

**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	Petitioner
Full Legal Name	Dr. Adam Brodsky	Dr. Jeffrey Brooks
Doing Business As	Orthopaedic Surgery and Sports Medicine	Orthopaedic Surgery and Sports Medicine
Name of Parent Corporation	Orthopaedic Surgery and Sports Medicine	Orthopaedic Surgery and Sports Medicine
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	166 Cherry St. New Canaan, CT 06840	166 Cherry St. New Canaan, CT 06840
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	P

Contact Person at

Facility, including Title/ Position: Dr. Adam Brodsky
This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter. Partner : Orthopedic Surgery and Sports Medicine

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail 166 Cherry St.
New Canaan, CT
06840

Contact Person's Telephone Number 203-323-7331
Contact Person's Fax Number 203-972-7131
Contact Person's e-mail Address skiimd@gmail.com

SECTION II. GENERAL PROPOSAL INFORMATION

Proposal/Project Title:: Acquisition of extremity MRI for orthopedic practice setting
Estimated Total Project Cost: \$ 275,000
Location of proposal, identifying Street Address, Town and Zip Code:
166 Cherry St., New Canaan, CT, 06840
List each town this project is intended to serve: New Canaan
Estimated starting date for the project: 6/1/2017

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:

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

Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

Identify the current population served and the target population to be served.

1. Orthopaedic Surgery and Sports Medicine (OSSM) is a Connecticut corporation. It has been in practice for over 30 years. OSSM is a two physician practice that specializes in the care and treatment of musculoskeletal disease. Both Drs. Brooks and Brodsky have advanced fellowship training in the upper and lower extremities, respectively.

2. OSSM provides orthopaedic services at its main office in New Canaan, CT. OSSM is proposing to acquire a 0.31 Telsa strength extremity MRI for its New Canaan office at 166 Cherry Street. OSSM intends to use the extremity MRI to serve the town of New Canaan and current OSSM patients. We plan to provide MRI scans to Medicaid patients who live in New Canaan at no charge. Currently, there are no MRI scanners in New Canaan, CT. We feel there is a need for an MRI scanner in New Canaan, CT.

3. The extremity MRI will be purchased through the company Esoate. The O-scan MRI is a state of the art extremity MRI that can fit in a 10X10 sq. ft. room without the need for any fit out or RF shielding cage. This MRI will be faster, more cost effective and can accommodate patients who are claustrophobic. MRI studies performed by the O-scan MRI will be interpreted by an off-site radiology service to be determined. Purchase contract from Esoate is pending at this time.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Dr. Adam Brodsky

Project Title: Acquisition of Extremity MRI

I, Adam Brodsky, CEO
(Name) (Position – CEO or CFO)

of Orthopedic Surgery and Sports Medicine being duly sworn, depose and
(Organization Name)

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

AB 2/13/17
Signature Date

Subscribed and sworn to before me on 2/13/17

[Signature]
Notary Public/Commissioner of Superior Court



My commission expires: 01/05/20

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Dr. Jeffrey Brooks

Project Title: Acquisition of extremity MRI


I, Jeffrey Brooks, CEO
(Name) (Position – CEO or CFO)

of Orthopaedic Surgery and Sports Medicine being duly sworn, depose and
(Organization Name)

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

[Signature] 2/13/17
Signature Date

Subscribed and sworn to before me on 2/13/17

[Signature]  **KURT A. ZIMBLER
JUSTICE OF THE PEACE
16 BOUTON STREET EAST, #18
STAMFORD, CONNECTICUT 06907**
Notary Public/Commissioner of Superior Court

My commission expires: 01/05/2017

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

February 24, 2017

VIA ELECTRONIC MAIL ONLY

Dr. Adam Brodsky, Partner
Orthopaedic Surgery and Sports Medicine
166 Cherry Street
New Canaan, CT 06840

RE: Certificate of Need Determination Report Number 17-32151-DTR
Acquisition of an Extremity Magnetic Resonance Imaging Scanner

Dear Dr. Brodsky:

On February 22, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Orthopaedic Surgery and Sports Medicine ("Petitioner" or "OSSM") with respect to the acquisition of an Extremity Magnetic Resonance Imaging ("MRI") Scanner.

OSSM is a two-physician practice, located in New Canaan, CT, that specializes in the care and treatment of patients with musculoskeletal disease. OSSM contends that there are currently no MRI scanners in the town of New Canaan. OSSM seeks to purchase a 0.31 Tesla Extremity MRI to serve town residents and current OSSM patients.

Connecticut General Statutes §19a-638(a)(10) requires CON authorization for the "The acquisition of...magnetic resonance imaging scanners, by any person, physician, provider...." Therefore, OHCA hereby determines that a **CON is required** for the Petitioner's proposal.

Sincerely,

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

Kimberly R. Martone
Director of Operations

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



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Friday, February 24, 2017 10:06 AM
To: 'askiimd@gmail.com'
Subject: Determination
Attachments: 32151.pdf

Tracking:	Recipient	Delivery	Read
	'askiimd@gmail.com'		
	Hansted, Kevin	Delivered: 2/24/2017 10:06 AM	
	Martone, Kim		
	Riggott, Kaila	Delivered: 2/24/2017 10:06 AM	Read: 2/24/2017 10:06 AM
	McLellan, Rose	Delivered: 2/24/2017 10:06 AM	
	Kimberly.Martone@ct.gov	Delivered: 2/24/2017 10:06 AM	

2/24/17

Dr. Brodsky,

Please see attached determination for report number 17-32151-DTR for the acquisition of an extremity MRI.

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

