



**STATE OF CONNECTICUT**  
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

March 19, 2007

Margaret Flinter, APRN  
Vice President and Clinical Director  
Community Health Center, Inc.  
635 Main Street  
Middletown, CT 06457

Re: Certificate of Need Determination Report Number: 07-30904-EXM  
Community Health Center, Inc. d/b/a Norwalk Smiles at Health Department  
Establish a Dental Clinic at Norwalk Health Department

Dear Ms. Flinter:

On January 12, 2007, the Office of Health Care Access ("OHCA") received your application for exemption from the Certificate of Need ("CON") process for the establishment of a dental clinic at 137 East Avenue, Norwalk, Connecticut.

Please be advised that OHCA has reviewed the information submitted in your request and makes the following findings:

1. Community Health Center, Inc. ("CHC") is a private, non-profit, Federally Qualified Health Center ("FQHC").
2. Community Health Center, Inc. is proposing to establish a dental clinic at 137 East Avenue in Norwalk, CT.
3. Community Health Center, Inc. receives funds from the Department of Public Health.
4. CHC site is located in a designated medically underserved population area or derives more than half of its patients from a designated medically underserved population area.

5. CHC will provide one day of dentistry and one day of hygiene services. Key features of these services will include: referral coordination, a comprehensive continuum of oral health services which include: restorative, diagnostic, preventive, periodontal, prosthodontic, endodontic, oral medication, oral surgery, emergency care, and oral health education promotion.
6. The total capital expenditure associated with the proposal is \$125,000.

Based on the above findings, OHCA determines that the proposal of the Community Health Center, Inc. to establish a dental clinic located at 137 East Avenue, Norwalk, Connecticut meets the requirements of Section 19a-639(e) of the Connecticut General Statutes, and, therefore, is exempt from OHCA's Certificate of Need process.

Thank you for advising OHCA of your plans. If you have any questions concerning this letter, please contact Paolo Fiducia, Associate Health Care Analyst at (860) 418-7001.

Sincerely,

Signed by Cristine A. Vogel,  
Commissioner

Cc: Rose McLellan, DPH

CAV:pf