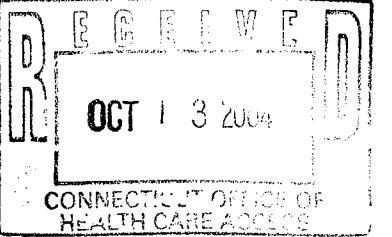


3384  
A  
**Saint Mary's**  
**HOSPITAL**

Chad Wable  
Vice President, Marketing & Business Development

Cristine A. Vogel, Commissioner  
Office of Health Care Access  
410 Capital Avenue, MS #13HCA  
P.O. Box 340308  
Hartford CT 06134-0308



**RE: Letter of Intent – Replacement of Interventional Radiology Equipment**

Dear Commissioner Vogel,

Enclosed please find an original and five (5) copies of the Letter of Intent/Waiver Form for the replacement of our existing Interventional Radiology equipment.

We are requesting a Waiver of a Certificate of Need. As referenced in the form, this project involves the replacement of existing equipment with the cost of the equipment below the \$2,000,000 threshold.

Please feel free to contact me at 203.709.3368 should you have any questions or require additional information.

Respectfully,

A handwritten signature in black ink, appearing to read "Chad Wable".

Chad Wable

Cc: Bob Ritz, President/CEO  
Bob Anthony, Esq.



# 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	St.- Mary's Hospital Corporation	
Doing Business As	NA	
Name of Parent Corporation	The Slocum Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	56 Franklin Street Waterbury, CT 06706	
Applicant type (e.g., profit/non-profit)	NP	
Contact person, including title or position	Chad Wable VP, Marketing and Business Development	
Contact person's street mailing address	56 Franklin Street Waterbury, CT 06706	
Contact person's phone #, fax # and e-mail address	(203) 709-3363 (phone) (203) 709-5146 (fax) cwable@stmh.org	

## SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:  
**Replacement of Interventional Radiology Equipment**

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):  
**56 Franklin Street, Waterbury CT 06706**

d. List all the municipalities this project is intended to serve:  
**Greater Waterbury area, including Waterbury, Wolcott, Thomaston, Prospect, Naugatuck, Southbury, Woodbury, Middlebury, and Watertown**

e. Estimated starting date for the project:  
**April 1, 2005**

f. Type of project: **22-Other imaging Services** (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: **\$1,252,645**

b. Please provide the following breakdown as appropriate:

Construction/Renovations	<b>\$ 244,000</b>
Medical Equipment (Purchase)	<b>\$52,230</b>
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$296,230</b>
Fair Market Value of Leased Equipment	<b>\$956,415</b>
<b>Total Capital Cost</b>	<b>\$1,252,645</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
Angiographic System	Shimadzu	Angio Speed VC	1	\$956,415
Workstation	DR Systems	RF DIACOM Catapult	1	\$13,400
Patient Monitor System	Phillips Medical Systems	Intellivue MP70	1	\$38,830

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?

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

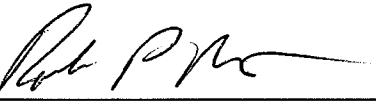
Applicant: St. Mary's Hospital Corporation

Project Title: Replacement of Interventional Radiology Equipment

I, Robert P. Ritz, President and Chief Executive Officer  
(Name) (Position – CEO or CFO)

of Saint Mary's Corporation 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 Saint Mary's 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

10/12/04  
Date

Subscribed and sworn to before me on 12th day of October, 2004

  
Notary Public/Commissioner of Superior Court

My commission expires: JANICE M. YOUNG  
NOTARY PUBLIC  
My Commission Expires Feb. 28, 2006

## 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



*Chad Wable*  
*Vice President, Marketing & Business Development*

## PROJECT DESCRIPTION

TO: Office of Healthcare Access  
FROM: Chad Wable  
DATE: October 7, 2004  
SUBJECT: Replacement of Interventional Radiology Equipment

Saint Mary's Hospital proposes the replacement of our existing Interventional Radiology (IR) equipment. The capital cost for the replacement is \$296,230. The major imaging equipment cost of \$956,415 will be financed through an operating lease. The total cost of the new IR suite is \$1,252,645 for a "turnkey" replacement of the existing suite including equipment and site renovation. The selected vendors for this project are Shimadzu and Management Imaging Systems (MIS). The project is planned to be financed through an operating lease. Due to the nature of the replacement of existing equipment and a total capital cost of less than \$2,000,000, Saint Mary's Hospital requests a waiver of the Certificate of Need process.

The current Interventional Radiology equipment was purchased in 1998 as a refurbished eight-year old unit. The equipment is over fourteen-year old and fully depreciated. Both the software and hardware are antiquated and parts have become very difficult to replace. This prohibits our ability to properly maintain the equipment and causes prolonged delays. This will only worsen moving forward. Our Clinical Engineering Department is concerned that if the equipment malfunctions, they may not be able to restore it. Furthermore, the current suite exposes the Radiologist and staff unsafe levels of radiation in amounts far greater than the new equipment on the market.

The procedures performed using the IR equipment are standard of care for the treatment of vascular disease and are found in nearly all hospitals in the State of Connecticut. Procedures performed in the suite are considered both primary and adjunctive therapy. The IR equipment functions much like a Cardiac Cath Lab equipment with the exception of the diameter of the imaging intensifier and software options. Although IR has been and continues to be an integral part of the treatment of vascular disease and other indicated conditions; our service remains in jeopardy of being discontinued. We are currently not able to fully meet the standard of care due to the age of the equipment alone. Procedures such as peripheral angiography, AV shunt dialysis, central line insertion, discectomy, needle biopsy and other peripheral procedures are important to the treatment of many diseases, but primarily peripheral vascular disease. Saint

Mary's Hospital is committed to the treatment of vascular disease and to providing high quality, safe and appropriate treatment and equipment.

IR is a revenue producing service and the proposed equipment will be finance using operating funds, which reduces our financial exposure from a liquidity and asset perspective. IR is a standard service at most hospitals in Connecticut and across the country. This equipment meets the industry standard for Interventional Radiology. The replacement will allow us to continue to serve our patient community with the appropriate level of care and technology.