



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

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

May 15, 2007

Marjorie A. Berry  
Chief Executive Officer  
East Hartford Community HealthCare, Inc.  
94 Connecticut Boulevard  
East Hartford, CT 06108

Re: Certificate of Need Determination Report Number: 07-30923-EXM  
East Hartford Community HealthCare, Inc. d/b/a Vernon Community Health Services  
Establish an Outpatient Clinic in Vernon

Dear Ms. Berry:

On February 15, 2007, the Office of Health Care Access ("OHCA") received your application for exemption from the Certificate of Need ("CON") process for the establishment of an outpatient clinic at 3 Prospect Street, Vernon, Connecticut.

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

1. East Hartford Community HealthCare, Inc. ("EHCH") is a private, non-profit, Federally Qualified Health Center ("FQHC") located at 94 Connecticut Boulevard, East Hartford, Connecticut.
2. East Hartford Community HealthCare Inc. d/b/a Vernon Community Health Services is proposing to establish an outpatient clinic at 3 Prospect Street in Vernon, CT.
3. East Hartford Community HealthCare, Inc. receives funds from the Department of Public Health.
4. East Hartford Community HealthCare, Inc. d/b/a Vernon Community Health Services site is located in a designated medically underserved population area.

5. East Hartford Community HealthCare, Inc. will provide medical and dental services.
6. The total capital expenditure associated with the proposal is \$57,900.

Based on the above findings, OHCA determines that the proposal of the East Hartford Community HealthCare, Inc. d/b/a Vernon Community Health Services to establish an outpatient clinic located at 3 Prospect Street, Vernon, 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, Licensing Examination Assistant, BHSE, DPH

CAV:pf