



Supplemental CON Application Form
Acquisition of Equipment
Conn. Gen. Stat. § 19a-638(a)(10),(11)

Applicant:

Project Name:

1. Project Description: Acquisition of Equipment

- a. Provide the manufacturer, model and number of slices/tesla strength of the proposed scanner (as appropriate to each piece of equipment).
- b. List each of the Applicant’s sites and the imaging modalities currently offered by location.

2. Clear Public Need

- a. Complete **Table A** for each piece of equipment of the type proposed currently operated by the Applicant at each of the Applicant’s sites.

TABLE A
EXISTING EQUIPMENT OPERATED BY THE APPLICANT

Provider Name/Address	Service*	Days/Hours of Operation **	Utilization***

*Include equipment strength (e.g. slices, tesla strength), whether the unit is open or closed (for MRI)

**Days of the week unit is operational, and start and end time for each day

***Number of scans/exams performed on each unit for the most recent 12-month period (identify period).

- b. Provide the rationale for locating the proposed equipment at the proposed site;

3. Actual and Projected Volume

- a. Complete the following tables for the past three fiscal years (“FY”), current fiscal year (“CFY”), and first three projected FYs of the proposal, for each of the Applicant’s existing and proposed pieces of equipment (of the type proposed, at the proposed location only). In **Table B**, report the units of service by piece of equipment, and in **Table C**, report the units of service by type of exam (e.g. if specializing in orthopedic, neurosurgery, or if there are scans that can be performed on the proposed scanner that the Applicant is unable to perform on its existing scanners).

TABLE B
HISTORICAL, CURRENT, AND PROJECTED VOLUME, BY EQUIPMENT UNIT

Equipment***	Actual Volume (Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs)**		
	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****
Total							

*For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

**If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

***Identify each scanner separately and add lines as necessary. Also break out inpatient/outpatient/ED volumes if applicable.

****Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.).

TABLE C
HISTORICAL, CURRENT, AND PROJECTED VOLUME, BY TYPE OF SCAN/EXAM

Service***	Actual Volume (Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs)**		
	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****
Total							

*For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

**If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

***Identify each type of scan/exam (e.g., orthopedic, neurosurgery or if there are scans/exams that can be performed on the proposed piece of equipment that the Applicant is unable to perform on its existing equipment) and add lines as necessary.

****Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.).

- b. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected volume by scanner and scan type.
- c. Explain any increases and/or decreases in the volume reported in the tables above.
- d. Provide a breakdown, by town, of the volumes provided in **Table C** for the most recently completed FY.

TABLE D
UTILIZATION BY TOWN

Equipment*	Town	Utilization FY XX**

*Identify each scanner separately and add lines as necessary. Also, break out inpatient/outpatient/ED volumes if applicable and include equipment strength (e.g., slices, tesla strength), whether the unit is open or closed (for MRI).

**Fill in year