

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH STRATEGY

\_\_\_\_\_  
LIFT PATHWAYS TO RENEWAL, LLC (22-32602-CON) )  
\_\_\_\_\_)

Certificate of Need Application

EVIDENTIARY HEARING (9:30 a.m.)  
and  
PUBLIC COMMENT HEARING (3 p.m.)

HELD BEFORE: DANIEL CSUKA, ESQ.,  
THE HEARING OFFICER

DATE: May 24, 2023  
TIME: 9:31 A.M.  
PLACE: (Held Via Teleconference)

Reporter: Robert G. Dixon, N.P., CVR-M #857

1 APPEARANCES

2 REPRESENTING LIFT PATHWAYS TO RENEWAL, LLC (Applicant):

3 REID & RIEGE PC

4 755 Main Street, 21st floor

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6 By: Adam Carter Rose

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10 OHS Staff:

11 STEVEN LAZARUS,

12 CON Program Supervisor

13  
14 JESSICA RIVAL,

15 Healthcare Analyst

16  
17 YADIRA McLAUGHLIN,

18 Planning Analyst

19  
20 FAY FENTIS,

21 Case Manager

22

23

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25

1 (Begin: 9:31 a.m.)

2  
3 THE HEARING OFFICER: All right. Good morning,  
4 everyone. Thank you all for being here. I am  
5 going to start by departing a little bit from my  
6 usual instructions, because I think there is just  
7 something important that I need to clarify for the  
8 benefit of the public, and that is the name of the  
9 Applicant.

10 So counsel, I just wanted you to identify  
11 yourself for the record?

12 MR. ROSE: Adam Rose.

13 THE HEARING OFFICER: Thank you.

14 So prior submissions have at various times  
15 referred to the Applicant as being Lift Wellness  
16 Group, Mary Dobson or Dennis Dobson.

17 So OHS in turn has labeled certain documents  
18 with those names, but I understand from a letter  
19 you submitted a couple days ago that the name of  
20 the Applicant is in fact Lift Pathways to Renewal,  
21 LLC. Is that right?

22 MR. ROSE: That is correct.

23 THE HEARING OFFICER: Okay. Thank you. So now that we  
24 have that taken care of, I'm going to sort of jump  
25 back into my usual instructions, but I did think

1 that that was important to get out of the way for  
2 the benefit of the public.

3 So Lift Pathways to Renewal, LLC -- that's  
4 the applicant in this matter -- seeks a  
5 certificate of need for its proposed establishment  
6 of a new healthcare facility pursuant to  
7 Connecticut General Statutes, Section 19a-638, Sub  
8 A, Sub 1. Specifically, it seeks to add certain  
9 mental health services, specifically partial  
10 hospitalization and intensive outpatient  
11 programming -- that's PHP and IOP -- at its  
12 existing facility in Westport, Connecticut.

13 Today is May 24, 2023. My name is Daniel  
14 Csuka. Dr. Deidre S. Gifford, the Executive  
15 Director of the Office of Health Strategy  
16 designated me to serve as the Hearing Officer for  
17 this matter, to rule on all motions and to  
18 recommend findings of fact and conclusions of law  
19 upon completion of the hearing.

20 Public Act Number 21-2, as amended by Public  
21 Act Number 22-3, also authorizes an agency to hold  
22 a public hearing by means of electronic equipment.  
23 In accordance with this legislation, any person  
24 who participates orally in an electronic meeting  
25 shall make a good-faith effort to state his, her

1 or their name and title at the outset of each  
2 occasion that such person participates orally  
3 during an uninterrupted dialogue or series of  
4 questions and answers.

5 We ask that all members of the public mute  
6 the device that they are using to access the  
7 hearing, and silence any additional devices that  
8 are around them.

9 This public hearing is being held pursuant to  
10 Connecticut General Statutes, Section 19a-639a,  
11 Sub F, Sub 2. Although this does not constitute a  
12 contested case under the Uniform Administrative  
13 Procedure Act, the manner in which OHS conducts  
14 these proceedings will be guided by the UAPA  
15 provisions and the regulations of Connecticut  
16 state agencies.

17 I do have some OHS staff with me here today  
18 to assist in gathering facts related to this  
19 application, and we will be asking the applicant  
20 witnesses questions.

21 I'm going to ask each staff person assisting  
22 with questions today to identify themselves with  
23 their name, spelling of their last name, and OHS  
24 title. And I'm going to begin with Steve Lazarus.

25 MR. LAZARUS: Hi, good morning. Steven Lazarus,

1 L-a-z-a-r-u-s. I am the Certificate of Need  
2 Program Supervisor.

3 THE HEARING OFFICER: Thank you. Now, Jessica Rival.

4 MS. RIVAL: Good morning. Jessica Rival, R-i-v-a-l,  
5 and I'm a healthcare analyst with the Office of  
6 Health Strategy.

7 THE HEARING OFFICER: Thank you. And Ms. McLaughlin?

8 MS. McLAUGHLIN: Good morning, Yadira McLaughlin,  
9 M-c-L-a-u-g-h-l-i-n, and I'm a planning analyst  
10 with the Office of Health Strategy.

11 THE HEARING OFFICER: Also present, sort of in the  
12 background is Faye Fentis. That's spelled  
13 F-e-n-t-i-s. She's a paralegal with our agency.  
14 She will be assisting with the hearing logistics  
15 and will also gather the names for public comment  
16 later on.

17 The certificate of need process is a  
18 regulatory process, and as such, the highest level  
19 of respect will be accorded to the Applicant,  
20 members of the public, and our staff. Our  
21 priority is the integrity and transparency of this  
22 process. Accordingly, decorum must be maintained  
23 by all present during these proceedings.

24 This hearing is being transcribed and  
25 recorded, and the video will also be made

1 available on the OHS website and its YouTube  
2 account. All documents related to this hearing  
3 that have been or will be submitted to OHS are  
4 available for review through our certificate of  
5 need portal, which is accessible on the OHS CON  
6 webpage.

7 In making my decision I will consider and  
8 make written findings in accordance with Section  
9 19a-639 of the Connecticut General Statutes.

10 Lastly, as Zoom notified you in the course of  
11 entering this hearing, I wish to point out that by  
12 appearing on camera in this virtual hearing, you  
13 are consenting to being filmed. If you wish to  
14 revoke your consent, please do so by leaving the  
15 meeting at this time.

16 So the CON portal contains the pre-hearing  
17 table of record in this case. At the time of  
18 filing yesterday exhibits were identified in the  
19 table from Exhibit A to Q.

20 Mr. Lazarus, Ms. Rival, Ms. McLaughlin, and  
21 Ms. Fentis, do any of you have any additional  
22 exhibits that you wish to enter into the record at  
23 this time on behalf of the agency?

24 MS. RIVAL: I do not.

25 MR. LAZARUS: Not at this time.

1 MS. McLAUGHLIN: I do not.

2 THE HEARING OFFICER: Okay. And Ms. Fentis?

3 MS. FENTIS: I do not.

4 THE HEARING OFFICER: Okay. Thank you.

5 The Applicant is hereby noticed that I am  
6 taking administrative notice of the following  
7 documents; the statewide healthcare facilities and  
8 services plan, the facilities and services  
9 inventory, the OHS acute care hospital discharge  
10 database, the all-payer claims database claims  
11 data, and the hospital reporting system financial  
12 and utilization data.

13 I am also going to be taking administrative  
14 notice of the following dockets -- and Attorney  
15 Rose, if you need me to slow down just let me  
16 know.

17 22-32513-CON, that's actually an application  
18 that you asked me to take administrative notice  
19 of, I believe, in your response to the issue  
20 responses that's regarding Norwalk Hospital.

21 Docket Number 19-32305-CON, that's CT YA  
22 Services, doing business as Newport Academy. And  
23 that again was referenced in one of the  
24 Applicant's submissions, not by docket, but by  
25 name.



1           17-32197-CON, that is the application by  
2           Discovery Practice Management, d/b/a, Center for  
3           Discovery, Greenwich. And then, finally is  
4           15-32042-CON --

5   MR. ROSE: I'm sorry. Can you repeat that number  
6           again? 15-04?

7   THE HEARING OFFICER: 15-32042. That's Center for  
8           Discovery, Southport.

9           So, starting with the exhibits as they are  
10          identified in the table of record, and also all of  
11          those records that I just mentioned that I was  
12          taking administrative notice of, Attorney Rose, do  
13          you have any objections to any of those documents?

14   MR. ROSE: Well, if it's for our benefit, I don't need  
15          the agency to take administrative notices of all  
16          the dockets except for Norwalk Hospital. The  
17          other ones, if you need to in considering the  
18          application, take administrative notice then I  
19          won't object, but if it's for our benefit I would  
20          ask that those be removed.

21          And I think we would rather that you limit  
22          your review to the materials that we submitted,  
23          but then also include the pending application for  
24          Norwalk Hospital.

25   THE HEARING OFFICER: Okay. I think that given some of

1 the statements that were made in some of the  
2 submissions, that looking at those may actually be  
3 of some benefit to us.

4 MR. ROSE: Okay.

5 THE HEARING OFFICER: Just because there's some  
6 information in there in terms of what Newport  
7 Academy was expecting in terms of utilization and  
8 the types of services that they were planning to  
9 offer, and how those may interweave with what is  
10 being applied for here.

11 And yeah, my preference would just be to take  
12 administrative notice of those, and if we don't  
13 end up -- if I don't end up relying on them, then  
14 I won't end up relying on them, but I do think  
15 that some of the information in there could be  
16 helpful for this one.

17 MR. ROSE: Okay. Now, one other thing? Exhibit G has  
18 public comments, and you indicated that that  
19 exhibit will be updated as more public -- written  
20 public comments are received.

21 Currently, there have been some individuals  
22 who have sent us letters that we understood would  
23 have been submitted to the agency as comments, and  
24 we've tried to just sort of redirect them.

25 I have a question. If -- if we have letters

1 in our possession; A, if we continue to try to  
2 redirect individuals to submit them via email to  
3 the CONcomment@ct.gov, how much time do they have  
4 to do so?

5 And if for any reason we can't do that, can  
6 we submit those letters that we have in our  
7 possession that are directed to you as the Hearing  
8 Officer in this proceeding -- would we be able to  
9 upload them to the portal and have them either; A,  
10 be considered comments; or if not, B, letters of  
11 support?

12 **THE HEARING OFFICER:** So the way we have been doing  
13 this recently -- and for anyone else who happens  
14 to frequent these CON hearings, it's probably to  
15 their benefit to know this as well -- we've been  
16 separating out public comment that has been  
17 submitted prior to the hearing versus public  
18 comment that has been submitted after the hearing,  
19 or during the hearing.

20 So we will consider everything that is being  
21 submitted, and in this particular instance we're  
22 going to allow written public comment to be  
23 submitted up to seven days following the hearing.  
24 The only reason for separating it is because when  
25 I speak with counsel and I say, do you have any

1 objection to anything that's been put in the  
2 record? I want it to just be clear what has  
3 existed prior to the hearing and what is after the  
4 hearing. So yes, you can continue to submit  
5 things up to seven days following the adjournment  
6 of the hearing.

7 And the other thing that I wanted to ask you  
8 was, so are you saying that some of the comments  
9 that have been submitted either by you or your  
10 client haven't been added to that Exhibit G yet?

11 MR. ROSE: So there are letters that were shared with  
12 us where somebody says, here you go. Here's a  
13 letter directed to the Hearing Officer in the  
14 proceeding, and these are letters that are in  
15 support.

16 For a good number of them we've been able to  
17 get back to that individual and have them then  
18 resend directly to the agency, and they have made  
19 their way to Exhibit G. Some of them have not.

20 And so, these are busy people, honestly. You  
21 know, we are so grateful to the people that took  
22 the time to write these letters, and I just want  
23 to make sure that, you know, if somebody's  
24 schedule doesn't afford them even five minutes to  
25 pay attention, to email it to the CON, and it's in

1           our possession, whether we could just upload it to  
2           the portal ourselves?

3                    Because these are letters signed by them  
4           directed to you.

5   **THE HEARING OFFICER:**  You -- you can do that.  My  
6           suggestion, though, would be to forward those  
7           letters to CONcomment@CT.gov instead.

8   **MR. ROSE:**  Got it.

9   **THE HEARING OFFICER:**  Just so that we can organize them  
10          however we think we need to.  But yeah, anything  
11          submitted after right now will be considered up to  
12          seven days following the hearing.

13   **MR. ROSE:**  Much appreciated.

14   **THE HEARING OFFICER:**  So given that, all identified and  
15          marked exhibits are going to be entered as full  
16          exhibits at this time.

17  
18                    (Department Exhibit Letters A through Q,  
19           entered as full exhibits.)

20  
21   **THE HEARING OFFICER:**  Attorney Rose, do you have any  
22          additional exhibits that you wish to enter at this  
23          time?

24   **MR. ROSE:**  Not at this time.  Thank you.

25   **THE HEARING OFFICER:**  Okay.  Then we will proceed in

1 the order established in the agenda for today's  
2 hearing.

3 I would like to advise the Applicant that we  
4 may ask questions related to your application that  
5 you feel have already been addressed. We will do  
6 this for the purpose of ensuring that the public  
7 has knowledge about your proposal and for the  
8 purpose of clarification.

9 I want to reassure you that we have all  
10 reviewed your application, the completeness  
11 responses, and the pre-filed testimony, and we  
12 will do so again before issuing any decision in  
13 this matter.

14 As this hearing is being held virtually, we  
15 ask that all participants to the extent possible  
16 enable the use of video cameras when testifying or  
17 commenting during the proceedings. All  
18 participants should mute their devices and should  
19 disable their cameras when we go off the record or  
20 take a break.

21 Please be advised that although we will try  
22 to shut off the hearing recording during the  
23 breaks, it may continue. And even if the  
24 recording shuts off, the video and audio may still  
25 continue as well. If the recording is on, any

1 audio or video that has not been disabled will be  
2 accessible to the participants.

3 Public comment taken during the hearing will  
4 likely go in the order established by OHS during  
5 the registration process, and right now we have  
6 designated the hours of 2 p.m. to 3 p.m. as the  
7 public comment sign-up period. Although I may  
8 allow public officials to testify out of order,  
9 that will probably be the only ones who I allow to  
10 testify out of order today.

11 I or OHS staff will call each individual by  
12 name when it is his or her turn to speak.  
13 Registration for public comment, as I just  
14 mentioned, will be from 2 to 3 p.m. today. If the  
15 technical portion of this hearing has not been  
16 completed by 3 p.m., public comment may be  
17 postponed until the technical portion is complete.

18 Moreover, if we end the technical portion  
19 early, we cannot take comment earlier, given the  
20 way in which the hearings have been noticed. So  
21 there will be a break between the technical  
22 component and the public comment component.  
23 Regardless of when it is, the Applicant's  
24 witnesses should be available after the public  
25 comment, as OHS may have additional follow-up

1 questions based on the public comment itself.

2 Attorney Rose, are there any other  
3 housekeeping matters or procedural issues you  
4 wanted to address?

5 Or any questions you had at this time?

6 MR. ROSE: A couple notes about Dr. Dr. Alyssa Bennett,  
7 who will be testifying on behalf of the Applicant  
8 and has submitted pre-filed testimony. The first  
9 is that I've been warned that there may be times  
10 during the proceeding where she may breastfeed her  
11 baby and would like to turn off her camera, even  
12 if she's fielding a question. We don't expect  
13 that to line up time-wise.

14 And so in terms of just having her camera on,  
15 if you want us to defer a question if her camera  
16 is off and she's going to be the appropriate  
17 individual to answer a question, then you could  
18 either wait or she could just respond via audio  
19 only -- if that's acceptable?

20 THE HEARING OFFICER: That's acceptable. And I see her  
21 in the Zoom, and her name is very clearly there.

22 So if she is testifying, I think it will be  
23 pretty clear who's speaking. So that's fine, even  
24 if her video is off.

25 MR. ROSE: Yeah, thank you for that. And also,



1 Dr. Bennett has, as you can imagine, she has a  
2 pretty packed clinical schedule, and we appreciate  
3 that she's taking the time.

4 And I've advised her that she needs to be  
5 here for the technical portion of this, and I'm  
6 confident that the rest of the Applicant's staff  
7 will be able to field any questions should they  
8 arise after the public commentary.

9 So I just wanted to clarify whether it would  
10 be acceptable if Dr. Bennett not have to hang  
11 around and field any questions after public  
12 commentary?

13 THE HEARING OFFICER: Yeah, that's totally fine with  
14 me.

15 MR. ROSE: Thank you.

16 THE HEARING OFFICER: All right, so we're going to move  
17 on to the technical component now. Counsel, do  
18 you wish to make an opening statement?

19 MR. ROSE: So I'm going to try to make this brief,  
20 because you're going to find that Mary Dobson is  
21 incredibly passionate about this project.

22 And it's almost comical trying to work with  
23 her on her opening statements in this, because  
24 there's so much that she wants to say and I have  
25 to explain to her that the purpose of the

1 proceeding is to make sure that there's enough  
2 information submitted to the agency to satisfy the  
3 statutory criteria so that we may responsibly  
4 obtain approval to move forward.

5 And that's something where I, in coming into  
6 this application, I review the application. I  
7 work with the Applicant. And one of the first  
8 things that strikes me in this particular instance  
9 is that the clear public need for additional  
10 mental health services, specifically at the IOP  
11 and PHP level is extraordinary.

12 And I am saying that from my observation of  
13 the statistical data that has been compiled and  
14 submitted to the agency. I also note that there's  
15 been a lot of diligence, particularly in response  
16 to the hearing issues, of analyzing the providers  
17 that exist to service that need, and more  
18 specifically, the lack of providers to service  
19 that need.

20 So in my estimation there's a dire need for  
21 this proposal, and then the fact that it's grown  
22 organically out of an existing practice that's run  
23 by the clinician who's actually sitting down with  
24 the patients and understanding the needs and  
25 feeling the frustrations of trying to move beyond

1 a group practice setting to find IOP and PHP care  
2 for these individuals, and facing the exact  
3 challenges.

4 So from that perspective, I hope that there  
5 is an appreciation that this is a special  
6 application where you're not looking at, you know,  
7 a national chain or any other type of entity  
8 setting that, you know, is just looking to profit.

9 Because ordinarily I represent non-profit  
10 behavioral health providers by and large, and I  
11 appreciate that there are exemptions to the  
12 certificate and need process for those non-profit  
13 entities, particularly those with the state  
14 contract supported by DMHAS. But this particular  
15 applicant, while being for-profit, is really a  
16 passion project of an individual clinician.

17 So this is not in, you know, an institutional  
18 entity looking to enter the State. This is an  
19 individual who you'll see from the pre-filed  
20 testimony began her journey with actually  
21 suffering from the type of ailment that she  
22 currently helps other people overcome.

23 So as I said, you're going to see a lot of  
24 passion, but I hope that you also understand that  
25 that passion does not get in the way of Mary

1 Dobson's current practice that she runs with her  
2 husband, which is incredibly successful. And I  
3 think you'll see from the public letters of  
4 support, I mean, she is so plugged in and  
5 everybody appreciates what they do. They are  
6 financially responsible, and they are coordinated  
7 with other providers as shown by that support.

8 So I think in terms of the State feeling like  
9 there is a need for these services to alleviate  
10 pressure on inpatient facilities and residential  
11 facilities, and be able to have a safe place to  
12 step down patients, reduce cost of care, increase  
13 quality and comfort for patients. I mean, this --  
14 this couldn't be a better setting and application.

15 So what I'd like to do today is keep my  
16 client focused as much as possible on answering  
17 your questions, to be able to laser in on giving  
18 you whatever information you as the agency feel is  
19 necessary to responsibly approve the application.

20 And with that, I'll turn it over to Mary.

21 MARY DOBSON: Thank you, Adam.

22 THE HEARING OFFICER: Before we start with you,

23 Ms. Dobson, I do need to swear you in.

24 And Attorney Rose, so you have Ms. Dobson.

25 You have Dr. Bennett.

1           Are there any other individuals you plan to  
2           have provide testimony today?

3 **MR. ROSE:** Yes, I do. So the Applicant currently  
4           utilizes an external consultant to help with this  
5           project. And while we didn't need him to provide  
6           affirmative testimony, he is an individual that  
7           may be necessary at times to help us respond to  
8           questions related to the application. His name is  
9           Tim Davis -- and he's waving.

10           And in addition, if necessary, Dennis Dobson  
11           is here in the room with Mary and I currently, and  
12           he will serve in the same capacity that if there  
13           is a question that we feel pertains to the  
14           application, not any testimony, that he would be  
15           appropriate to answer, we'd like him to be able to  
16           do so.

17           And so if you want those individuals to get  
18           sworn in -- I'm going to zoom out.

19           Oops. I'm going to try to zoom out.

20           There's Dennis.

21 **THE HEARING OFFICER:** So since you two, Mr. and  
22           Ms. Dobson are in the same room, I'm just going to  
23           swear you in at the same time.

24           And then if Dr. Bennett or Mr. Davis need to  
25           provide testimony at any point, I'll swear them in

1           separately since they're in different locations.

2       M A R Y       D O B S O N,

3       D E N N I S       D O B S O N,

4           called as witnesses, being first duly sworn by the  
5       THE HEARING OFFICER, were examined and testified  
6       under oath as follows:

7  
8       THE HEARING OFFICER:   Okay.   Thank you.

9           So Ms. Dobson, I understand you were planning  
10       to make some preliminary comments.   Do you adopt  
11       your pre-filed testimony?

12       THE WITNESS (M. Dobson):   I do.

13       THE HEARING OFFICER:   Okay.

14           And you can begin whenever you're ready now.

15       THE WITNESS (M. Dobson):   Okay.   Thank you, Daniel.

16           Thank you, everyone, for -- for being here  
17       today.   And I just want to start by saying I'm  
18       tremendously honored and humbled to appear before  
19       you today to personally present my application for  
20       the certificate of need.

21           Shall I start my pre-file?

22       MR. ROSE:   Oh, I'm sorry.   You wanted your pre-file.

23           Dennis?

24       THE WITNESS (D. Dobson):   Yes.

25       MR. ROSE:   Can you pass me the piece of paper that's

1           underneath that paper, the written opening  
2           statement that Mary wrote -- oh, no. You just  
3           have to say I hereby adopt my pre-filed exhibit.

4 THE WITNESS (M. Dobson): Oh, okay.

5 MR. ROSE: And then this whole thing that you submitted  
6           is done. And then --

7 THE WITNESS (M. Dobson): Oh, I don't read it.

8 MR. ROSE: That's correct.

9           You don't have to read the whole thing.

10 THE WITNESS (M. Dobson): Okay.

11 MR. ROSE: You just say, I hereby adopt it.

12 THE WITNESS (M. Dobson): Oh, okay.

13 MR. ROSE: And then you can give any other statements  
14           that you have prepared to be able to summarize  
15           what's in the application and why you think it  
16           should be approved.

17 THE WITNESS (M. Dobson): Okay. I read the whole  
18           thing.

19           Okay. So just to introduce myself, my name  
20           is Mary Dobson. I'm a licensed marital and family  
21           therapist here in Connecticut. I've been in  
22           practice for about 15 years. And I'm also a  
23           certified eating disorder specialist. I have a  
24           practice called Lift Wellness Group, which is a  
25           community counseling practice local to my area.

1           And what I'm here to talk about today is  
2           improving community access to care by offering  
3           quality and accessible intensive outpatient and  
4           partial hospitalization services for individuals  
5           in the state through the introduction of my new  
6           organization, Lift Pathways to Renewal. I'm here  
7           on behalf of my clients. I'm here on behalf of  
8           the area clinicians that I work with every day,  
9           and I represent them today when I ask for this  
10          application to be approved.

11           I am a working clinician within my company.  
12          I see around 20 clients a week, in addition to  
13          overseeing leadership and aspects of programming  
14          at -- at Lift Wellness Group. And I believe that  
15          the addition of IOP/PHP services that we propose  
16          today will be a cost-saving measure for the State,  
17          and also bring a tremendous amount of value to the  
18          area providers who are strained in working with  
19          these acute cases, and also be appreciated by the  
20          local community.

21           And I'm very thankful for all the letters of  
22          support that have been submitted to the State, and  
23          I believe that there are more of those to come.

24           So thank you very much for being here, and I  
25          appreciate your time.



1 THE HEARING OFFICER: Thank you, Ms. Dobson.

2 Attorney Rose, did you have anyone else who  
3 you wanted to make some preliminary statements?

4 MR. ROSE: Yes. So Dr. Bennett is going to make a  
5 preliminary statement.

6 And then to reiterate, Dr. Bennett, you need  
7 only say, I hereby adopt my pre-filed testimony.  
8 Okay.

9 DR. ALYSSA S. BENNETT: Good morning, everyone. My  
10 name is Dr. Alyssa Bennett. I'm an adolescent  
11 medicine physician at Connecticut Children's. I  
12 hereby adopt my pre-filed testimony.

13 I'm here today really to answer any questions  
14 you have in my capacity as the designated medical  
15 director of Lift Pathways to Renewal, LLC. As  
16 we've discussed already, there we feel there is an  
17 urgent need for additional mental health and  
18 eating disorder treatment for teens and young  
19 adults in Connecticut, and I urge you to approve  
20 this application to help improve access to such  
21 care.

22 And again, thank you all for having me today.

23 THE HEARING OFFICER: Thank you, Doctor.

24 Attorney Rose, anyone else?

25 MR. ROSE: No, that would be it.

1 THE HEARING OFFICER: Okay. So we're going to keep  
2 moving forward. And we're going to move on to the  
3 question by OHS staff. So let's see.

4 Before we do that, though, I did just have  
5 one question that I wanted to ask. And I may  
6 interject here and there with my own questions.  
7 We just try to have this be as organic a process  
8 as possible. So if I need further clarification  
9 on something, then I'll jump in.

10 At some point in your application, it just  
11 says Lift Wellness has been operating in Westport  
12 since 2009. Has it actually been in operation  
13 since 2009?

14 THE WITNESS (M. Dobson): Thank you for that question.

15 I -- I noticed that in review of the application  
16 last night, the Lift Wellness group has been in  
17 operation since 2009, but it was previously not in  
18 Westport.

19 We have been in our Westport location since  
20 2020, 2021. Yeah, so that was a misprint.

21 It should have been 2021 in Westport.

22 MR. ROSE: In Westport.

23 THE WITNESS (M. Dobson): In Westport.

24 THE WITNESS (D. Dobson): We serve Westport.

25 MR. ROSE: I think --

1 THE WITNESS (M. Dobson): So to simplify, I want to  
2 clarify the question. So you simply -- your  
3 question doesn't pertain to geography. You just  
4 want to know, has Lift Wellness Group been  
5 providing services since 2009?

6 THE HEARING OFFICER: Correct.

7 THE WITNESS (M. Dobson): Yes.

8 THE WITNESS (D. Dobson): Yes.

9 THE HEARING OFFICER: So the reason I ask that is, in  
10 trying to sort out the corporate structure and the  
11 corporate names, I did a Connecticut Business  
12 Search. And Lift, according to Connecticut  
13 Business Search, has existed since January of  
14 2017.

15 So I'm just trying to get some clarification  
16 on the 2009 and 2017 differentiation.

17 THE WITNESS (M. Dobson): The Woodland Psychotherapy  
18 Group was the original name of Lift Wellness  
19 Group. We deviated as Lift Wellness Group, and  
20 then we eventually changed our name to Lift  
21 Wellness Group.

22 So the original name of my practice --  
23 initially it was just me. I was a sole provider.  
24 So I was a sole provider, and then we established  
25 ourselves as Woodland Psychotherapy Group. And

1           then, then changed our name to Lift Wellness Group  
2           when we re-branded our -- our marketing materials.

3   **THE HEARING OFFICER:**   Okay.

4   **THE WITNESS (M. Dobson):**   So they're back a few.

5   **THE HEARING OFFICER:**   That helps me.   Thank you.   So  
6           that's the only preliminary question I have.

7           I'm going to now turn it over to Jess,  
8           Yadira, and Steve to ask you some questions.   So  
9           Ms. Rival, Ms. McLaughlin, I don't know who's  
10          starting, but whenever you're ready.

11 **MS. RIVAL:**   Good morning.

12       **BY MS. RIVAL:**

13       Q.   (Rival) Could you please describe the current  
14           services offered by Lift, and the need for  
15           these services in the primary service area?

16       A.   (Dobson) Yes.   So Lift Wellness Group is an  
17           outpatient community mental health practice,  
18           and we treat the full range of mood disorders  
19           and community mental health.

20           Lift Pathways to Renewal, the Applicant,  
21           is intended to be an intensive outpatient and  
22           partial hospitalization program which treats  
23           mood, anxiety, and eating disorders.

24       Q.   (Rival) Okay.   Can you describe how expansion  
25           into IOP and PHP services will benefit the

1 identified population?

2 A. (Dobson) Yes. I have been working in  
3 Westport, overseeing my practice, Lift  
4 Wellness Group, in addition to working in the  
5 field of eating disorders for some time, and  
6 in mental health in Connecticut for some  
7 time.

8 Our current population at Lift Wellness  
9 Group frequently is too acute for our  
10 outpatient facility. And when we have  
11 clients who are no longer a fit for our level  
12 of care and we wish to refer them, we have  
13 issues finding quality, accepting, IOP/PHP  
14 services that are relevant to the services  
15 that they are -- for the diagnoses that  
16 they're looking to treat.

17 And this has been an issue for our  
18 practice. We internally have clients who  
19 require a higher level of care that we cannot  
20 accommodate. We also get a lot of calls or  
21 referrals that, you know, when we do an  
22 admissions conversation, we learn that they  
23 are -- they are needing a higher level of  
24 care, and they're not able to be  
25 accommodated.

1                   So that's the -- those are -- that's  
2                   the -- the data that I speak from.

3 MS. RIVAL: Thank you.

4 MR. LAZARUS: If I can just do a quick follow up on  
5 that? This is Steve Lazarus.

6 BY MR. LAZARUS:

7 Q. (Lazarus) So where are you referring the  
8 patients, or where are they receiving their  
9 services currently?

10 A. (M. Dobson) So we have -- well, I guess  
11 there's two separate questions there. Right?

12 Q. (Lazarus) Uh-huh.

13 A. (M. Dobson) So where are we referring our  
14 patients? Our patients, what we often will  
15 do because we treat eating disorders and mood  
16 disorders, and when we have an internal  
17 client who requires a higher level of care,  
18 the family will often request that, you know,  
19 we flex our services and offer an additional  
20 individual session a week or an additional  
21 family therapy session a week, as opposed to  
22 utilizing the existing options that are  
23 present in Connecticut at this time, mostly  
24 due to clinical relevance and milieu,  
25 appropriateness of fit.

1                   And also continuity of care with their  
2                   existing treatment team, because we have  
3                   relationships with clients that there's a  
4                   disruption in care when there's a referral to  
5                   a higher level of care, and then another  
6                   disruption when they're stepping back down.

7                   Q.   (Lazarus) And what percentage of your patient  
8                   population typically uses that avenue?

9                   A.   (M. Dobson) We've estimated around 30 percent  
10                  of our current patient population has  
11                  requested additional services with our  
12                  existing treatment team.

13                  Q.   (Lazarus) And does that satisfy the patient's  
14                  need for -- that typically would receive at a  
15                  IOP or PHP?

16                  A.   (M. Dobson) It -- it doesn't. It -- it  
17                  doesn't satisfy. It's -- it's well --  
18                  IOP/PHP programs can be very focused on group  
19                  work, but also provide a supervisory  
20                  component, and that that's good structure.

21                               The clinical satisfaction is -- is met  
22                               sometimes by having additional clinical  
23                               services, but the supervisory structure and  
24                               the ability to scaffold the family by having  
25                               a place where the family is able to bring the

1 child or -- or to go and to have  
2 uninterrupted supervision and support, that's  
3 not able to happen.

4 And so that's a missing component  
5 from -- we're able to accommodate clinically  
6 somewhat the -- the need, but it's not --  
7 it's not sufficient in the way of supervision  
8 and scaffolding that a day program provides.

9 And also, it's -- it's cost prohibitive,  
10 and that's the primary purpose for my request  
11 for IOP/PHP licensure, is to be able to  
12 become credentialed with insurance so it's  
13 not cost prohibitive.

14 MR. LAZARUS: Thank you.

15 BY MS. RIVAL:

16 Q. (Rival) Exhibit A, page 44, table 11 shows  
17 that the Center for Discovery in Southport is  
18 closed. However, the website still shows  
19 that the center is operational.

20 Can you explain this?

21 A. (M. Dobson) The Center for Discovery in  
22 Southport was shuttered for a period of time.  
23 I believe it was shuttered while we wrote the  
24 application and submitted it in November.

25 And I --



1 MR. ROSE: I'm sorry. I was looking for the page.

2 And in the application, it was indicated  
3 that -- all right. Well, tell me what you know.

4 THE WITNESS (M. Dobson): Yeah.

5 MR. ROSE: She's saying it is closing. I don't --

6 THE WITNESS (M. Dobson): I have it on good authority  
7 that it is closing. It hasn't -- I don't believe  
8 it's been made public yet.

9 MR. ROSE: Oh, well. We've made it public in our  
10 application.

11 THE WITNESS (M. Dobson): Well, it was shuttered, but  
12 now it's actually --

13 MR. ROSE: Oh, okay. But -- all right.

14 THE WITNESS (M. Dobson): It -- it hasn't been  
15 performing well, and they've been doing virtual  
16 services as opposed to in-person.

17 BY MS. RIVAL:

18 Q. (Rival) Okay. So just to clarify, they  
19 shuttered their services for a period of time  
20 while you were writing the application. They  
21 have since reinstated services -- it sounds  
22 like virtual services.

23 But they are still planning to close.

24 Is that correct?

25 A. (M. Dobson) The -- the therapeutic

1 community -- is -- is has been informed that  
2 there's -- it appears as though they are  
3 closing.

4 Q. (Rival) Okay.

5 A. (M. Dobson) But that's their announcement to  
6 make.

7 MS. RIVAL: Understood. Can you --

8 MR. ROSE: Can I interject? Oh, sorry. I'm sorry to  
9 interrupt you. I just want to get clarity on how  
10 to refer to the page numbers. I was having  
11 difficulty because there's a page number at the  
12 lower left that shows, like, a tiny page number.  
13 And then there's a page number at the lower right  
14 that's a much different number.

15 I've been going on the lower left numbers  
16 and -- but when I refer to page 44 of Exhibit A,  
17 I'm looking at an affidavit.

18 TIM DAVIS: May I jump in?

19 THE HEARING OFFICER: I'm pulling it up right now.

20 TIM DAVIS: Adam, it's on page 30 on the lower left.

21 MR. ROSE: Thirty, lower left. Okay. So, we are using  
22 the lower left page numbers just so we're  
23 coordinating -- so we're flipping around. Got it.

24 MS. RIVAL: Okay.

25 MR. ROSE: Thank you. Sorry to interrupt.

1 MS. RIVAL: No problem.

2 BY MS. RIVAL:

3 Q. (Rival) Can you describe what intensive  
4 outpatient psychiatric services and partial  
5 hospital services would look like and compare  
6 them with the current services at Lift?

7 A. (M. Dobson) Yes. So, Lift does not offer  
8 intensive outpatient partial hospitalization  
9 services. We are an outpatient practice.

10 We, as I mentioned, sometimes will add  
11 in additional outpatient therapy sessions for  
12 a client who is dealing with high acuity.  
13 And what -- what I propose to do with Lift  
14 Pathways to Renewal is a traditional IOP/PHP  
15 program.

16 We have several licenses that we're  
17 pursuing, 10 to 18 and 18 plus. We also have  
18 been in conversation with DCF regarding DCF  
19 licensure for 10 to 18. We'll be pursuing  
20 that as well. So we -- we plan to pursue all  
21 of the appropriate regulatory standards for  
22 IOP/PHP for the higher level of care.

23 Q. (Rival) Could you explain exactly what PHP  
24 and IOP services are?

25 A. (M. Dobson) Yeah.

1 Q. (Rival) And what the difference is between  
2 them?

3 A. (M. Dobson) Yeah. So, IOP services for mood  
4 and anxiety and for eating disorders  
5 constitute three to four days per week, three  
6 to four hours at a time, two groups, two to  
7 three groups per day, partial  
8 hospitalization, four to five groups per day.

9 And the IOP level of care for what we're  
10 proposing in Lift Pathways to Renewal would  
11 be one to two individual sessions per week,  
12 one to two family sessions per week, one  
13 to -- one to two nutrition sessions per week,  
14 medical monitoring, psychiatric care.

15 I mentioned group therapy.

16 And so, the IOP/PHP is -- is largely  
17 defined by the amount of hours that someone  
18 spends at the facility.

19 Q. (Rival) Thank you. Will there be more than  
20 one IOP or PHP program?

21 A. (M. Dobson) Right now, we're just looking at  
22 licensing Lift Pathways to Renewal, which  
23 will be in our existing space in Westport.

24 Q. (Rival) Uh-huh?

25 A. (M. Dobson) We operate out of a historic home

1 building called Richard's House. It's on the  
2 main road in Westport on Myrtle Avenue.  
3 It's -- it's, you know, a home that was --  
4 actually used to be a school for boys, and  
5 we've renovated it.

6 And the second floor is where Lift  
7 Wellness Group is. We have access to the  
8 first floor as well. I'm getting into a  
9 triple net lease on the building with -- with  
10 the building owner. And so our plan is to  
11 complete renovations on the first floor and  
12 to have the first floor be the location for  
13 our IOP/PHP program.

14 MR. ROSE: Is there going to be different programs for  
15 adults and children?

16 THE WITNESS (M. Dobson): There are two. Yes, that  
17 we're pursuing the IOP. I think it's -- it's, you  
18 know, it's in the application, but we're pursuing  
19 the -- the licensure for -- for children 10 to 18,  
20 and then we're also pursuing licensure for adults  
21 18 plus for IOP and partial.

22 BY MS. RIVAL:

23 Q. (Rival) And are there any plans at this time  
24 to expand the services?

25 A. (M. Dobson) At this stage, my focus is on

1 making Lift Pathways to Renewal the best that  
2 it can be. And utilizing the team that we  
3 have, myself and some of the folks that are  
4 sort of passionate parts of my existing  
5 outpatient program, my leadership team, who  
6 share my passion for starting IOP/PHP level  
7 of care.

8 MR. ROSE: So when she has a question that can be  
9 answered yes or no, if you take a moment -- and  
10 then if the answer is no, we're not going to  
11 expand it.

12 THE WITNESS (M. Dobson): Right.

13 MR. ROSE: Then you can leave it there.

14 THE WITNESS (M. Dobson): Yeah.

15 MR. ROSE: So just to make sure she gets her answer  
16 when it's a yes or no question.

17 THE WITNESS (M. Dobson): Oh, I see.

18 MR. ROSE: If you just say, are you planning on  
19 expanding further beyond IOP/PHP? If the answer  
20 is no, just go ahead and give her a no.

21 THE WITNESS (M. Dobson): Yeah, I would love to if --  
22 if the -- our primary location is -- is worthy of  
23 replicating.

24 MS. RIVAL: Okay. Thank you.

25

1 BY MS. RIVAL:

2 Q. (Rival) Exhibit A, page 10, reads, Lift has  
3 begun providing longer programming group  
4 therapy in multi-hour sessions during the day  
5 for acute clients in need. However, these  
6 clients need true IOP or PHP programming and  
7 would also benefit from a licensed program  
8 that could accept payment from commercial  
9 insurance or Medicare -- Medicaid programs,  
10 excuse me, not just cash pay.

11 Just to clarify, are patients currently  
12 paying out of pocket when they get those  
13 extended treatment services?

14 A. (M. Dobson) Correct. Yes. Yeah, we are --  
15 we are a self-pay practice. We are a  
16 self-pay outpatient practice. And we -- if  
17 we are going to pursue licensure for IOP/PHP,  
18 we wish to make it accessible for families to  
19 be able to utilize.

20 And so it -- it will be absolutely  
21 necessary to be in network with all of the  
22 insurances.

23 Q. (Rival) So that's your plan, is to become in  
24 network with Connecticut's main insurers?

25 A. (M. Dobson) Yes.

1 Q. (Rival) Okay. Yes. Thank you. How are  
2 patients going to be notified of the new  
3 outpatient treatment programs that will be  
4 available?

5 A. (M. Dobson) We have a newsletter, which we  
6 utilize to update current and former clients  
7 of any new information. We would also  
8 utilize local marketing. And I have very  
9 strong relationships with all of the area  
10 pediatricians, physicians, psychiatrists.

11 And so those folks have already  
12 expressed the strong need for a higher level  
13 of care, specifically provided by my team  
14 which has been deemed, you know, a pretty  
15 exceptional team.

16 And -- and so they've expressed their  
17 support and their encouragement to pursue  
18 this licensure, and that they would refer.

19 MS. RIVAL: Okay.

20 THE HEARING OFFICER: Do you expect there to be any  
21 outreach to some of the local hospitals, Norwalk  
22 Hospital, Bridgeport, St. Vincent's?

23 THE WITNESS (M. Dobson): Absolutely. Yeah,  
24 relationships with those hospitals will be  
25 critical because we will be accepting step-down



1 clients.

2 BY MS. RIVAL:

3 Q. (Rival) Page 5 of Exhibit I states that we  
4 estimate that Lift turns away four to six  
5 clients a week in need of more acute care  
6 than they're able to provide.

7 What are these?

8 Well, you explained the patients are  
9 currently receiving extended services through  
10 you even though that's not sufficient, but do  
11 you keep a record of these requests for  
12 services for something that would be equal to  
13 IOP or PHP?

14 A. (M. Dobson) Not really, no.

15 Q. (Rival) Do you have any estimates on about  
16 how many people you have to turn away for  
17 services because you don't have the  
18 appropriate service for them, the appropriate  
19 level of care?

20 A. (M. Dobson) I think it would be hard to  
21 answer that question with a numeric. It's --  
22 anecdotally, it's the weekly we have people  
23 that we have to turn away. It's variable,  
24 but it's -- it's a consistent theme.

25 Q. (Rival) Okay. Exhibit A, page 18 states that

1 we will look at contracting with Medicaid and  
2 becoming an in-network provider.

3 Has or will Lift committed to becoming a  
4 Medicaid provider?

5 A. (M. Dobson) Lift is to renewal. We'll be  
6 pursuing credentialing with all the  
7 insurances, including Medicaid.

8 THE HEARING OFFICER: So I have a follow up on that.

9 And Ms. Rival, you may ask -- or you may have been  
10 planning to ask this anyway, but there's a  
11 difference between becoming a provider for  
12 Medicaid and actually servicing the Medicaid  
13 populations.

14 So is Lift able to commit to a certain  
15 percentage of its IOP or PHP patients being  
16 Medicaid patients?

17 THE WITNESS (M. Dobson): I would imagine so, yeah.

18 Lift's pathways to renewal will -- will -- would  
19 be able to commit to taking a certain percentage  
20 of Medicaid patients, yeah.

21 THE HEARING OFFICER: And this sort of relates to a  
22 question that was asked earlier in terms of  
23 outreach. What sort of efforts will be made to  
24 ensure that you try to service the Medicaid  
25 populations as best as possible in your area?

1 THE WITNESS (M. Dobson): I would imagine having the  
2 information clearly stated on the website, putting  
3 a newsletter, you know, announcement out.

4 We also have tremendous collaboration with  
5 the area physicians and pediatricians who treat a  
6 number of Medicaid patients within their  
7 population. So they would definitely be referring  
8 those patients our way.

9 THE HEARING OFFICER: Okay. Thank you.

10 BY MS. RIVAL:

11 Q. (Rival) Exhibit A, page 18, states that  
12 Lift's charity care policy will, A, provide  
13 free care for two individuals per year from  
14 local and underprivileged communities; and B,  
15 provide a 20 percent discount on the standard  
16 hourly fee for IOP and PHP individuals who  
17 are 50 percent below the medic the median  
18 income of Westport.

19 How many patients have utilized the  
20 charity care policy in the last three years?

21 A. (Rival) So we, we take two per -- I believe  
22 it's two per quarter at -- you're referring  
23 to Lift Wellness Group?

24 Q. (Rival) Yeah.

25 A. (M. Dobson) so that's -- that would just be a

1 calculation. It's -- it's always utilized.  
2 So two, two per quarter per year.

3 Q. (Rival) Per quarter, as opposed to per year?

4 A. (M. Dobson) I -- I believe it's per quarter.  
5 Yeah. Yeah. It's -- and it's on our  
6 website, so.

7 Q. (Rival) Okay. Have any patients ever been  
8 denied services due to their inability to  
9 pay? And if so, how many?

10 A. (M. Dobson) Well, we've never denied a  
11 patient services but I -- I'm sure that there  
12 have been. Patients who didn't find us to be  
13 the right fit for them because of cost. And  
14 that's one of the reasons why we're seeking  
15 to open an in-network program.

16 Q. (Rival) Uh-huh. And is there an appeal  
17 process when it comes to your charity care  
18 policy?

19 A. (M. Dobson) We don't have an existing appeal  
20 process, but we've never needed to utilize  
21 it.

22 MS. RIVAL: Okay. Thank you. That concludes my  
23 questions. Yadira?

24 THE HEARING OFFICER: I wanted to do another followup  
25 on that. I recall reading that you offer

1 scholarship treatments at some point to indigent  
2 populations -- actually, you know what?

3 Nevermind. I feel like your answers and the  
4 submissions have offered enough clarity on that.

5 So Ms. McLaughlin, you can ask your question.

6 MS. McLAUGHLIN: Okay. Thank you. Good morning again.

7 What is the average daily cost of treatment  
8 for a client in the IOP program? And then just so  
9 you know, I'm also going to ask the same question  
10 for the PHP program.

11 So what is the average daily cost of  
12 treatment for clients in the IOP program, and in  
13 the PHP program?

14 TIM DAVIS: May I take this one, ma'am?

15 This is Tim Davis.

16 MS. McLAUGHLIN: Sure, yes.

17 TIM DAVIS: Sure.

18 THE HEARING OFFICER: Well, before you start,

19 Mr. Davis, since you are going to be testifying, I  
20 do need to swear you in.

21 TIM DAVIS: Of course.

22 T I M D A V I S,

23 called as witnesses, being first duly sworn by the  
24 THE HEARING OFFICER, were examined and testified  
25 under oath as follows:

1 THE HEARING OFFICER: All right. Thank you, Mr. Davis.  
2 You can proceed.

3 THE WITNESS (Davis): Yeah. So for the projections in  
4 the materials we've submitted, we estimated \$125  
5 an hour per both IOP and PHP. The difference  
6 being IOP is three hours a day, for about three  
7 days a week -- it can go up to five. And PHP goes  
8 four to six hours a day, normally five days a  
9 week. So that \$125 an hour was kind of the base  
10 estimate that we used to build all of those  
11 financial metrics.

12 A little bit more color; insurance, it's a  
13 little bit more wide ranging, but that's the cost  
14 to the insurer more than the family in terms of  
15 what they actually pay reimbursement.

16 MS. McLAUGHLIN: Okay. Thank you.

17 BY MS. McLAUGHLIN:

18 Q. (McLaughlin) And please discuss your  
19 responses to OHS's tables three and four on  
20 page 19 of Exhibit A, the application.

21 So we're looking at page 19 of Exhibit  
22 A.

23 A. (Davis) Gotcha. And these are the average  
24 costs per self-pay patient and for  
25 commercially insured patients?

1 Q. (McLaughlin) Correct.

2 A. (Davis) Okay. Yeah, and again, we -- so we  
3 use the same estimates and these numbers  
4 were, you know, for the projection for the  
5 year. These were done in November, not  
6 knowing when we might be able to open. So  
7 these we've updated a little bit in some of  
8 the new materials.

9 But again, we use the 125 an hour per  
10 self-pay patient. That would be for three  
11 hours of IOP, or four to six hours per day of  
12 PHP.

13 For a commercially insured patient,  
14 again, we use the same estimate because it's  
15 a pretty good median range for what insurance  
16 reimbursement is for those levels of care.

17 Q. (McLaughlin) And describe the referral  
18 process -- thank you, Tim. Describe the  
19 referral process for the two new services.

20 How will patients be appropriate for  
21 these services -- how will patients  
22 appropriate for these services access care?

23 A. (M. Dobson) So we have a very strong referral  
24 base in the community at Lift Wellness Group,  
25 the outpatient practice, given that we are

1 opening an insurance-based -- or we seek to  
2 open an insurance-based IOP/PHP program with  
3 Pathways to Renewal.

4 The referral streams that we have will  
5 likely remain consistent, accessibility will  
6 just increase.

7 Q. (McLaughlin) Okay. Thank you. And does Lift  
8 have any referral agreements with local  
9 hospitals, any other local providers for IOP  
10 and PHP levels of care?

11 A. (M. Dobson) When you say, referral  
12 agreements, what does that mean?

13 Q. (McLaughlin) So have you pretty much cemented  
14 any agreements or anything with any hospitals  
15 once they discharge a patient? Do you have  
16 anything in writing that they will agree  
17 to --

18 A. (Davis) May I take -- may I take that one  
19 again?

20 Q. (McLaughlin) Yes.

21 A. (Davis) The hospitals can't sign anything in  
22 writing until we're a licensed provider for  
23 those services.

24 But Dr. Bennett is here to testify about  
25 the need that she sees in her hospital and



1 the good relationship they have with Mary,  
2 that they already refer patients for lower  
3 levels of care. So we expect the trend to  
4 continue once we're licensed and able to get  
5 those documents.

6 Q. (McLaughlin) Okay. Thank you.

7 And how about any transfer agreements?  
8 Does Lift have any transfer agreements with  
9 hospitals in the proposed service area for  
10 emergency treatments?

11 A. (M. Dobson) We don't.

12 MR. ROSE: If you want to say --

13 THE WITNESS (M. Dobson): We plan to pursue transfer  
14 agreements with all of the, you know, area's  
15 hospitals.

16 BY MS. McLAUGHLIN:

17 Q. (McLaughlin) Thank you --

18 A. (M. Dobson) -- and Lift Pathways to Renewal.

19 Q. (McLaughlin) Okay. Thank you. And can you  
20 explain Lift's treatment model and its  
21 connection, if any, to any national or  
22 industry-wide standard or practice  
23 guidelines?

24 A. (M. Dobson) When you say, Lift's treatment  
25 model, are you referring to Lift Wellness

1                   Group, or Lift Pathways to Renewal, the  
2                   Applicant?

3           Q.       (McLaughlin) The Applicant.

4           A.       (M. Dobson) And when you say, treatment  
5                   model, do you mean to compare and contrast  
6                   what we're proposing to do compared to what's  
7                   out there right now?

8           Q.       (McLaughlin) Correct.

9           A.       (M. Dobson) Okay.   So the reason why I am  
10                   proposing Lift Pathways to Renewal is because  
11                   I'm a licensed marital and family therapist.  
12                   LMFTs believe in systems theory, that people  
13                   are the product of their -- their family  
14                   environments and the societies that they live  
15                   in, and that those environments shape the  
16                   individual.

17                   So eating disorders and mood disorders  
18                   are, of course, biologically based, and the  
19                   data for that is established, but the family  
20                   services component is a missing component  
21                   from the majority of our competitors.

22                   The existing treatment options out there  
23                   do very little in the way of family services,  
24                   and what we propose to do is provide family  
25                   services, family-based services, which is

1 sometimes called the Maudsley Method. It's a  
2 particular form of eating disorder treatment.  
3 And also utilize various modalities of family  
4 therapy in intervention with patients. For  
5 example, narrative family therapy,  
6 psychodrama, family systems, or structural  
7 strategic family therapy.

8 The rationale for that is that when an  
9 individual is identified as the individual --  
10 the identified patient, but the family system  
11 isn't taken into consideration, there  
12 generally isn't a lot of preparation or  
13 parent coaching on how the family can assist  
14 the client in their recovery while they're at  
15 IOP/PHP, and when they step down.

16 So the family piece is really integral,  
17 the family intervention service component  
18 that's going to be a differentiator between  
19 Lift Pathways to Renewal and the other  
20 programs that are out there.

21 Another thing is that I think that  
22 IOP/PHPs that are freestanding are very  
23 invested in getting people better and  
24 returning them to their home environments,  
25 and utilizing community supports and natural

1 environmental supports.

2 Whereas, IOP/PHP programs that are  
3 attached to residential centers may not be as  
4 invested in returning individuals to their  
5 natural community support and keeping  
6 recidivism at a low.

7 MS. McLAUGHLIN: Thank you.

8 MR. LAZARUS: I just have a follow-up to that.

9 BY MR. LAZARUS:

10 Q. (Lazarus) Do you plan for Lift Pathways  
11 Renewal to join some, in some sort of a  
12 national accreditation body for quality  
13 purposes?

14 A. (M. Dobson) Yes, we'll be pursuing joint  
15 accreditation, joint commission  
16 accreditation, yeah.

17 MR. LAZARUS: All right. Thank you.

18 MS. McLAUGHLIN: Okay. Thank you.

19 BY MS. McLAUGHLIN:

20 Q. (McLaughlin) And describe any care  
21 coordination services that will ensure  
22 patients remain connected to appropriate  
23 services from intake to discharge, including  
24 any follow-up care?

25 A. (M. Dobson) So we -- we have a lot of

1 existing relationships within the community,  
2 because we have an established outpatient  
3 community mental health practice with  
4 existing relationships to the Town of  
5 Westport Human Services, the area schools.

6 We spend a lot of time in all of the  
7 area schools providing psycho-education and  
8 other resources. We have an admissions team  
9 that assesses and provides assessments at  
10 intake and then again during treatment. And  
11 so with discharge plans for Lift Pathways to  
12 Renewal, I would imagine that some of the  
13 individuals who are being discharged from  
14 Pathways may be able to be seen at the Lift  
15 Wellness Group.

16 But we have a lot of relationships with  
17 area providers, many of which have written  
18 their letters of support of this facility  
19 today who are able to accommodate outpatient  
20 clients from us.

21 Q. (McLaughlin) Thank you. And my last question  
22 is Exhibit O, the financial workbook; please  
23 explain and provide more detail on the total  
24 operating revenue and total operating  
25 expenses amounts shown between 2023 through

1                   2026.

2           A.   (Davis) Yeah, I can jump in here again. So  
3           you know, for the total operating revenue,  
4           we're again using that 125 per hour. We use  
5           the utilization table provided in the new  
6           submission that shows our projected number of  
7           clients.

8                   For these revenue numbers we went  
9           conservative, and we estimated that the whole  
10          adolescent population would just be IOP. And  
11          you see the splits in that utilization table  
12          for both adult PHP and IOP. We kept the PHP  
13          numbers very low. They tend to be your  
14          highest revenue generating clients, but we  
15          wanted to be conservative on the estimates.

16                   But the numbers for total revenue match  
17          the utilization that we expect month to month  
18          and year to year for growth in those  
19          programs. And again, we think those numbers  
20          are a little bit conservative just because  
21          the demand we're hearing about from providers  
22          like Dr. Bennett and other local people, it  
23          may be higher -- but that's how we got to the  
24          revenue.

25                   And then for the expenses down there,

1 the largest expenses you're going to find are  
2 definitely in the salaries section. And it's  
3 having a therapist for each program. And  
4 then as the program scale, making sure that  
5 you can provide aids to support the  
6 therapist, and once they pass a certain  
7 threshold to add additional therapists, the  
8 contract cost that you'll see on there are --  
9 is for the psychiatrist and/or physician to  
10 come by and see the patients maybe once a  
11 week or every other week.

12 And then there's the normal, you know,  
13 office supplies and stuff that goes into  
14 running a practice and making sure that the  
15 stuff is there every day just to run a  
16 business and take care of clients.

17 So if you have any other specific  
18 questions, I'm happy to tackle them on there.

19 MS. McLAUGHLIN: Okay. Thank you.

20 That concludes my question.

21 THE WITNESS (M. Dobson): Thank you, Yadira.

22 THE HEARING OFFICER: Mr. Lazarus, do you have any  
23 questions?

24 MR. LAZARUS: No, I'm all set. Thank you.

25 THE HEARING OFFICER: Okay. I do have some of my own

1 questions. I just want to take a short break.  
2 We've been going for a little while. I want to  
3 look through my questions to see if I really need  
4 to ask any of all of them.

5 So let's come back in about ten minutes.  
6 That will be 10:52. So we'll do my questions, any  
7 followup by Attorney Rose, and then we'll probably  
8 adjourn briefly, and then we'll come back later  
9 this afternoon for public comment.

10 So I'll see everybody back in about 10  
11 minutes.

12  
13 (Pause: 10:42 a.m. to 10:52 a.m.)  
14

15 **THE HEARING OFFICER:** So welcome back. This is the  
16 hearing regarding Lift Pathways to Renewal, LLC,  
17 Docket Number 22-32602-CON.

18 We had most of the technical portion of the  
19 hearing this morning. We just finished up with  
20 OHS questions from the analysts, and now I have a  
21 couple questions that I want to ask of my own.

22 But before I get into that, I did want to  
23 first, Dr. Bennett, I don't think I swore you in  
24 earlier.  
25



1 A L Y S S A S. B E N N E T T,

2 called as witnesses, being first duly sworn by the  
3 THE HEARING OFFICER, were examined and testified  
4 under oath as follows:

5  
6 THE HEARING OFFICER: Okay. Thank you. And I'm sorry  
7 to do that out of order, but I wanted to make sure  
8 I did it.

9 And while I have you, I did just want to ask  
10 you one question because there was a reference to  
11 your connections and how those will help with the  
12 referral -- the referrals that Lift is expecting.

13 I know your current position is with  
14 Connecticut Children's.

15 Where are you located exactly?

16 THE WITNESS (Bennett): Our clinic is in Farmington.

17 THE HEARING OFFICER: Okay. Do you have any other  
18 clinical privileges elsewhere in the state?

19 THE WITNESS (Bennett): No, not for me.

20 THE HEARING OFFICER: Okay. Do you come down to this  
21 part of the state at all -- I should say, first of  
22 all, I'm located in Fairfield. So I was going to  
23 ask, do you come down to this part of the state at  
24 all, or do you primarily stay up in the Farmington  
25 area?

1 THE WITNESS (Bennett): No, our only clinic is in the  
2 Farmington area, but we serve a population across  
3 the entire -- entire state of Connecticut,  
4 including Fairfield County.

5 THE HEARING OFFICER: Okay. So you feel confident  
6 given your own experience that despite the  
7 geographical difference, there still wouldn't be  
8 any concerns about referring patients to Lift?

9 THE WITNESS (Bennett): Correct. We already do in our  
10 current practice frequently.

11 THE HEARING OFFICER: Okay. Thank you, Doctor.

12 I'm going to probably turn my attention back  
13 to Ms. Dobson now. I'm going to ask some  
14 questions about cost and financial feasibility,  
15 first of all.

16 The first one I have is on page 10 of the  
17 application. It says, Lift has extra space in its  
18 office suite that can be repurposed. I'm just  
19 curious, what is that space currently being used  
20 for, and will whatever is in that space be  
21 relocated within the building?

22 THE WITNESS (M. Dobson): So we have more space than we  
23 need in the building. We have the -- the majority  
24 of the -- the historic home, about a good  
25 percentage of the historic home. So we have

1 offices that we're not using, and we plan to take  
2 on more offices in the building.

3 THE HEARING OFFICER: Okay. And if I recall correctly,  
4 it's stated in the application that there was no  
5 capital expenditure expected. So I just wanted to  
6 clarify that re-purposing those rooms, that won't  
7 involve any sort of significant use of funds.

8 Is that correct?

9 THE WITNESS (M. Dobson): When we -- correct. When  
10 we -- the way that we saw the application as  
11 phrasing capital expenditure was machinery or  
12 instruments, or expensive equipment and things  
13 like that.

14 But the renovation of the downstairs is -- is  
15 something that we actually plan to do anyway, and  
16 it's -- it's part of our plan.

17 THE HEARING OFFICER: Do you have firm plans in place  
18 for the renovation at this point?

19 THE WITNESS (M. Dobson): No.

20 THE HEARING OFFICER: So you don't have any expectation  
21 as to what that might cost right now?

22 THE WITNESS (M. Dobson): Well, the -- the renovation  
23 of the upstairs cost about \$20,000. I would  
24 imagine the renovation of the downstairs would  
25 cost the same just painting and, you know,

1 updating the space, perhaps some new furnishings.

2 THE HEARING OFFICER: Okay. And how would you expect  
3 to pay for that 20,000 to 40,000 dollars?

4 THE WITNESS (M. Dobson): With -- with our own funds.

5 THE HEARING OFFICER: Okay. Another question I had, so  
6 on page 43 of the application you state that you  
7 plan to establish commercial provider agreements,  
8 but you cannot do so until you're accredited by  
9 the joint commission.

10 I had never heard of that, and I was just  
11 curious what evidence you have that you can't  
12 establish commercial provider agreements until  
13 you're accredited by JCAHO?

14 THE WITNESS (Davis): Can I step in there, sir?

15 THE HEARING OFFICER: Sure.

16 THE WITNESS (Davis): Sorry, I work with a lot of  
17 national and local providers across the country.

18 In some instances you can be -- go, go in  
19 network, but I, as a consultant recommendation,  
20 your reimbursement rate will be much lower with  
21 anyone you contract with if you are not accredited  
22 by Joint Commission, or CARF, or another  
23 accrediting body, so.

24 THE HEARING OFFICER: And approximately, if you know,  
25 how long does JCAHO accreditation typically take

1           for behavioral health services?

2   **THE WITNESS (Davis):** They like to see you treat two  
3           clients. So they -- you apply while you're in  
4           your state licensure process, and you tell them  
5           that you're going through the process and you want  
6           to be accredited. Then you send them your state  
7           license once you get it.

8           And then they generally want to see you admit  
9           and at least go through most of treatment with two  
10          clients. And that way they can see your chart  
11          notes, what type of treatment and therapy you're  
12          providing when they come out and do their site  
13          inspection before they then grant you  
14          accreditation.

15          So generally, I would say four to six weeks  
16          after you get your state license is kind of  
17          typical.

18   **THE HEARING OFFICER:** Okay. And how quickly would you  
19          expect after that four to six weeks to be able to  
20          get these provider agreements established?

21   **THE WITNESS (Davis):** Provider agreements take a while.  
22          They're not quick on their end. They take  
23          anywhere from 30 days to a year, just depending on  
24          the provider and how quickly they're processing  
25          it.

1 THE HEARING OFFICER: Would Lift be willing to -- well,  
2 let me ask you a different question first.

3 Is there a way once you've entered one  
4 provider agreement to sort of revise it after  
5 you've received your JCAHO accreditation?

6 THE WITNESS (Davis): Yes, but I would say it's more of  
7 a hassle to do that than to just wait the four to  
8 six weeks and then get -- go through the provider  
9 credentialing, because it goes back to that same  
10 re-timeline again, to redo it.

11 THE HEARING OFFICER: Okay. I see what you're saying.

12 THE WITNESS (Davis): Yeah.

13 THE HEARING OFFICER: Thank you for that clarification,  
14 by the way. These next questions that I have are  
15 regarding need and access.

16 So Ms. Dobson, you testified earlier that you  
17 know, through your own experiences, that Center  
18 for Discovery Southport is going to be closing, or  
19 probably closing?

20 THE WITNESS (M. Dobson): That's -- that's what I --  
21 that's what I heard, yes.

22 THE HEARING OFFICER: Do you happen to know why?

23 THE WITNESS (M. Dobson): I -- I believe it's due to  
24 staffing issues.

25 THE HEARING OFFICER: Okay. So my follow-up question

1 to that was going to be, if they weren't  
2 successful, how do you know you're going to be  
3 successful in this venture that you're proposing?

4 But if it's due to staffing issues, then it  
5 sounds like it's not a matter of getting people in  
6 the door. It's a matter of other administrative  
7 issues. So thank you for that.

8 On page 30 of the application, you say that  
9 only one of the providers, Newport Academy is  
10 offering adolescent PHP, slash, IOP for depression  
11 and anxiety, and they cannot service the need of  
12 all the local communities.

13 What do you base that statement on?

14 THE WITNESS (M. Dobson): I'm fairly familiar with the  
15 various nationwide treatment centers and their  
16 philosophies, having been -- existed in the world  
17 of eating disorder treatment for a while. And  
18 Newport Academy is a primary -- their primary  
19 focus is substance.

20 And so our primary focus would be mood and  
21 anxiety, and eating disorders. So it's a  
22 different -- a different population, focused  
23 population.

24 THE HEARING OFFICER: Okay. So you don't have any  
25 usage data for Newport Academy specifically?

1 I don't know why you would have that because  
2 you're an entirely different provider, but I  
3 figured I would ask the question anyway.

4 THE WITNESS (M. Dobson): Yeah -- no.

5 THE HEARING OFFICER: Okay.

6 THE WITNESS (Davis): May I give anecdotal evidence?

7 So I was the in-house head of strategy and  
8 development for both Newport Academy for several  
9 years, as well as Center for Discovery for several  
10 years prior. So I opened up those facilities for  
11 those groups.

12 And I can tell you that the waitlist for  
13 Newport Academy is extensive and multi-months long  
14 for both the residential and outpatient programs.  
15 And they do treat a slightly different clientele  
16 than what Mary's looking to treat, so.

17 THE HEARING OFFICER: Okay. Thank you. This ties into  
18 what we were just talking about on page 32 of the  
19 application.

20 It says that the waiting list to be enrolled  
21 in residential treatment in the tri-state area at  
22 the time of writing is such, on average six weeks,  
23 that high-risk clients require step-up services  
24 from outpatient while awaiting a bed in RTC.

25 THE WITNESS (M. Dobson): Correct.



1 THE HEARING OFFICER: So I was just wondering where  
2 that figure came from, the six-week figure.

3 Is that in writing somewhere?

4 THE WITNESS (M. Dobson): One could get it in writing.  
5 We personally service clients. We would, as part  
6 of their care, call various treatment centers.  
7 And we also utilize a treatment placement  
8 consultant who -- whose job it is to identify open  
9 beds throughout the country.

10 And it was common knowledge that at the time  
11 of the writing of the application there was a  
12 six-week waiting list which our patients  
13 personally experienced. And as a result we had to  
14 send several patients all the way to California to  
15 receive residential treatment because of the lack  
16 of bed availability in this area.

17 But if one were to ask a treatment consultant  
18 or a placement specialist, I'm sure that they  
19 would put that in writing for you.

20 THE HEARING OFFICER: It's been about six months since  
21 the application was filed.

22 Do you happen to know if it's --

23 THE WITNESS (M. Dobson): I'm sorry. Could --

24 THE HEARING OFFICER: It's been about six months since  
25 the application was filed. Do you know if it's

1 still on average about six weeks of the wait  
2 period?

3 THE WITNESS (M. Dobson): I -- I can't say that six  
4 weeks is -- if six weeks is exactly where it is,  
5 because I didn't check this morning. And I, you  
6 know, took an oath to speak what I know.

7 So I -- I can't say that for a fact, but if I  
8 were to verify it, I can. We can put a late file  
9 in if you'd like for me to check?

10 THE HEARING OFFICER: Yeah, I would appreciate that.

11 So I will take a note.

12 MR. ROSE: Yeah, I was putting a note that we would  
13 like to avoid any late files, because we don't  
14 have any yet. So I wrote her a note that said,  
15 avoid late files.

16 She looked down and she's, like, oh, I'll  
17 give you the late file. Because honestly the goal  
18 here is -- and I was going to save this to the  
19 end, but I'll just say it very quickly -- is we do  
20 want to get this done as fast as we can.

21 You've seen numbers where we've already  
22 included 2023, you know, financials and I've  
23 talked to the consultant about this and I told him  
24 about the timeframes for approval with the agency,  
25 especially, you know, in the past couple of years.

1           So we're looking to fast track the best we  
2           can, and so far I was really excited that we  
3           didn't have any late files yet. So I'm going to  
4           ask the agency to consider whether we can get away  
5           with her testimony about it being experiential  
6           without a late file?

7           Or maybe get to the end and see if there's  
8           anything else you need?

9   **THE HEARING OFFICER:** When we were offline there were a  
10          couple other things that came up. That being  
11          said, I don't think it's anything that will take a  
12          very long time for you to cobble together. I  
13          think maybe a few days, but I do understand your  
14          interest in moving this forward -- but we will  
15          sort of get to those towards the end of my  
16          questions.

17          And it sounds like Ms. Dobson can probably  
18          get this information relatively quickly. It  
19          sounds like she said just now that she can check  
20          something. I'm not sure what the something is  
21          that she would check.

22   **MR. ROSE:** It was with other -- see, the problem is I  
23          think she referenced that there are some type of  
24          specialists -- would you call them?

25   **THE WITNESS (M. Dobson):** Well, back in November we

1           were utilizing a treatment specialist who does  
2           placements for beds in the -- the country. I -- I  
3           actually -- we don't currently utilize her anymore  
4           because she went back to school to become a  
5           therapist. And so she's no longer doing what she  
6           used to do.

7                        But that was the person that I would  
8           generally call to get assistance with placing  
9           people in beds.

10   MR. ROSE:   Yeah, I think she was contemplating going  
11           back to this person, or perhaps another similar  
12           type of person, which means we're relying on some  
13           other person --

14   THE WITNESS (M. Dobson):   Yeah.

15   MR. ROSE:   -- to say, yes, this is still my experience.

16   THE HEARING OFFICER:   Okay. So it's not sort of --

17   THE WITNESS (Bennett):   Can I jump in?

18   THE WITNESS (M. Dobson):   Yeah.

19   THE HEARING OFFICER:   Sure.

20   THE WITNESS (Bennett):   Yeah, so in -- so in my  
21           experience when I'm -- when my colleagues and I  
22           are trying to get a patient into residential  
23           treatment, either from my outpatient clinic or  
24           from patients admitted medically to Connecticut  
25           Children's, I would say the wait more recently has

1           been two to three months. That's for adolescents.

2           So for, you know, for under 18, I didn't -- I  
3           don't have any updated information in terms of the  
4           18 plus for residential treatment, but those six  
5           weeks I would say is actually pretty good.

6           And my experience has actually been a little  
7           bit longer for residential treatment.

8       **THE WITNESS (M. Dobson):** Yeah. And just for point of  
9           clarification? Six weeks is not an unusually long  
10          length of time for a residential bed. Six weeks  
11          is -- has been fairly standard. It was much  
12          longer during COVID.

13          Six weeks is -- is not a bad number.

14       **THE HEARING OFFICER:** Okay.

15       **THE WITNESS (M. Dobson):** It's not good when you're the  
16          patient, but it's -- it's not an unusually high  
17          number.

18       **THE HEARING OFFICER:** Okay. All right. I don't think  
19          we need a late file on that then, between what  
20          you're telling me and what Dr. Bennett is telling  
21          me. So we can move past that.

22          I think your statements are enough.

23       **MR. ROSE:** Thank you.

24       **THE HEARING OFFICER:** My last question was just  
25          concerning something that was written in Exhibit

1 I, which is the responses to the public hearing  
2 issues.

3 On page 22 as part of Lift's long-term  
4 strategic plan it states that in winter/spring of  
5 2024 it plans to track cities of admission for  
6 clientele and determine if there is a need for  
7 additional sites outside of Fairfield. I was just  
8 wondering where that reference to Fairfield came  
9 from?

10 THE WITNESS (M. Dobson): Well, I was born and raised  
11 in -- in Fairfield, and I live in Easton with my  
12 family.

13 We operate out of Westport. So I would  
14 imagine that when we wrote Fairfield we were sort  
15 of thinking Fairfield County, Fairfield as sort of  
16 the, you know, epicenter of our lives. So looking  
17 at additional towns where there, there might be a  
18 benefit for this kind of service in Connecticut,  
19 you know, would be something that would be wise to  
20 do I think around -- around that time.

21 But not Fairfield because we have -- we would  
22 have a Westport facility. So Fairfield wouldn't  
23 be a logical choice for a second facility. If I  
24 were to think about a smart choice for a second  
25 facility it would probably be fairly far from the

1 Westport facility.

2 THE HEARING OFFICER: Okay.

3 MR. ROSE: Yeah. And to clarify -- I mean, I read that  
4 as they would start tracking where their patients  
5 are coming from. One of the things that I think  
6 you'll see in the other data is that given the  
7 specialized services and the extraordinary need  
8 there may be an expectation that people might come  
9 from all over Connecticut.

10 THE WITNESS (M. Dobson): Right.

11 MR. ROSE: And so this, my understanding of that, of  
12 this is that they're going to start tracking, not  
13 necessarily that they're going to do anything with  
14 that, but -- but it is something that I think they  
15 want to take note of in terms of, okay.

16 Where are the patients coming from?

17 THE HEARING OFFICER: Okay.

18 THE WITNESS (M. Dobson): Yeah, we do have patients  
19 that come from a pretty wide catch pool in  
20 Connecticut at our current program.

21 THE HEARING OFFICER: So Attorney Rose, that concludes  
22 my questions. I do want to discuss possible late  
23 files.

24 But Attorney Rose, before we did that I did  
25 want to give you an opportunity to do any followup

1 with your client, if you wanted to do that?

2 MR. ROSE: You mean, closing remarks? Or --

3 THE HEARING OFFICER: Just redirect with your own  
4 client on any of the questions that were asked by  
5 OHS, if you wanted to clarify anything further.

6 I feel like you sort of jumped in where you  
7 felt you had to, but if there are additional  
8 questions that you wanted to ask I wanted to give  
9 you an opportunity to do that, to ask those at  
10 this point.

11 MR. ROSE: Yeah. I really appreciate that and the way  
12 that the proceeding unfolded I think, you know,  
13 the questions that were asked and the answers that  
14 were given hopefully will give the agency the  
15 information that you guys need -- which is  
16 absolutely what I'm focused on, is getting you --  
17 because I'll be candid.

18 I've noticed that most of the applications  
19 have been resolved through agreed settlements.  
20 And in those agreed settlements there's  
21 recitations of, you know, this statutory criteria  
22 is met, is met, is met, is met, you know, not  
23 applicable.

24 And so I wanted to make sure that whatever we  
25 did today we would give the agency the information



1 necessary to do the is-met, is-met, is-met. And  
2 then we could very quickly hopefully come to any  
3 conditions that you felt were necessary that are  
4 consistent with what we've seen recently.

5 Because again I'm just cutting to the quick,  
6 because if that's going to result in an expedited  
7 resolution of the application -- because I  
8 understand a final decision takes much more time  
9 to draft, and they're typically longer, more  
10 exhaustive documents.

11 Certainly we would accept a quick final  
12 decision that is an approval of our application,  
13 but I did want to make sure that since we have  
14 this opportunity to collectively row in the same  
15 direction and have a broad discussion amongst us,  
16 I wanted you to have the right information in  
17 front of you to, in good faith, say that all the  
18 criteria has been met.

19 And I wanted you also to sort of plug with  
20 us -- which I think you already have when you  
21 touched upon the Medicaid population, and you  
22 talked about the difference between enrollment and  
23 actually accepting Medicaid patients in the U.S.,  
24 Whether there's a certain percentage and that type  
25 of thing.

1           So I think you've already touched upon things  
2           that I -- I would have expected you to, but I do  
3           want to again reiterate that our goal would be to  
4           come out of this proceeding to get an approval one  
5           way or another as quickly as we can so they could  
6           start putting the pieces in place.

7   **THE HEARING OFFICER:** Thank you. And trust me when I  
8           say, it's our goal to move things forward as  
9           quickly as possible, too -- but it's not always  
10          possible.

11          So with that I did want to just bring up a  
12          couple late files that I think the analysts would  
13          prefer to have. And feel free to jump in Yadira,  
14          Jess with any comments you may have.

15          But I think you were looking at either -- so  
16          you're looking at a charity care policy for the  
17          existing Lift Wellness Group, as well as the new  
18          group. Is that correct?

19   **MS. RIVAL:** Yes.

20   **THE HEARING OFFICER:** So I guess two different charity  
21          care policies if -- if there, if there are two  
22          different ones. Or if it's just one charity care  
23          policy that would apply across both, then a hard  
24          copy of that policy.

25   **THE WITNESS (M. Dobson):** We can turn that around very

1           quickly.

2   MR. ROSE:   Yeah, so.

3  
4                   (Late-Filed Exhibit Number 1, marked for  
5                   identification and noted in index.)

6  
7   THE HEARING OFFICER:   Okay.   And I think the other one  
8                   that was mentioned was some sort of document or  
9                   data that that substantiates the access you have  
10                  provided to charity care over the past few years  
11                  at Lift Wellness Group.

12   MR. ROSE:   So that's the two in order?

13   THE HEARING OFFICER:   Without patient identifying  
14                  information, obviously.

15                  Ms. Rival, Ms. McLaughlin, was there anything  
16                  else that you had mentioned?

17   MS. RIVAL:   No.

18   MS. McLAUGHLIN:   No.

19   THE HEARING OFFICER:   Okay.   So that, that second one,  
20                  Attorney Rose, is that something your client would  
21                  be able to provide?

22   MR. ROSE:   Yeah.

23  
24                   (Late-Filed Exhibit Number 2, marked for  
25                   identification and noted in index.)

1 MR. ROSE: Do you mind if I take a break, just a quick  
2 confer? I'm just going to shut off the camera,  
3 and the mute, and make sure that we get an idea of  
4 what we might be able to present just to make sure  
5 we have clarity, but --

6 THE HEARING OFFICER: Sure.

7 MR. ROSE: Because I'm interested in what we have. And  
8 then so I'll pop back on in a second.

9 Is that okay?

10 THE HEARING OFFICER: Yeah, that's fine. And also  
11 discuss how long you think you might need in order  
12 to turn those two items around to us.

13 MR. ROSE: Yeah, absolutely.

14 So I expect to be on in two minutes.

15 THE HEARING OFFICER: Okay. So I'm going to say we can  
16 stop the recording -- actually, is it okay,  
17 Attorney Rose, if we keep the recording going?

18 MR. ROSE: Yeah. Yeah, I think that's fine.

19 THE HEARING OFFICER: Okay. And then you can just come  
20 back whenever you're ready.

21 MR. ROSE: And if I fail to unmute, though, please tell  
22 me.

23 THE HEARING OFFICER: Okay. All right. So this is  
24 just a reminder to everyone else that anything you  
25 happen to say or do will be probably -- it will be

1 recorded for the next two minutes, or until  
2 whenever Attorney Rose and the client comes back,  
3 so.

4  
5 (Pause: 11:22 a.m. to 11:41 a.m.)  
6

7 **THE HEARING OFFICER:** It looks like we have everyone  
8 back. This is in the hearing for Lift Pathways to  
9 Renewal, LLC, Docket Number 22-32602-CON.

10 We are nearing the end of the technical  
11 portion of today's hearing. We just took a break  
12 for counsel to confer with his client on the late  
13 files that we have.

14 Attorney Rose, do you have any further  
15 information in that regard?

16 **MR. ROSE:** I do. So we'd like to correct the record  
17 with respect to an answer that Ms. Dobson gave.  
18 So they have two components to their charity care  
19 program and the practice currently. And one is a  
20 sliding fee discount and the other is entitled,  
21 scholarship, and the scholarship is articulated as  
22 being free.

23 And Mary, you can speak to this and I'll have  
24 her affirm, but I think she conflated the two --  
25 and the answer is that the scholars, that she's

1           unaware of the scholarship program actually being  
2           used but the discounts, the sliding fee discount,  
3           they have abundant evidence of. And that is  
4           frequently utilized. And so we can talk about  
5           providing evidence of that.

6           BY MR. ROSE:

7           Q.     (Rose) So A, we need to correct the record to  
8           reflect that the current scholarship program,  
9           the two per quarter 100 percent discounted  
10          care, to their knowledge is not utilized.  
11          But again the other component is frequently  
12          utilized.

13                   And Mary do you want to affirm or speak  
14                   to that?

15          A.     (M. Dobson) Yeah. I -- I spoke with Dennis  
16          and we looked at what -- what we have listed  
17          on the website. We have two different  
18          entities. There's a sliding scale program  
19          which is what I was referring to when you  
20          were asking me questions about sliding scale  
21          and scholarship.

22                   The scholarship, the scholarship  
23                   guidelines are referring to free programming  
24                   and the sliding scale framework is referring  
25                   to the discount of -- for individuals within

1 zero to 25,000 dollars, a discounted rate of  
2 50 dollars; and 25' to 50,000 dollars, a  
3 discount of 7 -- 75 dollars; and 50 to a  
4 hundred dollars, a discount of ninety  
5 dollars.

6 So that's -- that's the question that I  
7 was answering.

8 MR. ROSE: Yeah. So we apologize for that and we want  
9 to give you an opportunity with that information  
10 to ask any follow-up questions that you may have.

11 Because I think it was Jessica.

12 Jessica was that your question -- Ms. Rival?

13 MS. RIVAL: Yes.

14 MR. ROSE: Yeah. Okay. So now, now that the answer, I  
15 think, more specifically related to the  
16 scholarship program is it hasn't been utilized,  
17 but also understanding the discount has, do you  
18 have any other follow-up questions for Ms. Dobson.

19 BY MS. RIVAL:

20 Q. (Rival) Yes. Why has the scholarship program  
21 piece never been utilized before?

22 A. (M. Dobson) You know, it's -- it's listed on  
23 our paperwork and it's on our website.

24 It's -- it's, you know, it's accessible but  
25 it's not something that has -- a client has

1 not specifically asked for a scholarship.

2 So it's -- it has not been utilized.

3 Q. (Rival) Okay. So that's the only reason it's  
4 never been utilized, is no one's ever asked  
5 to use it?

6 A. (M. Dobson) Yes.

7 MS. RIVAL: Thank you.

8 THE HEARING OFFICER: And Attorney Rose, is your client  
9 able to provide any data attesting to the usage of  
10 the sliding scale?

11 MR. ROSE: Yes --

12 THE HEARING OFFICER: Or are we just going to use her  
13 statement? Okay.

14 MR. ROSE: Well, that there's what I understand to be a  
15 significant volume of patients. So my impression  
16 in speaking to Dennis and Mary on the break is  
17 that, that these are frequently accessed programs  
18 that provide the discounts. And so the question  
19 is, what volume of evidence?

20 I mean, certainly if there's -- and what type  
21 of evidence you're looking for, because I think we  
22 did discuss it's on the website and we were going  
23 to deliver this to you. But the website indicates  
24 based on various financial guidelines that there's  
25 discounted rates that are offered. And so we can



1 show you billing invoices with individuals that  
2 would fit within the discounted categories.

3 But the question is, given that this is  
4 actually a frequently used aspect of the practice,  
5 what volume of data and type are you looking for?

6 But if you're willing to rely on the  
7 statement, we are confident that that statement is  
8 true. And if you'll accept it as testimony, that  
9 we'd prefer that, but we are absolutely willing to  
10 give you whatever evidence you're looking for.

11 THE HEARING OFFICER: I think I'm going to confer with  
12 the analysts and Mr. Lazarus.

13 And just before we do that, I wanted to  
14 clarify so the policy that's currently in effect  
15 at Lift Wellness Group, that would carry over to  
16 Pathways. Is that correct?

17 THE WITNESS (M. Dobson): So that -- the policy at Lift  
18 Wellness Group of the sliding scale?

19 THE HEARING OFFICER: Yes.

20 THE WITNESS (M. Dobson): Well no, because this  
21 slide -- we would be accepting third-party  
22 reimbursement, yeah.

23 THE HEARING OFFICER: Okay.

24 THE WITNESS (M. Dobson): Yeah.

25 MR. ROSE: So we will give you as part of Late-File

1           Number 1, as I understand it, the charity care  
2           policy for Lift Pathways to Renewal.

3   **THE HEARING OFFICER:**   Okay.

4   **MR. ROSE:**   Wasn't that correct, that we were going to  
5           give policies?

6   **THE WITNESS (M. Dobson):**   Yeah.

7   **MR. ROSE:**   So yeah.   So we'll give this for the  
8           practice, and then we'll give them the written  
9           policy for Lift Pathways to Renewal.

10   **THE HEARING OFFICER:**   Perfect.   Okay.   We're just going  
11           to take a couple-minute break.   We will stop the  
12           recording.   I'm going to meet with the analysts  
13           and we'll be back momentarily.

14   **MR. ROSE:**   Okay.   Thank you.

15   **THE REPORTER:**   Attorney Rose, a quick question?

16   **MR. ROSE:**   Yes, sir.

17   **THE REPORTER:**   It's with Reid & Riege.

18                   Is that correct?

19   **MR. ROSE:**   Yes, it is.   Wow.   You, I think -- the first  
20           person to pronounce it correctly.

21   **THE REPORTER:**   Not my first rodeo.   And we've heard of  
22           you guys -- well, I have.   Anyway would you like a  
23           transcript?

24   **MR. ROSE:**   That would be wonderful.

25   **THE REPORTER:**   Ten business, regular delivery all

1 right?

2 MR. ROSE: Ten business days is fine, yeah.

3  
4 (Pause: 11:48 a.m. to 11:54 a.m.)

5  
6 THE HEARING OFFICER: All right, if we can have  
7 everyone back, that would be good.

8 So I conferred with the analysts and with  
9 Mr. Lazarus. It sounds like if you're able to  
10 provide data on utilization of the sliding fee  
11 scale for the past year, that would be sufficient.  
12 We don't need invoices or anything along those  
13 lines.

14 So would something like that be possible to  
15 pull together?

16 THE WITNESS (M. Dobson): Yeah, we can pull that  
17 together quickly.

18 THE HEARING OFFICER: Okay.

19 MR. ROSE: Dennis?

20 THE WITNESS (D. Dobson): Yeah.

21 MR. ROSE: How quickly?

22 THE WITNESS (D. Dobson): The next couple of days.

23 THE WITNESS (M. Dobson): Like, one or two days. Yeah.

24 I mean -- or do you want to?

25 MR. ROSE: All right. No, I mean, that's fine. I only

1 ask -- I know they're short-staffed at the moment  
2 in terms of the individual who would typically  
3 pull that type of data.

4 So I just want to make sure that whatever we  
5 commit to timeframe-wise on a late file, then  
6 we're absolutely going to hit that. So if you  
7 say -- today is Wednesday, will you be able to get  
8 it to me Friday morning so I could spot-check it  
9 and then upload it to the portal?

10 THE WITNESS (D. Dobson): Yes.

11 THE WITNESS (M. Dobson): Yeah. Our -- our biller is  
12 overseas until the end of the week. So Dennis has  
13 been stepping in. So the person who does all of  
14 our billing and financials is -- she's been out of  
15 town. So he's been covering for her for the past  
16 month.

17 MR. ROSE: Okay. So it sounds like we can get you the  
18 complete late file by the end of this week. And  
19 again, we're doing that because we want to  
20 expedite the process the best we can. And so the  
21 quicker you close the record, I think the better  
22 for us.

23 THE HEARING OFFICER: Understood. Okay. I think that  
24 addresses all the outstanding issues at this time.

25 Since we finished early, but we still need to

1 allow for public comment at the scheduled time,  
2 we're going to adjourn for now until 3 p.m., this  
3 afternoon.

4 Signup for public comment will go from two to  
5 three today. I may log in at two just to say  
6 something real quick. It won't be on the record,  
7 but I'll just be sort of alerting the public to  
8 the fact that now is the time to put their names  
9 in the public comment section.

10 And so basically what the public will do is  
11 they will write their name in the Zoom chat, or  
12 during that hour they can send an e-mail to  
13 CONcomment@ct.gov to let us know that they want to  
14 participate orally. And then at three o'clock we  
15 will take whatever comments we happen to get.

16 Oh, as I mentioned earlier, OHS staff may  
17 have some additional questions after we hear from  
18 the public. We already addressed the late files,  
19 and I will put that in writing probably either  
20 this afternoon or tomorrow morning, what those are  
21 and when they're due, which will be by close of  
22 business on Friday.

23 And after public comment has concluded,  
24 Attorney Rose, if you have any closing statements  
25 that you would like to make, we will take a

1 closing statement at that time.

2 MR. ROSE: Okay. Thank you.

3 THE HEARING OFFICER: So with that, we will adjourn for  
4 now, and I will see everybody back at three  
5 o'clock, with the exception of Dr. Bennett.

6 MR. ROSE: Thank you.

7  
8 (Pause: 11:58 a.m. to 3:01 p.m.)  
9

10 THE HEARING OFFICER: Welcome back, and good afternoon.  
11 For those just joining us, this is the second  
12 portion of today's hearing concerning a CON  
13 application filed by Lift Pathways to Renewal,  
14 LLC, docketed as 22-32602-CON.

15 We had the technical portion this morning.  
16 And normally at this time we would have public  
17 comment, but we didn't have any signups over the  
18 break between 2 and 3 p.m. And it doesn't appear  
19 as though we have anyone else in the Zoom  
20 conference room who may be interested in providing  
21 public comment.

22 If that's not accurate, please speak up right  
23 now and I'm happy to have you address us.  
24

25 (No response.)

1 THE HEARING OFFICER: Hearing none, I'm going to move  
2 forward and just wrap up the hearing.

3 Attorney Rose, do you have anything that you  
4 would like to address at this time?

5 MR. ROSE: Yes. Thank you. I wanted to note that we  
6 discussed during the break your question about  
7 when Lift Wellness Group was established -- in the  
8 statement, in the application that it was  
9 established in 2009.

10 So in clarifying with my client, it appears  
11 that the Woodland Psychotherapy Group was the  
12 original name of Lift Wellness Group which was  
13 still established, I think, in the 2016 or 2017  
14 time period. And that the reference going back to  
15 2009 was actually making reference to Mary  
16 Dobson's private practice that she operated as a  
17 sole proprietor from the time of 2009 in  
18 establishing what was first named Woodland  
19 Psychotherapy.

20 So I just wanted to clarify that for you.

21 THE HEARING OFFICER: Thank you. I think that that  
22 came through for the most part in what Ms. Dobson  
23 was saying earlier, but I do appreciate the added  
24 clarification.

25 MR. ROSE: Okay. Thank you.

1 THE HEARING OFFICER: I do wish to note that we just  
2 had someone join us. So I'm going to ask again,  
3 is there anyone in this conference room who would  
4 like to provide public comment at this time?

5 Ms. Lehrman?

6 RANDI LEHRMAN: Yes, hi. This is Randi Lehrman.

7 And --

8 THE HEARING OFFICER: Okay.

9 RANDI LEHRMAN: Yeah, I heard about this meeting and I  
10 came in to, you know, read a letter that I wrote  
11 in support of Mary Dobson and what she intends to  
12 create.

13 THE HEARING OFFICER: Okay. So we're happy to hear  
14 from you. If you would like to make any  
15 additional comments you are free to do so.

16 We normally limit people to about three  
17 minutes, but since you're the only one who has  
18 signed up today, you could go a little bit longer  
19 than that if you'd like.

20 RANDI LEHRMAN: That's okay. I'm a practicing lawyer  
21 with two law firms, so I'm all over the place.

22 But I want -- I really wanted to make a  
23 concerted effort. I actually got off a deposition  
24 to say a few words.

25 You know, I -- Mary Dobson has been



1 instrumental in helping my son emerge from a very  
2 bad disorder, like so many individuals in our  
3 community.

4 I've lived in Fairfield County for over 25  
5 years and have seen countless children,  
6 adolescents and parents struggle with debilitating  
7 and life-threatening eating disorders. I myself  
8 struggled with one many years ago as a teenager.  
9 So I know firsthand how instrumental getting in  
10 there early when the kids are impressionable is,  
11 in terms of overall recovery.

12 Had I had Mary's programs available to me I  
13 probably would have emerged a lot quicker from the  
14 depths of despair. So many of my friends have  
15 reached out to me to talk to their teens and to  
16 kind of talk to them about what I went through.  
17 And many of them are just paralyzed as to what to  
18 do to help their children and teenagers who are  
19 falling prey to these deadly diseases. I was  
20 fortunate enough because someone had put me in  
21 touch with Mary early on in my son's journey.

22 Thus, our need for structured outpatient  
23 programs is huge. Having a place for individuals  
24 to step down to from partial hospitalization and  
25 intense outpatient would save many of my friends

1 and their families from the competitive and  
2 continual cycles of emergency room visits,  
3 hospital visits, going home, spiraling because so  
4 many triggers are back in the home place, and it  
5 just keeps going in a circle.

6 You know, it is really imperative in my  
7 opinion that Mary and her team be permitted the  
8 opportunity to save our children and our  
9 community. These eating disorders are insidious  
10 and they are so pervasive and it is -- I can't  
11 even explain to you how many times people have  
12 called me because I'm out front and center.

13 Because she helped my son, and now he's  
14 thriving. He's working. I mean, I can't -- I  
15 will never be able to repay her.

16 THE HEARING OFFICER: Thank you, Ms. Lehrman. And can  
17 you just spell your name? I don't think we have  
18 it written down anywhere and I want to make sure  
19 it matches what we have in the zoom.

20 RANDI LEHRMAN: Sure. It's Randi with an "i"; Lehrman,  
21 L-e-h-r-m-a-n.

22 THE HEARING OFFICER: Okay. Thank you.

23 RANDI LEHRMAN: Thank you.

24 THE HEARING OFFICER: Based on the comments made by  
25 Ms. Lehrman, Mr. Lazarus, Ms. McLaughlin or

1 Ms. Rival, do any of you have any additional  
2 questions for the Applicant?

3 MR. LAZARUS: No.

4 MS. McLAUGHLIN: I do not.

5 MS. RIVAL: I do not.

6 THE HEARING OFFICER: Okay. Thank you.

7 Now, Attorney Rose, did you wish to make a  
8 closing statement?

9 MR. ROSE: Yes, and very brief. I really appreciate  
10 the way the agency has conducted this hearing and  
11 I'm really looking forward to giving you the late  
12 files.

13 And I appreciate that when I said, you know,  
14 we're looking to get this off the ground quickly,  
15 you said, so are we. And I just -- I really want  
16 to say thank you for that sentiment.

17 And I just want to clarify, if the record is  
18 going to stay open for another seven days to  
19 receive written commentary, then correct me if I'm  
20 wrong, but we might as well make -- tie the late  
21 file deadline to the same.

22 I think we'll probably get it to you much,  
23 much sooner, but I just wanted to clarify that.  
24 Well, if you're going to leave the record open  
25 then we might as well have until then to submit

1           our late files.

2                    Would you agree that that's probably  
3           appropriate?

4   **THE HEARING OFFICER:**  Yes, that's a good point.  I  
5           hadn't thought of that, and I do appreciate you  
6           bringing that up.

7                    So as is usually the case we normally leave  
8           the record open for at least seven days for the  
9           public comment.  So I'm limiting that to seven  
10          days, and if you want to have until next Wednesday  
11          to submit the late file that's fine with me.

12  **MR. ROSE:**  Okay.

13  **THE HEARING OFFICER:**  And just to clarify something  
14          that you just said, you know that the agency tries  
15          to move through things as expeditiously as  
16          possible and that that doesn't necessarily mean  
17          that we're going to approve this.  So I mean, I  
18          didn't want you to think that.

19  **MR. ROSE:**  I appreciate that, yeah.  Well, you know  
20          we're not looking for a quick denial -- but yes, I  
21          get it.

22  **THE HEARING OFFICER:**  Okay.

23  **MR. ROSE:**  I understood you guys have to go through the  
24          record and you have to take the time necessary.  
25          And I just hope that with what we've presented to

1 you, you will feel comfortable approving this.

2 And should you come to that conclusion sooner  
3 than later, just know that we're here to accept  
4 that approval and get the programs going.

5 THE HEARING OFFICER: Thank you, Attorney Rose.

6 With that, as I mentioned earlier, I'll be  
7 issuing a written order after this hearing  
8 adjourns. You'll probably receive that tomorrow  
9 morning, but I have nothing further and it sounds  
10 like the OHS staff has nothing further.

11 So thank you all for attending today. Thank  
12 you to Dr. Bennett as well. I neglected to thank  
13 her for her participation earlier.

14 And a reminder again to the members of the  
15 public, that they can continue to submit written  
16 public comment to [CONcomment@ct.gov](mailto:CONcomment@ct.gov) up to seven  
17 days after today.

18 This hearing is hereby adjourned, but the  
19 record will remain open until closed by OHS. So  
20 thank you very much and have a good afternoon.

21  
22 (End: 3:12 p.m.)  
23  
24  
25

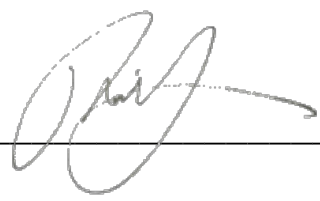
STATE OF CONNECTICUT

I, ROBERT G. DIXON, a Certified Verbatim Reporter within and for the State of Connecticut, do hereby certify that I took the above 93 pages of proceedings in the STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF HEALTH STRATEGY, EVIDENTIARY AND PUBLIC HEARING, In Re: LIFT PATHWAYS TO RENEWAL, LLC, Docket No. 22-32602-CON; CERTIFICATE OF NEED APPLICATION, held before: DANIEL CSUKA, ESQ., THE HEARING OFFICER, on May 24, 2023, (via teleconference).

I further certify that the within testimony was taken by me stenographically and reduced to typewritten form under my direction by means of computer assisted transcription; and I further certify that said deposition is a true record of the testimony given in these proceedings.

I further certify that I am neither counsel for, related to, nor employed by any of the parties to the action in which this proceeding was taken; and further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of the action.

WITNESS my hand and seal the 7th day of June, 2023.



Robert G. Dixon, N.P., CVR-M No. 857

My Commission Expires 6/30/2025

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