



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

September 23, 2005

Linda Mastrianni
Executive Director
Perception Programs, Inc.
P.O. Box 407
1003 Main Street
Willimantic, CT 06226

Re: Certificate of Need Determination, Report Number 05-30582-DTR
Perception Programs, Inc.
Relocate Psychiatric Outpatient Clinic for Adults and Substance Abuse Outpatient
Treatment Program in Willimantic

Dear Ms. Mastrianni:

On September 13, 2005, the Office of Health Care Access ("OHCA") received your request for the relocation of the Psychiatric Outpatient Clinic for Adults and Substance Abuse Outpatient Treatment Program from 90 South Park Street, Willimantic, Connecticut, to 54 North Street, Willimantic, Connecticut.

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

1. Perception Programs, Inc. of Willimantic, CT d/b/a New Perceptions is licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults at 90 South Park Street, Willimantic.
2. Perception Programs, Inc. of Willimantic, CT d/b/a New Perceptions/Right Turn is licensed to maintain and operate a Substance Abuse Outpatient Treatment Program at 90 South Park Street, Willimantic.
3. Perception Programs, Inc. of Willimantic, CT is proposing to relocate the above programs from 90 South Park Street, Willimantic, Connecticut, to 54 North Street, Willimantic, Connecticut.
4. The new site will be located closer to Main Street and the downtown area of Willimantic, and will provide better access to clients as well as a cost saving measure

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- to the agency.
5. The primary service area and target population will not change as a result of the relocation of the program.
 6. No additional programs are proposed and no programs will be terminated.
 7. The total capital expenditure associated with this relocation is \$430,000.

Based on these findings, OHCA has determined that Certificate of Need approval is not required for you to proceed with the relocation of your program.

Thank you for keeping OHCA informed of your plans regarding this proposal. If you have any questions regarding this letter, please contact Paolo Fiducia, Associate Health Care Analyst, Health System Development, at (860) 418-7035.

Sincerely,

Signed by Cristine A. Vogel
Commissioner

c: Rose McLellan, DPH,

CAV:pf