

**Joseph B. O'Connell, M.D.**  
**PLASTIC SURGERY OF SOUTHERN CONNECTICUT, L.L.C.**

Aesthetic Surgery  
Reconstructive Surgery  
Internet: [www.plasticsurgeryct.com](http://www.plasticsurgeryct.com)

208 Post Rd. West  
Westport, CT 06880  
Telephone: (203) 454-0044



June 23, 2017

Ms. Kimberly Martone  
Director of Operations  
State of Connecticut, Office of Health Care Access  
410 Capitol Avenue, MS-13HCA  
P.O. Box 340308  
Hartford, Connecticut 06134-0308

**Re: Relocation of Plastic Surgery of Southern Connecticut, LLC**

Dear Ms. Martone:

Enclosed is a completed CON Determination Form for Relocation of a Health Care Facility. I plan to relocate the ambulatory surgery center portion of my practice to a new facility at 88 Danbury Road in Wilton, CT. The new location will allow me to add one additional operating room for a total of two operating rooms.

The new location in Wilton is convenient to the Merritt Parkway, U.S. Route 7 and Interstate 95, which will provide easy access for my current patient base. Payor mix will also remain the same post-relocation.

With my sincere thanks I remain,

Very truly yours,

Joseph B. O'Connell, M.D.

JOC/rm  
Enclosure



# State of Connecticut Office of Health Care Access CON Determination Form Relocation of a Health Care Facility

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. 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	Plastic Surgery of Southern Connecticut, LLC	
Doing Business As	Plastic Surgery of Southern Connecticut, LLC	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	208 Post Road W. Westport, CT 06880-4604	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Joseph B. O'Connell, MD Sole Owner	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	208 Post Road W. Westport, CT 06880-4604	
Contact Person's Telephone Number	203-454-0044	
Contact Person's Fax Number	203-454-8675	
Contact Person's e-mail Address	<a href="mailto:jbomd@aol.com">jbomd@aol.com</a>	

## SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, 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.

**Name of the Health Care Facility:** Plastic Surgery of Southern Connecticut, LLC

**Current Location:** 208 Post Rd. W., Westport, CT 06880

**Proposed Location:** 88 Danbury Rd, Wilton, CT 06897

**Current Population Served:** Residents of Westport, Fairfield, Weston, Wilton, Trumbull, Easton, Greenwich, Monroe, New Canaan, Norwalk and Stratford

**Proposed Population Served:** Same as above

**Current Payor Mix:** Commercial, Medicare and Self Pay

**Proposed Payor Mix:** Same as above

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: Plastic Surgery of Southern Connecticut, LLC

Project Title: Relocation of Facility

I, Joseph B. O'Connell, MD, CEO  
(Name) (Position – CEO or CFO)

of Plastic Surgery of Southern Connecticut, LLC 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] 6/26/17  
Signature Date

State of Connecticut Cent of Fairfield  
Subscribed and sworn to before me on June 26, 2017

[Signature]  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_



## Greer, Leslie

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**From:** Hansted, Kevin  
**Sent:** Friday, June 30, 2017 7:05 AM  
**To:** Greer, Leslie  
**Subject:** FW: OHCA Determination Report # 17-32175-DTR  
**Attachments:** CTLicense.pdf

Please add to the record.

Kevin T. Hansted  
Staff Attorney  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134  
Phone: 860-418-7044  
[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



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**From:** Joseph O'Connell, M.D. - Plastic Surgery of Southern Connecticut, L.L.C. [mailto:jbomd@aol.com]  
**Sent:** Thursday, June 29, 2017 9:18 PM  
**To:** Hansted, Kevin <Kevin.Hansted@ct.gov>  
**Subject:** Re: OHCA Determination Report # 17-32175-DTR

Dear Mr. Hansted:

Thank you for your e-mail. Attached is a copy of my ASC License and below is a table with the percentages of patient volume by payor source prior to and following relocation.

If you need anything else don't hesitate to contact me at any time.

Payment Source	Current	After Relocation
Commercial	63.6%	63.6%
Medicare	9.1%	9.1%
Self Pay	27.3%	27.3%
TOTAL	100.0%	100.0%

Thank you very much.

Sincerely,

Joseph O'Connell, M.D.

Plastic Surgery of Southern Connecticut, L.L.C. 208 Post Rd. West Westport, CT 06880 phone: (203) 454-0044 fax: (203) 454-8675 [www.plasticsurgeryct.com](http://www.plasticsurgeryct.com) NOTICE OF CONFIDENTIALITY The information contained in this transmission is confidential and may be privileged and/or contain confidential health information that is legally protected by state and federal law, including the Health Insurance Portability and Accountability Act of 1996 and related regulations. This information is intended only for the use of the individual or organization to whom it is addressed. If it is not meant for you, please notify the sender immediately by telephone so that arrangements may be made to return the documents or destroy them. Use, disclosure, distribution, or copying of documents transmitted to you in error is strictly prohibited. Thank you.

-----Original Message-----

From: Hansted, Kevin <[Kevin.Hansted@ct.gov](mailto:Kevin.Hansted@ct.gov)>  
To: 'jbomd@aol.com' <[jbomd@aol.com](mailto:jbomd@aol.com)>  
Sent: Thu, Jun 29, 2017 11:29 am  
Subject: OHCA Determination Report # 17-32175-DTR

Good morning Dr. O'Connell,

I am in receipt of your determination request regarding the relocation of your ambulatory surgery center. Please provide me with a copy of your current ambulatory surgery center license. Additionally, provide the percentages of total patient volume by payer source prior to the relocation and following the relocation.

Thank you,

Kevin T. Hansted  
Staff Attorney  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134  
Phone: 860-418-7044  
[kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



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this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

# STATE OF CONNECTICUT

## Department of Public Health

### LICENSE

License No. 0293

### Out-Patient Surgical Facility

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

Plastic Surgery of Southern Connecticut, LLC of Westport, CT, d/b/a Plastic Surgery of Southern Connecticut, LLC. is hereby licensed to maintain and operate an Out-Patient Surgical Facility.

**Plastic Surgery of Southern Connecticut, LLC** is located at 208 Post Road West, Westport, CT 06880.

This license expires **June 30, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2016. **RENEWAL**

Waiver Sec. 19-13-D56 (C)(2),(D)(5), (D)(6),

Waiver Sec. 19-13-D56 (E)(4), (E)(5), (E)(7), (E)(8), (E)(14)(E)(11),

Waiver Sec. 19-13 D56 (F)(2),

Waiver Sec. 19-13 D56 (G)(1)(j); (G)(1)(c), (G)(1)(a)



Raul Pino, MD, MPH  
Commissioner



## Greer, Leslie

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**From:** Greer, Leslie  
**Sent:** Friday, June 30, 2017 11:47 AM  
**To:** 'jbomd@aol.com'  
**Cc:** Hansted, Kevin; Martone, Kim; Olejarz, Barbara  
**Subject:** Plastic Surgery of Southern Connecticut, LLC CON Determination  
**Attachments:** 17-32175-DTR CON not required.pdf

Tracking:	Recipient	Delivery
	'jbomd@aol.com'	
	Hansted, Kevin	Delivered: 6/30/2017 11:47 AM
	Martone, Kim	Delivered: 6/30/2017 11:47 AM
	Olejarz, Barbara	Delivered: 6/30/2017 11:47 AM

Dr. O'Connell,

Attached is the decision for Plastic Surgery of Southern Connecticut, LLC's CON determination.

Thank you,

Leslie M. Greer  
Consumer Information Representative (PPT)  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue, MS#13HCA, Hartford, CT 06134  
Phone: (860) 418-7013 Fax: (860) 418-7053  
*Website:* [www.ct.gov/ohca](http://www.ct.gov/ohca)



# 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

June 30, 2017

Joseph B. O'Connell, MD  
Plastic Surgery of Southern Connecticut, LLC  
208 Post Road W.  
Westport, CT 06880

RE: Certificate of Need Determination Report Number 17-32175-DTR  
Addition of Operating Room and Relocation

Dear Dr. O'Connell:

On June 29, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Plastic Surgery of Southern Connecticut, LLC ("Petitioner") with respect to its relocation and the addition of one operating room.

The Petitioner is a single operating room, licensed, ambulatory surgery center located at 208 Post Road W., Westport, Connecticut. The Petitioner seeks to add an additional operating room for a total of two operating rooms. The Petitioner has not added an operating room within the last 3 years. The Petitioner also wishes to relocate its facility to 88 Danbury Road, Wilton, Connecticut. The Petitioner currently serves residents of Westport, Fairfield, Weston, Wilton, Trumbull, Easton, Greenwich, Monroe, New Canaan, Norwalk and Stratford with a payor mix of 63.6% commercial, 9.1% Medicare, and 27.3% self-pay. This is not expected to change after the proposed relocation.

Conn. Gen. Stat. § 19a-638(a)(14) requires CON authorization for "[a]n increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010, by an outpatient surgical facility, as defined in section 19a-493b, or by a short-term acute care general hospital;". The Petitioner has not added any operating rooms within the past three years. Therefore, the planned addition of one operating room **does not require CON authorization**.

Additionally, pursuant to Conn. Gen. Stat. § 19a-639c, the Petitioner has satisfactorily demonstrated that the population and payer mix currently served by the Petitioner will not substantially change as a result of the proposed relocation. Therefore, a **CON is not required** for the proposed relocation.

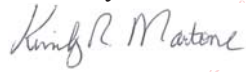


Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

Affirmative Action/Equal Opportunity Employer



Sincerely,



Digitally signed by Kimberly  
Martone  
Date: 2017.06.30 08:06:21 -04'00'

Kimberly R. Martone  
Director of Operations

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