



**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	NRC Equipment Associates	SWC Corporation
Doing Business As	Norwalk Radiology & Mammography Center	
Name of Parent Corporation		Norwalk Health Services Corporation
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	Norwalk Radiology & Mammography Center ATTN: Alan Richman, M.D. 148 East Avenue Norwalk, CT 06851	
Applicant type (e.g., profit/non-profit)	Profit	
Contact person, including title or position	Alan H. Richman MD Partner: NRCEA Chairman: Radiology Dep't Norwalk Hospital	
Contact person's street mailing address	Norwalk Hospital Maple Street 148 East Avenue Norwalk CT 06856	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Outpatient 1.5T Highfield MRI

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):
148 East Ave. Norwalk CT 06851

d. List all the municipalities this project is intended to serve: Norwalk, Weston, Wilton, Westport, New Canaan,

e. Estimated starting date for the project: February 2007

f. Type of project: **Number 19 (Fill in the appropriate number(s) from page 7 of this form)**

**Number of Beds - Not applicable
(to be completed if changes are proposed)**

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

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

Estimated Total Capital Expenditure: **\$2,238,761**

a. Please provide the following breakdown as appropriate:

Construction/Renovations	\$898,300
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	1,213,739
Non-Medical Equipment (Purchase)	
Sales Tax	126,722
Delivery & Installation	
Total Capital Expenditure	\$2,238,761
Fair Market Value of Leased Equipment	
Total Capital Cost	\$2,238,761

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
GE 1.5T		Goldseal	1	1,213,739

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

b. 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: NRC Equipment Associates & SWC Corporation d/b/a Norwalk Radiology & Mammography Center

Project Title: Outpatient 1.5T Highfield MRI

I, Alan H. Richman M.D. partner of NRC Equipment Associates, 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 Norwalk Radiology & Mammography Center 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

Subscribed and sworn to before me on 8/31/06

Janet L. Johnson
Notary Public/Commissioner of Superior Court

JANET L. JOHNSON
NOTARY PUBLIC
MY COMMISSION EXPIRES 5/31/2007

My commission expires: 5/31/07

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

CON Determination Form

Form 2020

SECTION IV. PROJECT DESCRIPTION

- 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.**

In 1986, a joint venture entity was formed by and between NRC Equipment Associates ("NRCEA"), and the Southwestern Connecticut Corporation ("SWC") doing Business As Norwalk Radiology and Mammography Center. SWC is a for-profit subsidiary of Norwalk Health Services Corporation which operates as the parent corporation of the Norwalk Hospital Association .

Norwalk Radiology & Mammography Center provides a full range of outpatient imaging services including digital mammography, CT scanning, ultrasound, plain x-rays, osteoporosis scanning, fluoroscopy, High Field MRI and an open MRI in conjunction with Norwalk Hospital. Norwalk Hospital supports the submission of this letter of intent. A Department of Public Health license was not required by Norwalk Radiology & Mammography Center.

- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

Norwalk Radiology & Mammography Center performed 6,785 MRI scans over the past 12 months utilizing two MRI machines. This is an increase in volume from 2,971 during the prior 12 month period. We are proposing to add one additional 1.5T MRI. DPH licensure categories are not applicable.

- 3. Who is the current population served and who is the target population to be served?**

The current populations are the outpatients referred to Norwalk Radiology & Mammography Center by physicians who practice primarily in the Norwalk, Westport, Weston, Wilton and New Canaan areas. This population is approximately 150,000. The target population is the same as the current population.

4. Identify any unmet need and how this project will fulfill that need.

We have experienced rapid growth of our Breast MRI service and are currently seeing 20-25 Breast MRI's per week. Due to ever increasing demand, there is now often a 5-7 day delay in accommodating our patient population, even after we have expanded evening hours and Saturday hours.

5. Are there any similar existing service providers in the proposed geographic area?

No. Norwalk Hospital and NRMC are the only high field MRI service providers in the proposed geographic area. This proposal is for the purchase of a 1.5T MRI scanner that will provide for current and increasing patient need from the existing referral base.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

This proposal will improve the quality and availability of services already provided and to help bring the level of care in the State of Connecticut to the level available in adjacent states. The primary benefit will be to improve patient care for a large existing referral base of outpatients. The addition of this MRI will reduce the 5-7 day delay in accommodating our patient population.

7. Who will be responsible for providing the service?

Norwalk Radiology Consultants, P.C. a professional corporation, provides the medical services at Norwalk Radiology & Mammography Center office located at 148 East Avenue, Norwalk Connecticut and also provides the professional radiology services at Norwalk Hospital.

8. Who are the payers of this service?

We accept virtually all third party payers including Medicare and Medicaid and provide services regardless of ability to pay.