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	S.B.D.I. Holding LLC	
Doing Business As	Diagnostic Imaging of Milford	
Name of Parent Corporation	S.B.D.I.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	300 Seaside Avenue Milford, CT 06460	
Applicant type (e.g., profit/non-profit)	Taxable	
Contact person, including title or position	David Stahelski VP, Milford Hospital	
Contact person's street mailing address	300 Seaside Avenue Milford, CT 06460	
Contact person's phone #, fax # and e-mail address	203-876-4232 Phone 203-876-4198 Fax david.Stahelski@ milfordhospital.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

CT Replacement

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 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):
30 Commerce Park, Milford, CT

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

e. Estimated starting date for the project: October 2006

f. Type of project: **20** **(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: $ 593,000.

b. Please provide the following breakdown as appropriate:

Construction/Renovations	$ 10,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	530,000
Non-Medical Equipment (Purchase)	10,000
Sales Tax	33,000
Delivery & Installation	10,000
Total Capital Expenditure	**$ 593,000**
Fair Market Value of Leased Equipment	N/A
Total Capital Cost	**$ 593,000**

DIAGNOSTIC IMAGING OF MILFORD

SECTION IV. PROJECT DESCRIPTION

S.B.D.I. Holding LLC is a taxable corporation composed of 50% Milford Hospital under the sub-corporation of Seabridge, a taxable entity, and Diagnostic Imaging of Milford, a physician owned radiology group under exclusive contract by the hospital for imaging services. Working together these groups own and operate S.B.D.I. Holding LLC, which in turn purchases the equipment for Diagnostic Imaging of Milford, an existing imaging center at 30 Commerce Park in Milford, Connecticut. The imaging center provides services including mammography, bone density, plain radiography, fluoroscopy, ultrasound, CT scan, and MRI.

The service being requested is a replacement of an existing CT Scan, which has been in operation for over six years. The population proposed to be served include the town of Milford and those patients in the surrounding towns who receive medical care through Milford-based physicians, including but not limited to West Haven, Orange and Stratford. These are the same patients currently being served by the existing CT Scan.

This is the only imaging center in Milford and, due to the age of our current CT Scan, we require updated technology to provide adequate services to the patient population. We anticipate the same type of scans being performed on the current CT Scan will also be performed on the new CT Scan. Because of the age of the existing CT Scan it will not pass new criteria for a certificate from the American College of Radiology. Without the replacement of a new CT Scanner in this imaging center, CT Scans for outpatients at this imaging center would no longer be available.

A CT Scan that services both inpatients and outpatients is available at Milford Hospital and there is an additional CT Scan in West Haven. There are no other freestanding outpatient imaging centers that have a CT Scan in Milford. A new CT Scan in this outpatient imaging center will improve the healthcare of patients in Milford and the surrounding area as this is already a popular service being offered to the community and without being able to continue this needed service patients will be limited in their ability to obtain these services in the Milford area in a timely fashion. Many physicians in the Milford community and surrounding communities depend on our services to meet the needs of their patients.

The responsible party for providing these services would be the radiologists of Diagnostic Imaging of Milford who also will service Milford Hospital. Diagnostic Imaging of Milford accepts all major insurance carriers and all providers of service for Medicare and Medicaid patients in the State of Connecticut. Diagnostic Imaging of Milford provides service regardless of the patient's ability to pay.

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
CT Scanner	TBD	TBD	1	500,000 Est.

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: SBDI Holding LLC

Project Title: CT Replacement

I, Paul Moss (Name), MANAGER (Position – CEO or CFO)

of SBDI Holding LLC being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that SBDI Holding LLC (Facility Name) complies with the appropriate and 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

Date Apr. 27 2006

Subscribed and sworn to before me on April 27, 2006

Notary Public/Commissioner of Superior Court

My commission expires: MY COMMISSION EXPIRES 3/31/2010

AFFIDAVIT

Applicant: SBDI Holding LLC

Project Title: CT Replacement

I, Paul Davis MD, Manager
(Name) (Position – CEO or CFO)

of SBDI Holding LLC being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that SBDI Holding LLC (Facility Name) complies with the appropriate and 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

4/21/06
Date

Subscribed and sworn to before me on April 22, 2006

Notary Public/Commissioner of Superior Court

My commission expires: MY COMMISSION EXPIRES 3/31/2010

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 Amuse 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