

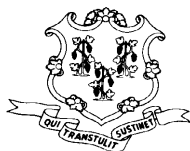
IMPORTANT

All CON-related documents (CON Applications, CON Determinations, CON Modifications and CON Completeness Letter Responses) ***must be filed electronically*** through OHCA's single point of access, its [OHCA Web Portal](#).

First time Portal users must register prior to submitting any documents. To register, click here: <http://dphconwebportal.ct.gov> .

To access the portal, click on the link above or www.ct.gov/ohca and go to the Certificate of Need page (on left side of page) and then click on the CON Portal.

If you have any questions, please email OHCA@ct.gov or call (860) 418-7001.



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 **must be filed electronically** through Office of Health Care Access' single point of access, its [OHCA Web Portal](#).

To access the portal, click on the link above or www.ct.gov/ohca and go to the Certificate of Need page (on left side of page) and then click on the CON Portal.

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	Northeast Radiology of Connecticut, LLC	HVRA of Danbury, LLC
Doing Business As	Northeast Radiology	Northeast Radiology
Name of Parent Corporation	N/A	Northeast Radiology of Connecticut, LLC
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	73 Sandpit Road Danbury, CT 06810	67 Sandpit Road Danbury, CT 06810

What is the Petitioner's Status: P for profit and NP for Nonprofit	P	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.	Mark Glicklich, MD	Mark Glicklich, MD
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	3839 Danbury Rd. Brewster, NY 10509	3839 Danbury Rd. Brewster, NY 10509
Contact Person's Telephone Number	(845) 278-6200	(845) 278-6200
Contact Person's Fax Number	(845) 278-4033	(845) 278-4033
Contact Person's e-mail Address	mglicklich@ nerad.com	mglicklich@ nerad.com

Additional Petitioner:

	Petitioner	Petitioner
Full Legal Name	HVRA of New Milford, LLC	
Doing Business As	Northeast Radiology	
Name of Parent Corporation	Northeast Radiology of Connecticut, LLC	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	c/o Northeast Radiology of Connecticut, LLC 67 Sandpit Road Danbury, CT 06810	

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.	Mark Glicklich, MD	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	3839 Danbury Rd. Brewster, NY 10509	
Contact Person's Telephone Number	(845) 278-6200	
Contact Person's Fax Number	(845) 278-4033	
Contact Person's e-mail Address	mglicklich@ nerad.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Change in Manner of Acquisition of Imaging Equipment
- b. Estimated Total Project Cost: \$0
- c. Location of proposal, identifying Street Address, Town and Zip Code:

Petitioners' imaging equipment is located at the following locations:

67 Sandpit Road
Danbury, CT 06810

73 Sandpit Road
Danbury, CT 06810

40 Old Ridgebury Road*
Danbury, CT 06810

*Pursuant to a notice filed with the Office of Health Strategy via the web portal on November 29, 2018, imaging equipment operated by HVRA of New Milford, LLC at its former location at 131 Kent Road, Building A, Suite 102, New Milford, CT will be relocated to 40 Old Ridgebury Road in Danbury, CT in March or April 2019.

- d. List each town this project is intended to serve: Danbury, Ridgefield, Redding, Bethel, Brookfield, Newtown, Southbury, New Fairfield, Sherman, New Milford, Bridgewater, Roxbury
- e. Estimated starting date for the project: Upon receipt of regulatory approval

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.

Please see attached Proposal Description.

Proposal Description

Petitioner Northeast Radiology of Connecticut, LLC (“Northeast Radiology”) is located at 73 Sand Pit Road, Danbury, CT. Northeast Radiology is the sole owner of the other two petitioners, HVRA of Danbury, LLC, located at 67 Sand Pit Road, Danbury, CT (“HVRA-Danbury”) and HVRA of New Milford, LLC, formerly located at 131 Kent Road, New Milford, CT and relocated to 40 Old Ridgebury Road, Danbury, CT (“HVRA-New Milford”) (Each of Northeast Radiology, HVRA-Danbury and HVRA-New Milford individually is a “Petitioner”, and collectively they are the “Petitioners”). The Petitioners operate imaging centers and are not, therefore, health care facilities or institutions required to be licensed by the Department of Public Health.

Northeast Radiology provides MRI, mammography and bone densitometry services. HVRA-Danbury provides MRI, CT, ultrasound, x-ray, mammography, and bone densitometry services. HVRA-New Milford provides MRI and ultrasound services.

None of the Petitioners intend to make any change to their services in any respects as a result of this CON Determination Request, nor will any Petitioner seek licensure as a result of this CON Determination Request. The Petitioners will continue to operate the imaging equipment and be the providers of imaging services. The current population served by the Petitioners is all patients in the identified towns and surrounding areas. The Petitioners serve patients with Medicare, Medicaid and commercial insurance. The current proposal will not change the patient population served by Petitioners, or the payor mix of that patient population.

Petitioners recently engaged Alliance Healthcare Services, Inc., a privately-held national provider of imaging center management services (“Alliance”) to provide management services. Pursuant to the Management Agreement, Alliance will assist the Petitioners to effectively and efficiently operate its various sites and will share best practices gleaned from its national experience to enhance care and patient experience.

In order to maximize the efficiencies of the management arrangement, the Petitioners propose to enter into a leaseback arrangement with respect to its imaging equipment. This arrangement would be accomplished by transferring legal title to the equipment to Alliance and simultaneously leasing the equipment back to the Petitioners, thus granting the Petitioners leasehold title. In this way, Alliance will be able to more effectively manage and service the equipment, while maintaining in Petitioners all beneficial legal rights to operate the equipment. Alliance will not operate the equipment in any way; all such rights will remain with the Petitioners. At all times the Petitioners will have title to the equipment, although at an instant in time that title will change from outright title to leasehold title.

Connecticut’s certificate of need regulations require a certificate of need for any person to acquire certain imaging equipment, including CTs and MRIs. Pursuant to these regulations, “acquisition” in this context means “the acquisition through purchase, lease, donation or other comparable arrangement” (Conn Agencies Regs. §19a-630-1(1)). The Petitioners were previously granted certificate of need authorization from the Office of Health Strategy acquire

and operate the imaging equipment.¹ At the time of grant of the initial approvals, each acquisition was by purchase from the manufacturer. The proposed transaction will affect only the manner of acquisition – from purchase to lease. Alliance will be the lessor of the equipment in the same way that a manufacturer (e.g. Siemens, GE, Philips) may be when equipment is leased to a provider. At all times, authority to operate the equipment will remain with Petitioners.

Because the proposal will change only the manner of acquisition (i.e., from purchase to lease) of previously authorized equipment, we respectfully request that the Office of Health Strategy confirm that no certificate of need is required to effectuate the proposal as outlined.

¹ Northeast Radiology obtained a CON Determination that it could acquire its MRI without a CON in Docket Number 05-30472-DTR; it received a waiver to replace MRI under Document Number 10-31608-WVR.

The equipment now owned by HVRA-Danbury and HVRA-New Milford was originally acquired by Housatonic Valley Radiological Associates, PC ("HVRA PC") under Docket Numbers 04-30331-CON, 05-30541-DTR and 06-34116-WVR (relating to the MRI and CT of HVRA-Danbury) and Docket Numbers 05-30542-DTR and 10-31593-WVR (relating to the MRI of HVRA-New Milford). Pursuant to Docket Number 14-31970-DTR, HVRA PC transferred the equipment to HVRA-Danbury and HVRA-New Milford and then transferred the membership interests in HVRA-Danbury and HVRA-New Milford to the successor radiologists of Northeast Radiology.

SECTION V. AFFIDAVIT**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: Northeast Radiology of Connecticut, LLC

Project Title: Change in Manner of Acquisition of Imaging Equipment

I, Mark Glicklich, M.D., Duly Authorized Member
(Name) (Position – CEO or CFO)

of Northeast Radiology of 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.

Mark Glicklich 3/12/19
Signature Date

Subscribed and sworn to before me on March 12, 2019

Diana Nelson
Notary Public/Commissioner of Superior Court

My commission expires: 04-04-2020

DIANA NELSON
Notary Public - State of New York
No. 01NE6339290
Qualified In Westchester County
My Commission Expires 04/04/2020

SECTION V. AFFIDAVIT**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: HVRA of Danbury, LLC

Project Title: Change in Manner of Acquisition of Imaging Equipment

I, Mark Glicklich, M.D.,
(Name)Duly Authorized Representative
(Position – CEO or CFO)of HVRA of Danbury, 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 Mark GlicklichDate 3/12/19Subscribed and sworn to before me on March 12, 2019Diana Nelson

Notary Public/Commissioner of Superior Court

My commission expires: 04-04-2020

DIANA NELSON
Notary Public - State of New York
No. 01NE6339290
Qualified In Westchester County
My Commission Expires 04/04/2020

SECTION V. AFFIDAVIT**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: HVRA of New Milford, LLC

Project Title: Change in Manner of Acquisition of Imaging Equipment

I, Mark Glicklich, M.D.,
(Name)Duly Authorized Representative
(Position – CEO or CFO)of HVRA of New Milford, 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 Mark Glicklich Date 3/12/19Subscribed and sworn to before me on March 12, 2019Diana Nelson
Notary Public/Commissioner of Superior CourtMy commission expires: 04-04-2020

DIANA NELSON
Notary Public - State of New York
No. 01NE6339290
Qualified In Westchester County
My Commission Expires 04/04/2020