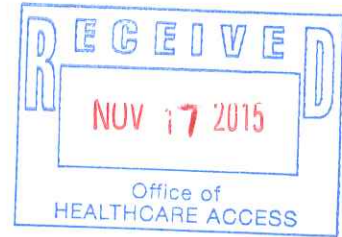




Charlotte Hungerford Hospital

540 LITCHFIELD STREET, PO BOX 988, TORRINGTON, CT 06790-0988 (860) 496-6666



November 12, 2015

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

Dear Kim,

Thank you for your time on the phone last week. Enclosed please find our Letter of Determination related to the acquisition of a PET/CT Scanner.

Please feel free to contact me at (860) 496-6611 should you have any questions or require further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Capobianco', written over the printed name.

John Capobianco
Vice President Of Operations



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	Advanced Medical Imaging of Northwest Connecticut, LLC	
Doing Business As	Advanced Medical Imaging or AMI	
Name of Parent Corporation	The Charlotte Hungerford Hospital	Torrington Radiologists, P.C.
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	220 Kennedy Drive Torrington, CT 06790	
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	John J. Capobianco VP for Operations	Stephen Go, M.D.

Designee to receive all correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	540 Litchfield Street, Torrington., CT 06790	220 Kennedy Drive Torrington., CT 06790
Contact Person's Telephone Number	860-496-6611	860-496-6553
Contact Person's Fax Number	860-482-8627	
Contact Person's e-mail Address	jcapobianco@hungerford.org	sgo@hungerford.org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: **Replacement of a CT Scanner with a PET/CT Scanner**
- b. Estimated Total Project Cost: **\$1,100,000**
- c. Location of proposal, identifying Street Address, Town and Zip Code: **220 Kennedy Drive, Torrington, CT 06790**
- d. List each town this project is intended to serve: **Torrington, Winsted, Harwinton, Goshen, Litchfield, Barkhamsted, New Hartford, Colebrook, Norfolk, and Thomaston**
- e. Estimated starting date for the project: **January 1, 2016**

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:

Please see Exhibit A attached hereto for a description of the proposed project.

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.

Advanced Medical Imaging (“AMI”) operates a 16 Slice CT Scanner at 220 Kennedy Drive. AMI does not meet a licensure category.

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

AMI wishes to acquire a 64 Slice PET/CT Scanner.

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

Both the CT Scanner and PET/CT Scanner serve and will serve the 10-town Primary Service Area that includes the towns of Torrington, Winsted, Harwinton, Goshen, Litchfield, Barkhamsted, New Hartford, Colebrook, Norfolk, and Thomaston. We do not anticipate a change in the population served.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Advanced Medical Imaging of Northwest Connecticut, LLC

f. Project Title: Replacement of a CT Scanner with a PET/CT Scanner

I, Neal Mandell M.D., Managing Member
(Name) (Position – CEO or CFO)

of Advanced Medical Imaging of Northwest Connecticut, LLC 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] 11-11-15
Signature Date

Subscribed and sworn to before me on 11/11/2015

[Signature]
Notary Public/~~Commissioner of Superior Court~~ ANNAMARIE CORROLO

My commission expires: 4/30/2016

**EXHIBIT A
DESCRIPTION OF THE PROPOSED PROJECT**

Background:

Advanced Medical Imaging of Northwest Connecticut, LLC ("AMI") is a joint venture between The Charlotte Hungerford Hospital (the "Hospital") and Torrington Radiologists, P.C. AMI is located at 220 Kennedy Drive in Torrington, Connecticut and provides diagnostic imaging services to residents of its primary services area towns of Torrington, Winsted, Harwinton, Goshen, Litchfield, Barkhamsted, New Hartford, Colebrook, Norfolk, and Thomaston (the "PSA").

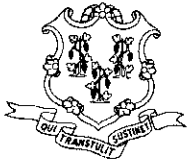
Pursuant to 08-31094-CON, AMI acquired and currently operates a 16-Slice CT Scanner (the "16-Slice CT Scanner") on the first floor of the Medical Office Building located at 220 Kennedy Drive in Torrington, Connecticut (the "MOB").

Pursuant to 12-31653-MDF and 12-30510-MDF, the Hospital acquired and currently operates a PET Scanner on the second floor of the MOB (the "Hospital PET Scanner").

The Hospital operates an off-campus satellite emergency department known as Hungerford Emergency and Medical Care ("HEMC"), which is located at 115 Spencer Street in Winsted, Connecticut. Pursuant to 15-31989-CON, the Hospital received approval from OHCA to acquire a CT Scanner for its HEMC location.

Proposal:

AMI wishes to replace its 16-Slice CT Scanner through the acquisition of a 64-Slice PET/CT Scanner. The 64-Slice PET/CT Scanner will be placed/located in the MOB. The Hospital would acquire AMI's 16-Slice CT Scanner and place it at its HEMC location as permitted by 15-31989-CON. The Hospital will decommission the Hospital PET Scanner and lease the PET related portion of the PET/CT Scanner from AMI in order to continue providing PET scanning services to patients in the PSA. Neither the Hospital, nor AMI will be terminating any services.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

November 24, 2015

VIA FACSIMILE ONLY

John J. Capobianco
Vice President for Operations
Advanced Medical Imaging of Northwest Connecticut, LLC
220 Kennedy Drive
Torrington, CT 06790

RE: Certificate of Need Determination Report Number 15-32039-DTR
Replacement of a CT Scanner with a PET/CT Scanner

Dear Mr. Capobianco:

On November 17, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Advanced Medical Imaging of Northwest Connecticut, LLC ("AMI") with respect to the replacement of a CT scanner with a PET/CT scanner.

AMI is a joint venture between The Charlotte Hungerford Hospital (the "Hospital") and Torrington Radiologists, P.C. and provides diagnostic imaging services. Pursuant to a CON issued under Docket Number 08-31094-CON, AMI acquired and currently operates a 16-Slice CT scanner on the first floor of a Medical Office Building located at 220 Kennedy Drive, Torrington, Connecticut ("MOB"). Pursuant to Docket Numbers 12-31653-MDF and 12-30510-MDF, the Hospital acquired and currently operates a PET scanner on the second floor of the MOB (the "Hospital PET Scanner"). The Hospital also operates a CT scanner at its off-campus emergency department known as Hungerford Emergency and Medical Care ("HEMC") in Winsted, Connecticut.

AMI seeks to replace its 16-slice CT scanner with a 64-slice PET/CT scanner. In turn, the Hospital will acquire AMI's 16-slice CT scanner and locate it at its HEMC location. The Hospital will decommission the Hospital PET Scanner. In order to provide PET scanning services, the Hospital will lease the PET portion of AMI's new 64-slice PET/CT scanner.

Connecticut General Statutes § 19a-638(b)(10), as modified by Public Act 15-146, requires CON authorization for the "acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners, by any person, physician, provider, short-term acute care general hospital or children's hospital, except (A) as provided for in subdivision (22) of subsection (b) of this section,..." That section also provides that "...a certificate of need issued by the office shall

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

not be required where such scanner is a replacement for a scanner that was previously acquired through certificate of need approval or a certificate of need determination”.

Section 19a-630-1(1) of the Regulations of Connecticut State Agencies defines acquisition as the “purchase, lease, donation or other comparable arrangement of a computed tomography scanner, magnetic resonance imaging scanner, positron emission tomography scanner, positron emission tomography-computed tomography scanner, linear accelerator or equipment that utilizes technology that has not previously been utilized in the state”.

The actions proposed by AMI with respect to replacing its 16-slice CT scanner with a 64-slice PET/CT scanner are permitted without CON authorization pursuant to Connecticut General Statutes § 19a-638(b)(10), as modified by Public Act 15-146, since the 16-slice CT scanner received authorization pursuant to Docket Number 08-31094-CON.

The actions proposed by the Hospital with respect to replacing the Hospital PET Scanner with the lease of the PET portion of AMI’s PET/CT are also permitted without CON authorization pursuant to Connecticut General Statutes § 19a-638(b)(10), as modified by Public Act 15-146, since the Hospital PET Scanner received authorization pursuant to Docket Numbers 12-31653-MDF and 12-30510-MDF. Additionally, the Hospital has already received CON authorization to acquire a CT scanner pursuant to Docket Number 15-31989-CON.

Based upon the aforementioned facts and law, a ***CON is not required*** for the actions proposed by AMI and the Hospital. However, both AMI and the Hospital shall file equipment replacement forms with OHCA upon completion of the replacements mentioned herein.

Sincerely,



Kimberly R. Martone
Director of Operations

* * * COMMUNICATION RESULT REPORT (NOV. 24. 2015 9:54AM) * * *

FAX HEADER:

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REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER

E-2) BUSY
 E-4) NO FACSIMILE CONNECTION



**STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF HEALTH CARE ACCESS**

FAX SHEET

TO: John J. Capobianco

FAX: 860 482-8627

AGENCY: Advanced Medical Imaging of Northwest Connecticut, LLC

FROM: OHCA

DATE: 11/24/15 **Time:** _____

NUMBER OF PAGES: 3
(including transmittal sheet)

Comments:
 Determination for Report Number 15-32029-DTR is attached.

PLEASE PHONE Barbara K. Olejarcz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
 P.O. Box 340308
 Hartford, CT 06134