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December 1, 2008

VIA FEDERAL EXPRESS

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

Re: Master Facilities Plan – Phase One Expansion

Dear Commissioner Vogel:

Enclosed please find an original and five (5) copies of Stamford Health System's Letter of Intent ("LOI") to initiate a Master Facilities Plan to expand and relocate services on Stamford Hospital's main campus. As noted in the LOI, the Master Facilities Plan has been broken out into three phases with SHS currently seeking Certificate of Need approval for Phase One only. Should you have any questions, please feel free to contact me at (203) 276-7510.

Sincerely,

David L. Smith
Senior Vice President
Strategy and Market Development

Enclosures

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 the Applicant(s), 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	Stamford Health System, Inc.	
Doing Business As	Stamford Health System, Inc.	
Name of Parent Corporation	Stamford Health System, Inc.	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	30 Shelburne Road, P.O. Box 9317, Stamford, CT 06904	
Identify Applicant Status: P for Profit or NP for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	Yes X No	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	David L. Smith Senior Vice President, Strategy and Market Development	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	30 Shelburne Road, P.O. Box 9317, Stamford, CT 06904	
Contact Person Telephone Number	(203) 276-7510	
Contact Person Fax Number	(203) 276–5529	
Contact Person e-mail Address	dsmith@stamhealth.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: Master Facilities Plan – Phase I Expansion

b. Project Proposal: Main Campus Facility Development

c. Type of Project/Proposal, please check all that apply:

Inpatient Service(s):

☐ Medical/Surgical ☐ Cardiac ☐ Pediatric ☐ Maternity
☐ Trauma Center ☐ Transplantation Programs
☐ Rehabilitation *(specify type)* _____
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Inpatient *(specify)* _____

Outpatient Service(s):

☐ Ambulatory Surgery Center ☐ Primary Care ☐ Oncology
☐ New Hospital Satellite Facility ☒ Emergency ☐ Urgent Care
☐ Rehabilitation *(specify type)* _____ ☐ Central Services Facility
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Outpatient *(specify)* _____

Imaging:

☐ MRI ☒ CT Scanner ☐ PET Scanner
☐ CT Simulator ☐ PET/CT Scanner ☐ Linear Accelerator
☐ Cineangiography Equipment ☐ New Technology: _____

Non-Clinical:

☒ Facility Development ☐ Non-Medical Equipment ☐ Renovations
☐ Change in Ownership or Control ☐ Land and/or Building Acquisitions
☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)
☐ Other Non-Clinical: _____

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

☒ Yes ☐ No

If you checked "Yes" above, please check the appropriate box below:

☒ New (F, S, Fnc) ☐ Additional (F, S, Fnc) ☐ Replacement
☒ Expansion (F, S, Fnc) ☒ Relocation ☐ Termination of Service
☐ Reduction ☐ Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed $3,000,000, pursuant to Section 19a-639, C.G.S.?

☒ Yes ☐ No

If you checked "Yes" above, please check the boxes below, as appropriate:

☒ New equipment acquisition and operation

☐ Replacement equipment with disposal of existing equipment

☒ Major medical equipment

☐ Change in ownership or control

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

The Stamford Hospital, 30 Shelburne Road, Stamford, CT 06904

g. List each town this project is intended to serve:

Stamford, Darien, New Canaan, Cos Cob, Greenwich, Old Greenwich, Riverside, Norwalk, Westport, Wilton, Southport, Bridgeport, Fairfield, Ridgefield, Weston, Bedford, NY, Bedford Hills, NY, Katonah, NY, Mt Kisco, NY, Port Chester, NY, Pound Ridge, NY, Rye, NY and South Salem, NY.

h. Estimated starting date for the project: July 1, 2010

i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $224,196,734

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

Major Medical Equipment Purchases*	$6,523,169
Medical Equipment Purchases*	$1,060,565
Non-Medical Equipment Purchases*	$2,502,000
Land/Building Purchases	
Construction/Renovation	$193,511,000
Other (Non-Construction) Specify: Architects/MEP/Structural/Interiors	$20,600,000
Total Capital Expenditure	**$224,196,734**
Major Medical Equipment – Fair Market Value of Leases 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	**$224,196,734**
Total Project Cost	**$224,196,734**
Capitalized Financing Costs (Informational Purpose Only)	

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased. **See Attachment I.**

c. If the proposal has a total capital expenditure/cost exceeding $20,000,000 or if the proposal is for major medical equipment exceeding $3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes ☒ No

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

   ☐ Energy Conservation ☐ Health, Fire, Building and Life Safety Code

   ☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
See Attachment II.				

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.

e. Type of financing or funding source (more than one can be checked):

☒ Applicant's Equity	☐ Capital Lease	☐ Conventional Loan
☐ Charitable Contributions	☐ Operating Lease	☐ CHEFA Financing
☐ Funded Depreciation	☐ Grant Funding	
☐ Other *(specify)* _____		

SECTION IV. PROJECT DESCRIPTION

In paragraph format, 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 being proposed and what DPH licensure categories will be sought, if applicable.

3. Identify the current population served and 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: Stamford Health System, Inc.

Project Title: Master Facilities Plan – Phase I Expansion

I, Brian G. Grissler (Name), Chief Executive Officer (Position – CEO or CFO)

of Stamford Health System, Inc., 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 Stamford Health System, Inc. (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 _____ Date 11/26/08

Subscribed and sworn to before me on NOV 26, 2008

Notary Public/Commissioner of Superior Court

My commission expires: _____

ILAINE PEREZ
NOTARY PUBLIC
MY COMMISSION EXPIRES [illegible] 30, 2011

RECEIVED
2008 DEC -3 P 1:45
CONNECTICUT OFFICE OF HEALTH CARE ACCESS

Stamford Health System Master Facilities Plan –
Phase One Expansion

The Stamford Health System ("SHS") is planning a major facilities revitalization project on The Stamford Hospital's ("TSH") main campus that will update, relocate and expand various clinical and support services to provide more effective and efficient health care to the residents of Stamford and its surrounding communities. The goal of the Master Facilities Plan (MFP) is to advance the delivery of high quality medical services through an environment designed to provide superior care, high levels of patient satisfaction and improved outcomes.

The MFP is consistent with the decision to maintain the Hospital in its current location within the City of Stamford. This decision follows several years of reflection and collaborative findings by SHS leadership and the City aimed at achieving greater access to care for all citizens. TSH's existing campus and facility is challenged with limited infrastructure capability. Like many hospitals of its vintage, TSH is a collection of buildings constructed over many decades, starting in 1926 and ending in 2002. The MFP is necessary to achieve a contemporary, code compliant campus that will allow for future growth and meet the demands of emerging health care technologies.

To realize these goals, the MFP initiative has been broken into in three major phases that will be undertaken over an extended period of time. Only Phase One of the MFP is covered by this Letter of Intent. Phase Two will involve the build out of shelled areas constructed during Phase One while Phase Three contemplates a future vertical expansion to the Phase One building. Among other things, the commencement of these subsequent MFP phases will be contingent on available funding.

Description of Phase One

Phase One of the MFP involves an expansion of the current Hospital facility to the South with the construction of a new, six-level building containing the following services by level:

▪ Basement	Support functions (including some shelled construction) and mechanical/electrical areas planned to serve the building following the completion of Phase Two.
▪ Ground	Replacement Emergency Department and public amenities.
▪ First	Replacement Surgical Suite (shelled).
▪ Second	Replacement Heart & Vascular Invasive Cardiology (shelled).
▪ Third	Replacement Critical Care Units (shelled).
▪ Fourth	Mechanical and Electrical floor.
▪ Roof	Future Phase Two Helistop preparations.

As described above, much of the Phase One construction will be devoted to the creation of shelled space for future relocation of clinical and support services that are in need of expansion and are now being provided in existing buildings. These areas would be built out in Phase Two. The services that would be relocated to the new building's ground floor immediately after completion of the Phase One construction consist of a significantly expanded Adult and Pediatric Emergency Department (ED), Including a Psychiatric Holding Unit, as well as ancillary support spaces.

TSH's ED is heavily utilized with over 45,000 visits in FY 2008 and the current department is undersized to meet current patient volumes and technology needs. The ED is also restricted from growth at its current location. The proposed new ED will be state-of-the-art with a full complement of diagnostic capabilities that will be dedicated to this area thereby enhancing patient care and improving throughput. In addition, the new ED will expand the number of exam/treatment beds from its current 21 to 40, with all new beds to be in private rooms. The ED will also maintain its current psychiatric hold service capability, but this unit will be part of the ED versus the current arrangement where this important service is located adjacent to the inpatient behavioral health unit.

Phase One of the MFP also includes a Central Utility Plant (CUP) replacement, locating the CUP appropriately for future campus development. This aspect of the project will include related site work and surface parking. The new CUP will consist of a two-story 33,500 square foot building which will house new boilers, chillers, main electrical distribution panels and some plant engineering workshops. A public concourse connecting the new building to the existing facility as well as a utility tunnel will also be built.

A minimum of existing space renovation will take place in Phase One and the vacated ED area will be razed. In total, the proposed Phase One project will consist of approximately 330,000 gross square feet (GSF) of new construction.

All of the services impacted by the proposed MFP are expected to be furnished under TSH's existing license and no change in TSH's patient population or payer mix is expected to occur as a result of the facilities expansion. Residents within the TSH service area will benefit significantly from the proposal by being able to access high quality, state-of-the-art health care services that are appropriate to a modern medical center serving one of Connecticut's largest cities. In addition, the new facilities will improve function and services and ensure quality patient care through improved infrastructure, updated medical technology and enhanced operational design.

Genesis Planning
The Stamford Hospital
Item Summary

Genesis PLANNING

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
6420-031 CTX0034		1	CT Scanner, Multi-Slice	Siemens Medical Imaging	SOMATOM Sensation 64	N	O/V	1	$1,500,000.00 E	$1,500,000.00
C-101873		4	Allowance, X-ray, Digital, Ceiling Mounted	TBD	TBD	N	O/V	1	$350,000.00 E	$1,400,000.00
4076-065 MON0270		35	Monitor, Physiologic, Bedside	Draeger Medical, Inc	Infinity Gamma XL	N	O/O	2	$30,000.00 E	$1,050,000.00
4922-023 XRY0135		2	X-Ray Unit, General Radiography, Digital	GE Healthcare - Imaging Systems	Definium 8000	N	O/V	1	$475,000.00 E	$950,000.00
6810-001 XRY0178		1	X-Ray Unit, Mobile, Digital	GE Healthcare - Imaging Systems	Definium AMX 700	N	O/O	2	$257,500.00 L	$257,500.00
4436-023 STR0098		44	Stretcher, Procedure / Recovery	Stryker Medical	M-Series w/Big Wheel SM204 (26" Litter)	N	O/O	3	$4,939.00 L	$217,316.00
3356-061 ANA0206		1	Analyzer, Lab, Hematology	Beckman Coulter, Inc.	LH 780 w/SlideMaker & SlideStainer	N	O/V	2	$214,500.00 E	$214,500.00
4954-003 PAC0021		7	PACS, Monitor, 1 Panel	GE Healthcare - Imaging Systems	Centricity RadWorks 5.1 Review	N	O/V	2	$21,029.00 L	$147,203.00
3708-098 MED0054		4	Dispenser, Medication, Host (Main)	Pyxis, a Cardinal Health Company	MedStation 3500 (6 drwr, 0 Cubie)	N	O/V	2	$35,000.00 E	$140,000.00
5885-019 LTS0258		4	Light, Surgical, Dual, Ceiling, w/Monitor Arm	STERIS Corporation	Harmony LC 500 w/FPM	N	O/C	1	$30,898.00 L	$123,592.00
4114-005 PAC0006		4	PACS, Monitor, 2 Panel	GE Healthcare - Imaging Systems	RadWorks 5.1 Review	N	O/V	2	$30,000.00 E	$120,000.00
3960-039 LIG0093		36	Light, Exam/Procedure, Single, Ceiling	STERIS Corporation	Examiner 10 (w/Extension Arm)	N	O/C	1	$2,603.00 L	$93,708.00
4436-024 STR0099		4	Stretcher, Procedure / Recovery	Stryker Medical	M-Series w/Zoom (SM304)	N	O/O	3	$21,900.00 E	$87,600.00
3711-024 MED0101		4	Dispenser, Medication, Auxiliary	Pyxis, a Cardinal Health Company	MedStation 3500 (7 drwr)	N	O/V	2	$19,500.00 E	$78,000.00
4740-011 CRM0010		1	X-Ray Unit, C-Arm, Mini	Hologic, Inc. - Skeletal Health	Fluoroscan Insight	N	O/V	2	$73,750.00 L	$73,750.00
4569-048 ULT0030		1	Ultrasound, Imaging, Multipurpose	GE Healthcare - Imaging Systems	LOGIQ 3	N	O/O	2	$70,000.00 Q	$70,000.00
C-094401		101	Regulator, Suction, Intermittent, Continuous	Amvex Corporation	VRCIDDHA	N	O/O	3	$647.00 E	$65,347.00
7082-003 TVS0197		34	Television, 25-27 in, Flat Panel	LG Electronics	26LX2D	N	O/V	2	$1,600.00 L	$54,400.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
3711-026 MED0078		4	Dispenser, Medication, Auxiliary	Pyxis, a Cardinal Health Company	MedStation 3500 Double Column (8 doors)	N	O/V	2	$11,500.00 E	$46,000.00
4169-012 WMR0024		4	Pump, Infusion, Rapid	Smiths Medical - Level 1 Inc.	H-1200 Fast Flow	N	O/O	2	$10,000.00 L	$40,000.00
6963-001 SFT0043		4	Software, Ultrasound Image	SonoSite, Inc.	SonoCalc IMT	N	O/O	3	$10,000.00 Q	$40,000.00
3909-006 INJ0023		1	Injector, Contrast Media, Ceiling Mount	Medrad Inc	Stellant D CT Overhead	N	O/V	1	$38,500.00 Q	$38,500.00
4091-002 OPH0034		45	Oto/Ophthalmoscope Set, Wall Mount	Welch Allyn, Inc. - Med Division	76510+11710+25020	N	O/C	1	$799.00 Q	$35,955.00
4590-006 VNT0048		1	Ventilator, Adult / Pediatric / Neonatal	Tyco Healthcare - Puritan Bennett Division	840 Ventilator System	N	O/O	2	$31,490.00 Q	$31,490.00
3678-008 DFB0024		3	Defibrillator, Monitor, w/Pacemaker	Zoll Medical Corporation	M Series - Basic	N	O/O	2	$10,494.00 E	$31,482.00
4056-009 CSM0039		2	Monitor, Central Station, Remote Display, Patient	Draeger Medical, Inc	Infinity MultiView Viewstation	N	O/V	2	$15,000.00 E	$30,000.00
4860-008 COL0008		4	Column, Service, Floor to Ceiling	Modular Services Co	5504 Multi-Dimensional	N	O/C	1	$6,954.00 L	$27,816.00
6289-002 CIS0064		4	Computer Info System, Data Mgt, Pharmacy	Pyxis, a Cardinal Health Company	PyxisConnect ScanStation Sys	N	O/V	2	$6,600.00 E	$26,400.00
5610-017 COL0089		4	Column, Service, Ceiling, Retractable	Amico Corporation	Freedom Series Motorized C-COL-ELEC	N	O/C	1	$6,470.00 L	$25,880.00
4817-013 ICE0066		3	Ice Machine, Dispenser, Nugget, Countertop	Follett Corporation	50CT400A	N	O/C	2	$8,358.00 E	$25,074.00
5225-004 COP0208		10	Copier, Counter Top, Multifunction	Ricoh Corporation	Aficio 1013F	N	O/V	2	$2,500.00 E	$25,000.00
4658-013 WMR0025		4	Warmer, Fluid/ Blood, Portable	Smiths Medical - Level 1 Inc.	H-1129 Normoflo	N	O/O	2	$6,156.00 L	$24,624.00
4071-002 MON0062		4	Monitor, Physiologic, Vital Signs, Portable	GE Healthcare - Monitoring Systems	DINAMAP Pro 300	N	O/O	2	$5,800.00 E	$23,200.00
5316-037 CWA0026		2	Cabinet, Warming, Dual, Freestanding	STERIS Corporation	18 Glass Door [DJ05]	N	O/C	2	$11,029.00 L	$22,058.00
6260-003 MAY0012		29	Stand, Mayo, Foot-Operated	Blickman Inc.	Richmond 7767SS	N	O/O	3	$696.00 Q	$20,184.00
4434-001 STR0073		3	Stretcher, Procedure, OB/GYN	Stryker Medical	Gynnie	N	O/O	3	$6,587.00 L	$19,761.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4311-009 SHD0020		4	Shield, Lead, Mobile	Wolf X-Ray Corporation	56604 Clear Pb	N	O/O	3	$4,200.00 Q	$16,800.00
5843-002 SPC0119		6	Cart, Supply, Linen, 60"	InterMetro Industries Corporation	CLT Series 60x24x70	N	O/O	3	$2,430.00 Q	$14,580.00
6451-003 MED0110		4	Dispenser, Medication, Lock Module	Pyxis, a Cardinal Health Company	SMART Remote Manager	N	O/V	2	$3,500.00 E	$14,000.00
3922-008 LMP0008		1	Lamp, Slit	Carl Zeiss Meditech	SL-130	N	O/O	2	$13,000.00 Q	$13,000.00
4021-005 MIC0005		2	Microscope, Binocular	Olympus America Inc - Precision Inst Div.	BX41	N	O/O	2	$6,250.00 L	$12,500.00
5362-004 VNT0105		1	Ventilator, BiPAP	Respironics, Inc.	BiPAP Vision	N	O/O	2	$12,074.00 L	$12,074.00
5361-011 ANA0396		2	Analyzer, Lab, Blood Gas, Portable	Abbott Point of Care Inc	I-STAT 1	N	O/O	3	$6,000.00 L	$12,000.00
3668-069 CRB0045		2	Crib, General	Hard Mfg Company, Inc.	Springfield S1955-KPG	N	O/O	3	$5,575.00 Q	$11,150.00
3768-030 ECG0026		1	Electrocardiograph (ECG), Interpretive	GE Healthcare - Cardiology	MAC 5500 w/Cart	N	O/O	2	$10,250.00 L	$10,250.00
4275-001 SCL0113		4	Scale, Clinical, Adult, Wheelchair	Scale-Tronix, Inc.	6002 Wheelchair Scale	N	O/O	3	$2,550.00 E	$10,200.00
3803-018 FLW0014		107	Flowmeter, Oxygen	Ohio Medical	6702-1261-921	N	O/O	3	$90.00 E	$9,630.00
4942-097 REF0559		6	Refrigerator, Domestic with Freezer	GE Appliances	PTS22LHSWW (21.7 cu.ft. w/Icemaker)	N	O/O	2	$1,549.00 L	$9,294.00
4416-010 STL0101		36	Stool, Step	Blickman Inc.	Kent 7757SS	N	O/O	3	$258.00 Q	$9,288.00
4414-049 STL0065		19	Stool, Exam, Cushion-Seat	Midmark Corp	Ritter 276 Air Lift	N	O/O	3	$465.00 E	$8,835.00
3368-018 ANA0361		1	Analyzer, Lab, Urinalysis, Countertop	Siemens Healthcare Diagnostics	Clinitek Advantus	N	O/O	2	$8,687.50 E	$8,687.50
4538-004 THM0003		20	Thermometer, Digital	Alaris Medical Systems	IVAC Turbo Temp 2180C	N	O/O	3	$433.00 L	$8,660.00
6418-009 BRK0150		43	Bracket, Television, Wall, Flat Screen	Peerless Industries, Inc.	SA740P-S (for 22-37" LCD)	N	O/V	1	$200.00 E	$8,600.00
6158-008 STN0027		1	Stainer, Slide, Automatic, Benchtop	Siemens Healthcare Diagnostics	Miles Hema-Tek 2000	N	O/O	2	$8,550.00 E	$8,550.00
6590-017 LFT0125		1	Lift, Patient, Bariatric	ArjoHuntleigh	Tenor w/Scale	N	O/O	2	$8,517.00 L	$8,517.00
3422-002 BED0106		8	Bed, Psychiatric, Security / Seclusion	Hill-Rom Co, Inc - Room & Furniture	Harbor Glen Platform	N	O/O	3	$1,040.00 L	$8,320.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4920-010 WST0089		38	Waste Can, Step-On	Rubbermaid Commercial Products	6146 (23 gal)	N	O/O	3	$186.00 Q	$7,068.00
3839-010 HDL0007		1	Headlight, w/ Light Source	Luxtec Corporation	Ultralite Plus w/ LX300 Xenon Light Source	N	O/O	2	$6,730.00 E	$6,730.00
3606-015 CHA0077		1	Chair, Clinical, Exam, EENT	Midmark Corp	Ritter 391 Otolaryngology	N	O/O	2	$6,619.00 Q	$6,619.00
6477-041 BRK0181		38	Bracket, Monitor, Wall, Flat Panel	Ergotron Inc.	LX Wall Mount LCD (silver)	N	O/C	1	$169.00 L	$6,422.00
5317-030 CWA0070		1	Cabinet, Warming, Single, Counter	STERIS Corporation	18 Glass Door [DJ05]	N	O/O	2	$6,338.00 E	$6,338.00
5863-063 PRC0230		4	Cart, Procedure, General	Armstrong Medical Industries, Inc.	6-Drwr Aluminum Auto-Locking (PEL-Color-30)	N	O/O	3	$1,575.00 Q	$6,300.00
3628-005 COF0002		6	Coffee Maker, Automatic, 1-2 Warmer	Bunn-O-Matic Corporation	VLPF	N	O/C	2	$1,000.00 E	$6,000.00
4071-002 MON0062		1	Monitor, Physiologic, Vital Signs, Portable	GE Healthcare - Monitoring Systems	DINAMAP Pro 300	N	O/O	2	$5,800.00 Q	$5,800.00
3874-003 HYP0003		1	Hypo-Hyperthermia Unit, General	Cincinnati Sub-Zero Products Inc.	Blanketrol II	N	O/O	2	$5,795.00 Q	$5,795.00
4298-007 SHL0071		12	Shelving, Wire, Chrome, 48	InterMetro Industries Corporation	Super Erecta 48x18x64	N	O/O	3	$447.00 L	$5,364.00
5934-007 TOB0007		23	Table, Overbed, General	Hill-Rom Co, Inc - Room & Furniture	Standard OBT-210	N	O/O	3	$225.00 E	$5,175.00
4658-013 WMR0025		1	Warmer, Fluid/ Blood, Portable	Smiths Medical - Level 1 Inc.	H-1129 Normoflo	N	O/O	2	$5,000.00 Q	$5,000.00 C
3726-005 DOP0004		8	Doppler, Ultrasonic, Blood Flow	Parks Medical Electronics, Inc.	811-B	N	O/O	3	$595.00 E	$4,760.00
4248-065 REG0067		6	Regulator, Suction, Intermittent/Continuous	Ohio Medical	6702-1251-908	N	O/O	3	$785.00 L	$4,710.00
3806-008 FLW0120		52	Flowmeter, Air	Ohio Medical	6702-1264-921	N	O/O	3	$89.00 E	$4,628.00
3335-002 ANA0004		2	Analyzer, Lab, Breath Alcohol	Intoximeters, Inc.	Alco-Sensor IV and an RBT printer	N	O/O	2	$2,250.00 Q	$4,500.00
4235-025 REF0149		6	Refrigerator, Undercounter	Summit Appliance Division, Felix Storch, Inc.	AL750L (ADA)	N	O/O	2	$700.00 E	$4,200.00
3467-011 CST0009		1	Cabinet, Storage, Clinical , ENT, Treatment	Reliance Medical Products	500	N	O/O	2	$4,040.00 Q	$4,040.00

Genesis Planning
The Stamford Hospital
Item Summary

Genesis PLANNING

* = Options/Accessories C = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
3796-009 FLR0014		2	Floor Machine, Burnisher, Electric	NSS Enterprises, Inc.	Mustang 1500 Vac-Trac	N	O/O	2	$2,020.00 L	$4,040.00
5859-021 PRC0134		3	Cart, Procedure, Resuscitation	Armstrong Medical Industries, Inc.	6-dr Premier Red/Red (Breakaway)	N	O/O	3	$1,297.00 E	$3,891.00
4361-014 IVS0055		16	Stand, IV, Chrome	Pryor Products, Inc.	107 (4 hook)	N	O/O	3	$243.00 Q	$3,888.00
4109-003 OXM0032		1	Oximeter, Pulse, Hand Held	Tyco Healthcare - Nellcor Division	N-20	N	O/O	3	$3,555.00 Q	$3,555.00
5855-008 PRC0106		1	Cart, Procedure, Cast	InterMetro Industries Corporation	MetroFlex Cast	N	O/O	3	$3,545.00 L	$3,545.00
5846-013 HSK0028		3	Cart, Housekeeping, Stainless	Royce Rolls Ringer Company	F36-08E	N	O/O	3	$1,118.00 Q	$3,354.00
3723-001 DIS0008		54	Disposal, Sharps, Wall Mount	Covidien - Kendall Products	85301H	N	O/C	1	$62.00 E	$3,348.00
6364-006 GLV0041		55	Dispenser, Glove, Triple Box	Health Care Logistics	7467-01 Plexiglass	N	O/C	1	$57.00 L	$3,135.00
6015-001 SPC0342		6	Cart, Supply, Chrome, 48 inch	InterMetro Industries Corporation	Super Erecta N356EC	N	O/O	3	$466.00 E	$2,796.00
4414-049 STL0065		6	Stool, Exam, Cushion-Seat	Midmark Corp	Ritter 276 Air Lift	N	O/O	3	$465.00 E	$2,790.00
4715-027 WCR0017		7	Wheelchair, Adult, Standard	Invacare Corporation	IVC Tracer EX2 (20x16)	N	O/O	3	$395.00 Q	$2,765.00
5863-056 PRC0227		4	Cart, Procedure, General	Armstrong Medical Industries, Inc.	AMC-1 Mini Cart	N	O/O	3	$650.00 Q	$2,600.00
6584-006 TVS0162		2	Television, 30-32 in, Flat Panel	LG Electronics	32LC2D	N	O/V	2	$1,300.00 L	$2,600.00
4277-007 SCL0141		1	Scale, Clinical, Infant, Mobile	Scale-Tronix, Inc.	4802 w/Cart	N	O/O	3	$2,490.00 L	$2,490.00
3372-035 APR0021		14	Apron, Lead	Wolf X-Ray Corporation	65023 Easywrap Large	N	O/O	3	$175.00 E	$2,450.00
6338-008 CTK0061		4	Cart / Truck, Soiled Utility	Rubbermaid Commercial Products	1011 (3/4 cu yd)	N	O/O	3	$600.00 E	$2,400.00
4657-002 WMR0002		1	Warmer, Patient, Hypothermia	Arizant Healthcare	Bair Hugger 505	N	O/O	2	$2,000.00 L	$2,000.00 C
4721-002 WCR0089		1	Wheelchair, Pediatric	Sunrise Medical	Quickie 2 11in Frame	N	O/O	3	$1,995.00 Q	$1,995.00
4155-065 PRJ0029		1	Projector, Digital, LCD	Sony Electronics Inc.	VPL-CS7	N	O/O	2	$1,900.00 Q	$1,900.00
3374-021 ASP0021		3	Pump, Suction/Aspirator, General, Portable	Ohio Medical	Care-E-Vac 3	N	O/O	2	$627.00 L	$1,881.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
5002-004 STL0216		6	Stool, Step, Stackable	Blickman Inc.	8762SS	N	O/O	3	$293.00 Q	$1,758.00
4687-002 WST0006		15	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products	6144 Red (12 gal)	N	O/O	3	$114.00 Q	$1,710.00
4609-002 VBX0053		3	Viewbox, 2 Panel, Recessed	Wolf X-Ray Corporation	Trimline Basic 29502	N	O/C	1	$524.00 Q	$1,572.00
3836-034 HAM0031		10	Hamper, Linen	Blickman Inc.	2118 Tilt-Top	N	O/O	3	$152.00 E	$1,520.00
4234-014 REF0121		4	Refrigerator, Tabletop	Sanyo Home Appliances	SR-2410K	N	O/O	2	$375.00 E	$1,500.00
4665-002 WMR0050		3	Warmer, Contrast Media	Cone Instruments, Inc.	216100	N	O/O	2	$500.00 Q	$1,500.00
3450-004 BUK0005		6	Bucket, Mopping	Royce Rolls Ringer Company	428 (8 gal, 16-24 oz. Wringer)	N	O/O	3	$242.00 Q	$1,452.00
6145-010 DOP0040		2	Doppler, Vascular	Parks Medical Electronics, Inc.	811-BTS	N	O/O	3	$675.00 L	$1,350.00
4611-006 VBX0103		1	Viewbox, 2/2 Panel, Recessed	Wolf X-Ray Corporation	Trimline III 23422	N	O/C	1	$1,301.00 Q	$1,301.00
3598-034 CEN0114		1	Centrifuge, General Purpose, Countertop	Thermo Fisher Scientific	Heraeus Clinifuge	N	O/O	2	$1,259.85 E	$1,259.85
4103-043 OVN0064		6	Oven, Microwave, Countertop	GE Appliances	JEB1860DMWW (1.8 Cu Ft/White)	N	O/O	2	$209.00 L	$1,254.00
3886-003 IMM0007		3	Immobilizer, Child	Olympic Medical (div. Natus)	Papoose Large	N	O/O	3	$398.00 Q	$1,194.00
6861-001 OPH0099		1	Oto/Ophthalmoscope Set, w/ Mobile Stand	Welch Allyn, Inc. - Med Division	76710-71M/7670-12	N	O/O	2	$1,155.00 Q	$1,155.00
5795-002 SBS0002		4	Stand, Basin, Single	Blickman Inc.	7807SS Baker	N	O/O	3	$288.00 Q	$1,152.00
4238-036 REF0198		3	Refrigerator, Domestic, Undercounter	Summit Appliance Division, Felix Storch, Inc.	FF6-AL (ADA)	N	O/O	2	$375.00 Q	$1,125.00
5847-018 SPC0157		1	Cart, Supply, IV	InterMetro Industries Corporation	MetroMax MIV1X2	N	O/O	3	$1,123.00 L	$1,123.00
4688-002 WST0033		49	Waste Can, Open Top	Rubbermaid Commercial Products	2540 (7 qt) beige	N	O/O	3	$20.00 Q	$980.00
5835-001 UTC0001		4	Cart, Utility, Stainless	Lakeside Manufacturing, Inc.	311	N	O/O	3	$238.00 Q	$952.00
4920-010 WST0089		5	Waste Can, Step-On	Rubbermaid Commercial Products	6146 (23 gal)	N	O/O	3	$186.00 E	$930.00

Genesis Planning
The Stamford Hospital
Item Summary

Genesis PLANNING

* = Options/Accessories = Contract

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4688-017 WST0045		15	Waste Can, Open Top	Rubbermaid Commercial Products	3540 (23 gal. Slim Jim)	N	O/O	3	$58.00 Q	$870.00
5943-019 TBL0130		1	Table, Exam/Treatment, Stationary	Midmark Corp	Ritter 203 (w/Drawers)	N	O/O	2	$806.00 E	$806.00
4688-003 WST0034		29	Waste Can, Open Top	Rubbermaid Commercial Products	2541 (14 qt)	N	O/O	3	$27.00 E	$783.00
4047-008 MIX0011		2	Mixer, Rocker	Fisher Scientific Company	Adams Nutator 14-062	N	O/O	2	$335.29 E	$670.58
4717-005 WCR0068		1	Wheelchair, Adult, Large	Gendron Inc	Tracker II Basic 5300 (22" Seat)	N	O/O	3	$625.00 L	$625.00
7562-001 CHA0234		1	Chair, Clinical, Commode/Shower, Bariatric	Sammons Preston	554912 (PVC)	N	O/O	3	$600.00 Q	$600.00
5407-015 WST0121		9	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	Slim Jim 3540 (23gal)	N	O/O	3	$63.00 L	$567.00
4187-011 RCK0011		4	Rack, Apron, Wall Mount	Wolf X-Ray Corporation	Tri-Rak 16400	N	O/C	1	$132.00 Q	$528.00
6015-001 SPC0342		1	Cart, Supply, Chrome, 48 inch	InterMetro Industries Corporation	Super Erecta N356EC	N	O/O	3	$466.00 L	$466.00
4298-007 SHL0071		1	Shelving, Wire, Chrome, 48	InterMetro Industries Corporation	Super Erecta 48x18x64	N	O/O	3	$447.00 Q	$447.00
4715-027 WCR0017		1	Wheelchair, Adult, Standard	Invacare Corporation	IVC Tracer EX2 (20x16)	N	O/O	3	$395.00 L	$395.00
4688-001 WST0032		7	Waste Can, Open Top	Rubbermaid Commercial Products	2544 (10 gal Beige)	N	O/O	3	$56.00 Q	$392.00
5491-002 WST0122		18	Waste Can, 08-19 Gallon	Rubbermaid Commercial Products	Brute 2610 w/ lid 2609	N	O/O	3	$21.00 Q	$378.00
4687-002 WST0006		3	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products	6144 Red (12 gal)	N	O/O	3	$114.00 E	$342.00
4254-001 ROL0001		1	Roller, Patient Transfer	Alimed, Inc.	9-728 Long	N	O/O	3	$275.00 Q	$275.00
4690-007 WST0062		2	Waste Can, 32-36 Gallon	Rubbermaid Commercial Products	Brute 2632 (32 gal)	N	O/O	3	$116.00 E	$232.00
3603-006 CHA0036		2	Chair, Clinical, Commode, Floor	Sammons Preston	All-Purpose [9940]	N	O/O	3	$115.00 Q	$230.00
4688-001 WST0032		4	Waste Can, Open Top	Rubbermaid Commercial Products	2544 (10 gal Beige)	N	O/O	3	$56.00 E	$224.00
4687-003 WST0007		1	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products	6146 Red (23 gal)	N	O/O	3	$203.00 L	$203.00

ID# / CAD ID	Alt ID / Item ID	Qty	Description	Manufacturer	Model	N/E	F/I	AC	Unit Cost	Ext. Cost
4588-004 PLA0018		1	Player, DVD/VCR	Sony Electronics Inc.	SLV-D500P	N	O/O	2	$200.00 Q	$200.00
6457-002 DIS0050		1	Disposal, Sharps, Floor Cart	Covidien - Kendall Products	8991 & 8992H (17 gal)	N	O/O	3	$187.00 E	$187.00
C-085370		4	Panel, Pharmacy Bin, Large	Health Care Logistics	1425	N	O/C	1	$40.00 E	$160.00
5107-001 RCK0151		1	Rack, Apron & Glove	American Medical Sales (AMS)	20835	N	O/C	1	$159.00 Q	$159.00
5794-002 ORP0002		1	Stand, Orthopedic, Plaster Casting	Mizuho OSI	1926	N	O/O	3	$153.00 L	$153.00
3451-003 BUK0016		1	Bucket, Kick	Blickman Inc.	7766SS Lenox	N	O/O	3	$150.00 E	$150.00
4687-021 WST0019		1	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products	6145 Red (18 gal)	N	O/O	3	$142.00 L	$142.00
4920-002 WST0082		1	Waste Can, Step-On	Rubbermaid Commercial Products	6145 (18 gal)	N	O/O	3	$136.00 L	$136.00
4187-011 RCK0011		1	Rack, Apron, Wall Mount	Wolf X-Ray Corporation	Tri-Rak 16400	N	O/C	1	$132.00 L	$132.00
5491-002 WST0122		6	Waste Can, 08-19 Gallon	Rubbermaid Commercial Products	Brute 2610 w/ lid 2609	N	O/O	3	$21.00 E	$126.00
4688-002 WST0033		6	Waste Can, Open Top	Rubbermaid Commercial Products	2540 (7 qt) beige	N	O/O	3	$20.00 L	$120.00
4691-004 WST0069		2	Waste Can, 44-55 Gallon	Rubbermaid Commercial Products	2643 Brute	N	O/O	3	$50.00 E	$100.00
4335-010 SNK0042		4	Sink, Scrub, 2-Bay, Stainless Steel	STERIS Corporation	Flexmatic w/o Timer [CE12]	N	O/C	1	$0.00 L	$0.00
4581-023 VAC0053		3	Vacuum, Upright	NSS Enterprises, Inc.	Pacer 218 UE	N	O/O	2	$0.00 Q	$0.00
5475-000		6	Camera, CCTV, Color	Unspecified		N	O/V	2	$0.00 E	$0.00
									Sub Total :	**$7,583,733.93**
									Grand Total :	**$7,583,733.93**

Stamford Hospital
Emergency Department
Major Medical Equipment Items by Ext Cost >$50,000
21-Nov-08

Genesis PLANNING

ID#	CAD ID	Qty	Description	Manufacturer	Model	F/I	AC	Unit Cost	Ext. Cost
6420-031	CTX0034	1	CT Scanner, Multi-Slice	Siemens Medical Imaging	SOMATOM Sensation 64	O/V	1	$1,500,000	$1,500,000
C-101873		4	Allowance, X-ray, Digital, Ceiling Mounted	TBD	TBD	O/V	1	$350,000	$1,400,000
4076-065	MON0270	35	Monitor, Physiologic, Bedside	Draeger Medical, Inc	Infinity Gamma XL	O/O	2	$30,000	$1,050,000
4922-023	XRY0135	2	X-Ray Unit, General Radiography, Digital	GE Healthcare - Imaging Systems	Definium 8000	O/V	1	$475,000	$950,000
6810-001	XRY0178	1	X-Ray Unit, Mobile, Digital	GE Healthcare - Imaging Systems	Definium AMX 700	O/O	2	$257,500	$257,500
4436-023	STR0098	44	Stretcher, Procedure / Recovery	Stryker Medical	M-Series w/Big Wheel SM20	O/O	3	$4,939	$217,316
3356-061	ANA0206	1	Analyzer, Lab, Hematology	Beckman Coulter, Inc.	LH 780 w/SlideMaker & Slide	O/V	2	$214,500	$214,500
4954-003	PAC0021	7	PACS, Monitor, 1 Panel	GE Healthcare - Imaging Systems	Centricity RadWorks 5.1 Rev	O/V	2	$21,029	$147,203
3708-098	MED0054	4	Dispenser, Medication, Host (Main)	Pyxis, a Cardinal Health Company	MedStation 3500 (6 drwr, 0 C	O/V	2	$35,000	$140,000
5885-019	LTS0258	4	Light, Surgical, Dual, Ceiling, w/Monitor Arm	STERIS Corporation	Harmony LC 500 w/FPM	O/C	1	$30,898	$123,592
4114-005	PAC0006	4	PACS, Monitor, 2 Panel	GE Healthcare - Imaging Systems	RadWorks 5.1 Review	O/V	2	$30,000	$120,000
3960-039	LIG0093	36	Light, Exam/Procedure, Single, Ceiling	STERIS Corporation	Examiner 10 (w/Extension Ar	O/C	1	$2,603	$93,708
4436-024	STR0099	4	Stretcher, Procedure / Recovery	Stryker Medical	M-Series w/Zoom (SM304)	O/O	3	$21,900	$87,600
3711-024	MED0101	4	Dispenser, Medication, Auxiliary	Pyxis, a Cardinal Health Company	MedStation 3500 (7 drwr)	O/V	2	$19,500	$78,000
4740-011	CRM0010	1	X-Ray Unit, C-Arm, Mini	Hologic, Inc. - Skeletal Health	Fluoroscan Insight	O/V	2	$73,750	$73,750
4569-048	ULT0030	1	Ultrasound, Imaging, Multipurpose	GE Healthcare - Imaging Systems	LOGIQ 3	O/O	2	$70,000	$70,000
									$6,523,169

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 8, 2008

David Smith
Senior Vice President Strategy and Market Development
The Stamford Hospital
Shelburne Road at West Broad Street
P.O. Box 9317
Stamford, CT 06904

Re: Letter of Intent, Docket Number 08-31284
Stamford Health System, Inc.
Master Facility Plan, which includes the Construction of a New Six-Level Addition and Central Utility Plant, Modernization of the ED and Other Infrastructure Improvements

Dear Mr. Smith:

On December 3, 2008, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Stamford Health System, Inc. ("Applicant") for the Master Facility Plan, which includes the construction of a new six-level addition and Central Utility Plant, modernization of the ED and other infrastructure improvements, at a total capital expenditure of $224,196,734.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Advocate* pursuant to Section 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

KRM:lmg

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 8, 2008

Requisition # HCA09-082
Email: legal.notices@scni.com

The Advocate
75 Tresser Blvd.
Stamford, CT 06903

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Friday, December 12, 2008.**

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Jack Huber at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:JAH:lmg

c: Sandy Salus, OHCA

Stamford Health System, Inc.
Docket Number 08-31284

Letter of Intent
December 8, 2008

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicant:	Stamford Health System, Inc.
Town:	Stamford
Docket Number:	08-31284-LOI
Proposal:	Master Facility Plan, which includes the construction of a new six-level addition and Central Utility Plant, modernization of the ED and other infrastructure improvements
Capital Expenditure:	$224,196,734

The Applicant may file its Certificate of Need application between February 1, 2009 and April 2, 2009. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

Greer, Leslie

Sent: Monday, December 08, 2008 11:06 AM

----IMA7688c2f.493d/pop.state.ct.us
Content-Type: text/plain; charset=us-ascii

Your message was successfully relayed to a system that does not support delivery confirmations.
Unless the delivery fails, this will be the only delivery notification.

----IMA7688c2f.493d/pop.state.ct.us
Content-Type: message/delivery-status

Reporting-MTA: pop.state.ct.us
Final-Recipient: rfc8222;legal.notices@scni.com
Action: relayed
Status: 2.0.0

----IMA7688c2f.493d/pop.state.ct.us
Content-Type: message/rfc822

Received: from doit-mstwmms1 [159.247.5.80] by pop.state.ct.us with ESMTP
(SMTPD-9.23) id AC2C0750; Mon, 08 Dec 2008 16:05:48 -0500
Received: from 159.247.77.53 by doit-mstwmms1 with ESMTP (Tumbleweed EMF SMTP Relay (Email Firewall v6.0.0)); Mon, 08 Dec 2008 16:12:33 -0500
X-Server-Uuid: AAF81055-C3E5-43F1-82D3-EBCFC44FF42A
x-mimeole: Produced By Microsoft Exchange V6.5
Content-class: urn:content-classes:message
Return-Receipt-To: "Greer, Leslie" <Leslie.Greer@ct.gov>
MIME-Version: 1.0
Disposition-Notification-To: "Greer, Leslie" <Leslie.Greer@ct.gov>
Subject: Legal Ad 08-31284
Date: Mon, 8 Dec 2008 16:03:07 -0500
Message-ID: <741BDEFB9A5C9A4F9421A255626F70B101B7DA1A@DOIT-EX401.exec.ds.state.ct.us>
X-MS-Has-Attach: yes
X-MS-TNEF-Correlator:
Thread-Topic: Legal Ad 08-31284
Thread-Index: AclZeF5q+g+CxpqHQd6Yo08lSog0Pg==
From: "Greer, Leslie" <Leslie.Greer@ct.gov>
To: legal.notices@scni.com
X-WSS-ID: 6523524B30S1663627-01-01
Content-Type: multipart/mixed;
boundary="----_=_NextPart_001_01C95978.5E884555"

----IMA7688c2f.493d/pop.state.ct.us--

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 12, 2008

David Smith
Senior Vice President, Strategy and Market Development
Stamford Health System, Inc.
P.O. Box 9317
Stamford, CT 06904

RE: Certificate of Need Application Forms, Docket Number 08-31284-CON
Stamford Health System, Inc.'s Proposal to Undertake a Master Facility Project, which includes Construction of a New Six-Level Addition, Replacement of the Central Utility Plant, ED Modernization and Other Infrastructure Improvements

Dear Mr. Smith:

Enclosed are the application forms for Stamford Health System, Inc.'s Certificate of Need ("CON") proposal to undertake a Master Facility Project at a capital expenditure of $224,196,734. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes the CON application may be filed between February 1, 2009, and April 2, 2009.

When submitting your CON application and any subsequent application information to this agency, you are obligated to observe the following procedural requirements. **Failure to observe these requirements will require follow-up work on your part to correct the filing.**

- Number and date each page, including cover letter and all attachments. Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document immediately preceding it. For example, if the application concludes with page 100, your completeness response letter would begin with page 101.
- Submit one (1) original and six (6) hard copies of each submission in 3-ring binders.
- Submit a scanned copy of each submission in its entirety, including all attachments on CD, preferably in Adobe (.pdf) format.
- Submit an electronic copy of the documents in MS Word format with financial attachments and other data as appropriate in MS Excel format.

The OHCA analyst assigned to the CON application is Jack A. Huber. Please feel free to contact him at (860) 418-7034, if you have any questions.

Sincerely,

Kimberly Martone
Certificate of Need Supervisor

Enclosures

State of Connecticut
Office of Health Care Access
Certificate of Need Application

Please complete all questions. If any question is not relevant to your project a response of "Not Applicable" may be an acceptable answer. Your Certificate of Need application will be eligible for submission no earlier than February 1, 2009, and may be submitted no later than April 2, 2009. The OHCA Analyst assigned to your application is Jack Huber. He may be reached at the Office of Health Care Access at (860) 418-7001.

Docket Number:	08-31284-CON
Applicant Name:	Stamford Health System, Inc.
Contact Person:	David Smith
Contact Title:	Senior Vice President, Strategy and Market Development
Contact Address:	Stamford Health System, Inc. P.O. Box 9317 Stamford, CT 06904
Project Location:	Stamford
Project Name:	Master Facility Plan including the Construction of a New Six-Level Addition and Central Utility Plant, Modernization of the ED and Other Infrastructure Improvements
Proposal Type:	Section 19a-639, C.G.S.
Estimated Total Capital Expenditure:	$224,196,734

HOSPITAL AFFIDAVIT

Applicant: _____

Project Title: _____

I, _____, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the (Hospital Name) information submitted in this Certificate of Need application is accurate and correct to the best of my knowledge. With respect to the financial impact related to this CON application, I hereby affirm that:

1. The proposal will have a capital expenditure in excess of $15,000,000.

   ☐ Yes ☐ No

2. The combined total expenses for the proposal's first three years of operation will exceed one percent of the actual operating expenses of the Hospital for the most recently completed fiscal year as filed with the Office of Health Care Access.

   ☐ Yes ☐ No

_____ _____
Signature Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	FOR OHCA USE ONLY: DATE INITIAL 1. Check logged (Front desk) _____ _____ 2. Check rec'd (Clerical/Cert.) _____ _____ 3. Check correct (Superv.) _____ _____ 4. Check logged (Clerical/Cert).) _____ _____

SECTION A – NEW CERTIFICATE OF NEED APPLICATION	
1. Check statute reference as applicable to CON application (see statute for detail): _____ 19a-638.Additional function or service, change of ownership, service termination. **No Fee Required.** _____ 19a-639 Capital expenditure exceeding $3,000,000 or capital expenditure exceeding $3,000,000 for major medical equipment, CT scanner, PET scanner, PET/CT scanner, MRI scanner, cineangiography equipment or linear accelerator. **Fee Required.** _____ 19a-638 and 19a-639. **Fee Required.** 2. Enter $0 on "Total Fee Due" line (SECTION B) if application is required pursuant to Section 19a-638 only, otherwise go on to line 3 of this section. 3. Enter $400 on "Total Fee Due" line (SECTION B) if application is for capital expenditure for major medical equipment, imaging equipment or linear accelerator less than $3,000,000 4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding $3,000,000 or other capital expenditure exceeding $3,000,000 is checked above **OR** if both 19a-638 and 19a-639 are checked): a. Base fee: _____ b. Additional Fee: (Capital Expenditure Assessment)_____ (To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) ($_____ x .0005) c. Sum of base fee plus additional fee: (Lines A4a + A4b)_____ d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B).	$ 1,000.00 $_____.00 $_____.00
SECTION B TOTAL FEE DUE: _____	$_____.00

ATTACH HERE CERTIFIED OR CASHIER'S CHECK ONLY (Payable to: Treasurer, State of Connecticut)

1. Health Services

What services are currently offered at your Hospital that the proposed master facilities project will augment or replace? What new service(s) will be established? Identify each affected service within the categories presented below and provide a brief explanation as to how the service will be affected.

Augment:	
Replace:	
Establish:	

2. State Health Plan

No questions at this time.

3. Applicant's Long Range Plan

A. Is this application consistent with your long-range plan?

☐ Yes ☐ No

If "No" is checked, please provide an explanation.

B. Provide the excerpt from the minutes of the Hospital Board of Director's meeting that verifies the Board voted favorably to proceed with the proposed building project.

C. Describe the efforts the Hospital made in seeking community input for the proposed building project.

D. Briefly describe how the proposal reflects the community's input.

4. Clear Public Need

A. Explain how it was determined there was a need for the proposed Master Facility Project.

B. Please provide excerpts of the Hospital's Strategic Plan relating to the project.

C. Provide the following information **only for the new services or programs created by the proposed master facilities project**:

i) List the service area towns.
ii) Provide a rationale for the delineation of the service area towns.
iii) The units of service for the first three fiscal years by service area town and in total.
iv) Describe the population being served. Include demographic information, as appropriate.
v) Identify the existing Hospital providers in your service area that will be affected.

D. What will be the effect of your proposal on existing hospitals (i.e. patient volume, financial stability, quality of care, etc.)?

E. Please provide the units of service projected for the first three years of operation of the **existing services/programs affected by the proposal**. **Include the derivation/calculation for each service/program.**

F. Will your proposal remedy any of the following barriers to access? Please provide an explanation.

☐ Cultural ☐ Transportation

☐ Geographic ☐ Economic

☐ None of the above ☐ Other (Identify) _____

_____

If you checked other than None of the above, please provide an explanation.

G. Provide copies of any of the following plans, studies or reports related to your proposal:

☐ Market Share Analysis ☐ Need Assessment

☐ Public Information Reports ☐ Epidemiological Studies

H. Please provide an itemization of the Hospital's current and proposed staffed and licensed bed configuration by service in the following format:

Current and Proposed Staffed and Licensed Hospital Beds

General Services	Current Staffed Beds	Proposed Staffed Beds	Current Licensed Beds	Proposed Licensed Beds
Medical				
Surgical				
Intensive Care Unit				
Cardiac Care Unit				
Exempt Psychiatric				
Exempt Rehabilitation				
Specialty Services				
Maternity				
Newborn				
Oncology				
Total Bed Count				

I. Please provide an itemization in the number of Emergency Department treatment beds by service (i.e. general, trauma, urgent, psychiatric etc.) and by existing and proposed treatment beds in similar format to the above referenced table.

5. Quality Measures

A. Check off all the Standard of Practice Guidelines that will be utilized by the Applicant for the proposed service. Please submit the most recent copy of each report related to the proposal:

- ☐ American College of Cardiology
- ☐ National Association of Child Bearing Centers
- ☐ Report of the Inter-Council for Radiation Oncology
- ☐ Other, Specify:
- ☐ National Committee for Quality Assurance
- ☐ American College of Obstetricians & Gynecologists
- ☐ American College of Radiology
- ☐ Public Health Code & Federal Corollary
- ☐ American College of Surgeons
- ☐ Substance Abuse Society and Mental Health Services Administration

B. Describe in detail how the Hospital plans to meet each of the guidelines checked off above.

C. Submit a list of **all** key professional and administrative personnel, including the Applicant's Chief Executive Officer (CEO) and Chief Financial Officer (CFO), Medical Director, physicians, consultants, etc., related to the proposal and a copy of their Curriculum Vitae.

***Note**: For physicians, please provide a list of hospitals where the physicians have admitting privileges.*

D. Provide a copy of the most recent inspection reports and/or certificate for your facility:

- ☐ DPH
- ☐ Fire Marshall Report
- ☐ AAAHC
- ☐ Other:
- ☐ JCAHO
- ☐ Other States Health Dept. Reports (New Out-of-State Providers)
- ☐ AAAASF

Note: Above referenced acronyms are defined below. [1]

E. Provide a copy of the following:

- ☐ Excerpts of the Hospital's Quality Assurance Plan (QAP) relating to the project.
- ☐ The latest Annual Evaluation Report of the QAP Committee.

6. Improvements to Productivity and Containment of Costs

In the past year has your facility undertaken any of the following activities to improve productivity and contain costs?

- ☐ Energy conservation
- ☐ Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.)
- ☐ None of the above
- ☐ Other (identify):
- ☐ Group purchasing
- ☐ Reengineering

[1] DPH – Department of Public Health; JCAHO – Joint Commission on Accreditation of Hospitals Organization; AAAHC – Accreditation Association for Ambulatory Health Care, AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

7. Miscellaneous

A. Will this proposal result in any change to your teaching or research responsibilities?

☐ Yes ☐ No

If you checked "Yes," please provide an explanation.

B. Are there any characteristics of your patient/physician mix that makes your proposal unique?

☐ Yes ☐ No

If you checked "Yes," please provide an explanation.

C. Provide a copy of the State of Connecticut Department of Public Health license currently held.

8. Financial Information

A. Type of ownership: (Please check off all that apply)

☐ Corporation (Inc.)
☐ Partnership
☐ Joint Venture
☐ Other (Specify):
☐ Limited Liability Company (LLC)
☐ Professional Corporation (PC)

B. Provide the following financial information:

i) Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the Applicant is a hospital that has filed its most recently completed fiscal year audited financial statements, the Hospital may reference that filing for this proposal.

ii) The latest cash equivalent balance as of the date of submission of this application.

iii) A copy of the most recently completed internal monthly financial statements, including utilization volume totals to date.

iv) Copies of all bond resolutions which are currently outstanding.

v) Copies of all indenture and loan agreements which are currently outstanding.

vi) Copies of all line of credit agreements which are currently outstanding.

vii) Copies of any correspondence to and from creditors that placed any additional financial requirements or restrictions on the Hospital or any of the Hospital's affiliates.

9. Major Cost Components/Total Capital Expenditure

Submit a final version of all capital expenditures/costs as follows:

Medical Equipment (Purchase)*	$
Major Medical Equipment (Purchase)*	
Non-Medical Equipment (Purchase)*	
Land/Building (Purchase)	
Construction/Renovation	
Other (Non-Construction) Specify:_____	
Total Capital Expenditure	**$**
Medical Equipment (Lease (FMV))*	$
Major Medical Equipment (Lease (FMV)*	
Non-Medical Equipment (Lease (FMV))*	
Fair Market Value of Space – (Capital Leases Only)	
Total Capital Cost	**$**
Capitalized Financing Costs (Informational Purpose Only)	
Total Capital Expenditure with Cap. Fin. Costs	$

* Provide a separate itemized list regarding all medical, major medical and non-medical equipment.

10. Construction Information

A. Provide a detailed description of the proposed new construction/renovation project illustrating the changes that will take place for each department affected by the proposal.

B. Provide a table illustrating the current and anticipated location(s) with associated square footage for each department affected by the proposal. To the degree possible, the table should be itemized by newly constructed and renovated space.

C. Provide all schematic drawings of the existing and proposed floor plans related to the project. One set of the schematics should be a legible, full-scale rendition.

D. Provide an existing and a proposed plot plan of the Hospital, showing all areas affected by the project.

E. Provide an itemization of newly constructed and renovated space costs:

Item Designations	New Construction	Renovation	Total Cost
Total Building Work Costs			
Total Site Work Costs			
Total Off-Site Work Costs			
Total Arch. & Eng. Costs			
Total Contingency Costs			
Inflation Adjustment			
Other (Specify)_____			
Total Construction/Renov. Cost			

F. Explain how the proposed building project will affect the delivery of patient care.

G. Provide a gant chart identifying the various phases of the building project and the anticipated time in months to initiate and complete each major stage of the proposal.

11. Type of Financing

A. Check type of funding or financing source and identify the following anticipated requirements and terms: (Check all which apply)

☐ Applicant's equity:

Source and amount:

Operating Funds Source/Entity Name Available Funds	$_____ _____
Contributions	$ _____
Funded depreciation	$ _____
Other	$ _____

☐ Grant:

Amount of grant	$ _____
Funding institution/ entity	_____

☐ Conventional loan or
☐ Connecticut Health and Educational Facilities Authority (CHEFA) financing:

Current CHEFA debt	$ _____
CON Proposed debt financing	$ _____
Interest rate	_____%
Monthly payment	$ _____
Term	_____ Years
Debt service reserve fund	$ _____

☐ Lease financing or
☐ CHEFA Easy Lease Financing:

Current CHEFA Leases	$_____
CON Proposed lease financing	$ _____
Fair market value of leased assets at lease inception	$ _____
Interest rate	_____ %
Monthly payment	$ _____
Term	_____ Years

☐ Other financing alternatives:

Amount	$ _____
Source (e.g., donated assets, etc.)	_____

B. Please provide copies of the following, if applicable:

i. Letter of interest from the lending institution

ii. Letter of interest from CHEFA

iii. Amortization schedule (if not level amortization payments)

iv. Lease agreement.

12. **Revenue, Expense and Volume Projections**

A. Payer Mix Projection

Please provide both the current payer mix and the projected payer mix with the CON proposal for the Total Facility based on Net Patient Revenue in the following reporting format:

Total Facility Description	Current Payer Mix	Year 1 Projected Payer Mix	Year 2 Projected Payer Mix	Year 3 Projected Payer Mix
Medicare*	%	%	%	%
Medicaid* (includes other medical assistance)				
CHAMPUS and TriCare				
Total Government Payers				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government Payers				
Payer Mix	100.0%	100.0%	100.0%	100.0%

*Includes managed care activity.

B. Please describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

C. Provide the following for the financial and statistical projections:

i) A summary of revenue, expense and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **Please complete Financial Attachment I included in the forms package.** Please note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.

ii) Please provide three years of projections of incremental revenue, expense, and volume statistics attributable to the proposal **by payer. Please complete Financial Attachment II included in the forms package.**

iii) The assumptions utilized in developing the projections (e.g., FTE's by position, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.). ***Note: Include consideration of The Deficit Reduction Act of 2005 and the reduction of Medicaid and Medicare reimbursements in the development of the financial projections.***

iv) An explanation for any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

v) Describe how this proposal is cost effective.

13. B (i). Please provide one year of actual results and three years of ***Total Hospital Health System*** projections of revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Total Hospital Health System: Description	FY Actual Results	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON
NET PATIENT REVENUE										
Non-Government				$0			$0			$0
Medicare				$0			$0			$0
Medicaid and Other Medical Assistance				$0			$0			$0
Other Government				$0			$0			$0
Total Net Patient Patient Revenue	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Operating Revenue										
Revenue from Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
OPERATING EXPENSES										
Salaries and Fringe Benefits				$0			$0			$0
Professional / Contracted Services				$0			$0			$0
Supplies and Drugs				$0			$0			$0
Bad Debts				$0			$0			$0
Other Operating Expense				$0			$0			$0
Subtotal	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Depreciation/Amortization				$0			$0			$0
Interest Expense				$0			$0			$0
Lease Expense				$0			$0			$0
Total Operating Expenses	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Income (Loss) from Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Non-Operating Income				$0			$0			$0
Income before provision for income taxes	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Provision for income taxes										
Net Income	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Retained earnings, beginning of year		$0	$0	$0	$0	$0	$0	$0	$0	$0
Retained earnings, end of year	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
FTEs				0			0			0

*Volume Statistics:
Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

13.C(ii). Please provide three years of projections of incremental revenue, expense and volume statistics **attributable to the proposal** in the following reporting format:

Type of Service Description
Type of Unit Description:
# of Months in Operation

Year 1	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FY Projected Incremental Total Incremental Expenses:		Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss) from Operations
Total Facility by Payer Category:				Col. 2 * Col. 3				Col.4 - Col.5 -Col.6 - Col.7	Col. 1 Total * Col. 4 / Col. 4 Total	Col. 8 - Col. 9
Medicare				$0				$0	$0	$0
Medicaid		$0		$0				$0	$0	$0
CHAMPUS/TriCare		$0		$0				$0	$0	$0
Total Governmental			0	$0	$0	$0	$0	$0	$0	$0
Commericial Insurers		$0	5	$0				$0	$0	$0
Uninsured		$0	2	$0				$0	$0	$0
Total NonGovenrment		$0	7	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$0	7	$0	$0	$0	$0	$0	$0	$0

The ADVOCATE
Greenwich Time

9 Riverbend Drive South
Building 9A
P.O. Box 4910
Stamford, CT 06907-0910
tel: 203/316-2004
fax: 203/964-2302
legal.notices@scni.com

STATE OF CONNECTICUT SS.Stamford, Connecticut
COUNTY OF FAIRFIELD

LEGAL NOTICE
Statute Reference: 19a-639
Applicant: Stamford Health System, Inc.
Town: Stamford
Docket Number: 08-31284-LOI
Proposal: Master Facility Plan, which includes the construction of a new six-level addition and Central Utility Plant, modernization of the ED and other infrastructure improvements
Capital Expenditure: $224,196,734

The Applicant may file its Certificate of Need application between February 1, 2009 and April 2, 2009. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

I Rose Tagosso
Being duly sworn, depose and say that I am a Representative in the employ of SOUTHERN CONNECTICUT NEWSPAPERS, INC. publisher of The Advocate and Greenwich Time, that a Classified Advertisment

Legal Notice

was published in The Advocate, ~~the Greenwich Time~~ and/~~or~~ on the Internet 12-11-08

Subscribed and sworn to before me on this 17th Day of December 2008

Pamela R. Henderson
Notary Public

My commission expires on

PAMELA R. HENDERSON
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 2012