



## 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	Hartford Hospital	GSC Holding, LLC
Doing Business As	Glastonbury Surgery Center	Glastonbury Surgery Center
Name of Parent Corporation	Hartford Healthcare Corporation	N/A
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	80 Seymour Street Hartford, CT 06102	85 Seymour Street MOB 816 Hartford, CT 06106
What is the Applicant's Status: P for Profit or NP for Nonprofit	Nonprofit	Profit
Does the Applicant have Tax Exempt Status?	Yes	No
Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	J. Kevin Kinsella Vice President	Daniel J. Mastella, M.D.
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Hartford Hospital 80 Seymour Street Hartford, CT 06102	85 Seymour Street Suite 816 Hartford, CT 06106

Contact Person's Telephone Number	(860) 545-4155	(860) 527-7161
Contact Person's Fax Number	(860) 545-4193	(860) 728-3227
Contact Person's e-mail Address	kkinsel@harthosp.org	dmastella@pol.net

## SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Glastonbury Surgery 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.:

<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 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:

Western Boulevard, Glastonbury, CT

d. List each town this project is intended to serve: Avon, Bloomfield, East Hartford, Farmington, Glastonbury, Hartford, Manchester/Bolton, New Britain, Newington, Rocky Hill, Simsbury, South Windsor, West Hartford, Wethersfield and Windsor.

e. Estimated starting date for the project: Fall 2008

f. Type of project: II Ambulatory Surgery Center  
(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
N/A				

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

a. Estimated Total Project Cost: \$ 5,953,000

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

Tenant Improvement Construction	\$2,240,000
Major Medical Equipment Purchases	1,400,000
Non-Medical Equipment Purchases*	200,000
Development, Consulting, Legal, Financing	425,000
Working Capital	905,000
Start-up Expenses	387,000
Contingencies	396,000
<b>Total Capital Expenditure</b>	<b>\$5,953,000</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$5,953,000</b>
<b>Total Project Cost</b>	<b>\$5,953,000</b>
Capitalized Financing Costs (Informational Purpose Only)	\$60,000

\* Computer System @ \$120,000 & Office Furnishings @ \$80,000.

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 checked="" 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.

**Attachment 1**

2. List the types of services are being proposed and what DPH licensure categories will be sought, if applicable. **Attachment 2**
3. Identify the current population served and who is the target population to be served. **Attachment 2**
4. Identify any unmet need and describe how this project will fulfill that need. **Attachment 2**
5. Are there any similar existing service providers in the proposed geographic area? **Hartford Hospital, St. Francis, Manchester Hospital and Rocky Hill Surgicenter.**
6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut. **Attachment 2**
7. Who will be responsible for providing the service? **Both Hartford Hospital and GSC Holding, LLC and a Medical Director.**
8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational? **Commercial insurance, Medicaid, SAGA, Workman's Compensation, Self Pay.**

## AFFIDAVIT

To be completed by each Applicant

Applicant: Hartford Hospital

Project Title: Glastonbury Surgery Center

I, Elliot Joseph, President & CEO  
(Name) (Position – CEO or CFO)

of Hartford 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 Glastonbury Surgery Center 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.

Elliot Joseph  
Signature

5/13/08  
Date

Subscribed and sworn to before me on May 13, 2008

Diana Niro  
Notary Public/Commissioner of Superior Court

RECEIVED	2008	MAY 13	P	3:58
CONNECTICUT OFFICE OF				
HEALTH CARE ACCESS				

My commission expires: 11/30/2012

## AFFIDAVIT

To be completed by each Applicant

Applicant: GSC Holding, LLC

Project Title: Glastonbury Surgery Center

I, Daniel J. Mastella, M.D., Manager  
(Name) (Position – CEO or CFO)

of GSC Holding, 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 Glastonbury Surgery Center 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

Date

5/8/08

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

2008 MAY 13 P 3:58

RECEIVED

Subscribed and sworn to before me on

May 8<sup>th</sup>, 2008

Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2009

## 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 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

## **Attachment #1**

STATE OF CONNECTICUT  
Department of Public Health

LICENSE  
License No. 0046

**General Hospital**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Hartford Hospital of Hartford, CT, d/b/a Hartford Hospital is hereby licensed to maintain and operate a General Hospital.

**Hartford Hospital** is located at 80 Seymour Street and 200 Retreat Avenue, Hartford, CT 06106

The maximum number of beds shall not exceed at any time:

819 General Hospital beds

48 Bassinets

This license expires December 31, 2009 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2008. RENEWAL.

License revised to reflect:

\*Added (1) Satellite effective 7/20/07

**Satellites**

The Iol Day Program At Cheshire, 725 Jarvis Street, Cheshire, CT  
The Iol Day Program At Bloomfield, 2 Northwestern Drive, Bloomfield, CT  
\*West Hartford Surgery Center, 65 Memorial Road, Suite 500, West Hartford, CT



*J. Robert Galvin MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA,  
Commissioner

## **Glastonbury Ambulatory Surgery Center Proposal**

**Background/Intent:** This is a proposal for a partnership between Hartford Hospital and GSC Holding, LLC for a two room ambulatory orthopaedic surgery center located in Glastonbury, CT.

Outpatient orthopaedic surgery, especially hand, wrist and sports medicine are being done increasingly in non-hospital, freestanding facilities. Most freestanding centers are located in easily accessible suburban locations. The driving factors in this trend have been patient convenience and ownership by physicians. Part of the strategy of Hartford Hospital is to partner with physicians rather than compete, and to provide our patients with a convenient and accessible location, HH is proposing to form a partnership (using an LLC organizational structure) between Hartford Hospital and GSC Holding, LLC which would establish an outpatient Ambulatory Surgery Center in Glastonbury. This center would provide high quality, accessible ambulatory surgery services for all citizens of greater Hartford and eastern Connecticut.

**Patient Population:** - It is anticipated that the patient population would consist primarily of patients needing hand, wrist and sports injury related surgery. Patients would come from the current hospital service area and every attempt would be made to increase market share in targeted areas.

**Site:** - The site would be in a new medical office complex on Western Boulevard in Glastonbury. Occupancy would be in the Fall of 2008.

**Management:** - The Ambulatory Surgery Center would be organized as an LLC. All ASC staff would be employees of the new LLC. The LLC would contract with GSC Holding, LLC for a Medical Director. The Administrator (or manager) for the ASC would be subject to joint hiring and termination approval by the LLC members and would report to the Medical Director for day-to-day management/operational issues and to the LLC Board for strategic issues. The Board would be made up equally of members from Hartford Hospital and GSC Holding, LLC.

**Partnership, Ownership and Governance:** - The proposed Center would be owned and governed by a new LLC with 50/50 ownership by GSC Holding, LLC and Hartford Hospital. The Center would meet the charitable mission of the hospital and service to the community.

A board made up of individuals representing ownership shares would govern the Center. Day-to-day operation of the Center would be accomplished via the Medical Director and Administrative Director/Manager. All major policy decisions would require approval of both LLC members.

**Capital Investment and Income Distribution:** - All Capital Investment (Buildout and Startup) would be divided by ownership shares and income distributed by the same formula. The total project capital cost is \$ 5,953,000. Each partner would contribute \$ 600,000 with the remainder being financed.

## **Attachment #2**

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