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 CHRISTUS MEDICALGROUP PC		
Doing Business As CHRISTUS MEDICAL GROUP		
Name of Parent Corporation CHRISTUS MEDICAL GROUP		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail 587 Burnside		
Applicant type (e.g., profit/non-profit)		
Contact person, including title or position Edwin Njoku, MDS (860) 528-8200		
Contact person's street mailing address 587 Burnside Ave East Hartford CT 06108		
Contact person's phone #, fax # and e-mail address PH (860) 528-8872 Ean211@hotmail.com		

SECTION II. GENERAL APPLICATION INFORMATION

AFFIDAVIT

Applicant: CHRISTUS MEDICAL GROUP SPONSORED BY EDWIN N JOKY, MD

Project Title: Ambulatory Methadone/Suboxone PROGRAM + SMALL short Inpatient detox program.

I, Edwin A. NJOKY, MD
(Name) (Position – CEO or CFO)

of EAST HARTFORD 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 CHRISTUS MEDICAL GROUP 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 _____ Date 6/1/06

Subscribed and sworn to before me on 6/1/06

_____
Notary Public/Commissioner of Superior Court

My commission expires: 2/28/09

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

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?

f. Type of project: _____ **(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: $ 350,000

b. Please provide the following breakdown as appropriate:

Construction/Renovations	$300,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase) Beds/chairs	50,000
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	$ 300,00
Fair Market Value of Leased Equipment	
Total Capital Cost	$ 350,00

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 N/A

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):
~~567 Burnside Ave East Hartford~~ CT 06108

d. List all the municipalities this project is intended to serve:
Manchester, West Hartford, Glastonbury, South Windsor, Hartford, Middletown.

e. Estimated starting date for the project: NOV, 2006

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.

JUNE 1, 2006

CIRETUS MEDICAL GROUP PC.

THE NEED FOR EXPANDING ACCESS TO THE TREATMENT OF OPIATE DEPENDENCY THROUGH AMBULATORY METHADONE PROGRAM

PREAMBLE:

Drug abuse, including abuse of opiates, is one of the most significant public health problems confronting the United States today. Moreover, several indicators suggest that opiate problem may be getting worse as the price of heroin decreases and its purity and availability continues to increase. In addition to its social costs, the public health implications are huge. Intravenous drug injections and other forms of unsanitary usage are the most efficient vectors for the spread of HIV, Hepatitis B, Hepatitis C and tuberculosis into the general population.

However, it is not completely a hopeless situation. Available are arrays of effective treatment modalities including the use of methadone approved and introduced in 1972 by the Food and Drug Administration (FDA). Methadone treatments have helped countless numbers of people improve the quality of their lives. Methadone maintenance and detoxification decrease illicit drug use and crime as well as curtailing the spread of infectious disease such as HIV/AIDS among intravenous drug users.

However, methadone has been a source of controversy since its debut. Congress and State legislatures imposed onerous regulations that impede the establishment of methadone program, even-though, the Institute of Medicine has concluded that methadone is one of the most effective treatments for heroin addiction; and the National institutes of health recommended that it be less regulated.

DISCUSSION:

It is estimated that about 810,000 people are addicted to heroin (1); of that number, about 20% are in a methadone maintenance treatment according to the American methadone treatments association, 1999. Data on admission to substance abuse treatment programs indicate that heroin dependence has surpassed cocaine (2)

The state of Connecticut is no exception to the aforementioned national trend on the growth of heroin and other opiates addictions. The DMHAS through its data collection system, SATIS,

showed that heroin admission grew and surpassed alcohol in SFY 2003 in number and percent. Furthermore, synthetic opiates (eg. oxycodone, vicodin,) etc had the greatest percentage increases, 45%. According to the adult household survey, almost one out of ten persons with substance abuse dependency reported having recognized the need for treatment but did not receive it. The most commonly reported barriers to treatment were stigma, denial and lack of access to care. As a practicing physician in the community and in the Connecticut Department of Corrections, my anecdotal evidence supports the above mentioned barriers to treatment. The Osborn correctional institution in Somers, CT. houses over two thousand inmates. It has many prisoners who are there for drug related offences. Many of these prisoners have reported difficulty accessing care as the cause of their recidivism. A poignant example was an ex-inmate who could not be admitted into methadone maintenance program unless he produced a letter from a physician showing that he had heroin addiction problem. While awaiting admission, he re-offended and was returned to prison. This is just one example; however, there are numerous examples like this in my practice.

The issue of wait time varies. I called three behavioral counseling services namely: The Hartford Behavioral Health in Hartford, Genesis in Manchester and Central Connecticut Counseling services in Enfield. Central Connecticut Counseling Services did not return my calls, however Hartford Behavioral Health and Genesis did and reported mild to moderate difficulties in referring their patients to treatment. Wait time ranging from two to four weeks were reported. Furthermore, strenuous efforts were made to ascertain the availability of methadone treatments programs in the areas including Enfield, Suffield, East Windsor, South Windsor, Windsor, Manchester, Vernon, and Rockville etc. The conclusion was that none existed in those areas. Informal survey revealed that many heroin addicts from these areas including some sections of Massachusetts have to travel to Hartford to access care; this in itself is a barrier to treatment.

THE CASE FOR COST EFFECTIVENESS:

Methadone treatment is a cost effective alternative to incarceration or hospitalization (3). Studies have shown that it costs about $ 42,000 per year to leave a drug abuser untreated in the community, $ 40,000 if the offender is incarcerated, and only about $3,500 for methadone maintenance treatment (4). Furthermore, the National Institute of Drug Abuse has reported that among methadone treatment participants illegal activity declined by 52% and full time employment increased 24%. Patients who are in treatment also earn more than twice as much money annually as opiod addicts not in treatment, which can enhance their value as taxpaying citizens in the community.

Deaths and illnesses associated with addiction are financially draining on society. Untreated opiod addictions have death rate of 3 to 4 times greater then patients in methadone treatments (5).

Furthermore, studies have consistently shown that the risk of communicable infections- HIV, Hepatitis, and Tuberculosis is significantly decreased by methadone treatments.

THE POTENTIAL BENEFITS OF MY PROPOSED AMBULATRY METHADONE PROGRAM IN WINDSOR:

1. Its suburban location will allow those "closet" opiate addicts, who are reluctant to seek care from the traditional methadone clinics located in the run-down drug infested urban areas to seek treatment.
2. Easy and timely treatments for those with legitimate opiate addiction without the wait time discussed previously.
3. As a Board Certified Internist, I will be able diagnose and initiate treatments for co morbidities such as HIV/AIDS, Hepatitis, and tuberculosis.
4. My experience in addiction medicine in the Connecticut Department of Corrections and my Certification by ASAAM as a Buprenorphine prescriber will make for "good practices."
5. The service gap that exists in the towns such as Windsor locks, East Windsor Suffield, Enfield, Manchester, and South Windsor could be bridged to some extent.
6. Above all, this will contribute in lowering costs to the State of Connecticut in the form of decreased cost of incarceration, crime, diseases etc.
7. In the near future, we will be adding drug-counseling services to compliment the methadone treatment.

SUMMARY:

Heroin and other opiate addictions are significant problems in the US including the State of Connecticut. Regulatory efforts by Federal and State Agencies to control narcotics including methadone have made access to methadone treatments programs inadequate. Reducing the stringent licensing requirements of facilities will make access to treatment more available. Furthermore, the stigma, prejudices misunderstandings surrounding methadone have served as obstacles to persons who would otherwise enter treatment; to doctors who might do more in treating opiod addiction, and to legislators and public health officials who could do more to make methadone treatment available. Families and society benefit when this well-established treatment modality for opiate addiction is used.

BIBLIOGRAPHY:

1. Hartnoll, R.L., 1994 opiates: prevalence and demographic factors and addiction 1989, 1377-1383
2. Hughes, P.H., Rieche., 1995 Heroin epidemics revisited epidemiol. Rev. 17, 66-73
3. Center for Disease Control and Prevention, 1998, HIV/AIDS surveillance report ten, p. 23
4. Infectious diseases and drug abuse NIDA Notes, August 1999; 14(2): 15 NIH Pub # 99-3478

5. Leshier AL Drug abuse research helps curtail the spread of deadly infectious diseases NIDA Notes 1999; 14(2): 3-4. NH Pub # 99-3478.