHS to grant the CON. It
6 must be emphasized that, pursuant to law,
7 Landmark is not required to satisfy each and
8 every factor in the statute. This is
9 well-documented in OHS's own publications and CON
10 guidance. Out of the 12 statutory CON factors,
11 the proposed final decision correctly determined
12 compliance with the statutes under Subsection 2,
13 4, 6, and 11, while OHS correctly noted that 1
14 and 12 were not applicable to this application.

15 Specifically, OHS did find that there is a
16 relationship of this proposed project to open the
17 facility in New London directly to the state-wide
18 healthcare facilities and service plan. It also
19 found that Landmark satisfactorily demonstrated
20 how this proposal will positively impact the
21 financial strength of the healthcare system in
22 Connecticut and that this proposal is
23 financially-feasible.

24 In addition, Landmark has satisfactorily
25 demonstrated that the facility that it's

1 proposing in New London will not negatively --
2 will not impact the diversity of healthcare
3 providers and patient choice in the geographic
4 region.

5 Again, OHS has correctly found that many of
6 the statutory criteria required have been met,
7 but OHS erred in determining that certain
8 criteria were not satisfied. Specifically, there
9 is a clear public need for the services proposed
10 by Landmark. Landmark has demonstrated how this
11 facility in New London will improve accessibility
12 and cost-effectiveness of healthcare in the
13 service area. Landmark has satisfactorily
14 identified the population to be served and
15 demonstrated that the identified population has a
16 need for these services.

17 Landmark's facility will not adversely
18 impact utilization by existing healthcare
19 facilities, and this proposal will not result in
20 unnecessary duplication of existing or approved
21 healthcare services and facilities.

22 There is a clear public need for the
23 services proposed by Landmark. This was detailed
24 in the needs analysis that was set out in the
25 application and further evidenced by the prefile

1 testimony during the public hearing. It was all
2 done in accordance with OHS's CON criteria. The
3 need was methodically set forth, and again, in
4 the application and in the exceptions brief.
5 Specifically, Landmark will deliver and meet the
6 American Society of Addiction Medicine's
7 residential levels of care.

8 When you queried Connecticut's DMHAS bed
9 availability, which is what OHS had relied on,
10 you have to -- you have to look at an apples to
11 apples comparison. Landmark will be delivering
12 3.7 level detox and intensive residential care.
13 We know, Dr. Gifford, you know what that means.
14 It's -- essentially, the Connecticut we view is
15 deficient and lacking in access for beds for this
16 level of care.

17 Connecticut's utilization of a -- of
18 existing beds by providers, when you queried
19 DMHAS, it's showing utilization in the high 90s.
20 The national average is around the 70s, so
21 Connecticut is well over the national averages.
22 New London County and the surrounding communities
23 will absolutely benefit from the Landmark
24 facility, where, on average, over 27,000
25 individuals are suffering from SUD.

1 Opoid emergency room data is not decreasing.
2 It's largely increasing since 2016. Metrics for
3 overdose and substance abuse disorder have
4 increased in the past year significantly,
5 especially in New London County. OHS's proposed
6 decision of a denial does not give the
7 appropriate weight to the -- to these statistics.
8 These statistics are based on OHS's own data and
9 governmental resources.

10 Connecticut residents are dying from
11 substance abuse disorder at alarming rates. The
12 number is showing no signs of improvement. The
13 stats on OHS's own data have been improperly
14 excluded in its decision in the analysis. Any
15 reasonable review, use, and analysis of OHS's own
16 statistics in a finding of public need for more
17 SUD facilities in greater option for Connecticut
18 residents needs to be considered.

19 The Medicaid population has a need for SUD
20 care because facilities have traditionally capped
21 the numbers of beds available to this population.
22 Connecticut's Medicaid program did not
23 historically pay for residential treatment. The
24 State now has recognized that Medicaid-eligible
25 expansion and the Opoid crisis have concurrently

1 increased the need for residential SUD treatment
2 beds. The waiver that was worked hard on by all
3 of the agencies has now allowed Connecticut to
4 benefit from expansion of eligibility to combat
5 the crisis and the ability to increase the need
6 for residential SUD beds. The waiver is one of
7 many actions from Connecticut and the federal
8 government to combat the Opioid crisis. The
9 waiver will provide Connecticut with the
10 opportunity over the next five years to
11 demonstrate to the centers for Medicare and
12 Medicaid the SUD treatment - particularly,
13 residential treatment - is a necessary benefit
14 for Medicaid residents. Payment for this program
15 would not be possible without the waiver.

16 As stated in the State's waiver application,
17 the waiver will permit DSS to provide critical
18 access to medically-necessary SUD treatment
19 services in the most appropriate setting with the
20 goal of improving health outcomes for individuals
21 with SUD, including and importantly, reducing
22 hospital emergency department use and inpatient
23 admissions, reducing hospital readmissions, and
24 improving the rates of engagement and retention
25 for treatment for this population.

1 What we're really asking and what we're
2 imploring OHS is to have a dialogue with Landmark
3 so we can directly hear from you, Dr. Gifford,
4 and the OHS staff under what conditions Landmark
5 can be an active provider in Connecticut to
6 combat the crisis. Let Landmark bring its
7 financial resources and expertise to the
8 Connecticut Medicaid population, and really, to
9 all residents in Connecticut.

10 As stated numerous times, Landmark has
11 significant experience as one of the largest
12 providers in the country treating Medicaid
13 patients as well as for commercial patients under
14 substance abuse disorders.

15 In its Medicaid waiver, Connecticut is
16 stated the goal, excuse me, is to improve
17 outcomes for Medicaid members diagnosed with SUD
18 by providing critical access to SUD treatment
19 services, including inpatient and residential SUD
20 treatment. This amounts, really, to a mandate
21 from Connecticut to open SUD treatment facilities
22 so it can better serve the population,
23 specifically the Medicaid patients.

24 Again, as one of the largest national
25 Medicaid providers, Landmark wants to bring its

1 model to Connecticut. Landmark is specifically
2 seeking a facility in Connecticut to serve the
3 Medicaid population, and now, as a direct result
4 of your efforts, Dr. Gifford, and the hard work
5 by DSS and other State agencies, you've been able
6 to obtain needed funds and resources from the
7 federal government to address the crisis head-on
8 and bring desperately-needed resources to the
9 Medicaid population.

10 Connecticut reached a milestone in
11 alleviating the barrier to SUT -- SUD treatment
12 for Medicaid patients through the significant
13 effort by DSS in obtaining this Section 1115
14 waiver.

15 OHS must now follow suit. OHS failing to
16 approve this CON is in direct conflict with that
17 directive. Landmark has satisfactorily
18 demonstrated that the proposal will improve
19 accessibility and cost-effectiveness of
20 healthcare delivery in this service area. OHS
21 has correctly concluded that Landmark
22 demonstrated this in -- and that it will improve
23 quality of care. However, OHS wrongly concluded
24 that the facility would not improve the
25 accessibility of cost-effectiveness of healthcare

1 in the region.

2 One of the most effective approaches
3 Connecticut can implement to relieve the burden
4 on hospitals and their emergency rooms for this
5 population is treating addiction patients in a
6 different setting through a Landmark facility.
7 Treating these patients in the hospital setting
8 in the ER is costly and it delays care for other
9 patients who are appropriately utilizing hospital
10 ERs.

11 ERs are the most expensive healthcare door
12 for SUD patients. It's also increasing the cost
13 to the Medicaid program when providers are forced
14 to treat this population in the ER. Most
15 hospitals are not staffed nor equipped to deal
16 with this population. More quality
17 cost-effective residential facilities working
18 hand-in-hand with other community organization is
19 the answer to combat the crisis and alleviate the
20 ineffective care to the population. Landmark has
21 been in active discussions with State agencies,
22 in particular, DMHAS, and it's proactively
23 reached out to all agencies in Connecticut to
24 help address and serve the Medicaid population.
25 The outreach is detailed in the correspondence

1 shared with OHS and as set forth on the record,
2 and we urge you to correct the findings of fact
3 and make only the appropriate determination that
4 can be concluded, and that is: Landmark will
5 improve accessibility and cost-effectiveness for
6 SUD patients.

7 Landmark has satisfactorily identified the
8 population to be served by the facility that's
9 being set forth in New London. Landmark has
10 satisfactorily demonstrated that the population
11 -- there is a need for these proposed services.
12 OHS has wrongly asserted that Landmark did not
13 identify the population to be served. There
14 should be no misunderstanding or doubt as to the
15 population that will be served by the facility,
16 and it is well-established that the facts support
17 the need for these services.

18 OHS failed to acknowledge that existing
19 providers are not enough. There is no lack of
20 demand. The statistics clearly show Connecticut
21 residents are not accessing care and deaths are
22 growing. The patients are there, but they are
23 not being brought into residential treatment
24 facilities by existing providers. This is on
25 account of many reasons. One is the level of

1 care that these patients need and deserve.

2 At least one provider in the proceedings
3 admitted that not only -- it's only able to fill
4 50 percent of its beds due to staffing shortages.
5 Landmark went into detail on the record how it
6 attracts and retains needed staff, including
7 recruiting out-of -- out-of-state staff and
8 providing initiatives for individuals to move to
9 Connecticut to help work in the facilities and
10 service the population.

11 Landmark has a successful track record of
12 letting people know that it is available to treat
13 this population and getting the patients into the
14 treatment and offering the level of care that's
15 needed. Again, you know what we're referring to
16 when we refer to a Level 3.7 purposes of care for
17 the Connecticut population.

18 Landmark's proposed program will not
19 adversely impact utilization of existing
20 healthcare providers. The proposed decision
21 initially offered incorrectly states that there
22 will be an adverse impact on existing providers.
23 You can't merely rely on a query from DMHAS of
24 bed utilization on any given day. This is
25 severely misplaced in relying on that as a need

1 analysis. A snapshot of a number of available
2 beds in a given day is not indicative of lack of
3 need in Connecticut. It is not reflective of any
4 historical trend or average. It is not
5 reflective of existing facilities' ability to
6 fill their beds due to their own operational
7 deficiencies as well as not maintaining the
8 appropriate level of care that's needed.

9 It is clear from the record that other
10 facilities are operating at lower capacity
11 because of their inability to maintain staff and
12 not offering the requisite level of care.
13 Vacancies reflect these inefficiencies and a
14 failure of a broken system that is currently in
15 place. Moreover, State agencies like DMHAS
16 clearly recognize this, and the record reflects
17 that regulators have welcomed Landmark to discuss
18 how it can help. In fact, OHS asked Landmark if
19 it planned to work with DMHAS in the emergency
20 departments and the record reflects that it will
21 and it has already begun these discussions, all
22 with the relevant constituencies.

23 So we want to also point out that Landmark's
24 proposed project will not result in unnecessary
25 duplication of existing or approved healthcare

1 services. How can it? All state agencies have
2 gone and sought additional money from the federal
3 government to provide more treatment to
4 Connecticut residents.

5 OHS has determined that the proposed
6 facility will be duplicate. That is incorrect.
7 There -- with the waiver, more beds are needed to
8 be available to the Medicaid population. As
9 Landmark clearly established, patients who end up
10 in the emergency room or who die from overdoses
11 are lives that could have been saved with SUD
12 treatment.

13 Existing providers in the State regularly
14 rely on overdose data in emergency room visits to
15 establish need. These same statistics were used
16 to support additional beds by existing providers
17 and were approved by OHS. Landmark provided
18 evidence that OHS stated in its own state-wide
19 health plan that, "Persons with behavioral health
20 issues often access needed care through hospital
21 emergency departments and inpatient
22 hospitalizations, straining the resources of
23 hospitals that may not have appropriate
24 behavioral services to combat this crisis.

25 OHS incorrectly cited to the other providers

1 and open beds listed at a moment in time as
2 evidence that services would be duplicate. As
3 previously outlined, the number of open beds is
4 not indicative of a lack of need on account of
5 staff shortages or some of these facilities only
6 accepting single-sex individuals, and also, based
7 on the level of care offered at these facilities,
8 which many are not offering the level of
9 comprehensive care that's required for a
10 residential treatment. This is not reflective of
11 a trend or an average. It's really just a
12 warning sign that existing providers are not
13 meeting all of the current unmet need in
14 Connecticut, and again, there is a need for more
15 beds in Connecticut to treat the population.

16 OHS failed to acknowledge that vacancies are
17 a result of existing providers failing to meet
18 the highest level of care pursuant to the ASAM
19 criteria. That's the American Society of
20 Addiction Medicine.

21 Landmark's approach is that every single
22 provider in Connecticut should be working
23 together on this mission and encouraging people
24 to seek help they need. By denying the CON and
25 not allowing Landmark to come to Connecticut and

1 bring its established national provider
2 reputation with a proven record of successfully
3 treating SUD, and that OHS is, in effect,
4 perpetuating the failing status quo in the midst
5 of the SUD epidemic and one of the largest
6 healthcare crises to face Connecticut. Those are
7 words of Connecticut's agencies, not Landmark's.

8 Landmark's services are not duplicative.
9 There are innovative and desperately needed.
10 Landmark's commitment to the Medicaid population
11 is one that has never been seen in the state
12 before. Landmark has provided convincing and
13 compelling evidence that its patients benefit
14 from specific clinical protocols that it's
15 established.

16 Landmark provided evidence that its
17 protocols and outcomes data show there is an
18 enhanced clinical experience. Landmark is unique
19 among SUD providers and there is clear evidence
20 that Connecticut desperately needs this facility.

21 And while we've spent a lot of time noting
22 how Landmark meets all the statutory criteria, I
23 would be remiss if I didn't, again, detail and
24 reiterate some of the procedural errors and
25 irregularities with this application that really

1 resulted in an adverse impact on Landmark's
2 rights.

3 The procedural path has been inconsistent
4 and the statutory requirements have been
5 prejudiced to Landmark that you've cited. The
6 procedural errors have led to the unacceptable
7 result of allowing Intervenor all the rights and
8 benefits of a contested hearing while depriving
9 Landmark of such rights and benefits, and we'd
10 ask that you look at that on the record. We know
11 that this is an area ripe and in the midst of
12 judicial review, but again, Landmark was
13 prejudiced by the procedural errors that occurred
14 at OHS during this time. We're reserving all of
15 our rights with respect to that, including filing
16 an administrative appeal.

17 So I want to be respectful of the time
18 that's been afforded to us, and I want to thank
19 you today for this time, but we want to raise
20 that Landmark has demonstrated substantial public
21 and community support for the facility. The
22 application includes numerous letters that have
23 been submitted by local leaders. Just this
24 morning, Dr. Gifford, a joint letter of support
25 was provided by New London Mayor Passero, State

1 Senator Austin, State Representative McCarty,
2 State Representative Nolan, State Senator Somers,
3 State REpresentative Conley, and Eastern
4 Connecticut Chamber of Commerce president and
5 CEO, Tony Sheridan.

6 OHS's denial of Landmark's facility is not
7 aligned with the community or local leaders, all
8 of whom are behind this project. OHS's denial is
9 also inconsistent with other State agencies and
10 the significant work accomplished under your
11 leadership at DSS, Dr. Gifford.

12 We encourage OHS to, please, review the
13 record and correctly determine that Landmark's
14 facility will serve the residents of Connecticut
15 during this crisis. OHS has made this
16 determination on other CONs and Landmark should
17 be afforded the same application of law to the
18 facts. OHS must look at the reliable and
19 substantial evidence in the record, which
20 unequivocally favors the approval of Landmark's
21 application.

22 Landmark sub -- submitted compelling
23 documentation to establish and support the public
24 need in every statutory criteria that requires
25 that is a requirement of the CON. If you review

1 the completeness questions, the prefile
2 testimony, as well as all the testimony and
3 evidence proffered during this public hearing, in
4 addition to the documentation requested in the
5 late file, and the exceptions in legal brief that
6 we submitted to you, based on all this evidence
7 in the docket, Landmark meets the statutory
8 criteria. We implore OHS to permit Landmark to
9 come to Connecticut and provide SUD treatment and
10 care.

11 We respectfully request OHS issue a final
12 decision approving the CON, or please, at a
13 minimum, engage in discussions with Landmark for
14 an agreed settlement that addresses any concerns
15 that OHS has with the application. We are
16 confident we can meet any conditions or demands
17 that your office would like to see addressed by
18 you, Dr. Gifford, Attorney Casagrande, and all
19 the OHS analysts. Please, don't deny Landmark
20 the ability to engage in dialogue with you to
21 arrive at terms that meet all of your
22 expectations. Landmark stands ready, willing,
23 and able to meet the residents suffering from
24 substance abuse disorders in Connecticut, and in
25 particular, the Medicaid population.

1 And I want to thank you, Dr. Gifford, and
2 the entire OHS staff for your time this
3 afternoon. We know how committed you all are to
4 your work and we appreciate you, so thank you.

5 ATTORNEY GIFFORD: Thank you very much,
6 Attorney Volpe. Thanks to all of you for
7 attending today. I will issue a final decision
8 in accordance with Chapter 54 of the General
9 Statutes.

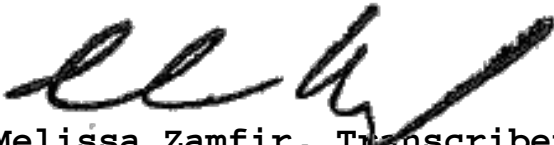
10 Thank you very much.

11 ATTORNEY VOLPE: Thank you.

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CERTIFICATE

I hereby certify that the foregoing 30 pages
are a complete and accurate transcription to the
best of my ability of the Oral Arguments in the matter of
Landmark Recovery Services, LLC.



Melissa Zamfir, Transcriber

Date: February 22nd, 2023