

Greer, Leslie

From: Martone, Kim
Sent: Thursday, January 30, 2014 1:47 PM
To: Hansted, Kevin
Cc: Riggott, Kaila; Greer, Leslie
Subject: FW: Behavioral Health Services-Bed Capacity Request
Attachments: Bed Capacity Request.pdf

From: Thomas, Emily [<mailto:Emily.Thomas@uhsinc.com>]
Sent: Thursday, January 30, 2014 12:58 PM
To: Martone, Kim
Cc: Aniskovich, William
Subject: Behavioral Health Services-Bed Capacity Request

Ms. Martone,

I am sending the attached at the request of our CEO William Aniskovich (cc'd above). The originals have been sent overnight to you.

Please let me know if you have any questions regarding the attached documents.

Respectfully,
Emily

Emily M. Thomas
Administrative Coordinator
Stonington Institute
75 Swantown Hill Rd
North Stonington, CT 06359
860-445-3008 Phone
emily.thomas@uhsinc.com

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Kimberly R. Martone
Director of Operations, OHCA
Connecticut Department of Public Health
410 Capitol Avenue MS#13HCA
PO Box 340308
Hartford, CT 06134-0308

Re: Behavioral Health Services-Bed Capacity Request

Dear Ms. Martone:

On May 23, 2013, the Office of Healthcare Access ("OHCA") determined that a Certificate of Need was not required to expand Stonington's inpatient behavioral health service to include a 4-inpatient bed Hospital for Mentally Ill Persons service using existing licensed bed capacity. A copy of that Determination Letter is included (13-31834-DTR).

On September 27, 2013, Stonington was notified by CMS that the 4-bed service could not be certified under the Medicare standards. The inability to offer a Medicare certified service makes it impossible to serve the target population as defined in the Determination Letter. As a result, patient days have dropped significantly as indicated in the below Table. In addition, the unit is currently empty as of the date of this letter and has not had a referral for admission since January 17, 2014.

Inpatient Service Patient Days by Month

Month	Patient Days
September, 2013	37
October, 2013	4
November, 2013	8
December, 2013	5
January, 2014 (MTD)	9

The only referral source currently utilizing the service is the Connecticut VA, which refers periodically but which is adding inpatient capacity and will therefore shortly have no need for our services. On January 27, 2013, Stonington contacted the VA and the VA raised no concern with our decision to decrease our inpatient acute bed capacity.

Therefore, we are requesting a determination of whether a CON is required to reduce the inpatient psychiatric bed capacity by 4 beds and increase our detoxification bed capacity by 4 beds. This proposal will not result in an increase of bed capacity at North Stonington, which is and will remain licensed at 58 total beds if this proposal is approved. We are proposing that our licensed bed capacity change from 4 Psychiatric/16 Detox/38 Intensive Treatment to 20 Detox/38 Intensive Treatment, effectively restoring the bed allocation to the pre-Determination Letter status.

Please feel free to contact me with any questions.

Very truly yours,

William A. Aniskovich
CEO & Managing Director



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

May 23, 2013

VIA FACSIMILE TRANSMISSION ONLY

William A. Aniskovich
Chief Executive Officer
Stonington Institute
75 Swantown Hill Road
North Stonington, CT 06359

RE: Certificate of Need Determination; Report Number: 13-31834-DTR
Stonington Institute
Expansion of Behavioral Health Services

Dear Mr. Aniskovich:

On April 26, 2013, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") determination request on behalf of Stonington Institute ("the Applicant") with respect to whether a CON is required to expand the hospital's existing inpatient behavioral health services to include a 4-inpatient bed Hospital for Mentally Ill Persons.

The beds would be located on the North Stonington campus; proposed services include aftercare inpatient psychiatric and detoxification treatment to be provided to veterans and active duty service members already patients of the hospital.

In a series of May 15, 2013 responses to inquiries from OHCA you confirmed that the Applicant has 58 Department of Public Health licensed beds and that the proposed expansion of inpatient behavioral health services will be implemented utilizing the existing license bed capacity.

Expanding the Applicant's inpatient behavioral health services to include a 4-inpatient bed Hospital for Mentally Ill Persons utilizing existing licensed bed capacity as the Applicant described it is not an increase in licensed bed capacity as defined by Conn. Gen. Stat. § 19a-638 (11). Based upon the foregoing, OHCA concludes that a CON is *not required* for the service expansion.

If you have any questions regarding this letter, please contact Olga Armah, Associate Research Analyst, at (860) 418-7070.

Sincerely,

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

Kimberly R. Martone
Director of Operations, OHCA

KRM:oa

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

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

Greer, Leslie

From: Martone, Kim
Sent: Friday, January 31, 2014 1:00 PM
To: Hansted, Kevin
Cc: Riggott, Kaila; Greer, Leslie
Subject: FW: Behavioral Health Services-Bed Capacity Request
Attachments: CON 1-30-2014.pdf

From: Thomas, Emily [<mailto:Emily.Thomas@uhsinc.com>]
Sent: Friday, January 31, 2014 12:54 PM
To: Martone, Kim
Cc: Aniskovich, William
Subject: RE: Behavioral Health Services-Bed Capacity Request

Ms. Martone,

Per your email response below please see attached CON determination form and licensures. The original CON and necessary attachments have been sent overnight to you and should arrive Monday.

Please let me know if you need anything additional.

Respectfully,
Emily

Emily M. Thomas
Administrative Coordinator
Stonington Institute
75 Swantown Hill Rd
North Stonington, CT 06359
860-445-3008 Phone
emily.thomas@uhsinc.com

From: Martone, Kim [Kimberly.Martone@ct.gov]
Sent: Thursday, January 30, 2014 2:08 PM
To: Thomas, Emily
Cc: Aniskovich, William
Subject: RE: Behavioral Health Services-Bed Capacity Request

Hi Emily, please complete a CON determination form for this request which you can find on our website at <http://www.ct.gov/dph/cwp/view.asp?a=3902&q=276934&dphNav=1>

Kim

Kimberly R. Martone
Director of Operations
Office of Health Care Access
Department of Public Health

Phone: 860-418-7029

Fax: 860-418-7053

Email: Kimberly.Martone@ct.gov

Website: www.ct.gov/ohca

From: Thomas, Emily [<mailto:Emily.Thomas@uhsinc.com>]

Sent: Thursday, January 30, 2014 12:58 PM

To: Martone, Kim

Cc: Aniskovich, William

Subject: Behavioral Health Services-Bed Capacity Request

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

May 23, 2013

VIA FACSIMILE TRANSMISSION ONLY

William A. Aniskovich
Chief Executive Officer
Stonington Institute
75 Swantown Hill Road
North Stonington, CT 06359

RE: Certificate of Need Determination; Report Number: 13-31834-DTR
Stonington Institute
Expansion of Behavioral Health Services

Dear Mr. Aniskovich:

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The beds would be located on the North Stonington campus; proposed services include aftercare inpatient psychiatric and detoxification treatment to be provided to veterans and active duty service members already patients of the hospital.

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Sincerely,

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Kimberly R. Martone
Director of Operations, OHCA

KRM:oa

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

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

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

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	75 Swantown Hill Rd. North Stonington, CT 06359	
Contact Person's Telephone Number	860-445-3008	
Contact Person's Fax Number	860-445-3010	
Contact Person's e-mail Address	William.aniskovich@uhsinc.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Behavioral Health Services-Bed Capacity Request
- b. Estimated Total Project Cost: \$0.00
- c. Location of proposal, identifying Street Address, Town and Zip Code:
75 Swantown Hill Rd. North Stonington, CT 06359
- d. List each town this project is intended to serve: Statewide
- e. Estimated starting date for the project: 02/10/2014

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

Stonington Behavioral Health, Inc.
Behavioral Health Services-Bed Capacity Request
Form 2020
January 30, 2014

Section IV. PROPOSAL DESCRIPTION

Stonington Behavioral Health, Inc. is a for-profit behavioral health treatment facility licensed by the State of Connecticut Department of Public Health (“DPH”) to provide substance abuse and mental health services. A copy of the DPH licenses currently held by Stonington is attached.

On May 23, 2013, the Office of Healthcare Access (“OHCA”) determined that a Certificate of Need was not required to expand Stonington’s inpatient behavioral health service to include a 4-inpatient bed Hospital for Mentally Ill Persons service using existing licensed bed capacity. A copy of that Determination Letter is included with this application (13-31834-DTR).

On September 27, 2013, Stonington was notified by CMS that the 4-bed service could not be certified under the Medicare standards. The inability to offer a Medicare certified service makes it impossible to serve the target population as defined in the Determination Letter. As a result, patient days have dropped significantly as indicated in the below Table. In addition, the unit is currently empty as of the date of this letter and has not had a referral for admission since January 17, 2014.

Inpatient Service Patient Days by Month

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December, 2013	5
January, 2014 (MTD)	9

The only referral source currently utilizing the service is the Connecticut VA at West Haven, which refers periodically but which is adding inpatient capacity and will therefore shortly have no need for our services. On January 27, 2013, Stonington contacted the VA and the VA raised no concern with our decision to decrease our inpatient acute bed capacity.

Therefore, we are requesting a determination of whether a CON is required to reduce the inpatient psychiatric bed capacity by 4 beds and increase our detoxification bed capacity by 4 beds. This proposal will not result in an increase of bed capacity at North Stonington, which is and will remain licensed at 58 total beds. We are proposing that our licensed bed capacity change from 4 Psychiatric/16 Detox/38 Intensive Treatment to 20 Detox/38 Intensive Treatment, effectively restoring the bed allocation to the pre-Determination Letter status.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0073

Hospitals for Mentally Ill Persons

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

Stonington Behavioral Health, Inc. of North Stonington, CT d/b/a Stonington Institute is hereby licensed to maintain and operate a Hospital for Mentally Ill Persons.

Stonington Institute is located at 75 Swantown Hill Road, North Stonington, CT 06359.

The maximum number of beds shall not exceed at any time:

4 Psych Beds

This license expires **September 30, 2014** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, October 11, 2012.

License Revised to Reflect:

*Removed (2) Satellites effective 9/23/13 because they hold separate licenses.



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

Jewel Mullen, MD, MPH, MPA
Commissioner



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Division of Health Systems Regulation

TO: Administrator
Stonington Institute
75 Swantown Hill Road
North Stonington, CT 06359

FROM: Colleen Judge
Processing Technician

DATE: September 23, 2013

We are enclosing a corrected license showing a change for your facility:

- Change of Administrator
- Change of Medical Director
- Change of Director of Nurses
- Increase of bed capacity from _____ to _____ Eff: _____.
- Decrease of bed capacity from _____ to _____ Eff: _____.
- Other change, describe below:
Removed (2) satellites because they hold separate licenses effective 9/23/13.
The satellite addresses are 428 Long Hill Road, Groton and 1353 Gold Star Highway, North Stonington.

Please note that this license is in effect only for the operation of the facility as it is now organized. This division should be notified immediately if you:

1. Change your Administrator
2. Change your Director of Nurses
3. Change your Medical Director
4. Plan to relocate
5. Plan to sell your facility
6. Plan to discontinue operation.

Any of these changes or proposed changes also requires written notification to this division.

If we can be of any assistance, please do not hesitate to call the licensure office.



Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HFL
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0073

Hospital for Mentally Ill Persons

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

Stonington Behavioral Health, Inc. of North Stonington, CT d/b/a Stonington Institute is hereby licensed to maintain and operate a Hospital for Mentally Ill Persons.

Stonington Institute is located at 75 Swantown Hill Road, North Stonington, CT 06359.

The maximum number of beds shall not exceed at any time:

4 Psych Beds

This license expires **September 30, 2014** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 11, 2012. INITIAL.

Satellites:

Stonington Institute, 428 Long Hill Road, Groton, CT

Stonington Institute, 1353 Gold Star Highway, North Stonington, CT



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0298

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

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

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

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

William A. Aniskovich as Executive Director.

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

38 Intensive Treatment Beds
16 Residential Detoxification and Evaluation Beds
Outpatient Treatment
Day and Evening Treatment
Ambulatory Chemical Detoxification Treatment

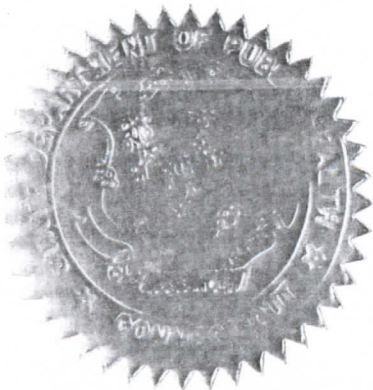
This license expires **March 31, 2014** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2012.

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

License revised to reflect:

Decrease in bed capacity (9 beds) Eff: 12/17/12



Jewel Mullen

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0040

Mental Health Day Treatment Facility

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

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

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

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

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

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



Jewel Mullen MD
Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0393

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

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

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

Stonington Institute is located at 1353 Gold Star Highway, Groton, CT 06340 with:

William A. Aniskovich as Executive Director.

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

Day and Evening Treatment
Outpatient Treatment

This license expires **December 31, 2013** and may be revoked for cause at any time.

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



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0000-0052

Mental Health Day Treatment Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:
Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby
licensed to maintain and operate a Mental Health Day Treatment Facility.

Stonington Institute is located at 1353 Gold Star Highway, Groton, CT 06340 with:

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

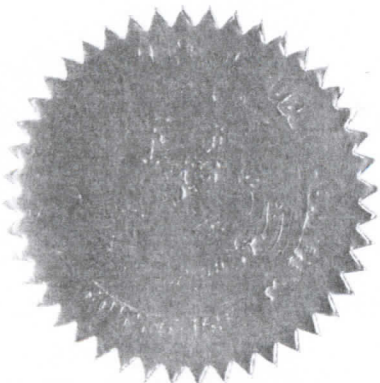
The service classification(s) and if applicable, the residential capacities are as follows:

Multi Service

This license expires **December 31, 2013** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, January 20, 2010.

License revised to reflect:

RELOCATION EFF: 1/20/10



J Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA,
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0300

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

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

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

Stonington Institute is located at 428 Long Hill Rd, Groton, CT 06340 with:

William A. Aniskovich as Executive Director.

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

Day and Evening Treatment
Outpatient Treatment

This license expires **March 31, 2014** and may be revoked for cause at any time.

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



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0041

Mental Health Day Treatment Facility

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

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

Stonington Institute is located at 428 Long Hill Rd, Groton, CT 06340 with:

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

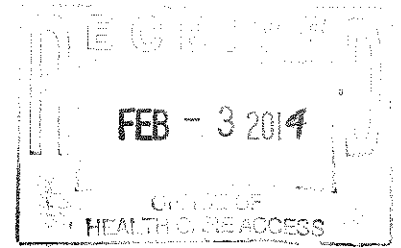
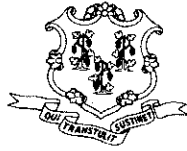
This license expires **March 31, 2016** and may be revoked for cause at any time.

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



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

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

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	75 Swantown Hill Rd. North Stonington, CT 06359	
Contact Person's Telephone Number	860-445-3008	
Contact Person's Fax Number	860-445-3010	
Contact Person's e-mail Address	William.aniskovich@uhsinc.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Behavioral Health Services-Bed Capacity Request
- b. Estimated Total Project Cost: \$0.00
- c. Location of proposal, identifying Street Address, Town and Zip Code:
75 Swantown Hill Rd. North Stonington, CT 06359
- d. List each town this project is intended to serve: Statewide
- e. Estimated starting date for the project: 02/10/2014

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: William A. Aniskovich

Project Title: Behavioral Health Services-Bed Capacity Request

I, William Aniskovich, CEO of Stonington Institute being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.



Signature 01/30/2014
Date

Subscribed and sworn to before me on January 30th, 2014



Notary Public/Commissioner of Superior Court

My commission expires: 10/31/16

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

Stonington Behavioral Health, Inc.
Behavioral Health Services-Bed Capacity Request
Form 2020
January 30, 2014

Section IV. PROPOSAL DESCRIPTION

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Month	Patient Days
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STATE OF CONNECTICUT

Department of Public Health

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License No. 0073

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Stonington Behavioral Health, Inc. of North Stonington, CT d/b/a Stonington Institute is hereby licensed to maintain and operate a Hospital for Mentally Ill Persons:

Stonington Institute is located at 75 Swantown Hill Road, North Stonington, CT 06359.

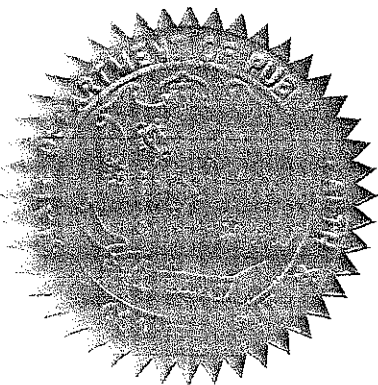
The maximum number of beds shall not exceed at any time:

4 Psych Beds

This license expires **September 30, 2014** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, October 11, 2012.

License Revised to Reflect:

*Removed (2) Satellites effective 9/23/13 because they hold separate licenses.



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Division of Health Systems Regulation

TO: Administrator
Stonington Institute
75 Swantown Hill Road
North Stonington, CT 06359

FROM: Colleen Judge
Processing Technician

DATE: September 23, 2013

We are enclosing a corrected license showing a change for your facility:

- Change of Administrator
- Change of Medical Director
- Change of Director of Nurses
- Increase of bed capacity from _____ to _____ Eff: _____.
- Decrease of bed capacity from _____ to _____ Eff: _____.
- Other change, describe below:
Removed (2) satellites because they hold separate licenses effective 9/23/13.
The satellite addresses are 428 Long Hill Road, Groton and 1353 Gold Star Highway, North Stonington.

Please note that this license is in effect only for the operation of the facility as it is now organized. This division should be notified immediately if you:

1. Change your Administrator
2. Change your Director of Nurses
3. Change your Medical Director
4. Plan to relocate
5. Plan to sell your facility
6. Plan to discontinue operation.

Any of these changes or proposed changes also requires written notification to this division.

If we can be of any assistance, please do not hesitate to call the licensure office.



Phone: (860) 509-7444

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 12HFL

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0073

Hospital for Mentally Ill Persons

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

Stonington Behavioral Health, Inc. of North Stonington, CT d/b/a Stonington Institute is hereby licensed to maintain and operate a Hospital for Mentally Ill Persons.

Stonington Institute is located at 75 Swantown Hill Road, North Stonington, CT 06359.

The maximum number of beds shall not exceed at any time:

4 Psych Beds

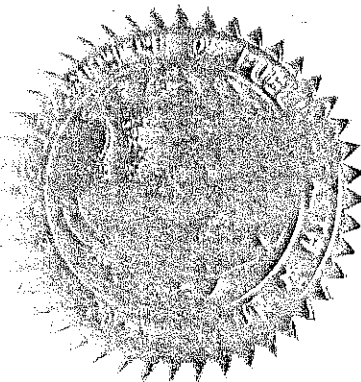
This license expires **September 30, 2014** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 11, 2012. INITIAL.

Satellites:

Stonington Institute, 428 Long Hill Road, Groton, CT

Stonington Institute, 1353 Gold Star Highway, North Stonington, CT



A handwritten signature in cursive script that reads "Jewel Mullen" followed by a small mark.

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0298

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

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

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

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

William A. Aniskovich as Executive Director.

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

38 Intensive Treatment Beds
16 Residential Detoxification and Evaluation Beds
Outpatient Treatment
Day and Evening Treatment
Ambulatory Chemical Detoxification Treatment

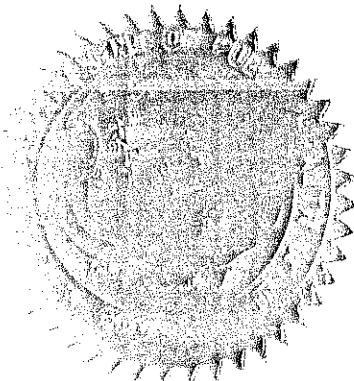
This license expires **March 31, 2014** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2012.

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

License revised to reflect:

Decrease in bed capacity (9 beds) Eff: 12/17/12



Jewel Mullen

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0040

Mental Health Day Treatment Facility

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

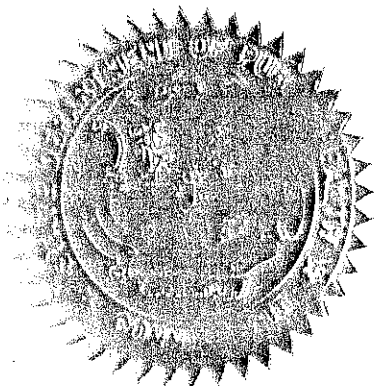
Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

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

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

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

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



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0393

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

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

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

Stonington Institute is located at 1353 Gold Star Highway, Groton, CT 06340 with:

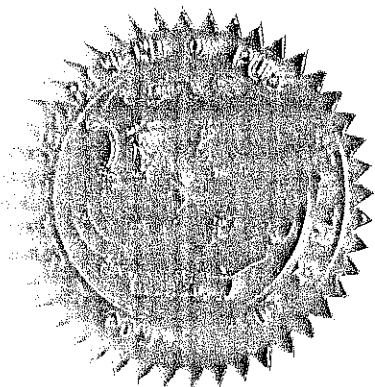
William A. Aniskovich as Executive Director.

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

Day and Evening Treatment
Outpatient Treatment

This license expires **December 31, 2013** and may be revoked for cause at any time.

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



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0000-0052

Mental Health Day Treatment Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:
Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby
licensed to maintain and operate a Mental Health Day Treatment Facility.

Stonington Institute is located at 1353 Gold Star Highway, Groton, CT 06340 with:

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

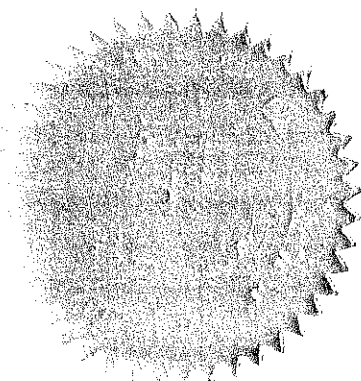
The service classification(s) and if applicable, the residential capacities are as follows:

Multi Service

This license expires **December 31, 2013** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, January 20, 2010.

License revised to reflect:

RELOCATION EFF: 1/20/10



J. Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA,
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0300

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

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

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

Stonington Institute is located at 428 Long Hill Rd, Groton, CT 06340 with:

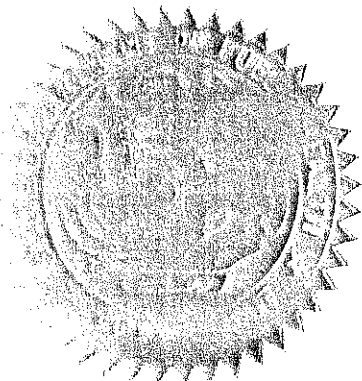
William A. Aniskovich as Executive Director.

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

Day and Evening Treatment
Outpatient Treatment

This license expires **March 31, 2014** and may be revoked for cause at any time.

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



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0041

Mental Health Day Treatment Facility

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

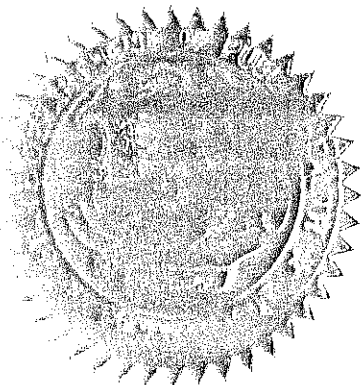
Stonington Behavioral Health, Inc. of North Stonington, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

Stonington Institute is located at 428 Long Hill Rd, Groton, CT 06340 with:

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

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

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



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner



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

May 23, 2013

VIA FACSIMILE TRANSMISSION ONLY

William A. Aniskovich
Chief Executive Officer
Stonington Institute
75 Swantown Hill Road
North Stonington, CT 06359

RE: Certificate of Need Determination; Report Number: 13-31834-DTR
Stonington Institute
Expansion of Behavioral Health Services

Dear Mr. Aniskovich:

On April 26, 2013, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") determination request on behalf of Stonington Institute ("the Applicant") with respect to whether a CON is required to expand the hospital's existing inpatient behavioral health services to include a 4-inpatient bed Hospital for Mentally Ill Persons.

The beds would be located on the North Stonington campus; proposed services include aftercare inpatient psychiatric and detoxification treatment to be provided to veterans and active duty service members already patients of the hospital.

In a series of May 15, 2013 responses to inquiries from OHCA you confirmed that the Applicant has 58 Department of Public Health licensed beds and that the proposed expansion of inpatient behavioral health services will be implemented utilizing the existing license bed capacity.

Expanding the Applicant's inpatient behavioral health services to include a 4-inpatient bed Hospital for Mentally Ill Persons utilizing existing licensed bed capacity as the Applicant described it is not an increase in licensed bed capacity as defined by Conn. Gen. Stat. § 19a-638 (11). Based upon the foregoing, OHCA concludes that a CON is *not required* for the service expansion.

If you have any questions regarding this letter, please contact Olga Armah, Associate Research Analyst, at (860) 418-7070.

Sincerely,

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

Kimberly R. Martone
Director of Operations, OHCA

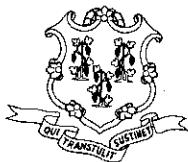
KRM:oa

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

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov



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

February 4, 2014

VIA FACSIMILE ONLY

William A. Aniskovich
CEO & Managing Director
Stonington Institute
75 Swantown Hill Rd
North Stonington, CT 06359

RE: Certificate of Need Determination Report Number 14-31894-DTR
Termination of Inpatient Behavioral Health Services

Dear Mr. Aniskovich:

On January 31, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Stonington Institute ("Petitioner") with respect to the termination of certain inpatient behavioral health services.

In 2013, the Petitioner added an inpatient psychiatric service utilizing four existing beds. On September 28, 2013, the Petitioner was notified by CMS that the four-bed service could not be Medicare certified. The inability to serve Medicare patients renders the new service unavailable to the target population. As a result, the service is not being utilized. Therefore, the Petitioner seeks to terminate the provision of the four-bed psychiatric service and utilize those beds for its existing detoxification service.

Connecticut General Statutes § 19a-638(a)(4) requires a CON for the "termination of inpatient or outpatient services offered by a hospital...". However, the Petitioner is not a hospital as defined by Connecticut General Statutes § 19a-659(2). Therefore, a CON *is not required* for the Petitioner's proposal.

Sincerely,

Kimberly R. Martone
Director of Operations

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

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

* * * COMMUNICATION RESULT REPORT (FEB. 4. 2014 1:15PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	FEB. 4. 2014 1:13PM OPTION	ADDRESS	RESULT	PAGE
051	MEMORY TX	98604453010	OK	2/2

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



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

FAX SHEET

TO: WILLIAM ANISKOVICH

FAX: 860 445-3010

AGENCY: STONINGTON INSTITUTE

FROM: OHCA

DATE: 2/4/14 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Determination for DN: 14-31894-DTR

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 Fax: (860) 418-7053

**410 Capitol Ave., MS#13HCA
 P.O.Box 340308
 Hartford, CT 06134**