



## 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 Farmington Imaging Center, LLC
Doing Business As	The Farmington Imaging Center
Name of Parent Corporation	N/A
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	353 Scott Swamp Road, Farmington, CT 06032
What is the Petitioner's Status: P for profit and NP for Nonprofit	P
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Donna Pengel, CPA Chief Financial Officer

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	353 Scott Swamp Road, Farmington, CT 06032
Contact Person's Telephone Number	860-291-6572
Contact Person's Fax Number	860-783-5736
Contact Person's e-mail Address	dpengel@farmingtonimagingcenter.com

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Replacement and Relocation of MRI
- b. Estimated Total Project Cost: \$2.6M
- c. Location of proposal, identifying Street Address, Town and Zip Code: 399 Farmington Avenue, Farmington, CT 06032
- d. List each town this project is intended to serve:  
Avon, Bristol, Burlington, Canton, Farmington, Plainville, Plymouth/Terryville, Simsbury, Southington West Hartford
- e. Estimated starting date for the project: Upon OHCA Response

## 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.

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: The Farmington Imaging Center, LLC

Project Title: Replacement and Relocation of MRI

I, Donna Pengel, CFO  
(Name) (Position – CEO or CFO)

of Farmington Imaging Center, 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.

Donna Pengel 6/30/16  
Signature Date

Subscribed and sworn to before me on June 30, 2016

E. Ellen Gardner  
Notary Public/Commissioner of Superior Court

My commission expires: 

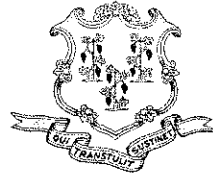
Farmington Imaging Center, LLC ("FIC") owns an MRI located at 353 Scott Swamp Road in Farmington, Connecticut. This MRI was acquired following a CON Determination that the MRI could be acquired at a cost below the then statutory threshold of \$400,000. (See Determination Report Number 03-30098-DTR; see also Determination Report Number 15-32036-DTR.) FIC proposes to replace the MRI and relocate it, acknowledging that it must file an Equipment Replacement Form in connection with the replacement. The current MRI has reached the end of its useful life and recently sustained significant damage from a burst water pipe in the office suite. In addition, the infrastructure of the existing premises has significant limitations that make it an unsuitable location for the replacement MRI. Specifically, the building's electrical and HVAC systems would require significant upgrades to be able to adequately cool the new MRI's control and equipment rooms and the building's circular shape precludes siting the MRI's chiller outside and adjacent to the building. The current location also does not have generator back up or a mechanism for monitoring and protecting against fluctuations in power levels, important features that will be available at the new location. MRIs are susceptible to damage from power outages as well as fluctuations in power levels. The proposed location can fully support FIC's infrastructure needs for the replacement MRI. In connection with these factors, FIC plans to locate the replacement MRI at 399 Farmington Avenue, Farmington, just a few miles from its existing Farmington location, and intends to serve patients from the same service area towns of Avon, Bristol, Burlington, Canton, Farmington, Plainville, Plymouth/Terryville, Simsbury, Southington, and West Hartford.

FIC is a Connecticut limited liability company, owned by Jefferson Imaging Associates, LLC ("JIA"), a physician-owned and member-managed Connecticut limited liability company. The physician members of JIA are all Connecticut-licensed radiologists. FIC is not a "health care facility" as defined in CT 19a-630 and does not require a license.

Based on the foregoing, and acknowledging that FIC must file an Equipment Replacement Form, FIC respectfully requests that OHCA determine that no CON is required for the replacement and relocation of the above-described MRI.

# 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

July 6, 2016

Donna Pengel, CPA  
Chief Financial Officer  
The Farmington Imaging Center, LLC  
353 Scott Swamp Road  
Farmington, CT 06032

RE: Certificate of Need Determination Report Number 16-32098-DTR  
Replacement and Relocation of MRI

Dear Ms. Pengel:

On July 5, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of The Farmington Imaging Center, LLC ("FIC") with respect to the replacement and relocation of an MRI.

FIC is a member-managed Connecticut limited liability company owned by Jefferson Imaging Associates, LLC. FIC is not a health care facility as defined by Conn. Gen. Stat. § 19a-630. FIC currently owns an MRI located at 353 Scott Swamp Road, Farmington, Connecticut. The MRI was acquired following a CON Determination issued under Docket Number 03-30098-DTR. FIC seeks to replace the MRI and relocate it to 399 Farmington Avenue, Farmington, Connecticut.

Conn. Gen. Stat. § 19a-638(a)(9), requires CON authorization for the "acquisition of computed tomography scanners, magnetic resonance imaging scanners...by any person, physician, provider..." FIC is not acquiring an MRI, it is replacing its existing MRI. OHCA does not currently regulate the replacement<sup>1</sup> or relocation of MRIs. Therefore, *no CON is required* for FIC's proposal.

Sincerely,

Handwritten signature of Kimberly R. Martone in black ink.

Kimberly R. Martone  
Director of Operations

<sup>1</sup> Conn. Gen. Stat. § 19a-639(b)(18) requires notification to OHCA when imaging equipment is replaced.





\* \* \* COMMUNICATION RESULT REPORT ( JUL. 6. 2016 3:41PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : JUL. 6. 2016 3:40PM  
FILE MODE OPTION

ADDRESS

RESULT

PAGE

678 MEMORY TX

98607835736

OK

2/2

REASON FOR ERROR  
E-1) HANG UP OR LINE FAIL  
E-3) NO ANSWERE-2) BUSY  
E-4) NO FACSIMILE CONNECTION

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

FAX SHEET

TO: Donna Pengel, CPA

FAX: 860 783-5736

AGENCY: The Farmington Imaging Center, LLC

FROM: OHCA

DATE: 7/6/16 Time: \_\_\_\_\_

NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**

CON Determination for Report Number 16-32098-DTR  
Replacement and Relocation of MRI

**PLEASE PHONE Barbara K. Olejrz 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

