



Eastern Connecticut Cancer Institute
At the John A. DeQuattro
Community Cancer Center
100 Haynes Street
Manchester, CT 06040
Phone: 860-533-4000
Fax: 860-533-4011

Johnson Memorial Cancer Center
142 Hazard Avenue
Enfield, CT 06082
Phone: 860-272-3000
Fax: 860-272-3036

December 11, 2014

Kimberly Martone, Director of Operations
State of Connecticut
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308



RE: Modification request for Docket Number 12-31778-CON
Acquisition of a Computed-Tomography Simulator

Dear Ms. Martone,

On January 2, 2013, the Office of Health Care Access granted a Certificate of Need for the acquisition of a computed-tomography (CT) simulator by Northeast Regional Radiation Oncology Network Inc. (NRRON) in Enfield, Connecticut. Per Connecticut General Statutes Sec. 19a-639b(a), the Applicant is required to complete the proposed acquisition by January 2, 2015 or request further approval from OHCA to extend the expiration date.

In accordance with the Connecticut General Statutes, please find attached the modification application requesting that the CON authorization be extended one year to allow more time for the construction and installation of the acquired CT simulator.

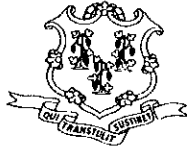
If you have any questions or require additional information regarding this modification request, I can be reached at (860) 533-3429.

Sincerely,

A handwritten signature in blue ink, appearing to read "D.P. McConville", with a checkmark at the end.

Dennis P. McConville
Chairman, Northeast Regional Radiation Oncology Network, Inc.

cc: Dan Delgallo, Executive Director, Northeast Regional Radiation Oncology Network, Inc.



**State of Connecticut
Office of Health Care Access
Form for Modification of a Previously
Authorized Certificate of Need**

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner
Full legal name	Northeast Regional Radiation Oncology Network, Inc.
Doing Business As	Community Cancer Care
Name of Parent Corporation	N/A
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	100 Haynes Street Manchester, CT 06040
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP (Nonprofit)
Name of Contact person, including title	Dennis P. McConville, Chairman
Contact person's street mailing address	71 Haynes Street Manchester, CT 06040
Contact person's phone, fax and e-mail address	Phone: (860): 533-3429 Fax: (860) 647-6860 dmccconville@echn.org

SECTION II. GENERAL PROPOSAL INFORMATION

a. Title of Previously Authorized Project and Associated Docket Number(s):

Acquisition of a Computed-Tomography Simulator (DN: 12-31778-CON)

b. Location of proposal (Town including street address):

142 Hazard Avenue, First Floor, Enfield, CT 06082

c. Type of Modification Request:

Change in the Scope of the Authorized Certificate of Need Project

Extension of CON Expiration Date

Change in a CON Order Condition (*other than to extend expiration date*)

Other – Describe: _____

SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:

a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

Not Applicable

SECTION IV. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:

a. Certificate of Need expiration date per CON Final Decision: **January 2, 2015**

b. Requested revised CON expiration date: **January 2, 2016**

c. Rationale for increased time to fully complete and implement the authorized project:

Northeast Regional Radiation Oncology Network, Inc. d/b/a Community CancerCare (“Community CancerCare”) is a regional not-for-profit joint venture between Hartford Hospital, Johnson Memorial Hospital, Manchester Memorial Hospital and Rockville General Hospital. Community CancerCare provides outpatient radiation therapy service in Manchester and Enfield. CT simulation is an essential precursor to radiation therapy. Oncology patients receiving care at the Phoenix Community Cancer Center at 142 Hazard Avenue in Enfield currently have their CT simulations performed at Johnson Memorial Ambulatory Surgery Center at 148 Hazard Avenue in Enfield. On January 2, 2013, the Office of Health Care Access

granted approval for Community CancerCare to acquire a dedicated CT simulator for its Enfield location that will allow greater scheduling flexibility, improve the quality of treatment planning capabilities and result in improved patient access to high quality oncology services.

Due to unforeseen circumstances, including turnover in management as well as more recent plans to reorganize ownership of Community CancerCare without Hartford Hospital (Please see Docket Number 14-31960-MDF for more information on the Applicant's Request for Modification of the Certificate of Need authorized under Docket Number 95-534), the Applicant has been unable to proceed as scheduled with the installation of the CT simulator at its Enfield location within the two years following receipt of authorization for the acquisition. The Applicant has signed a purchase agreement for the CT simulator, has obtained design plans for renovations needed to accommodate the CT simulator and will proceed with its installation over the next six to twelve months.

**SECTION V. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

Not Applicable

- b. Provide the rationale for such requested change:

Not Applicable

SECTION VI. OTHER

- a. Submit a completed CON Modification Affidavit.

Please see page 5 of this submission for the CON Modification Affidavit.

- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification.

Despite the challenges referenced above that have delayed the installation of the CT simulator, there are no pertinent changes to the findings of fact upon which the original CON authorization was based.