

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

June 23, 2010

**IN THE MATTER OF:**

A Request for Waiver of Certificate of Need Requirements for Replacement Equipment filed pursuant to Section 19a-639c, C.G.S., as amended by P.A. 09-232, Section 96 by

Notice of Final Decision  
Office of Health Care Access  
Docket Number: 10-31632-WVR

**Day Kimball Hospital**

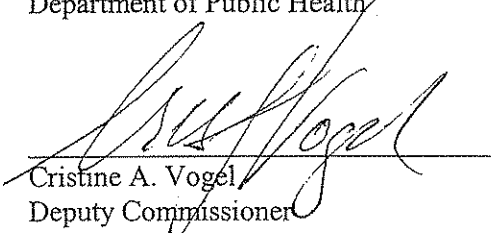
**Request to Waive CON Requirements for the Replacement of an Existing 1.5 Tesla-Strength MRI Scanner with a 1.5 Tesla-Strength MRI Scanner in Putnam, CT**

To: Christine Vallee  
Vice-President, Physician Services  
Day Kimball Hospital  
320 Pomfret Street  
Putnam, CT 06260

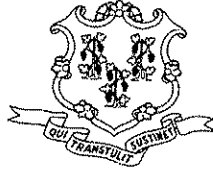
Dear Ms. Vallee:

This letter will serve as notice of the Final Decision of the Office of Health Care Access in the above matter as provided by Section 19a-639c, C.G.S., as amended by P.A. 09-232, Section 96. On June 23, 2010, the Final Decision was rendered as the finding and order of the Office of Health Care Access. A copy of the Final Decision is attached hereto for your information.

By Order of the Division of  
Office of Health Care Access  
Department of Public Health

  
Cristine A. Vogel  
Deputy Commissioner

CAV: jah



**Department of Public Health  
Office of Health Care Access  
Certificate of Need Application**

**Final Decision**

**Applicant:** Day Kimball Hospital

**Docket Number:** 10-31632-WVR

**Project Title:** Request to Waive CON Requirements for the Replacement of an Existing Mobile 1.5 Tesla-Strength Scanner with a Mobile 1.5 Tesla-Strength MRI Scanner in Putnam, CT

**Statutory Reference:** Section 19a-639c of the Connecticut General Statutes as amended by Public Act: 09-232, Section 96

**Filing Date:** June 14, 2010

**Decision Date:** June 23, 2010

**Staff:** Jack A. Huber

**Project Description:** Day Kimball Hospital requests a waiver of Certificate of Need requirements for replacement equipment for the purpose of replacing its existing mobile 1.5 tesla-strength magnetic resonance imaging ("MRI") scanner with a mobile 1.5 tesla-strength MRI scanner to be located on the Hospital's main campus, 320 Pomfret Street in Putnam, Connecticut. The total capital cost associated with the replacement equipment project is \$1,278,424.

**Nature of Proceedings:** On June 14, 2010, the Office of Health Care Access ("OHCA") received the completed waiver of Certificate of Need ("CON") request for replacement equipment from Day Kimball Hospital ("Hospital"). The Hospital proposes to replace its existing mobile 1.5 tesla-strength magnetic resonance imaging ("MRI") scanner with a mobile 1.5 tesla-strength MRI scanner to be located on the Hospital's main campus, 320 Pomfret Street in Putnam, Connecticut. The total capital cost associated with the replacement equipment project is \$1,278,424. The Hospital is a health care facility or institution as defined in Section 19a-630 of the Connecticut General Statutes ("C.G.S").

OHCA's authority to review and approve, modify or deny the requested waiver of CON requirements for replacement equipment is established by Section 19a-639c, C.G.S., as amended by Public Act: 09-232, Section 96. The provisions of this section as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

## Findings of Fact

1. On June 21, 1999, Day Kimball Hospital ("Hospital") received Certificate of Need ("CON") approval under Docket Number: 99-517 from the Office of Health Care Access to form a new magnetic resonance imaging ("MRI") service arrangement with Charlotte Hungerford Hospital. The CON authorization permitted the acquisition a Siemens Symphony mobile 1.5 tesla-strength MRI scanner and the leasing of this scanner through Alliance Imaging. *(June 14, 2010, Initial Submission of CON Waiver Form 2040, page 2 and Attachment A, pages 4 through 13)*
2. Pursuant to Section 19a-639c, C.G.S, as amended by Public Act: 09-232, Section 96, a proposal may be eligible for a waiver of replacement equipment from the CON process when a provider previously received a CON for the equipment to be replaced, and the expenditure or value of the replacement equipment is less than \$3 million. *(Section 19a-639c, C.G.S., as amended by Public Act: 09-232, Section 96)*
3. The total capital cost for the replacement equipment proposal is \$1,278,424 and is attributable entirely to the cost of the replacement mobile MRI scanner. *(June 14, 2010, CON Waiver Form 2040, page 2 and Attachment B, pages 14 through 29)*
4. The replacement equipment value is below the \$3 million threshold used to determine whether a request is eligible to receive a waiver of CON requirements for replacement equipment pursuant to Section 19a-639c, C.G.S., as amended by Public Act: 09-232, Section 96. *(Section 19a-639c, C.G.S., as amended by Public Act: 09-232, Section 96)*

## Rationale

Day Kimball Hospital ("Hospital") is requesting a waiver of Certificate of Need ("CON") requirements for replacement equipment pursuant to Section 19a-639c of the Connecticut General Statutes ("C.G.S.") as amended by Public Act: 09-232, Section 96. The Hospital is seeking to replace its existing mobile 1.5 tesla-strength magnetic resonance imaging ("MRI") scanner with a mobile 1.5 tesla-strength MRI scanner to be located on the Hospital's main campus, 320 Pomfret Street in Putnam, Connecticut.

On June 21, 1999, the Hospital received CON approval under Docket Number: 99-517 from the Office of Health Care Access to establish a new MRI service arrangement with Charlotte Hungerford Hospital and to acquire a mobile 1.5 tesla-strength MRI scanner for the new arrangement through a lease with Alliance Imaging.

The replacement equipment cost for the proposed mobile 1.5 tesla-strength MRI scanner is \$1,278,424, which is below the \$3 million threshold for determining eligibility for a waiver of CON requirements for replacement equipment pursuant to Section 19a-639c, C.G.S., as amended by Public Act: 09-232, Section 96.

## Order

Based on the foregoing Findings and Rationale, the Office of Health Care Access ("OHCA") has determined that the request of Day Kimball Hospital ("Hospital") for a waiver of Certificate of Need ("CON") requirements in order to replace its existing mobile 1.5 tesla-strength magnetic resonance imaging ("MRI") scanner with a new mobile MRI scanner to be located on the Hospital's main campus, 320 Pomfret Street in Putnam, Connecticut, at a replacement equipment cost of \$1,278,424, meets the requirements for waiver of the CON process pursuant to Section 19a-639c of the Connecticut General Statutes as amended by Public Act: 09-232, Section 96, and is hereby **approved**, subject to the following condition.

1. This authorization requires the Hospital to discontinue its service contract with its equipment vendor for the existing Siemens Symphony mobile MRI scanner within six months after the replacement mobile MRI scanner has become operational.

Should the Hospital fail to comply with the aforementioned condition, OHCA reserves the right to take additional action as authorized by law. All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the Division of  
Office of Health Care Access  
Department of Public Health

6-23-10  
Date

  
Cristine A. Vogel  
Deputy Commissioner

CAV:jah