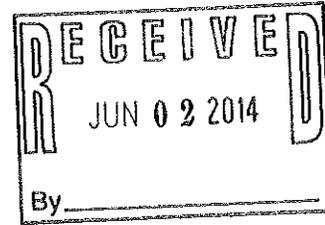




May 29, 2014

Mr. Kenneth Albert, R.N., Esq.
Director, Division of Licensing and Regulatory Services
Department of Human Services
41 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011



Re: Letter of Intent: Central Maine Medical Center - Critical Care Bed Proposal

Dear Mr. Albert:

Please accept this letter of intent as a request for a ruling from the Department that the proposal described below does not require a Certificate of Need under 22 M.R.S. § 329.

CMMC proposes to:

- (a) Re-designate three existing beds from acute care medical-surgical beds to general/cardiac critical care beds.

Currently, CMMC has 109 beds designated as medical-surgical, so that number would be reduced to 106. CMMC has 19 general critical care and 16 cardiac critical care beds, for a total of 35 critical care beds, and that number would be increased to 38.

The beds would be utilized for both general critical care patients and cardiac critical care patients, as needed.

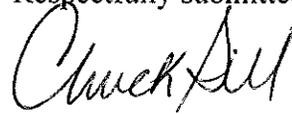
- (b) The re-designated beds would be located in existing space in the Young Wing of the main hospital building. No new space would be constructed. The existing space would be renovated to accommodate the three critical care beds and one relocated medical/surgical bed at a cost of \$1,442,000. Note that the medical/surgical bed count will remain 106 as explained in paragraph (a).
- (c) There are no new health services and no major medical equipment associated with this proposal.
- (d) The proposal is not anticipated to result in additional operating costs.

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- (e) We project that the three additional general/cardiac critical care beds will be utilized greater than 80% of the time. We have experienced an increase in cardiac surgery volume which is now 20% above budgeted projections year to date. Patient acuity is up over the prior year which has placed an additional demand on telemetry beds house wide. The relocation of one medical/surgical bed to the Y-Wing will also improve productivity of our critical and cardiac care services.

CMMC does not believe the project is subject to review, and therefore does not anticipate filing an application and waives a technical assistance meeting.

Because the proposal will not result in any increase in the hospital's bed complement; because the current total of critical care beds (35) will be increased by less than 10% ($3 \div 35$); and because the capital expenditure will be substantially below the \$10,000,000 threshold, CMMC requests that the Department determine that the project is not subject to CON review.

Respectfully submitted,



Chuck Gill, Vice President