



State of Connecticut

Office of Health Care Access

Letter of Intent Form

Form 2030

2006 OCT -3 AM 11:19
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OFFICE 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	New Britain General Hospital	
Doing Business As	New Britain General Hospital	
Name of Parent Corporation	Central Connecticut Health Alliance	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	100 Grand Street New Britain, CT 06050	
What is the Applicant's Status: P for Profit or NP for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	Yes	Yes
Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	Claudio A. Capone Director of Planning	No
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	100 Grand Street New Britain, CT 06050	

Contact Person's Telephone Number	(860) 224-5279
Contact Person's Fax Number	(860) 224-5740
Contact Person's e-mail Address	ccapone@nbgh.org

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Hart Street Garage Expansion

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 type="checkbox"/> New (F, S, Fnc)	<input type="checkbox"/> Replacement	<input type="checkbox"/> Additional (F, S, Fnc)
<input checked="" 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 checked="" 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

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

85 Hart Street, New Britain, CT 06050

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

New Britain

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

f. Type of project: 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
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SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Project Cost: \$ 5.5 Million

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

Medical Equipment Purchases	
Major Medical Equipment Purchases	
Non-Medical Equipment Purchases*	
Land/Building Purchases	
Construction/Renovation	\$5,500,000
Other (Non-Construction) Specify: _____	
Total Capital Expenditure	
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	\$5,500,000
Total Project Cost	\$5,500,000
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?

SEE ATTACHED PROJECT DESCRIPTION

AFFIDAVIT

To be completed by each Applicant

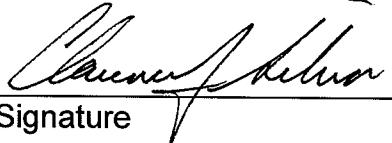
Applicant: New Britain General Hospital

Project Title: Hart Street Garage Expansion

I, Clarence J. Silvia, COO
(Name) (Position – CEO or CFO)

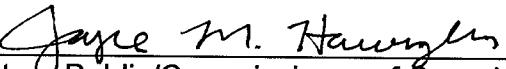
of New Britain General Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that New Britain General Hospital
(Facility Name)

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

9/26/06
Date

Subscribed and sworn to before me on 9/26/06


Notary Public/Commissioner of Superior Court

JOYCE M. HAWRYLIK
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2009

My commission expires: _____

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

**NEW BRITAIN GENERAL HOSPITAL
LETTER OF INTENT
HART STREET GARAGE EXPANSION**

PROJECT DESCRIPTION

Introduction

In this Letter, New Britain General Hospital (NBGH) is announcing its proposal to expand its Hart Street Employee Garage in order to address the current parking shortage experienced over the last several years.

Proposed Hart Street Employee Garage Expansion

Over the last couple of years, patient volume at New Britain General Hospital has been increasing. Emergency Room visits have climbed nearly 8% warranting a renovation and expansion to meet this demand. Along with these increases, NBGH has had to increase the number of employees in order to accommodate this demand. From FY04 to FY05, the number of full-time equivalents has grown by 7% to 1,640. For FY06, that number rises to about 1,800 FTEs. It has become a challenge to provide parking space for these employees. As an interim solution, NBGH is leasing parking spaces from the City of New Britain at the Walnut Hill Park. With the ED expansion and renovation, parking areas near the ED have been removed therefore making it harder for employees to find parking. The Hart Street Employee Garage has 315 parking spaces. When it was built, the structure was designed for expansion. NBGH is proposing to add an additional two floors. This would result in a net gain of 232 parking spaces. The project will take seven months to complete. In addition to the parking spaces, an elevator will be installed. During the construction, accommodations will be provided to those employees who currently park at the Hart Street Garage. The total cost of the project is estimated to be about \$5,500,000.

There is a need to expand the Hart Street Employee Garage at New Britain General Hospital. Currently, finding a parking space has become increasingly difficult for our staff. NBGH strives to make its working environment as accommodating as possible. This proposal will help ensure to that. New Britain General Hospital will fund this project through its own equity.

Conclusion

This proposal will have no adverse affect on the delivery of care as well as no significant impact on rates or patient charges. We respectfully request a favorable determination by the Office of Health Care Access on the expansion of the Hart Street Employee Garage at New Britain General Hospital.

Supplemental Information:

- 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.**

New Britain General Hospital is licensed as an acute care hospital. It offers a broad range of acute care services in the inpatient and outpatient settings.

2. List the types of services are being proposed and what DPH licensure categories will be sought, if applicable.

No change in the services offered at this facility is proposed in this application.

In this proposal, the Applicant is seeking to expand its Hart Street Employee Garage in order to better meet the current and future demand. No new DPH licensure categories are being sought.

3. Identify the current population served and who is the target population to be served?

New Britain General Hospital currently employs 51% of its employees from the Greater New Britain Area. There will be no change in the population served.

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

This project will increase the amount of available parking spaces by about 232. NBGH has been renting parking space in Walnut Hill Park from the City. With the increase in patient volume over the last several years and commensurate increase in staff to accommodate that volume, parking has become an issue for our employees. Please see the Project Description for additional information.

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

Since New Britain General Hospital is currently a provider in this area, this proposal is not expected to have a significant impact on the patient volumes, financial stability or the quality of care offered by the other providers of service.

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

It is anticipated that this proposal will not have a direct impact on the health care delivery system of the State of Connecticut since it is a facility project.

7. Who will be responsible for providing the service?

The responsibility for providing services at New Britain General Hospital would not be changed by this project.

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

The payor sources for services rendered at NBGH will be the same as they are today, as payer mix is not expected to be impacted by the facility project.