



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

November 2, 2009

Arvind Shaw
Executive Director
Generations Family Health Center, Inc.
1315 Main Street
Willimantic, CT 06226

Re: Certificate of Need Determination under Report Number 09-31487-EXM
Generations Family Health Center, Inc.
Establish an Outpatient Health Care Facility in Putnam

Dear Mr. Shaw:

On October 21, 2009, the Office of Health Care Access ("OHCA") received your request for exemption from the CON process to establish an outpatient health care facility at 37C Kennedy Drive, Putnam, Connecticut, with an associated capital cost of \$214,000. OHCA has reviewed the information contained in your proposal and makes the following findings:

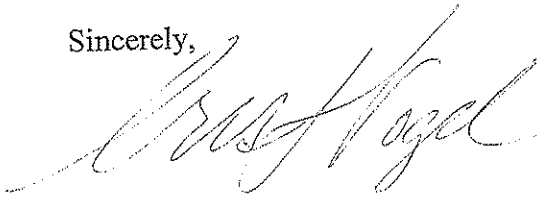
1. Generations Family Health Center, Inc. ("GFHC") is a private, non-profit, Federally Qualified Health Center ("FQHC") located in Willimantic, Danielson and Norwich, Connecticut.
2. GFHC is proposing to establish an outpatient health care facility at 37C Kennedy Drive, Putnam, CT.
3. GFHC is planning to deliver primary medical and dental care at 37C Kennedy Drive, Putnam.
4. The GFHC 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. GFHC will seek licensure as an Outpatient Clinic by the Department of Public Health for this location.
6. GFHC receives funds from the Department of Public Health.

7. The total capital cost associated with this proposal is \$214,000. The source of this expenditure is an USDHHS/HRSA/NAP Grant.
8. GFHC has provided a copy of it's HRSA notice of Grant Award for the period 3/1/2009 – 2/28/2011 for the Putnam site.

Based on the above findings, OHCA determines that the proposal of Generations Family Health Center, Inc. to establish an outpatient health care facility at 37C Kennedy Drive, Putnam, CT meets the requirements of Section 19a-639(d) of the Connecticut General Statutes, and therefore, is exempt from OHCA's Certificate of Need process.

Thank you for keeping OHCA informed of your plans regarding this proposal. If you have any questions regarding the above, please contact Paolo Fiducia, Associate Health Care Analyst, at (860) 418-7001.

Sincerely,



Cristine A. Vogel
Deputy Commissioner

CAV:pf

Copy: Rose McLellan, License and Applications Supervisor, DPH