



State of Connecticut

Office of Health Care Access

Letter of Intent Form

Form 2030

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DEPARTMENT OF
HEALTH CARE
ACCESS

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by an Applicant, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 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 this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	Tully Endoscopy Center, LLC	
Doing Business As	Tully Endoscopy Center	
Name of Parent Corporation	N/A	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	Stamford Hospital 30 Shelburne Road P. O. Box 9317 Stamford, CT 06904-9317	
What is the Applicant's Status: P for Profit or NP for Nonprofit	P	
Does the Applicant have Tax Exempt Status?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	David L. Smith, Senior Vice President Strategy and Market Development	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Same as Applicant	
Contact Person's Telephone Number	203-276-7510	
Contact Person's Fax Number	203-276-5529	
Contact Person's e-mail Address	dsmith@stamhealth.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Establish a Freestanding Endoscopy Center in Stamford

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.:

<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
<input type="checkbox"/> Bed Addition	<input type="checkbox"/> Bed Reduction	<input type="checkbox"/> Change in Ownership/Control

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

<input type="checkbox"/> Project expenditure/cost greater than \$ 3,000,000	<input type="checkbox"/> Equipment Acquisition	
<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Major Medical (> \$3,000,000)
<input type="checkbox"/> Imaging	<input type="checkbox"/> Linear Accelerator	

Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$3,000,000

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c. Location of proposal, identifying Street Address, Town and Zip Code:

32 Strawberry Hill Avenue, Stamford, CT 06902-2630

d. List each town this project is intended to serve:

Stamford, Greenwich, Cos Cob, Riverside, Darien, New Canaan, Norwalk

e. Estimated starting date for the project: March 1, 2007

f. Type of project: 27, 30

(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 or (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Project Cost: \$ 155,000

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Medical Equipment Purchases	
Major Medical Equipment Purchases	
Non-Medical Equipment Purchases*	25,000
Land/Building Purchases	
Construction/Renovation	155,000
Other (Non-Construction) Specify: _____	
Total Capital Expenditure	180,000
Medical Equipment – Fair Market Value of Leases	
Major Medical Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	

Total Capital Cost	\$180,000
Total Project Cost	\$180,000
Capitalized Financing Costs (Informational Purpose Only)	

* Provide an itemized list of all non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost of \$20,000,000 or more, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check the your preference as follows:

No Yes

If you checked "Yes" above, please check the appropriate box below:

Energy Fire Safety Code Non Substantive

If you checked "Yes" to the Waiver of Public Hearing, please provide the following:

a) Supporting documentation from elected town officials
(i.e. letter from Mayor's Office).

Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

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

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

<input checked="" type="checkbox"/> Applicant's Equity	<input type="checkbox"/> Capital Lease	<input type="checkbox"/> Conventional Loan
<input type="checkbox"/> Charitable Contributions	<input type="checkbox"/> Operating Lease	<input type="checkbox"/> CHEFA Financing
<input type="checkbox"/> Funded Depreciation	<input type="checkbox"/> Grant Funding	<input type="checkbox"/> Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

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

AFFIDAVIT

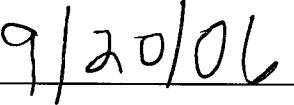
To be completed by each Applicant

Applicant: Tully Endoscopy Center, LLC

Project Title: Establish a Freestanding Endoscopy Center in Stamford

I, Brian Grissler, President and CEO of Stamford Hospital-a member of Tully Endoscopy Center, LLC being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that Tully Endoscopy Center, LLC 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 this 20th day of September 2006


Elaine Perez
Notary Public/Commissioner of Superior Court

My commission expires: _____

ELAINE PEREZ
NOTARY PUBLIC
MY COMMISSION EXPIRES APR. 30, 2011

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. PET/CT Scanner
23. Other Imaging Services
24. Lithotripsy
25. Other Medical Equipment
26. Mobile Services
27. Other Outpatient
28. Central Services Facility
29. Occupational Health

Non-Clinical

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

PROJECT DESCRIPTION

Applicant Tully Endoscopy Center, LLC proposes to own and operate a freestanding endoscopy/colonoscopy center (the "Center") to provide high quality and accessible care to patients from seven towns located in Lower Fairfield County. The Applicant is a joint venture limited liability company that will be 51% owned by Stamford Hospital and 49% owned by GI physicians practicing within the Hospital's service area.

The proposed Center will be located on the second floor of the Hospital's Tully Health Center ambulatory care facility located at 32 Strawberry Hill Avenue in Stamford. Because the Applicant will be leasing the four existing procedure rooms and other ancillary space at Tully that is already outfitted for GI procedures, the capital costs associated with the project are not expected to be substantial. At present, the Applicant expects to incur approximately \$180,000 in renovation expenses that will be needed to add two new pre-op holding bays and to perform minor modifications to the restroom, nourishment area, calling station and reception areas in the leased space. No major capital equipment costs are anticipated.

Nationally, endoscopy centers have been moving out of the hospital into the freestanding setting for more than a decade. Many of these facilities are either wholly owned by GI physicians or are formed as joint ventures between physicians and either hospitals or companies who specialize in such treatment centers. Stamford Hospital's management has indicated its philosophical support for selected physician/hospital joint ventures during the development of its Strategic Plan and, after several months of discussions and analysis, it was determined that the most efficient, cost effective, and patient friendly way of aligning the Hospital's interests with those of area GI physicians interested in owning their own endoscopy center was to collaborate on this project.

Endoscopy and colonoscopy volumes are increasing throughout the U.S. and Connecticut by virtue of an aging population and medical advances in the use of minimally invasive technology and preventive care. Currently, approximately 5,100 procedures are performed annually in the four procedure rooms at Tully. Sufficient capacity already exists in these facilities to meet the increased need in the community without building additional procedure rooms.

The Applicant will seek licensure as an outpatient surgical facility and be Medicare certified. Current payor sources for these services include Medicare, Medicaid as well as private insurance and these will remain unchanged. Two other freestanding endoscopy centers are located in the proposed service area: Long Ridge Endoscopy Center, a physician owned endoscopy center in Stamford and a Greenwich Hospital-owned freestanding endoscopy center in Greenwich. This project is expected to enhance the health care delivery system in Connecticut by utilizing existing capacity and infrastructure to provide patients with state of the art endoscopy/colonoscopy services in a convenient outpatient setting.