

State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form 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 this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

| | Petitioner |
|--|--|
| Full Legal Name | The Stamford Hospital |
| Doing Business As | The Stamford Hospital |
| Name of Parent Corporation | Stamford Health, Inc. |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail | One Hospital Plaza, P.O. Box 9317, Stamford, CT 06904 |
| What is the Petitioner's Status: P for profit and NP for Nonprofit | NP |
| Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter. | Kathy Silard Executive Vice President, Chief Operating Officer |
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | One Hospital Plaza, P.O. Box 9317, Stamford, CT 06904 |

| | |
|-----------------------------------|------------------------|
| Contact Person's Telephone Number | (203) 276-7505 |
| Contact Person's Fax Number | (203) 276-5529 |
| Contact Person's e-mail Address | KSilard@Stamhealth.org |

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Change of Mobile PET/CT Vendor
- b. Estimated Total Project Cost: \$0
- c. Location of proposal, identifying Street Address, Town and Zip Code: 32 Strawberry Hill Court, Stamford CT 06902
- d. List each town this project is intended to serve:
Primary Service Area: Stamford, Darien and Rowayton
Secondary Service Area: Greenwich, New Canaan, Norwalk, Wilton, Weston and Westport
- e. Estimated starting date for the project: Upon receipt of CON Determination.

SECTION IV. PROPOSAL DESCRIPTION

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 elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are 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.

Project Description

Stamford Hospital (the "Hospital") wishes to change the vendor that provides its mobile positron emission tomography/computed tomography ("PET/CT") service from Alliance Healthcare Services ("Alliance") to Insight Imaging ("Insight"). Pursuant to Section 19a-638(b)(18) of the Connecticut General Statutes ("C.G.S."), the Hospital is seeking a determination that certificate of need ("CON") approval is not required for the replacement of the Alliance mobile unit, which houses a GE Discovery 4-slice PET/CT, with the Insight unit, which houses a GE Discovery 8-slice PET/CT scanner, as the mobile equipment and service, which has been consistently provided by the Hospital since 2005, was approved as a result of a previously issued CON.

In 2001, the Office of Health Care Access ("OHCA") approved the provision of a mobile positron emission tomography ("PET") scanning service by a consortium of hospitals (the Fairfield County Mobile PET Collaborative or the "Collaborative"), including Bridgeport Hospital, Danbury Hospital, Greenwich Hospital, Norwalk Hospital, St. Vincent's Medical Center and Stamford Hospital (Docket No. 00-509-CON). On August 11, 2003, OHCA granted authorization to this Collaborative to add a second PET scanner, (under Docket No. 02-584-CON) and to upgrade both mobile units from PET to a combined PET/CT modality. Under Docket No. 04-22953-MDF, the Collaborative was granted an extension from August 11, 2004, to May 6, 2005, by which date the scanners would need to be upgraded.

In the intervening years, each of the original members of the Collaborative, other than Stamford Hospital, moved to fixed or otherwise permanent equipment, left the Collaborative, and discontinued use of the applicable mobile PET/CT (See Docket Nos. 04-30329-CON, 04-30393-CON, 05-30499-CON, 08-31256-CON, 09-31327-CON). This is also reflected in the 2014 Statewide Facilities Inventory where Stamford Hospital remains the only member of the Collaborative without its own dedicated PET/CT scanner. Stamford Hospital is likewise the only remaining member of the Collaborative relying upon the original CON approval for its current PET/CT scanner service.

As has always been the case, only one mobile PET/CT scanner currently serves the Hospital. The unit, which is customarily parked adjacent to the Hospital's Tully Center, located at 32 Strawberry Hill Court in Stamford, has been traditionally available to Stamford patients on an average of 2 times per week. The Hospital bills globally for the PET/CT scans performed on the mobile unit and physicians from its Radiology Department provide professional interpretations of the scans. The mobile unit vendor supplies the equipment (i.e., the mobile unit and the PET/CT scanner) and the technicians who operate the PET/CT (under the supervision of a Hospital radiologist) pursuant to a services contract with the Hospital. This is the manner in which the current mobile PET/CT services are provided by Alliance and Insight will provide its services pursuant to the same arrangement. There will also be no change to the population served by the Hospital's mobile PET/CT unit.

Accordingly, Stamford Hospital respectfully requests a determination that the proposed change of the PET/CT scanner vendor does not require CON approval since the same constitutes a replacement of previously approved imaging equipment pursuant to Conn. Gen. Stat. § 19a-638(b)(18).

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: The Stamford Hospital

Project Title: Replacement of PET/CT Scanner

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

of The Stamford Hospital being duly sworn, depose and state that the
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my
knowledge.

[Signature] 10/4/16
Signature Date

Subscribed and sworn to before me on October 4, 2016

Lynne MacGregor
Notary Public/Commissioner of Superior Court

My commission expires: LYNNE MACGREGOR
NOTARY PUBLIC
CONNECTICUT
My Commission Expires July 31, 2020

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

October 26, 2016

Kathy Silard
Executive Vice President, Chief Operating Officer
The Stamford Hospital
One Hospital Plaza
P.O. Box 9317
Stamford, CT 06904

Via Email Only

RE: Certificate of Need Determination Report Number 16-32130-DTR
Replacement of Mobile PET/CT Vendor

Dear Ms. Silard:

On October 20, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf the Stamford Hospital ("Petitioner") with respect to a proposed change in the vendor that provides its mobile positron emission tomography/computed tomography ("PET/CT") service.

In 2001, OHCA approved Petitioner's provision of a mobile positron emission tomography ("PET") scanning service as part of a consortium of hospitals including Petitioner, Bridgeport Hospital, Danbury Hospital, Greenwich Hospital, Norwalk Hospital, and St. Vincent's Medical Center (the "Collaborative"). OHCA also approved the Collaborative's subsequent application to add a second PET scanner and to upgrade both mobile units to combined PET/CT modality in 2003.

Petitioner currently provides mobile PET/CT services to individuals within its primary service area of Stamford, Rowayton, and Darien; and to individuals within its secondary service area in Greenwich, New Canaan, Norwalk, Wilton, Weston and Westport. Petitioner is the only remaining member of the Collaborative utilizing the mobile PET/CT service, and the only original member without a "fixed" PET/CT scanner. Petitioner seeks to replace its current mobile PET/CT vendor, Alliance Healthcare Services with Insight Imaging. There will be no change in the manner in which mobile PET/CT services are currently provided and no change to the population served by Petitioner as a result of the replacement.

Pursuant to Conn. Gen. Stat. § 19a-638(b)(18), the replacement of existing imaging equipment acquired through certificate of need approval does not require CON authorization. Based upon the foregoing, OHCA concludes that a CON *is not required*. Petitioner shall file an Equipment Replacement Form with OHCA upon completion of the replacement.

Sincerely,

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

Kimberly R. Martone
Director of Operations

cc: Rose McLellan, License and Applications Supervisor, DPH, DHSR



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410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Wednesday, October 26, 2016 2:54 PM
To: Kathleen Silard
Cc: Hansted, Kevin; Mitchell, Micheala; Martone, Kim; McLellan, Rose; Riggott, Kaila
Subject: Determination
Attachments: 32130.pdf

| Tracking: | Recipient | Delivery |
|------------------|--------------------|-------------------------------|
| | Kathleen Silard | |
| | Hansted, Kevin | Delivered: 10/26/2016 2:54 PM |
| | Mitchell, Micheala | Delivered: 10/26/2016 2:54 PM |
| | Martone, Kim | Delivered: 10/26/2016 2:54 PM |
| | McLellan, Rose | Delivered: 10/26/2016 2:54 PM |
| | Riggott, Kaila | Delivered: 10/26/2016 2:54 PM |

10/26/16

Please see attached determination for Stamford Hospital.

Barbara K. Olejarz
Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
Phone: (860) 418-7005
Email: Barbara.Olejarz@ct.gov

