



**State of Connecticut
Office of Health Care Access
Letter of Intent Form
Form 2030**

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	John Dempsey Hospital	
Doing Business As		
Name of Parent Corporation	University of Connecticut Health Center University of Connecticut State of Connecticut	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	263 Farmington Avenue Farmington, CT 06030-3802	
What is the Applicant's Status: P for Profit or NP for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	Yes	
Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	James Thibeault Director of Planning	
Contact Person's Mailing Address, if PO Box, include a street mailing address for certified Mail	263 Farmington Avenue Farmington, CT 06030-3802	

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COMMISSIONER OF
HEALTH CARE ACCESS

Contact Person's Telephone Number	860-679-8780	
Contact Person's Fax Number	860-679-1135	
Contact Person's e-mail Address	Jthibeault@uchc.edu	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Proposal to Lease Mobile MRI Scanner

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 checked="" 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 cost greater than \$ 3,000,000		
<input checked="" type="checkbox"/> Equipment Acquisition		
<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Major Medical (> \$3,000,000)
<input checked="" 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:

263 Farmington Avenue

d. List each town this project is intended to serve: The Hospital's primary service area includes the following towns: Avon, Bloomfield, Burlington, Canton, East Hartford, Farmington, Granby, Hartford, New Britain, Newington, Simsbury, and West Hartford. The secondary service area includes the following towns: Barkhamsted, Berlin, Bozrah, Bristol, Cromwell, East Granby, East Windsor, Glastonbury, Hartland, Harwinton, Litchfield, Manchester, New Hartford, Plainville, Plymouth, Rocky Hill, South Windsor, Southington, Torrington, Vernon, Wethersfield, Winchester, and Windsor.

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

f. Type of project: 19 MRI
(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

Not applicable

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Project Cost: \$ Per click payment from operating capital

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	
Other (Non-Construction) Specify: _____	
Total Capital Expenditure	
Medical Equipment – Fair Market Value of Leases	\$ 975,000
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	
Total Project Cost	
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
To be determined				

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 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): <u>N/A</u>

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

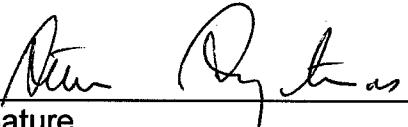
To be completed by each Applicant

Applicant: John Dempsey Hospital

Project Title: Proposal to Lease Mobile MRI Scanner

I, Steven Strongwater, MD, Hospital Director
(Name) (Position – CEO or CFO)

of John Dempsey 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 John Dempsey Hospital 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

10/19/06
Date

Subscribed and sworn to before me on 10/19/06


Notary Public/Commissioner of Superior Court

MARILYN H. GLENN
NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 31, 2008

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

Project Description

John Dempsey Hospital currently operates two MRI units. The first unit is a Siemens Magnatom Visions 1.5 Tesla MRI for which CON approval was granted under Docket Number 94-548. This unit is housed in the main Hospital building and provides MRI services to both inpatients and outpatients. The second unit is a Philips 0.6 Open MRI, which received CON approval under 04-30341-CON. The Philips MRI is housed in the newly constructed Musculoskeletal Institute, which is on the campus of the University of Connecticut Health Center but separate and physically distant from John Dempsey Hospital. The Open MRI unit serves the outpatient needs of the Health Center's Musculoskeletal Institute, the Farmington Surgery Center, and others, including claustrophobic patients who are in need of an Open MRI.

The demand for MRI scans has increased significantly in recent years. From FY 2003 to FY 2006, the number of scans performed at John Dempsey grew from 3,068 to 5,170, an increase of 68.5%. The average annual increase in MRI scans during this period was 19.5%. This growth has created a back log of patients waiting to receive an MRI. John Dempsey has expanded operating hours to accommodate the increase in demand, but the back log remains. A growing and aging population, and technological advances are expected to increasing the demand for MRIs, and this proposal will help John Dempsey Hospital meet current and future patient demand.

John Dempsey Hospital proposes to contract with a mobile imaging provider to supply a mobile high field MRI scanner. The use of the mobile MRI will be to provide additional MRI capability, which will help to reduce the existing back log of outpatient MRI patients as well as to provide adequate MRI capability for future growth. There are no capital costs with this proposal because the necessary infrastructure to accommodate a mobile MRI was set up in 2001 when John Dempsey received OHCA authorization to establish mobile MRI services under Certificate of Need Determination, Report Number 01-J3. This authorization expired July, 2005 when the Open MRI unit, located at the Musculoskeletal Institute, became operational.

John Dempsey anticipates there will be no payer changes when the proposed project becomes operational.