



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

April 14, 2010

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

VIA FACSIMILE ONLY

RE: Certificate of Need Determination; Report Number 10-31583-DTR
East Hartford Community HealthCare, Inc.
Proposal to provide dental hygiene services to participants in Eastern Community Health
Network Early Head Start Program in Vernon

Dear Ms. Berry:

On March 30, 2010, the Office of Health Care Access ("OHCA") received your letter proposing to provide dental hygiene services to participants in Eastern Community Health Network Early Head Start Program in Vernon, Connecticut. OHCA has reviewed this matter and makes the following findings:

1. East Hartford Community HealthCare, Inc. ("EHCHC") is a non-profit Federally Qualified Health Center ("FQHC") located at 94 Connecticut Boulevard, East Hartford, Connecticut.
2. Currently, EHCHC provides portable dental hygiene services at multiple sites throughout East Hartford, Manchester, and Vernon.
3. Eastern Community Health Network ("ECHN") wishes to improve access to dental care for participants in its Early Head Start Program and has asked EHCHC to provide its portable dental hygiene services at its Head Start location in Vernon.
4. Currently, there are 48 participants in ECHN's Early Head Start Program ages birth to 3 years old.
5. The dental hygiene services will be provided by a licensed dental hygienist employed by EHCHC and supervised by EHCHC's Manchester Community Health Services Dental Site Director who is a licensed dentist.

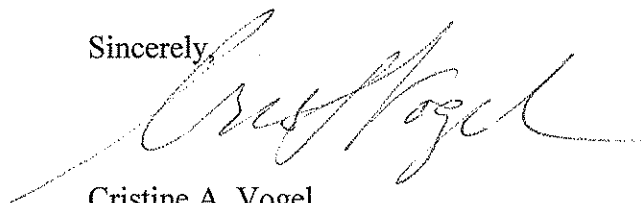
An Equal Opportunity Employer
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6. The total cost associated with the proposed service is \$0.

Based on the above findings, OHCA has determined that East Hartford Community HealthCare, Inc's proposal to provide dental hygiene services to participants in Eastern Community Health Network Early Head Start Program in Vernon, Connecticut, does not represent a new function or service pursuant to Section 19a-638 of the Connecticut General Statutes, and therefore OHCA Certificate of Need authorization is not required.

Thank you for providing information to OHCA regarding this proposal. If you have any questions regarding this letter, please contact Paolo Fiducia, Associate Health Care Analyst at (860) 418-7001.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cristine A. Vogel". The signature is written in black ink and is positioned above the printed name and title.

Cristine A. Vogel
Deputy Commissioner

c: Rose McLellan, DPH

CAV:pf