

March 27, 2015

Director of the Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
P.O. Box 340308  
Hartford, Connecticut 06134-0308



RE: Acquisition and Operation of a Second MRI Scanner in Putnam CT  
Docket Number: 10-31602-CON

To Whom It May Concern:

Day Kimball Healthcare, with this letter, and with the supporting documents for Modification of CON, is hereby requesting authorization to terminate the CON associated with the above Docket Number and to cease operations of said MRI service and to sell all remaining equipment.

We recognize that the Office of Health Care Access requires a sixty day notice of termination but we are asking that this request be approved as soon as possible so as to minimize future expenses related to the upkeep of this equipment.

Your consideration in this matter is greatly appreciated.

Respectfully,

Robert E. Smanik, FACHE  
President & CEO



# State of Connecticut Office of Health Care Access Form for Modification of a Previously Authorized Certificate of Need

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms 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 more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Day Kimball Healthcare, Inc.	
Doing Business As	Day Kimball Hospital	
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	320 Pomfret St. Putnam, CT 06260	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP – Not for Profit	
Name of Contact person, including title	Donald St.Onge Sr. VP, COO, CNO	
Contact person's street mailing address	320 Pomfret St. Putnam, CT 06260	
Contact person's phone, fax and e-mail address	(ph) 860-928-6541 ext2323 (fax) 860-963-6065	

**SECTION II. GENERAL PROPOSAL INFORMATION**

a. Title of Previously Authorized Project and Associated Docket Number(s):  
Title: The Acquisition and Operation of a Second MRI Scanner in Putnam CT  
Docket Number: 10-31602-CON

b. Location of proposal (Town including street address):  
39 Kennedy Drive, Putnam, CT 06260

c. Type of Modification Request:

Change in the Scope of the Authorized Certificate of Need Project

Extension of CON Expiration Date

Change in a CON Order Condition (*other than to extend expiration date*)

Other – Describe: Termination of MRI Services at this location and sale of equipment

**SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:**

a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

**SECTION IV. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:**

a. Certificate of Need expiration date per CON Final Decision: \_\_\_\_\_

b. Requested revised CON expiration date: \_\_\_\_\_

c. Rationale for increased time to fully complete and implement the authorized project:

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**SECTION V. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION  
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

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- b. Provide the rationale for such requested change:

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**SECTION VI. OTHER**

- a. Submit a completed CON Modification Affidavit – **See Attached**
- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification.
- **The MRI equipment is fifteen years old and does not meet current standards for this technology.**
  - **The cost to purchase new state of the art MRI equipment exceeds the revenue potential.**
  - **The anticipated growth in volume has not been achieved due to the impact of high deductible insurance plans and stricter guidelines for approving use of an MRI for certain conditions.**
    - **Kennedy Drive volume 2012 = 739**
    - **Kennedy Drive volume 2013 = 642**
    - **Kennedy Drive volume 2014 = 648**
    - **The Kennedy Drive site had a volume reduction of 13.1% since 2012**
  - **Volume of growth at the Hospital mobile MRI has not been realized for the same reasons noted above thus capacity remains to absorb this volume in one location.**
    - **Hospital Mobile volume 2012 = 4871**
    - **Hospital Mobile volume 2013 = 4502**
    - **Hospital Mobile volume 2014 = 4393**
    - **The Hospital Mobile unit has had a volume reduction of 9.8% since 2012**
- c. Identify what has been accomplished to date in terms of full project implementation.
- **The Hospital has operated the Kennedy Drive site as indicated in the original CON.**

### CON MODIFICATION AFFIDAVIT

Applicant: Day Kimball Healthcare: dba Day Kimball Hospital

Project Title: The Acquisition and Operation of a Second MRI Scanner in Putnam, CT

I, Robert E. Smanik, President & Chief Executive Officer  
(Name) (Position – CEO or CFO)

Of Day Kimball Healthcare, being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.

[Signature]  
Signature

4-10-15  
Date

Subscribed and sworn to before me on April 10, 2015

[Signature]  
Notary Public/Commissioner of Superior Court

AMY L FRANKLIN  
NOTARY PUBLIC  
STATE OF CONNECTICUT  
My Commission Expires June 30, 2016

My commission expires: June 30, 2016



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

May 27, 2015

**IN THE MATTER OF:**

An Application for a Certificate of Need filed  
Pursuant to Section 19a-639a, C.G.S. by:

Notice of Final Decision  
Office of Health Care Access  
Docket Number: 15-31992-MDF

**Day Kimball Hospital**

**Requested Modification of Previous  
Certificate of Need authorization  
10-31602-CON.**

To: Donald St. Onge  
Senior Vice President, COO, CNO  
Day Kimball Hospital  
320 Pomfret Street  
Putnam, CT 06260

Dear Mr. St. Onge:

Enclosed please find a copy of the decision rendered in the above-referenced matter pursuant to Connecticut General Statutes § 4-181a(b).

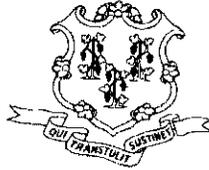
Thank you,

Kimberly R. Martone  
Director of Operations

Enclosure  
KRM:KH:bko

*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



**State of Connecticut  
Department of Public Health  
Office of Health Care Access**

**Final Decision**

**Requested Modification of a Previously  
Authorized Certificate of Need**

**Applicant:** Day Kimball Hospital  
320 Pomfret Street, Putnam, CT 06260

**Docket Number:** 15-31992-MDF

**Project Description:** Requested Modification of Previous Certificate of Need  
authorization 10-31602-CON

**Procedural History:** On January 10, 2011, the Office of Health Care Access ("OHCA") granted a Certificate of Need ("CON") to Day Kimball Hospital issued under Docket Number 10-31602-CON, for the acquisition and operation of a second MRI scanner in Putnam, Connecticut ("Final Decision").

On April 16, 2015, OHCA received a Request for Modification from Day Kimball Hospital seeking to modify the Final Decision. Deputy Commissioner Brancifort has reviewed the entire record in this matter.

## Findings of Fact

1. Day Kimball Hospital is a general acute care hospital located at 320 Pomfret Street in Putnam, Connecticut.
2. The CON issued under Docket Number 10-31602-CON permitted Day Kimball Hospital to acquire and operate a second MRI scanner from Norwich Radiology Group, P.C.
3. Day Kimball Hospital has been operating the subject MRI scanner at 39 Kennedy Drive, Putnam, Connecticut since the CON issued under Docket Number 10-31602-CON was approved.
4. Day Kimball Hospital wishes to terminate MRI services at 39 Kennedy Drive, Putnam, Connecticut due to a lack of anticipated growth at this location.
5. Currently, Connecticut General Statutes § 19a-638(a)(5) requires certificate of need authorization for the termination of inpatient or outpatient services offered by a hospital.

## Discussion

Connecticut General Statutes § 4-181a (b) provides in relevant part: "On a showing of changed conditions, the agency may reverse or modify the final decision, at any time, at the request of any person or on the agency's own motion." Day Kimball Hospital asserts that the lack of anticipated growth in MRI volume at its 39 Kennedy Drive, Putnam, Connecticut location constitutes a change in conditions warranting a modification of the Final Decision. Currently, Connecticut General Statutes § 19a-638(a)(5) requires certificate of need authorization for the termination of inpatient or outpatient services offered by a hospital. Therefore, rather than simply modifying the CON issued under Docket Number 10-31602-CON, Day Kimball Hospital is required to obtain CON authorization to terminate its MRI service at 39 Kennedy Drive, Putnam, Connecticut.

## Order

Based upon the foregoing, Day Kimball Hospital's request to modify the Final Decision issued under Docket Number 10-31602-CON is hereby **DENIED**.

5/27/15  
Date

Janet M. Brancifort  
Janet M. Brancifort, MPH, RRA  
Deputy Commissioner

\* \* \* COMMUNICATION RESULT REPORT ( MAY. 27. 2015 1:12PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	MAY. 27. 2015 1:11PM OPTION	ADDRESS	RESULT	PAGE
089	MEMORY TX	98609636065	OK	4/4

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:** DONALD ST. ONGE

**FAX:** 860 963 6065

**AGENCY:** DAY KIMBALL HOSPITAL

**FROM:** OHCA

**DATE:** 5/27/15 **Time:** \_\_\_\_\_

**NUMBER OF PAGES:** 4  
*(including transmittal sheet)*

**Comments:**  
Docket Number: 15-31992-MDF.  
Modification of previous CON decision authorized under DN: 10-31602

**PLEASE PHONE Barbara K. Olejarz 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