

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTHCARE SYSTEMS**

In re: Alan Kelly, L.C.S.W.

Petition No. 2004-0517-058-006

**REINSTATEMENT CONSENT ORDER**

WHEREAS, Alan Kelly of Clinton (hereinafter "respondent") has been issued license number 001247 to practice licensed clinical social work by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on June 30, 2004, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. At all relevant times respondent was practicing licensed clinical social work in a solo practice.
2. On or about May 16, 2004 respondent went to the Middlesex Hospital emergency department for depression. Respondent was placed in-patient at the facility until about May 25, 2004. Respondent continues to have a diagnosis of depression, which if untreated, would interfere with his ability to practice as a licensed clinical social worker with reasonable skill and safety.

3. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-195p of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. He waives his right to a hearing on the merits of this matter.
2. Respondent's license to practice licensed clinical social work shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
3. Immediately upon issuance, respondent's license shall be placed on probation for a period of two (2) years under the following terms and conditions:
  - a. Respondent shall participate in regularly scheduled therapy at his own expense with a licensed or certified therapist pre-approved by the Department (hereinafter "therapist").
    - (1) Respondent shall provide a copy of this Reinstatement Consent Order to his therapist.
    - (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Reinstatement Consent Order within fifteen (15) days of the effective date of this Reinstatement Consent Order.

- (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
  - (4) The therapist shall submit reports quarterly for the duration of the probationary period, which shall address, but not necessarily be limited to, respondent's ability to practice licensed clinical social work safely and competently. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.
  - (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.
- b. Respondent shall obtain at his own expense, the services of a licensed clinical social worker, pre-approved by the Department (hereinafter "supervisor"), to conduct a monthly random review of twenty percent (20%) or twenty (20) of respondent's patient records, whichever is the larger number. In the event respondent has twenty (20) or fewer patients, the supervisor shall review all of respondent's patient records.
- (1) Respondent's supervisor shall conduct such review and meet with him not less than once every month for the duration of his probationary period.

- (2) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.
  - (3) Respondent shall be responsible for providing written supervisor reports directly to the Department quarterly for the duration of the probationary period. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the patient records and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and statement that respondent is practicing with reasonable skill and safety.
4. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant  
Department of Public Health  
Division of Health Systems Regulation  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308
5. Respondent shall comply with all federal and state statutes and regulations applicable to his license.
6. Respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
7. Respondent shall notify the Department of any change in his home and/or business address within fifteen (15) days of such change.
8. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.

9. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before a Hearing Officer in which (1) his compliance with this Reinstatement Consent Order is at issue, or (2) his compliance with §20-195p of the General Statutes of Connecticut, as amended, is at issue.
10. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.
11. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
12. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. Respondent has the right to consult with an attorney prior to signing this document.
14. This Reinstatement Consent Order is a matter of public record.
15. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

I, Alan Kelly, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Alan R. Kelly  
Alan Kelly, L.C.S.W.

Subscribed and sworn to before me this 14<sup>th</sup> day of December 2004.

Gary J. [Signature]  
Notary Public or person authorized  
by law to administer an oath or  
affirmation  
*My Commission Expires 01-21-2007*

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 14<sup>th</sup> day of December 2004, it hereby ordered and accepted.

Jennifer L. Filippone  
Jennifer L. Filippone  
Public Health Services Manager  
Office of Practitioner Licensing and Certification  
Bureau of Healthcare Systems



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

December 13, 2004

Allan R. Kelly, LCSW  
104 Old Nod Road  
Clinton, CT 06413

Dear Mr. Kelly:

This is to advise you that you have completed all requirements for reinstatement of your Connecticut social worker license. License number 001247 has been reinstated effective the date of this letter, in accordance with the terms of a Reinstatement Consent Order (copy enclosed).

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, relicensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure to renew your license in a timely manner each year in the month of your birth.

It is your responsibility to notify the Department of Public Health, in writing, of any future changes of name and/or address. Such notification to the Department is required by law and failure to provide same will jeopardize the status of your license.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Stephen B. Carragher  
Health Program Supervisor  
Office of Practitioner Licensing and Certification

cc: Jennifer Filippone, Public Health Services Manager  
Stanley Peck, Director, Legal Office  
Donna Brewer, Director, Public Health Hearing Office  
Bonnie Pinkerton, R.N.

SBC/sbc

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