



#32187

Radiologic Associates of Middletown, P.C.
57 South Main Street P. O. Box 931
Middletown, CT. 06457
860-346-8481 - 860-346-8836 Fax



August 23, 2017

Ms. Kimberly Martone
Director
Office of Health Care Access
Connecticut Department of Public Health
410 Capital Avenue
MS#13HCA
P.O. Box 340308
Hartford, CT 06134

Sent Via Overnight Delivery with Delivery Confirmation

Re: CON Determination Request

Dear Ms. Martone:

On behalf of Radiology Associates of Middletown, P.C. (the "Group"), I am submitting the enclosed completed CON Determination Form related to the acquisition of a CT scanner in 2004 by the Group. Please feel free to contact me at drmichaelcrain@yahoo.com if you require any additional information for your review.

Thank you in advance for your consideration.

Very truly yours,

Michael Crain, M.D.
President and CEO
Radiologic Associates of Middletown, P.C.

Michael Crain, M.D., President & CEO

Adam Elias, M.D.
Bruce Kovalenko, M.D.
Craig Walden, M.D.

Diana Hull, M.D., Ph.D
Julie Lee, M.D
Robert Wolek, M.D.

Ravi Jain, M.D., Ph.D.
Daniel MacArthur, M.D.
Zaixiang Sherry Zhang, M.D.

Michael Johnson, M.D.
Nancy Rini, M.D.



**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	Radiology Associates of Middletown, P.C.	
Doing Business As	West Haven Imaging	
Name of Parent Corporation	Radiology Associates of Middletown, P.C.	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	57 S. Main Street Middletown CT 06457	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	

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.	Michael Crain, M.D. President and CEO	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	As above	
Contact Person's Telephone Number	860-346-8481	
Contact Person's Fax Number	860-346-8836	
Contact Person's e-mail Address	drmichaelcrain @yahoo.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Acquisition of a Toshiba Asteion Multislice CT scanner in 2004
- b. Estimated Total Project Cost: \$ 0
- c. Location of proposal, identifying Street Address, Town and Zip Code: West Haven Radiology, 687 Campbell Avenue, West Haven, CT, 06516
- d. List each town this project is intended to serve:
West.Haven, Milford, New Haven, Orange, Derby
- e. Estimated starting date for the project: The CT scanner was acquired in May 2004 and put into use in July, 2004.

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.

Description:

In May of 2004, Radiology Associates of Middletown, P.C. ("Radiology Associates of Middletown") which does business as West Haven Imaging ("West Haven Imaging") acquired a Toshiba Astelion Multislice CT scanner ("Scanner") (see Quotation and Confirmation of Payment attached as Exhibit A). This Scanner was installed and has operated continuously at 687 Campbell Avenue, West Haven, CT, 06516. Radiology Associates Of Middletown provides the technical services as well as the professional and management services. Radiology Associates Of Middletown is a private radiology medical practice. No Department of Public Health license is required for this office.

The Scanner was purchased for \$389,500.00 (see Exhibit A). The building alterations, including electrical changes, cost \$662.42 (see Exhibit B). The total capital cost associated with the acquisition of the Scanner was \$390,162.42. Because the cost of the Scanner was less than the \$400,000 threshold required in 2004, no certificate of need ("CON") was required and no formal CON determination was sought. This was affirmatively referenced by the Office of Health Care Access ("OHCA") in a CON decision dated November 14, 2012 (see Exhibit C).

The Scanner was placed into use in July 2004 (see Exhibit D for letter requesting access for installation). Several patient reports of scans performed in July and August 2004 are attached (see Exhibit E).

The Scanner currently services patients from across southern Connecticut and in particular the towns of West Haven, Milford, Orange, Derby and New Haven. All payers are accepted, including commercial insurance and governmental insurance (Medicare and Medicaid). There are no changes in services being requested with the CON Determination which solely seeks a retrospective determination from OHCA that approval was not required in 2004 at the time the Scanner was acquired by Radiology Associates Of Middletown.

The attached documentation demonstrates that Radiology Associates Of Middletown acquired the Scanner before July 1, 2005 (when the Connecticut law changed) for less than the \$400,000 threshold. In addition, the attached documentation shows that the Scanner became operational in August 2004. Based on the foregoing, Radiology Associates of Middletown respectfully submits that a CON was not required for the Scanner purchase and respectfully request a CON Determination to this effect

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Radiology Associates of Middletown, P.C.

Project Title: Acquisition of Astelion Multislice CT scanner in May 2004

I, Michael Crain, M.D.

President and CEO

Michael Crain, M.D.
(Name)

CEO
(Position – CEO or CFO)

of Radiology Associates of Middletown, P.C 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.

Michael Crain, M.D.
Signature

08-30-17
Date

Subscribed and sworn to before me on 08-30-17

Dean Lesser-Beynie
Notary Public/Commissioner of Superior Court

My commission expires: 02-28-2021

02-28-21

EXHIBIT A

In Touch with Tomorrow
TOSHIBA

INVOICE

INVOICE DATE	INVOICE NUMBER	PAGE
07/23/04	1432852	1

GLOBAL IMAGING • MEDICAL SYSTEMS

PLEASE REMIT TO:
TOSHIBA AMERICA MEDICAL SYSTEMS, INC.
 P.O. Box 91805
 Chicago, Illinois 60693

BILL TO:
 RADIOLOGY ASSOC OF MIDDLETOWN
 PO BOX 931
 330 S. MAIN STREET
 MIDDLETOWN CT 06457

SHIP TO:
 RADIOLOGY ASSOC OF MIDDLETOWN
 195 S. MAIN STREET
 MIDDLETOWN CT 06457

CUST NO.	ORDER NO.	COST CENTER	SHIP VIA
124602	171045	2151	TRUCK

CUSTOMER P.O. NUMBER	PAYMENT TERMS
S/Q	100% net 30 dys

QUANTITY	TOSHIBA PART NUMBER/DESCRIPTION	CODES	UNIT PRICE	EXTENDED AMOUNT
#AS48	ASTEION MULTISLICE 48KW	C3	389,500.000	389,500.00
1	TSX-021A/3L CT SCANNER ASTEION MULTI 48KW SERIAL # B4542385	WK C3 312736		
1	DCHIS-CT-PHANTM PHANTOM, CT	WK C3 312736		
1	CT-9018A CT ACCESSORY KIT	WK C3 312736		
1	BK-03050-1 DESK, 65X36X30"	WK C3 312736		
2	E-52852-A1050 CHAIR, 2 PADDLE, SOFT SEAT	WK C3 312736		
2	92280F CASSETTE, MOD 2.6QB	WK C3 312736		
1	BPORHUB-10/100 DUAL SPEED SWITCH, 8 PLUS	WK C3 312736		
1	L88CSEGRY-05M CABLE, RJ45, 5M	WK C3 312736		
1	L88CSEGRY-35M CABLE, RJ45, 35M	WK C3 312736		
2	TNULL9F9M-75 CABLE, NULL MODEM, 75'	WK C3 312736		
1	TIM THE IMAGE MAKER KIT SERIAL # TEMPO049348	WK C3 312736		
1	16R/4H KIT, EPOXY FLOOR, CT	WK C3 312736		

TAX 1:
 TAX 2:
 TAX 3:

AMOUNT DUE

Please reference invoice number
 1432852 on check remittance.

DIRECT INQUIRIES TO:

This sale concerns products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by the purchaser, directly or indirectly, in contravention of the U.S. Export Administration is prohibited.

INVOICE TYPE
 S-System

ORDER ANALYSIS NUMBER
 312736

TOSHIBA

GLOBAL IMAGING • MEDICAL SYSTEMS

QUOTATION/ORDER ORDER SUMMARY

PRESENTED TO: (COMPLETE LEGAL NAME)

RADIOLOGY ASSOCIATES OF
MIDDLETOWN
195 S. MAIN ST.
MIDDLETOWN, CT. 06457

DATE: 5/14/2004
DELIVER TO:

OMT NO: 312736
QUOTE NO: 37810

RADIOLOGY ASSOCIATES OF
MIDDLETOWN
195 S. MAIN ST.
MIDDLETOWN, CT. 06457

EQUIPMENT SUMMARY:

#AS48

**ASTEION MULTI WHOLE BODY CT
SCANNER**

CT SCANNER ASTEION MULTISLICE 48 KW

CT PHANTOM

CT ACCESSORY KIT

CONSOLE DESK

IMAGE MAKER KIT

POWER CONDITIONER/DISTRIBUTOR

5/20/04 -

This quotation shall remain valid for 30 days (not to exceed 60 days) from date of submission.

All prices are F.O.B. Tustin, California.

Payment terms are: Cash - 10% down payment, 70% upon shipment, 20% net 30 days after shipment or upon availability for first use by purchaser, whichever comes first.

Additional terms and conditions of this quotation appear on reverse side hereof.

ACCEPTED AGREED AND ORDERED:

CUSTOMER REQUESTED DELIVERY DATE:


PURCHASER'S SIGNATURE/TITLE

DATE

TOSHIBA REP/CONTACT

DISTRICT SALES MANAGER

DATE

DATE

**TOSHIBA
MEDICAL**

Made For life

June 30, 2017

Radiology Associates of Middletown
195 South Main Street
Middletown, CT 06457

RE: #AS48 CT System
Order Analysis: #312736 SID: #227439

To Whom It May Concern:

The Asteion Multi Whole Body CT Scanner (#AS48) that was ordered on May 20, 2004, Quote #37810 was priced at \$389,500 and has been fully paid.

Should you have any questions please feel free to contact me at (714)669-7603.

Sincerely,



Amenda Kim

TOSHIBA AMERICA MEDICAL SYSTEMS
2441 Michelle Drive, Tustin, CA 92780 / 800.421.1968 / medical.toshiba.com

Canon
CANON GROUP

EXHIBIT B

FORTIN ELECTRIC

240 SARGENT DRIVE
 NEW HAVEN, CT 06511
 CT LIC. #E1-103766
 497-9366 FAX 497-9370

Invoice

Date	Invoice #
7/19/2004	114583

Bill To
WEST HAVEN RADIOLOGY 687 CAMPBELL AVENUE WEST HAVEN, CT 06516

Ship To
WEST HAVEN RADIOLOGY 687 CAMPBELL AVENUE WEST HAVEN, CT 06516

P.O. No.	Terms	Project

Description	Qty	Rate	Amount
CAT SCAN			
RUN CONDUITS IN TRENCH UNDER MACHINE, FILL TRENCH WITH CEMENT FITTINGS 30' CONDUIT	30	1.40	42.00
CEMENT	3	51.34	154.02
7/16/04 2 MEN 4 HOURS = 8 LABOR	8	55.00	440.00

THANK YOU !!	Subtotal	\$636.02
	Sales Tax (6.0%)	\$26.40
	Total	\$662.42
	Payments/Credits	\$0.00
	Balance Due	\$662.42

EXHIBIT C

Project Description

1. Provide SBDI Holding, LLC's legal chart of organization that reflects the current relationship with the different entities and with RAM. = **Please see attachment A**
2. Provide a copy of the finalized or draft sales/transaction agreement between the parties (i.e. Applicant and RAM) including all exhibits and attachments. = **Please see attachment B for the Bill of Sale and attachment C for Asset Agreement**
3. The CT Scanner at 687 Campbell Avenue, West Haven is a Toshiba Asterion 4-Slice CT Scanner. Please address the following:
 - a. How old is the scanner in years and months? = **8 years and 3 months**
 - b. When was the CT Scanner purchased? = **July 20, 2004**
 - c. From where was the CT Scanner originally purchased? = **Directly from Toshiba**
 - d. What was the CT Scanner's purchase price? = **\$389,500**
 - e. Provide evidence that RAM did not need a CON for the CT Scanner = *Sec. 19-73m transferred to Sec. 19a-155 in 1983; P.A. 83-215 exempted ambulatory services established and conducted by a health maintenance organization from certificate of need review, changed the threshold for review of capital expenditures from limits set by the Secretary of Health and Human Services to \$600,000 and to \$400,000 for the acquisition of major medical equipment, provided for a 15-day extension of the 90-day review period if additional information is requested by the commissioner or a motion to approve, modify or deny a request results in a tie vote and authorized the adoption of regulations to establish a schedule for the submission of similar requests; Sec. 19a-639. (Formerly Sec. 19a-155)* Taken from the Connecticut General Statutes as related to OHCA. At the time of RAM's purchase, the capital expenditure for a CON was \$400,000. The elimination of all capital expenditure thresholds didn't take place till 2010. RAM's cost for the CT Scanner was under the threshold at \$389,500 in 2004.
 - f. How long a period of time has the scanner been in operation? = **8 years and 3 months**
 - g. What is the general condition of the scanner? = **Excellent**
 - h. Describe the scanner's record in terms of downtime and repairs. = **Preventative Maintenance performed on a monthly basis and is at 100% compliance. The uptime during the warranty period was 99.75% and the uptime at the time of the warranty's end to current is 99.26%. The tube was replaced once on 10-2-08. The last service call was on 2-21-12.**
 - i. Has the scanner received any hardware or software updates? If so, explain any and all updates and modifications made to the scanner. = **The scanner was updated with the latest version of software, V2.05ER001. Please see attachment E**

EXHIBIT D

RAM
RADIOLOGY
GUILFORD • WEST HAVEN

Exceptional credentials, technology
& service since 1970

1591 BOSTON POST ROAD, SUITE 106, GUILFORD CT 06437
TEL 203.453.5123 FAX 203.458.0427

687 CAMPBELL AVENUE, WEST HAVEN, CT 06516
TEL 203.934.4482 FAX 203.934.8803

WEST HAVEN RADIOLOGY

July 19, 2004

To: Janet
West Haven Medical Group

From: Carol Clark

Please be informed that we have issued a key to the building at 687 Campbell Avenue, West Haven, Ct. to the following individual from Toshiba Medical:



Gus Kutschker
Senior Customer Service Engineer

Mr. Kutschker will need access to the building all of this week and the installation of the new CT scanner is scheduled to complete no later than Monday, July 26, 2004. Mr. Kutschker has assured me that he will be responsible for locking the building securely when he is here during non-working hours. If you have any questions, please do not hesitate to contact me immediately.

Thank you so much for your patience and understanding.

Erik Pingoud, M.D.
Eric J. Mannes, M.D.
Kenneth I. Bird, M.D.
Craig Walden, M.D.

Leonard Stoane, M.D.
Ramon Gonzalez, M.D.
Gregory N. Viscomi, M.D.
Michael Crain, M.D.

Diana Hull, M.D., Ph.D.
Ravi Jain, M.D., Ph.D.
Jeffrey Takahashi, M.D.
Robert Wolek, M.D.

Todd J. Everett, M.D.
Associate Radiologist:
Caridad Fuertes, M.D.

www.ramradiology.com

EXHIBIT E

Date of Exam: 07/29/2004

Dear _____, MD

APWO - CT ABD & PELV W/O

Indication: Abdominal pain

Axial images are obtained through the abdomen and pelvis without administration of intravenous contrast secondary to elevated creatinine. There is a right lower lobe infiltrate and right pleural fluid. This has an appearance consistent with pneumonia in the appropriate clinical setting but clinical correlation is suggested.

Without administration of intravenous contrast, there are no evident hepatic lesions. The spleen is unremarkable. There is no evidence of adrenal mass. The pancreas appears normal.

The patient is status-post right nephrectomy. Without administration of intravenous contrast, there is no evident renal mass. There is a tiny nonobstructing stone noted at the superior upper polar region of the left kidney.

There is extensive atherosclerotic disease. There is no evidence of aneurysmal dilatation of the aorta. There is no retroperitoneal or pelvic lymphadenopathy.

The pelvic structures appear unremarkable.

IMPRESSION:

Status post-right nephrectomy. There is a punctate nonobstructing left renal calculus.

There is a right lower lobe infiltrate and pleural effusion.

COMMENT: It should be noted that on the report of the previous CT performed 2/6/04, there was right lower lobe atelectasis and pleural fluid. These findings may therefore be chronic although the opacity on the current study has an alveolar appearance suggesting a possible pneumonia.

Electronically signed by:

Interpreted by Diana Hull, M.D., Ph.D.

Interpreted by: DIANA HULL, M.D., PHD
Approved by: DH
Transcribed by: MARGARET 07/29/2004 04:49PM

ADDENDUM 07/30/04

The previous examination is from 2/6/04 but the films of that examination have been lost and are therefore no longer available for comparison. They cannot be reprinted because they were performed on the old machine. Hence, no comparison can be made with the previous films.

Interpreted By: Ravi Jain, M.D., Ph.D
RJ/mr

MD

WEST HAVEN, CT 06516

Date of Exam: 09/03/2004

Dear _____, MD

70450 - CT SCAN OF HEAD OR BRAIN

Indication: Slurred speech

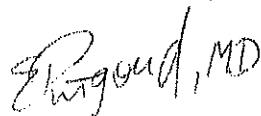
A moderate degree of diffuse atrophy is noted. No focal abnormalities, however, are seen.

CONCLUSION:

Atrophy only.

This report was called to the office.

Electronically signed by:

Handwritten signature of Erik Pingoud, MD in cursive script.

Interpreted by: ERIK PINGOUD, MD

Approved by: EP

Transcribed by: PAULA 09/03/2004 02:35PM

D

Date of Exam: 08/11/2004

Dear _____, MD

70470 - CONTRAST CAT SCANS OF HEAD
A46460 - CONTRAST OPTIRAY 100CC

Indication: Headache

CT scanning of the head was performed before and after intravenous administration of 50 cc of Optiray 320.

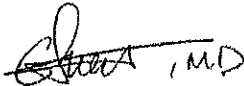
No focal abnormality was shown in the brain substance. The ventricles and sulci appeared normal in size. No mass effect or extra-axial collections were seen. No intracranial bleeding was noted. The skull appeared intact.

CONCLUSION:

Negative CT of the head.

Thank you for the courtesy of this referral.

Electronically signed by:

A handwritten signature in black ink, appearing to read "Caridad Fuertes, MD". The signature is stylized and includes the letters "MD" at the end.

Interpreted by: CARIDAD FUERTES, MD

Approved by: CF

Transcribed by: MARGARET 08/11/2004 03:58PM

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

September 5, 2017

VIA ELECTRONIC MAIL ONLY

Michael Crain, M.D.
President and CEO
Radiology Associates of Middletown, P.C.
57 S. Main Street
Middletown, CT 06457

RE: Certificate of Need Determination Report Number 17-32187-DTR
Acquisition of CT scanner in 2004

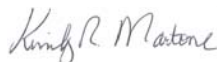
Dear Dr. Crain:

On September 1, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Radiology Associates of Middletown, P.C. ("Petitioner") with respect to the acquisition of a CT scanner in 2004.

The Petitioner is a private radiology medical practice. In May of 2004 the Petitioner acquired a Toshiba Astelion Multislice CT scanner at a total cost of \$389,500.00. The Petitioner now seeks a retrospective determination by OHCA that a CON was not required at the time it acquired the CT scanner.

In 2004, Conn. Gen. Stat. Section 19a-639 stated, in part, that each health care facility or institution proposing to acquire major medical equipment in excess of four hundred thousand dollars (\$400,000) requires CON authorization from OHCA. As represented by the Petitioner, the CT scanner acquired cost less than \$400,000. Consequently, a *CON was not required* for the acquisition.

Sincerely,

 Digitally signed by Kimberly Martone
Date: 2017.09.05 14:54:16 -04'00'

Kimberly R. Martone
Director of Operations

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



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Olejarz, Barbara

From: Olejarz, Barbara
Sent: Tuesday, September 05, 2017 3:00 PM
To: 'drmichaelcrain@yahoo.com'
Subject: CON Determination
Attachments: 32187 determination.pdf

Tracking:	Recipient	Delivery
	'drmichaelcrain@yahoo.com'	
	Hansted, Kevin	
	Martone, Kim	Delivered: 9/5/2017 3:00 PM
	Riggott, Kaila	
	McLellan, Rose	
	Kevin.Hansted@ct.gov	Delivered: 9/5/2017 3:00 PM
	Rose.C.McLellan@ct.gov	Delivered: 9/5/2017 3:00 PM
	Kaila.Riggott@ct.gov	Delivered: 9/5/2017 3:00 PM

9/5/17

Dr. Michael Crain,

Please see attached determination for Report Number 17-32187-DTR regarding acquisition of a CT Scanner in 2004.

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



Olejarz, Barbara

From: Microsoft Outlook
To: drmichaelcrain@yahoo.com
Sent: Tuesday, September 05, 2017 3:00 PM
Subject: Relayed: CON Determination

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

drmichaelcrain@yahoo.com (drmichaelcrain@yahoo.com)

Subject: CON Determination