



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

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

SECTION I. PETITIONER INFORMATION

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

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

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Same
Contact Person's Telephone Number	860-445-3008
Contact Person's Fax Number	860-445-3010
Contact Person's e-mail Address	William.aniskovich@uhsinc.com

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:
One Bed Reallocation
- b. Estimated Total Project Cost:
\$6,000.00
- c. Location of proposal, identifying Street Address, Town and Zip Code:
75 Swantown Hill Road, North Stonington, CT 06359
- d. List each town this project is intended to serve:
State-wide
- e. Estimated starting date for the project:
11/1/14

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-One Bed Reallocation
Form 2020
September 22, 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. Copies of the DPH licenses currently held by Stonington for the 75 Swantown Hill Road facility (the “Facility”) are attached.

Stonington is currently licensed for 20 Residential Detoxification and Evaluation (RDE) beds and 38 Intensive Treatment (IT) beds. The RDE and IT service treats adult male and female patients from across the state. Stonington’s seven (7) bed IT unit for active-duty women (which is part of the 38-bed IT complement) has an ADC of 5 over the last two years.

The proposal would decrease female IT unit beds by one and increase the RDE unit beds by one, thus resulting in no net increase in the total LBC at the Facility.

This proposal replaces Applicant’s proposal submitted on September 19, 2014 (OHCA 14-31946-DTR).

The service will be offered as a component of care, where appropriate, to all patients admitted to Stonington’s substance abuse programs, regardless of payer source or insurance and as such will have little to no impact on other providers of chemical maintenance treatment.



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

October 23, 2014

VIA FACSIMILE ONLY

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

RE: Certificate of Need Determination Report Number 14-31959-DTR
Reallocation of Licensed Beds

Dear Mr. Aniskovich:

On October 22, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Stonington Behavioral Health, Inc. ("Petitioner") with respect to the reallocation of certain licensed beds.

The Petitioner is a for-profit behavioral health treatment facility licensed to provide substance abuse and mental health services. The Petitioner is currently licensed for twenty Residential Detoxification and Evaluation ("RDE") beds and thirty-eight Intensive Treatment ("IT") beds. The Petitioner wishes to reallocate one of the IT beds to the RDE program, with no net increase in the total licensed bed capacity of the facility.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(11), a certificate of need is required for an "increase in the licensed bed capacity of a health care facility". Conn. Gen. Stat. § 19a-630(10) defines a health care facility as "... (G) mental health facilities; (H) substance abuse treatment facilities..."

The Petitioner is a mental health and substance abuse facility but is not seeking to increase its licensed bed capacity. Therefore, a **CON is not required** for the Petitioner's proposal.

Sincerely,

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 (OCT. 23. 2014 10:35AM) * * *

FAX HEADER:

TRANSMITTED/STORED FILE MODE	OCT. 23. 2014 10:33AM OPTION	ADDRESS	RESULT	PAGE
704	MEMORY TX	98604453010	OK	2/2

REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER

E-2) BUSY
 E-2) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: WILLIAM A. ANISKOVICH

FAX: 860 445-3010

AGENCY: STONINGTON BEHAVIORAL HEALTH, INC.

FROM: OHCA

DATE: 10/23/14 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
 CON Determination for Report Number 14-31959-DTR regarding
 reallocation of licensed beds.

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

Phone: (860) 418-7001

Fax: (860) 418-7053

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