



# SAINT FRANCIS

Hospital and Medical Center

R. Christopher Hartley  
Senior Vice President  
Planning and Facility Development

December 2, 2004

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

Dear Commissioner Vogel;

Enclosed is a Letter of Intent/Waiver for Saint Francis Hospital and Medical Center's request to build a new parking garage. Saint Francis believes that construction of this new parking facility is essential to accommodate the increased demand for parking we are currently experiencing from patients, physicians, visitors, students and employees.

Given that this proposal does not affect direct patient care services, Saint Francis Hospital and Medical Center believes this project is non-substantive, and therefore may not require a public hearing.

We appreciate your consideration in this matter. If you have any questions or need additional information please call Chris Hartley at 714-5573.

Sincerely,

Chris Hartley  
Senior Vice President  
Planning and Facilities Development  
Saint Francis Hospital and Medical Center

enclosure

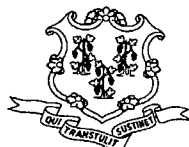
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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

114 Woodland Street  
Hartford, Connecticut  
06105-1299

860 714-5573  
Fax 860 714-8093



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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

**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	<b>Saint Francis Hospital and Medical Center</b>	
Doing Business As	<b>Saint Francis Hospital and Medical Center</b>	
Name of Parent Corporation	<b>Saint Francis Care</b>	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	<b>114 Woodland Street Hartford, CT 06105</b>	
Applicant type (e.g., profit/non-profit)	<b>Non-Profit</b>	
Contact person, including title or position	<b>Chris Hartley Senior Vice President Planning and Facilities Development</b>	
Contact person's street mailing address	<b>Saint Francis Hospital and Medical Center Planning Department 114 Woodland Street</b>	

	Hartford, CT 06105	
Contact person's phone #, fax # and e-mail address	(860)714-5573 phone (860)714-8093 fax chartley@stfranciscare.org	

**SECTION II. GENERAL APPLICATION INFORMATION**

a. Proposal/Project Title:

**Construction of a new Parking Garage at Saint Francis Hospital and Medical Center**

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 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):

**Saint Francis Hospital and Medical Center 114 Woodland Street Hartford, CT 06105**

- d. List all the municipalities this project is intended to serve: **Greater Hartford and beyond**
- e. Estimated starting date for the project: **Spring 2005**
- f. Type of project: **32 (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
N/A	N/A	N/A	N/A	N/A

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: **\$11,471,035**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	<b>\$11,471,035</b>
Medical Equipment (Purchase)	<b>\$0</b>
Imaging Equipment (Purchase)	<b>\$0</b>
Non-Medical Equipment (Purchase)	<b>\$0</b>
Sales Tax	<b>\$0</b>
Delivery & Installation	<b>\$0</b>
<b>Total Capital Expenditure</b>	<b>\$11,471,035</b>
Fair Market Value of Leased Equipment	<b>N/A</b>
<b>Total Capital Cost</b>	<b>\$11,471,035</b>

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

Equipment Type	Name	Model	Number of Units	Cost per unit
N/A	N/A	N/A	N/A	N/A

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):

Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

1. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
2. Who is the current population served and who is the target population to be served?
3. Identify any unmet need and how this project will fulfill that need.
4. Are there any similar existing service providers in the proposed geographic area?
5. What is the effect of this project on the health care delivery system in the State of Connecticut?
6. Who will be responsible for providing the service?
7. Who are the payers of this service?

**Please refer to the attached summary.**

**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.

**Please see the attached affidavit.**

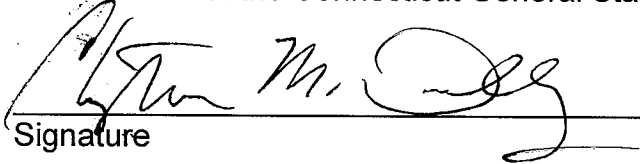
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**AFFIDAVIT**

Applicant: Saint Francis Hospital and Medical Center

Project Title: Construction of a new Parking Garage at Saint Francis Hospital and Medical Center

I, Christopher Dadlez, President and Chief Executive Officer of Saint Francis Hospital and Medical Center 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 Francis Hospital and Medical 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

12/2/04  
\_\_\_\_\_  
Date

Subscribed and sworn to before me on 12/2/04

Martha E. Hartle  
\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: MARTHA E. HARTLE  
NOTARY PUBLIC  
MY COMMISSION EXPIRES MAY 31, 2009

## 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 Amuse 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



## Summary

In this Certificate of Need Saint Francis Hospital and Medical Center proposes to build a new six level 700 space parking garage on an existing surface parking lot with a pedestrian bridge in order to accommodate the increased demand for parking at Saint Francis Hospital and Medical Center.

Saint Francis hired a professional consultant, Desman Associates to examine current parking usage at its Saint Francis campus and to explore options to address future needs. This study examined both the current activity in the parking structure as well as all surface parking lots used by the hospital.

The study prepared by Desman Associates suggested that the current parking supply at Saint Francis is operating at 104% of capacity. In addition, Saint Francis has been forced to lease additional spaces from other businesses in the local area to meet the growing demand for parking from patients, visitors, physicians, students and employees. The current parking garage at Saint Francis Hospital and Medical Center has also reached its capacity with outpatients often unable to find parking and being forced to cancel routine physician visits in the adjacent medical office building at 1000 Asylum Avenue.

Desman Associates explored several options to improve traffic flow and address the parking shortage that currently exists at the Saint Francis campus. The best option is the construction of a new garage on an existing service lot. This new garage will consolidate employee and student parking, meet future parking demands and allow the hospital to reduce its dependence on outside leased parking spaces.

This project will also allow Saint Francis to relocate employees and full time physicians from the existing garage thus opening more spaces for patient and visitor use thus improving access to the services provided by Saint Francis Hospital and Medical Center.

The capital costs for this Certificate of Need application are estimated to be \$11,471,035. This Certificate of Need will not affect area health care providers as this proposal is designed to meet the existing parking needs of the main campus of Saint Francis Hospital and Medical Center. The health care delivery system in Connecticut will benefit from this proposal as patients referred to Saint Francis Hospital and Medical Center will have adequate parking.

Saint Francis Hospital and Medical Center will accept all patients regardless of their race, creed, age, sex, religion, or their ability to pay. The payer sources for its patients will not be affected by this proposal since this Certificate of Need does not involve health care services.