

**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	Discovery Practice Management, Inc.	
Doing Business As	Center for Discovery	
Name of Parent Corporation	Discovery Practice Management, Inc.	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	4281 Katella Ave., Suite 111, Los Alamitos, CA 90720	
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	Tim Davis Director of Business & Strategic Development	

correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	4281 Katella Ave., Suite 111, Los Alamitos, CA 90720	
Contact Person's Telephone Number	714-947-7357	
Contact Person's Fax Number	714-828-1868	
Contact Person's e-mail Address	<u>Tim.davis@centerfordiscovery.com</u>	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Center for Discovery Greenwich PHP
- b. Estimated Total Project Cost: \$ N/A
- c. Location of proposal, identifying Street Address, Town and Zip Code: 7 Riversville Rd, Suite 2A, Greenwich, CT 06831
- d. List each town this project is intended to serve:
Greenwich, Stamford, Darien, Norwalk, Fairfield
- e. Estimated starting date for the project: 10/1/16

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.

Currently, Center for Discovery operates a Mental Health Residential Living Center (License No. 0050) in Fairfield, CT. This facility provides residential treatment for adult women with eating disorders. Care includes 24 hour monitoring by direct care staff, individual, group, and family therapy sessions, along with physician and psychiatric monitoring.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

Discovery is proposing opening a Freestanding Mental Health Day Treatment Facility in Greenwich, CT to provide PHP services to adult's with eating disorders. This would act as a natural step-down level of treatment for individual's leaving residential care, as well as a lower level of care for individuals not severe enough for residential care.

The program will last between 6-8 hours per day and include individual, group, and family therapy sessions. Individuals will receive psychiatric monitoring, dietary consulting, and coached meals to help with anorexia, bulimia, and binge eating disorder.

3. Identify the current population served and the target population to be served.

Currently, the residential living center serves adult women ages 18+ suffering from anorexia, bulimia, and binge-eating disorder. The new population to be served would include adults 18+ who suffer from anorexia, bulimia, and binge eating disorder but who do not require a residential setting for treatment.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Discovery Practice Management, Inc.

Project Title: Center for Discovery, Greenwich Outpatient

I, CRAIG M. BROWN, Ph.D., CEO
(Name) (Position – CEO or CFO)

of DISCOVERY PRACTICE MANAGEMENT, INC. being duly sworn, depose and state that the
(Organization Name)

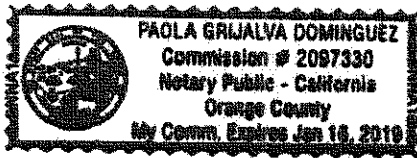
information provided in this CON Determination form is true and accurate to the best of my knowledge.

[Signature] 7-6-2016
Signature Date

Subscribed and sworn to before me on July 6, 2016.

Paola Grijalva Dominguez
Notary Public/Commissioner of Superior Court

My commission expires: January 16, 2019.



STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0050

Mental Health Residential Living Center

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

Discovery Practice Management, Inc. of Los Alamitos, CA, d/b/a Center for Discovery Residential Treatment for Adult Women with Eating Disorders is hereby licensed to maintain and operate a Mental Health Residential Living Center.

Center for Discovery Residential Treatment for Adult Women with Eating Disorders is located at 4536 Congress St, Fairfield, CT 06824 with:

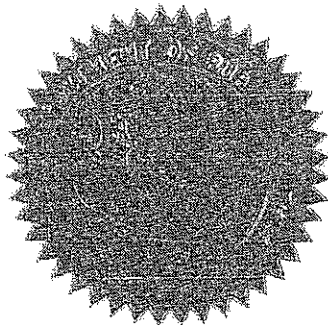
Perla Vilhjalmsdottir as Executive Director,
Samantha Bathija as Director.

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

6 Mental Health Residential Living Center beds.

This license expires **March 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 17, 2015. INITIAL



Jewel Mullen, MD, MPH, MPA
Commissioner

Olejarz, Barbara

From: User, OHCA
Sent: Wednesday, July 06, 2016 3:39 PM
To: Olejarz, Barbara
Subject: FW: Discovery Practice Management - Freestanding Mental Health Day Treatment
Attachments: CON Determination Form.pdf

Barbara, please see below for processing.

From: Tim Davis [mailto:tim.davis@centerfordiscovery.com]
Sent: Wednesday, July 06, 2016 2:15 PM
To: User, OHCA <OHCA@ct.gov>
Subject: Discovery Practice Management - Freestanding Mental Health Day Treatment

Hello,

Please see the attached CON determination form. Discovery Practice Management would like to operate a Partial Hospitalization style program (6-8 hours) for adult eating disorder therapy and treatment. The Freestanding Mental Health Day Treatment license seems to be the most applicable, and Discovery would like to know whether we need to pursue a CON for this.

Thank you,
Tim

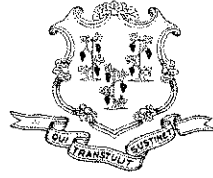
Tim Davis, CFA

Director of Business & Strategic Development
Center for Discovery
4281 Katella Avenue, Suite 111
Los Alamitos, CA 90720
714-947-7357 (OFFICE)
806-438-3505 (CELL)
714-828-1868 (FAX)
tim.davis@centerfordiscovery.com
www.centerfordiscovery.com

CENTER FOR DISCOVERY
Mental Health Services

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



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

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

July 7, 2016

Tim Davis
Director of Business & Strategic Development
Discovery Practice Management, Inc.
4281 Katella Ave., Suite 111
Los Alamitos, CA 90720

RE: Certificate of Need Determination Report Number 16-32099-DTR
Establishment of Private Freestanding Psychiatric Outpatient Clinic

Dear Mr. Davis:

On July 6, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Discovery Practice Management, Inc. ("Petitioner") with respect to the establishment of a Freestanding Mental Health Day Treatment Facility.

The Petitioner, a for-profit entity, currently operates a Mental Health Residential Living Center in Fairfield, Connecticut. The Petitioner is proposing the establishment of a Freestanding Mental Health Day Treatment Facility in Greenwich, Connecticut to provide services to adults with eating disorders. Individuals will received psychiatric monitoring, dietary consulting, and coached meals to help with anorexia, bulimia, and binge eating disorder.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a certificate of need is required for the "establishment of a new health care facility". Conn. Gen. Stat. § 19a-630(11) defines a health care facility as "(G) mental health facilities". The proposed Freestanding Mental Health Day Treatment Facility is a mental health facility. Therefore, a **CON is required** for the Petitioner's proposal.

Sincerely,

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

Kimberly R. Martone
Director of Operations

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



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

* * * COMMUNICATION RESULT REPORT (JUL. 7. 2016 11:05AM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUL. 7. 2016 11:04AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

679 MEMORY TX

917148281868

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: TIM DAVIS
FAX: 714-828-1868
AGENCY: DISCOVERY PRACTICE MANAGEMENT, INC.
FROM: OHCA
DATE: 7/7/16 Time: _____
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
Attached is the CON Determination for Report Number: 16-32099-DTR for the establishment of a private freestanding psychiatric outpatient clinic.

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

Phone: (860) 418-7001

Fax: (860) 418-7053

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

Greer, Leslie

From: Martone, Kim
Sent: Tuesday, July 12, 2016 12:14 PM
To: Hansted, Kevin
Cc: Roberts, Karen; Greer, Leslie
Subject: FW: Center for Discovery
Attachments: Complaint letter re Ctr For Disc.pdf

Importance: High

Kimberly R. Martone

Director of Operations, Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 CMN, Hartford, Connecticut 06134
Phone: 860-418-7029 Fax: 860-418-7053
Email: Kimberly.Martone@ct.gov Website: www.ct.gov/ohca



From: Rossignol, Charles [<mailto:CRossignol@waldenbehavioralcare.com>]
Sent: Tuesday, July 12, 2016 12:15 PM
To: Martone, Kim
Cc: Koman, Stuart; Pat Gerner (KLG1@aol.com)
Subject: Center for Discovery
Importance: High

Greetings, Kim. Thank you for speaking with me this morning. Attached is our formal letter from Walden Behavioral Care challenging Center for Discovery's (CFD) opening of a treatment center in New Haven – less than 15 miles from our Guilford clinic. Our attorney, Patricia Gerner Esq, is copied on this correspondence. An original letter will be coming by certified mail.

I, along with Attorney Gerner, would appreciate being able to hear of the progress with your actions regarding CFD. Thank you in advance for your response. Please let us know if there are any other actions we can/should take to support your efforts.

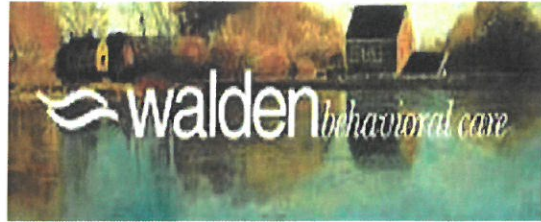
Sincerely –
Chuck Rossignol

Charles R Rossignol, MBA
Vice President - Business Development & Contracting
Walden Behavioral Care
51 Sawyer Road
Waltham, MA 02453

Office: 781-647-2922
Cell: 978-314-1660

Email: crossignol@waldenbehavioralcare.com

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July 12, 2016

By email: Kimberly.Martone@ct.gov

Ms. Kimberly Martone
Director of Operations
Department of Public Health
Division of the Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: Center for Discovery – service opening in New Haven CT

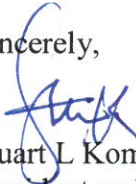
Dear Ms. Martone:

I am writing to you today to express our significant concern and alarm with the upcoming opening of a new eating disorder program in New Haven, within 15 miles of our recently licensed eating disorders clinic in Guilford, CT. The service is operated by Center For Discovery (CFD), perhaps under the name of Discovery Practice Management, and is located at 900 Chapel Street in New Haven. Walden became aware of this through receipt of an email announcement – a copy of which is attached. A review of the materials in the announcement indicates that the program in many ways mirrors that of our own program in Guilford. The announcement indicates that the intended opening is planned for July 25, less than two weeks away.

Our attorney, Ms. Patricia Gerner, has confirmed with your office that there is no record of CFD's application for a Certificate of Need, thus appearing to make their service launch a clear violation of regulatory procedures, and accordingly, licensure – quite dubious. We hope that we can count on your office to take every legal measure to require CFD to cease its plans for service opening. We would appreciate continuing communication with your office regarding the progress of your plans regarding CFD, and would welcome any opportunity to support your efforts in challenging their intentions in any way.

Thank you for receiving this very important communication. An original of this letter will be sent by certified mail. I can be reached at any time for further discussion through my office, by calling 781-647-6767.

Sincerely,

A handwritten signature in blue ink, appearing to read "Stuart L. Koman".

Stuart L. Koman, PhD
President and Chief Executive Officer

Cc: Patricia Gerner, Esq.

From: Center For Discovery [<mailto:alexia.mowry@centerfordiscovery.com>]

Sent: Friday, July 08, 2016 10:08 AM

Subject: Opening July 25: Center For Discovery New Haven Eating Disorder Outpatient Program

**OPENING
JULY 25TH!**

CENTER FOR DISCOVERY
NEW HAVEN OUTPATIENT

Eating Disorder Treatment
Partial Hospitalization | Intensive Outpatient

**Now Accepting Clients For
Enrollment**

51 Sawyer Road, 5th Floor / Waltham, MA 02453 Tel: 781-647-6767 / Fax: 781-647-6755
www.waldenbehavioralcare.com

MULTIMODAL TREATMENT APPROACH

A comprehensive and individualized experience that includes Dialectical Behavior Therapy, Somatic Awareness, Expressive Arts Therapies, and Body Movement.

INTENSIVE FAMILY TREATMENT

Multiple opportunities for involvement including therapeutic family meals, family therapy, and multi-family skills groups.

COMPREHENSIVE DIETARY PROGRAM

One on one dietary sessions, meal planning and preparation support, Exposure and Response Prevention, restaurant exposure, grocery store outings and education, therapeutic meals, nutrition groups and activities.

CUSTOMIZED PROGRAMMING

Center For Discovery recognizes that people lead busy lives and offers programming Monday through Saturday to provide every opportunity for therapeutic engagement.

AGE-SPECIFIC TREATMENT

Center for Discovery offers separate programming for adolescents and adults, both males and females.

DISCOVERY CONNECT

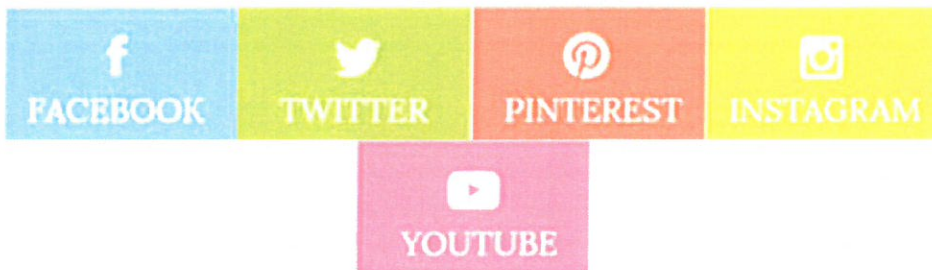
Advanced technology that facilitates more effective communication with referring treatment team and families.

IN-NETWORK WITH ALL MAJOR INSURANCE COMPANIES

Call today and Discovery will provide a complimentary insurance benefit verification and confidential assessment.

**CONTACT
ADMISSIONS**

**ABOUT OUR
PROGRAM**



For more information call 866-377-9690 or www.CenterForDiscoveryNewHaven.com

51 Sawyer Road, 5th Floor / Waltham, MA 02453 Tel: 781-647-6767 / Fax: 781-647-6755
www.waldenbehavioralcare.com

4281 Katella Avenue, Suite 111 * Los Alamitos, CA 90720

Center for Discovery, 4281 Katella Avenue, Suite 111, Los Alamitos, CA 90720

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