



**Frank J. Kelly
President and Chief Executive Officer**

RECEIVED

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November 5, 2009

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

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

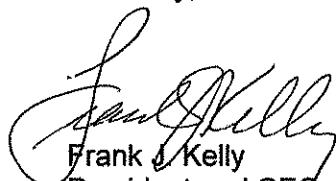
RE: Danbury Hospital Facility Expansion

Dear Deputy Commissioner Vogel,

Please find enclosed a Letter of Intent and six copies regarding our proposed **Danbury Hospital Facility Expansion**. I respectfully submit this Letter of Intent and accompanying documentation for your consideration.

Should you have any questions regarding this request, please don't hesitate to contact me or Andrea Rynn, Director of Public & Government Relations. Mrs. Rynn can be reached at 203-739-7919 or via e-mail at andrea.rynn@danhosp.org

Sincerely,



Frank J. Kelly
President and CEO
Danbury Health Systems

Encl. Letter of Intent
Attachment "A" Preliminary Equipment List
Attachment "B" Project Description
Attachment "C" Bed License

cc: John Murphy, M.D.
Michael Daglio
Judith Ward
Andrea Rynn



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	The Danbury Hospital	
Doing Business As	The Danbury Hospital	
Name of Parent Corporation	Danbury Health Systems, Inc.	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	24 Hospital Avenue Danbury, CT 06810	
Identify Applicant Status: P for Profit or NP for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	Yes	No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Andrea Rynn Director, Public and Government Relations	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	24 Hospital Avenue Danbury, CT 06810	
Contact Person Telephone Number	203-739-7919	
Contact Person Fax Number	203-739-1689	
Contact Person e-mail Address	andrea.rynn@danhosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: **Danbury Hospital Facility Expansion**

b. Project Proposal: **To expand capacity to support a new emergency department, new critical care unit, additional medical and surgical bed capacity, and to lay the foundation of the Hospital's multi-year master facility plan.**

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:

Response: 24 Hospital Avenue, Danbury, CT 06810

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

Response: The project is intended to serve our existing primary and secondary market towns including: Bethel, Brookfield, Danbury, New Fairfield, Newtown (including Botsford, Hawleyville and Sandy Hook), Redding (Georgetown, Redding Center and Redding Ridge), Ridgefield, Bridgewater, New Milford, Roxbury, Sherman, Kent/South Kent, Washington, Woodbury, Monroe (including Stevenson), Oxford, Southbury (including South Britain) and Wilton in Connecticut and Brewster, Carmel, Golden's bridge, Katonah, Mahopac, Mahopac Falls, North Salem, Peekskill, Somers, South Salem, Dover Plains, Holmes, Patterson, Pawling, Poughquag and Wingdale, New York.

g. Estimated starting date for the project:

Response: Upon Approval

h. 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
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: **\$150,000,000**

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

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	15,500,000
Non-Medical Equipment Purchases*	2,000,000
Land/Building Purchases	
Construction/Renovation	132,000,000
Other (Non-Construction) Specify: Transportation of staff to an off-site parking lot during construction phase.	500,000
Total Capital Expenditure	
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	
Total Project Cost	150,000,000
Capitalized Financing Costs (Informational Purpose Only)	2,000,000

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased. (Please see Attachment "A" – Preliminary Equipment List)

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
N/A				

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):

<input checked="" type="checkbox"/> Applicant's Equity	<input type="checkbox"/> Capital Lease	<input type="checkbox"/> Conventional Loan
<input checked="" type="checkbox"/> Charitable Contributions	<input type="checkbox"/> Operating Lease	<input checked="" type="checkbox"/> CHEFA Financing
<input type="checkbox"/> Funded Depreciation	<input type="checkbox"/> Grant Funding	
<input type="checkbox"/> 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.

Please see Attachment "B" Project Description

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: **The Danbury Hospital**

Project Title: **Danbury Hospital Facility Expansion**

I, **Frank J. Kelly, President & Chief Executive Officer of The Danbury 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 **The Danbury Hospital** 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

11/4/09

Date

Subscribed and sworn to before me on

11/4/2009

Notary Public/Commissioner of Superior Court

My commission expires: My Comm. Exps. 9/30/2013

Attachment "A" Preliminary Equipment List

SUMMARY

Shen, Milsom, & Wilke Inc (SMW)
 DANBURY HOSPITAL - MASTER FACILITIES PLAN - OPTION #6
 Budget Summary By Department



SHEN MILSOM WILKE

Department	Budget
ALLOWANCES	\$1,922,500.00
EMERGENCY DEPARTMENT - 5TH FLOOR	\$3,591,252.00
ER RADIOLOGY - 5TH FLOOR	\$4,058,475.00
ICU/CCU - 30 BEDS - 6TH FLOOR	\$5,535,234.00
MED/SURG BEDS - 36 BEDS - 7TH FLOOR	\$1,154,759.00
Project Budget (A):	\$18,273,210.00

Deductions		%	Total
	Discounts	0.00	\$0.00
	Re-Use	0.00	\$0.00
<u>Deductions Sub-Total</u>	(B)	0.00	<u>\$0.00</u>
<u>Gross Less Deductions</u>			<u>\$18,273,210.00</u>
Additions (basis: A-B)		%	Total
	Tax	0.00	\$0.00
	Freight	0.00	\$0.00
	Warehousing	0.00	\$0.00
	Installation	0.00	\$0.00
	Inflation	0.00	\$0.00
	Fee*	0.00	\$0.00
<u>Contingency</u>	Fixed		<u>\$0.00</u>
<u>Adjustments Sub-Total</u>			<u>\$0.00</u>
<u>Equipment Sub-Total</u>			<u>\$18,273,210.00</u>
	Other Funds	0.00	\$0.00
	Grand Total		<u>\$18,273,210.00</u>
<u>Approved Equipment Budget</u>			<u>\$0.00</u>
	Variance		\$0.00

Detail

Shen, Milsom, & Wilke Inc (SMW)
DANBURY HOSPITAL - MASTER FACILITIES PLAN - OPTION #6



SHEN MILSOM WILKE

Room Listing Report

Department: ALLOWANCES

Room Name	Room#	Qty	Per Room	Ext Room
ALLOWANCES		1	\$1,922,500.00	\$1,922,500.00
	Total Rooms :	1	Total Cost :	\$1,922,500.00

Shen, Milsom, & Wilke Inc (SMW)
DANBURY HOSPITAL - MASTER FACILITIES PLAN - OPTION #6
Room Listing Report



Department: EMERGENCY DEPARTMENT - 5TH FLOOR

Room Name	Room#	Gty	Per Room	Ext Room
CAST ROOM		1	\$103,470.00	\$103,470.00
CLEAN LINEN		2	\$1,916.00	\$3,832.00
CLEAN SUPPLY		2	\$114,272.00	\$228,544.00
CORRIDOR ALCOVE		1	\$521,896.00	\$521,896.00
DECONTAM SHOWER		1	\$10,470.00	\$10,470.00
DECONTAMINATION STORAGE		1	\$1,295.00	\$1,295.00
EMERGENCY EQUIP ALCOVE		4	\$23,312.00	\$93,252.00
EMERGENCY OBSERVATION		10	\$33,956.00	\$339,560.00
EQUIPMENT		1	\$186,614.00	\$186,614.00
FAST TRACK		6	\$12,788.00	\$76,728.00
JANITOR'S CLOSET		1	\$1,456.00	\$1,456.00
MEDICATION		2	\$65,565.00	\$131,130.00
MULTI-FUNCTION EXAM		16	\$16,667.00	\$266,672.00
NOURISHMENT		1	\$5,815.00	\$5,815.00
NURSE STATION		1	\$304,510.00	\$304,510.00
NURSE STATION		2	\$104,510.00	\$208,020.00
PHYS. WORK ROOM		1	\$60,000.00	\$60,000.00
SECLUDED HOLD		2	\$7,002.00	\$14,004.00
SOILED HOLD		2	\$1,284.00	\$2,568.00
STAFF LOUNGE		1	\$668.00	\$668.00
STRETCHER ALCOVE		1	\$23,688.00	\$23,688.00
TRAUMA/RESUSCITATION		4	\$175,232.00	\$700,928.00
TRIAGE		3	\$13,327.00	\$39,981.00
URGENT CARE EXAM		8	\$31,641.00	\$261,128.00
Total Rooms :			Total Cost :	\$8,681,252.00

Shen, Milsom, & Wilke Inc (SMW)
DANBURY HOSPITAL - MASTER FACILITIES PLAN - OPTION #6
Room Listing Report



Department: ER RADIOLOGY - 5TH FLOOR

Room Name	Room#	Qty	Per Room	Ext Room
CT SCAN ROOM		1	\$2,728,634.00	\$2,728,634.00
DIRTY UTILITY		1	\$1,104.00	\$1,104.00
EQUIPMENT		1	\$51,000.00	\$51,000.00
GENERAL RADIOLOGY		3	\$367,775.00	\$1,103,325.00
HOLDING		2	\$32,208.00	\$64,412.00
READING ROOM		1	\$120,000.00	\$120,000.00
Total Rooms:		8	Total Cost:	\$4,088,476.00

Shen, Milsom, & Wilke Inc (SMW)
DANBURY HOSPITAL - MASTER FACILITIES PLAN - OPTION #6



SHEN MILSOM WILKE

Room Listing Report

Department: ICU/CCU - 30 BEDS - 6TH FLOOR

Room Name	Room#	Qty	Per Room	Ext Room
CLEAN SUPPLY/LINEN		2	\$96,544.00	\$193,088.00
EMERGENCY ALCOVE		4	\$23,313.00	\$93,252.00
EQUIPMENT STORAGE		1	\$1,353,043.00	\$1,353,043.00
FAMILY RESOURCES		5	\$668.00	\$3,340.00
JANITOR'S CLOSET		1	\$956.00	\$956.00
MED GAS TANK		3	\$602.00	\$1,806.00
MEDICATION		2	\$65,620.00	\$131,240.00
NOURISHMENT		2	\$9,565.00	\$19,130.00
NURSE STATION		2	\$200,000.00	\$400,000.00
NURSE STATION		3	\$100,000.00	\$300,000.00
PATIENT ROOM		30	\$88,668.00	\$2,660,040.00
PROCEDURE		1	\$58,871.00	\$58,871.00
RT CLEAN WORK		1	\$289,092.00	\$289,092.00
SATELLITE PHARMACY		1	\$93,585.00	\$93,585.00
SOILED HOLD		2	\$1,294.00	\$2,588.00
STAFF LOUNGE		1	\$668.00	\$668.00
STAFF ZONE/POC		1	\$18,599.00	\$18,599.00
WORK ROOM		1	\$120,000.00	\$120,000.00
Total Rooms :			Total Cost :	\$6,686,224.00

Shen, Milsom, & Wilke Inc (SMW)
DANBURY HOSPITAL - MASTER FACILITIES PLAN - OPTION #6



Room Listing Report

Department: MED/SURG BEDS - 36 BEDS - 7TH FLOOR

Room Name	Room#	Gty	Per Room	Ext Room
CLEAN SUPPLY/LINEN		2	\$76,899.00	\$153,798.00
EQUIPMENT STORAGE		1	\$93,091.00	\$93,091.00
EXAM		1	\$23,514.00	\$23,514.00
JANITOR'S CLOSET		1	\$956.00	\$956.00
MED GAS TANK		1	\$602.00	\$602.00
MEDICATION		2	\$65,620.00	\$131,240.00
NOURISHMENT		2	\$9,815.00	\$19,630.00
NURSE STATION		2	\$23,313.00	\$46,626.00
PATIENT ROOM		36	\$17,315.00	\$623,340.00
SOILED UTILITY		1	\$1,284.00	\$1,284.00
STAFF LOUNGE		1	\$682.00	\$682.00
WORK ROOM		1	\$60,000.00	\$60,000.00
Total Rooms :		61	Total Cost :	\$1,154,759.00
			Grand Total :	\$18,273,210.00

Attachment "B" Project Description

As the primary health care provider for a population of approximately 350,000, Danbury Hospital maintains centers of excellence and specialized programs for emergency and trauma care, surgery, general medicine, cancer, cardiovascular services, digestive disorders, radiology, laboratory medicine, maternity, neonatal and pediatric medicine, sleep disorders, asthma management, diabetes, physical medicine and rehabilitation, and behavioral health care.

To address its most immediate capacity concerns and lay the foundation for a master facility plan that will prepare the Hospital for the demands of the future, Danbury Hospital is proposing to construct a new patient care tower on its 24 Hospital Avenue Campus in Danbury, CT. The new tower will consist of 5 floors and will contain a relocated and expanded emergency department, a relocated and modernized critical care unit, a new patient care floor consisting of 36 private med/surg beds, and two shelled floors for future expansion as part of its master facility plan. One shelled floor will be an additional 36 private room med/surg floor. While current budgeted cost estimates preclude us from completing this floor as part of this initial proposal, our intention would be to finish the floor if actual costs fall within the total proposed budget. The second shelled floor will be reserved as part of an operating room modernization project to be planned for the future.

Danbury Hospital is currently licensed for 345 general hospital beds and 26 bassinets, for a total license of 371 beds (Please see attachment C). The Hospital's beds are currently distributed in the following manner:

Total Beds 2011

BED TYPE	Total Beds
Med/Surg Beds	260
Psychiatry	22
NICU	15
Post Partum	34
Rehabilitation**	14
Total Beds	345
Total Bassinets	26

The Hospital is not proposing to increase its licensed bed capacity at this time.

The unmet need that this proposal would solve derives from the Hospital's need to address facility constraints and to plan for the growing healthcare demands of the community that Danbury Hospital serves.

The Hospital's Emergency Department (E.D.) is significantly undersized for today's demands. It is located in a particular section of the Hospital's campus that prevents it from expanding any further in place to accommodate the growing demands in an efficient manner. The E.D. does not have private rooms in the majority of its main adult treatment area, making infection control more challenging, and providing limited opportunity for patient privacy. The new proposed E.D. will be expanded in size to accommodate a fast track area, a triage area, more adult treatment rooms, and an observation unit for overnight observation patients. The new E.D. will also have 100% private rooms to affect optimal infection control standards and patient privacy.

The med/surg and critical care patient rooms in the Hospital's main inpatient care Tower building (the Tower) were built to a code that no longer supports the patient care needs of a contemporary, academic medical center. The patient rooms are inadequate in size to support the space requirements necessary for today's healthcare equipment and healthcare worker's needs. Med/surg rooms in the Tower do not contain showers and the critical care rooms do not contain showers or bathroom facilities within the patient room. Only 41% of the Med/surg beds in the Tower building are private. As in the E.D., this does not provide the optimal setting to ensure the highest infection control and patient privacy standards.

The new tower will be the foundation for the Hospital's movement towards a 100% private room facility as part of its master facility plan. It will provide a more patient and family centric facility to accommodate the patient and their family member's needs, including private bathrooms and showers. All rooms constructed in the tower will be private to promote the highest level of patient care, quality control and privacy standards. The rooms will be large enough to support the medical equipment, the medical team, and the family members that are vital to the treatment and care of the patient.

The Tower was completed in 1978. No new medical/surgical (med/surg) bed capacity has been added to the Hospital in over 30 years. As demand continues to grow, bed capacity becomes increasingly difficult to manage. By the year 2015, it is anticipated that Danbury Hospital will not have ample supply of med/surg beds required to support its growth projections. The new tower proposal will provide the capacity required to meet the Hospital's volume projections in the near term, while enabling phased expansion to meet projected demands in the future.

The proposed new tower project is the first step of a multi-phase, multi-year master facility plan. The plan addresses the Hospital's most critical facility needs in the first phase, including the expanded E.D., greater bed capacity, and private rooms. Subsequent phases of the plan will address internal placement of services to optimize operational efficiencies, improved patient services and staff movement throughout the facility, and provide space for future growth of med/surg beds as they are needed. The master facility plan will also address consolidation and modernization of clinical areas such as the operating rooms and our procedural platforms for invasive procedures in Cardiology and Radiology.

The current Danbury Hospital staff of Physicians, Nurses, Technologists, aides, and administrative staff will be responsible for providing services in this proposal. Our current payer mix of Government (Medicare, Medicaid, Champus), Commercial, Self-Pay, Workman's Compensation and Uncompensated Care is expected to remain unchanged.

There are no tertiary, academic medical centers in the Danbury geographic area. There are no anticipated effects on the health care delivery system in the State, as Danbury will be meeting the needs of its existing service areas.

Attachment "C" Bed License

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0039

General Hospital

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

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

Danbury Hospital, The is located at 24 Hospital Avenue, Danbury, CT 06810

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

345 General Hospital beds

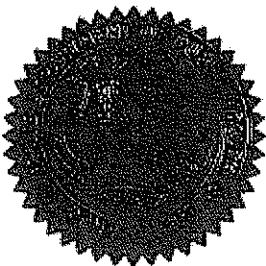
26 Bassinets

This license expires **September 30, 2011** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2009. **RENEWAL**.

Satellites

Center for Child and Adolescent Treatment Services, 152 West Street, Danbury, CT
Community Center for Behavioral Health (ADB-PPPI), 152 West Street, Danbury, CT
The Pediatric Health Center, 70 Main Street, Danbury, CT
Southbury Geriatric Center, 22 Old Waterbury Road, Southbury, CT
Seifert & Ford Community Health Center, 70 Main Street, Danbury, CT



J. Robert Galvin, MD, MPH, MBA

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



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

November 17, 2009

via fax and email only

Andrea J. Rynn
Director, Public and Government Relations
Danbury Hospital
24 Hospital Avenue
Danbury, CT 06810

Dear Ms. Rynn:

RE: Certificate of Need Application Forms; Docket Number: 09-31490-CON
Danbury Hospital
Facility Expansion Project including a New Emergency Department, New Critical Care Unit, Medical-Surgical Bed Replacement and Other Facility Improvements

Dear Ms. Rynn:

Enclosed are the application forms for Danbury Hospital's Certificate of Need ("CON") proposal to undertake a Facility Expansion Project including a new Emergency Department, new Critical Care Unit, Medical-Surgical Bed Replacement and Other Facility Improvements, at a total capital expenditure of \$150,000,000. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes, the CON application may be filed between January 8, 2010, and March 9, 2010.

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.

An Equal Opportunity Employer

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308

Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688

Fax: (860) 418-7053

- 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.

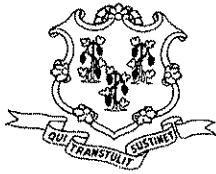
The OHCA analyst assigned to the CON application is Jack A. Huber. Please contact him at (860) 418-7034 if you have questions.

Sincerely,



Kaila J. Riggott
Planning Specialist

Enclosure



**State of Connecticut
Department of Public Health
Office of Health Care Access**

Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, Not Applicable may be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than January 8, 2010, and may be submitted no later than March 9, 2010. The OHCA Analyst assigned to your application is Jack A. Huber. He may be reached at the Office of Health Care Access at (860) 418-7034.

Docket Number: 09-31490-CON

Applicant Name: Danbury Hospital

Contact Person: Andrea Rynn

Contact Title: Director, Public and Government Relations

Contact Address:
Danbury Hospital
24 Hospital Avenue
Danbury, CT 06810

Project Location: Danbury

Project Name: Facility Expansion Project including a New Emergency Department, New Critical Care Unit, Medical-Surgical Bed Replacement and Other Facility Improvements

Proposal Type: Section 19a-639, C.G.S.

**Estimate Total
Capital Expenditure:** \$150,000,000

Facility Development Application

1. Project Description and Need

- a. Provide a narrative detailing the proposal. Include the following, as applicable:
 - i. Goals, objectives, and benefits of the proposal;
 - ii. Identify and describe any new services being sought; and
 - iii. Identify and describe any clinical services involved in the proposed project and if the project will result in any impact to these services.
- b. Explain how the Applicant determined need for the project, addressing the following aspects of the proposal, as applicable:
 - i. Impetus and development of project;
 - ii. Facility/code compliance deficiencies (provide documentation); and
 - iii. Health service or program deficiencies.
- c. Provide the following planning documentation information:
 - i. Relevant excerpts from meeting minutes that verify the Board of Director's approval to proceed with the project; and
 - ii. The alternatives considered when developing the proposal.
- d. Provide a Gantt chart identifying the phases of the project by category and sub-category, and the anticipated time in months to initiate and complete each phase.
- e. Explain the impact of the proposal on the Applicant's inpatient and outpatient services and market share.
- f. Describe the effect of the proposal on other similar health care facilities.

2. Actual and Projected Volume

- a. For each **new service** to be established with the proposal, provide the following:
 - i. Complete the following table for the first three full operational fiscal years ("FY") after completion of the project.

Table 1: Projected Volume

	Projected Volume (First 3 Full Operational FYs)*			
	FY***	FY***	FY***	FY***
Service type**				
Total				

* If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

** Identify each service/procedure type and add lines as necessary.

*** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

- ii. Provide a detailed explanation of all assumptions used in the derivation/calculation of the projected volume for each service type.
- b. If the proposal includes a request for additional licensed beds, provide the following:
 - i. An itemization of the Hospital's current and proposed staffed and licensed bed configuration, by service, in the following format

Table 2: Current and Proposed Staffed and Licensed Hospital Beds

Description	Current Staffed Beds	Proposed Staffed Beds	Current Licensed Beds	Proposed Licensed Beds
General Services				
Medical				
Surgical				
Intensive Care Unit				
Cardiac Care Unit				
Exempt Psychiatric				
Exempt Rehabilitation				
Other:				
Specialty Services				
Maternity				
Newborn				
Oncology				
Other:				
Total Bed Count w/o Newborn				
Total Bed Count w/ Newborn				

- ii. A rationale supporting the proposed changes.

3. Quality Measures

- a. Submit a list of **all** key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.
- b. Explain how this proposal contributes to the quality of health care delivery in the region.
- c. Describe the impact of the proposal on the interests of consumers of health care services and the payers of such services

4. Construction Information

- a. Describe the proposed demolition, new construction, and/or renovation, illustrating the changes that will take place for each department affected by the

proposal. Also describe how new building construction will be integrated with existing facility structures.

b. Complete the following table regarding the square footage and location of each department affected by the proposal.

Table 3: Departmental Changes

Department	Current Square Footage	Proposed Square Footage	Current Location	Proposed Location

c. Identify the areas that will be set aside as shelled space for future use. Provide the number of square feet and the intended use for each designated area.

d. Provide schematic drawings of the existing and proposed floor plans related to the project. Attach one full-scale copy if available.

5. Organizational and Financial Information

a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).

b. Financial Statements: 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 hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this proposal.

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

Table 4: Proposed Capital Expenditures/Costs

Medical Equipment Purchase	\$
Imaging Equipment Purchase	
Non-Medical Equipment Purchase	
Land/Building Purchase *	
Construction/Renovation	
Other Non-Construction (Specify)	
Total Capital Expenditure (TCE)	\$
Medical Equipment Lease (Fair Market Value) ***	\$
Imaging Equipment Lease (Fair Market Value) ***	
Non-Medical Equipment Lease (Fair Market Value) ***	
Fair Market Value of Space ***	
Total Capital Cost (TCC)	\$
Total Project Cost (TCE + TCC)	\$
Capitalized Financing Costs (Informational Purpose Only)	
Total Project Cost with Cap. Fin. Costs	\$

* If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.

*** If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

- d. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges received to date; letter of interest or approval from a lending institution.

6. Financial Attachments I & II

- a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **Complete Financial Attachment I.** (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.
- b. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. **Complete Financial Attachment II.** The projections must include the first three full fiscal years of the project.
- c. Provide the assumptions utilized in developing **both Financial Attachments I and II** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).
- d. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.
- e. Describe how this proposal is cost effective.

7. Other Review Criteria

- a. Describe the proposal's relationship to the Applicant's long-range plans. Provide supporting documentation.
- b. Specify whether any of the following apply to the proposal. If so, provide an explanation and supporting documentation.
 - i. Voluntary efforts to improve productivity and contain costs;
 - ii. Changes to the Applicant's teaching or research responsibilities; and/or
 - iii. Special characteristics of the Applicant's patient or physician mix.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

November 24, 2009

Andrea Rynn
Director, Community & Government Relations
Danbury Hospital
24 Hospital Avenue
Danbury, CT 06810

Re: Letter of Intent; Docket Number: 09-31490
Facility Expansion Project including a New Emergency Department, New Critical
Care Unit, Medical-Surgical Bed Replacement
Notice of Letter of Intent

Dear Ms. Rynn,

On November 9, 2009, Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Danbury Hospital ("Applicant") for a facility expansion project including a new emergency department, new critical care unit, medical-surgical bed replacement in Danbury, at a total capital expenditure of \$150,000,000.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

Kimberly R. Martone
Director of Operations

KRM:lmg



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

November 24, 2009

Requisition # 29600

Acct# 129573

Fax: (203) 792-4211

The News Times
333 Main Street
Danbury, CT 06810

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, November 27, 2009**.

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,

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

Kimberly R. Martone
Director of Operations

Attachment

KRM:JAH:lmg

c: Danielle Pare, DPH

An Equal Opportunity Employer

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicants:	Danbury Hospital
Town:	Danbury
Docket Number:	09-31490-LOI
Proposal:	Facility Expansion Project including a New Emergency Department, New Critical Care Unit, Medical-Surgical Bed Replacement
Capital Expenditure:	\$150,000,000

The Applicant may file its Certificate of Need application between January 8, 2010 and March 9, 2010. Interested persons are invited to submit written comments to Cristine A. Vogel, Deputy Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available at OHCA or on OHCA's website at www.ct.gov/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