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STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS
LETTER OF INTENT/WAIVER FORM
FORM 2030

State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

| | Applicant One | Applicant Two |
|--|--|---------------|
| Full legal name | St. Vincent's Special Needs Center, Inc. | |
| Doing Business As | St. Vincent's Special Needs Services | |
| Name of Parent Corporation | St. Vincent's Health System | |
| Mailing Address, if Post Office Box, include a street mailing address for Certified Mail | 95 Merritt Boulevard Trumbull, CT 06611 | |
| Applicant type (e.g., profit/non-profit) | Non-profit | |
| Contact person, including title or position | Barry Buxbaum, President/CEO | |
| Contact person's street mailing address | 95 Merritt Boulevard Trumbull, CT 06611 | |
| Contact person's phone #, fax # and e-mail address | (203) 386-2818 (phone) (203) 380-1190 (fax) barrybuxbaum@aol.com | |

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Construction of a community-based group home for medically complex children

b. Type of Proposal, please check all that apply:

Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

New (F, S, Fnc) Replacement Additional (F, S, Fnc)
 Expansion (F, S, Fnc) Relocation Service Termination
 Bed Addition Bed Reduction Change in Ownership/Control

Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

Project expenditure/cost greater than \$ 1,000,000

Equipment Acquisition greater than \$ 400,000
 New Replacement Major Medical
 Imaging Linear Accelerator

Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

Kighthawk Lane, Newtown, CT (does not have street number as of date of submission)

d. List all the municipalities this project is intended to serve:
Statewide

e. Estimated starting date for the project:
Construction of the facility will begin as soon as approval is received. Pending timely approval from OHCA, the facility would hope to begin to receive clients in June, 2006.

f. Type of project: 27 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

| Type | Existing Staffed | Existing Licensed | Proposed Increase (Decrease) | Proposed Total Licensed |
|------|------------------|-------------------|------------------------------|-------------------------|
| | | | | |
| | | | | |

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: \$ 1,270,000

b. Please provide the following breakdown as appropriate:

| | |
|---------------------------------------|--------------------|
| Construction/Renovations | \$1,245,000 |
| Medical Equipment (Purchase) | \$5,000 |
| Imaging Equipment (Purchase) | n/a |
| Non-Medical Equipment (Purchase) | \$20,000 |
| Sales Tax | Exempt |
| Delivery & Installation | Included above |
| Total Capital Expenditure | \$1,270.000 |
| Fair Market Value of Leased Equipment | n/a |
| Total Capital Cost | \$1,270.000 |

Major Medical and/or Imaging equipment acquisition: n/a

| Equipment Type | Name | Model | Number of Units | Cost per unit |
|----------------|------|-------|-----------------|---------------|
| | | | | |
| | | | | |

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

Applicant's Equity Lease Financing Conventional Loan
 Charitable Contributions CHEFA Financing Grant Funding
 Funded Depreciation Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- This request is for Replacement Equipment.
- The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
- The cost of the equipment is not to exceed \$2,000,000.
- The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: St. Vincent's Special Needs Center, Inc.

Project Title: Construction of a community-based group home for medically complex children

I, Barry Buxbaum, President/CEO
(Name) St. Vincent's
of Special Needs Center, Inc. being duly sworn, depose and state that the

information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
St. Vincent's Special
the best of my knowledge, and that Needs Center, Inc. complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.


Signature

January 26, 2006
Date

Subscribed and sworn to before me on January 26, 2006


Elizabeth A. Shaffey
Notary Public/Commissioner of Superior Court

My commission expires: 7/31/07

costs of \$45,000 for the architectural fees, medical equipment totaling \$5,000, and non-medical equipment such as furniture totaling \$20,000 to contribute to the total cost. The total capital expenditure for the project will be between \$1,270,000 and \$1,370,000.

The Department of Children and Families will support the cost of this service at a per diem rate approved by the agency based upon the availability of funds. Attached is a November 19, 2004 letter from the Commissioner of the Department of Children and Families supporting the Special Needs Services' proposal.



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Office of Health Care Access
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| | | |
|---|--|--|
| <input checked="" type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
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| | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

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AFFIDAVIT

Applicant: St. Vincent's Special Needs Center, Inc.

Project Title: Construction of a community-based group home for medically complex children

I, Barry Buxbaum, President/CEO
(Name) (Position – CEO or CFO)
St. Vincent's
of Special Needs Center, Inc. being duly sworn, depose and state that the

information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
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the best of my knowledge, and that Needs Center, Inc. complies with the appropriate and
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and/or 4-181 of the Connecticut General Statutes.


Signature

January 26, 2006
Date

Subscribed and sworn to before me on January 26, 2006


Elizabeth A. Jeffrey
Notary Public/Commissioner of Superior Court

My commission expires: 7/31/07

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2030

SECTION IV. PROPOSAL DESCRIPTION

St. Vincent's Special Needs Services ("Special Needs Services") currently provides residential services to both children and adults. These services are provided and reimbursed under the auspices of the State of Connecticut Department of Children and Families and the State of Connecticut Department of Mental Retardation. In 2003, Special Need Services renovated its Stratford-based facility to accommodate a 12-bed specialized community living arrangement for severely disabled children placed by the Department of Children and Families and supported by the agency.

Special Needs Services currently provides facility-based residential services to medically complex children whose conditions require medical oversight in a non-hospital environment. These children, many of whom are non-ambulatory and previously resided in more restrictive environments, benefit from a more home-like setting that cares for their daily physical needs and offers them an opportunity to participate in residential and special school activities.

Special Needs Services is currently proposing an extension of its services by developing a community-based group home for medically complex children placed by the Department of Children and Families and supported by that agency. The new facility being proposed will enable Special Needs Services to transition these children to an even less restrictive community-based setting providing the same medical and physical oversight noted above, but with further opportunities to not only access school and recreational opportunities, but further integrate into and utilize the resources of the community surrounding the group home. This is the second step in a three-step program to ultimately move these children into a foster home placement or expedite reunification with their biological families.

Special Need Services expects to provide both educational resources to the children and allocate space to train potential foster families. Many of the children that will benefit from this service are currently long-term residents in hospital settings or in out-of-state placements. Special Needs Services is not aware of any facility offering similar services in Newtown and the surrounding areas. This proposal, therefore, will serve a need by placing children currently out of state closer to their families.

Special Needs Services is not aware of any licensure that is required by the Department of Public Health for the services which are the subject of this proposal. The facility, however, will be subject to review by the local health department.

Special Needs Services has acquired property in Newtown and expects to construct a group home which will consist of no greater than 6 beds that will exceed a total capital expenditure of \$1 million. Special Needs Services purchased a 3.5 acre property in Newtown for \$400,000 that already has an existing adequate foundation and utility services going to the property. Special Needs Services expects additional construction costs to be approximately \$800,000, but not to exceed \$900,000 for the residential home consisting of no greater than 6 beds. Special Needs Services also projects additional

costs of \$45,000 for the architectural fees, medical equipment totaling \$5,000, and non-medical equipment such as furniture totaling \$20,000 to contribute to the total cost. The total capital expenditure for the project will be between \$1,270,000 and \$1,370,000.

The Department of Children and Families will support the cost of this service at a per diem rate approved by the agency based upon the availability of funds. Attached is a November 19, 2004 letter from the Commissioner of the Department of Children and Families supporting the Special Needs Services' proposal.