



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

January 4, 2006

Patrick Charmel
President/CEO
Griffin Hospital
130 Division Street
Derby, CT 06418

RE: Certificate of Need Determination; Report Number: 05-30647-DTR
Griffin Hospital
Proposal to Replace Equipment for Two Existing Radiographic/Fluoroscopic Suites

Dear Mr. Charmel:

On October 31, 2005, the Office of Health Care Access ("OHCA") received a Certificate of Need determination request regarding Griffin Hospital's ("Hospital") proposal to replace equipment for two existing radiographic/fluoroscopic suites at a total capital cost of \$594,000. OHCA has reviewed the information contained in your request and makes the following findings:

1. Griffin Hospital ("Hospital") is an acute care, general hospital located at 130 Division Street in Derby, Connecticut.
2. The Hospital's Radiology Department provides a variety of imaging services to individuals residing in the town of Derby and the fourteen towns that are proximate to Derby.
3. The Hospital is proposing to replace equipment for two existing radiographic/fluoroscopic suites.
4. The equipment replacements will allow the Hospital to bring the radiographic/fluoroscopic suites to current technological standards.
5. The proposal does not constitute the establishment of a new or additional imaging service, nor is it considered within the scope of imaging equipment acquisition, as delineated in Public Act: 05-93 of the Connecticut General Statutes.

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6. The total capital cost for the proposed project is \$594,000, which represents the fair market value associated with the requested equipment.
7. The Hospital proposes to fund the proposal through a lease arrangement.
8. The Hospital plans to have the replacement project completed in the first quarter of 2006.

Based on the above findings, OHCA has determined that Certificate of Need approval is not required for Griffin Hospital to replace equipment for two existing radiographic/fluoroscopic suites at a total capital cost of \$594,000. Thank you for informing OHCA of your plans. If you have any questions concerning this letter, please contact Jack A. Huber, OHCA Health Care Analyst, at (860) 418-7034.

Sincerely,

Signed by Cristine A. Vogel
Commissioner

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