

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more



Welcome Janet Paloski
[Home Page](#) | [FAQ](#)

EVAL

EVAL

EVAL

ProjectsMy Projects

Welcome To The Electronic Certificate of Need System

Use this site to find information about pending and closed submissions to establish and/or construct health care facilities and home care agencies or to modify their services. If you are authorized to submit or update CON applications and other submissions on behalf of a facility or home care agency, you may also use this site for those purposes.

Please note that much of the information contained within NYSE-CON is provided by applicants, and much of it is historic information that may no longer be accurate or complete. While all attempts are made to provide accurate, current, and reliable information, the Department of Health recognizes the possibility of human and/or mechanical error and that information captured at a point in time often becomes obsolete. Therefore, the Department of Health, its employees, officers and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

Try These Quick Links To Get Started:





Create New Submission
Find a project



Find your projects

© 2010 NYS Department of Health - Electronic Certificate of Need SystemSystem Information

Select Create New Submission



Janet Paloski
[Home Page](#) | [FAQ](#)

EVAL

EVAL

EVAL

ProjectsMy Projects

Create New Submission

Instructions

We will need to get a starting point for your submission, in order that we may ask you more specific questions later.

New Facility/Agency is to apply to establish and/or construct a new facility, agency, program or hospice.

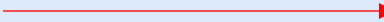
Change in Ownership/Operator of Existing Facility/Agency is to apply to change or transfer ownership of a facility, agency, program or hospice.

Other Changes to Existing Facility/Agency is for submissions, including but not limited to, certification of new extension clinics, renovating existing sites, adding or deleting services, modifying service area, and construction notices

To cancel this application submission without saving, click [here](#).

What type of submission would you like to create? (Select one)

☐ New Facility/Agency

 ☒ Changes in Ownership/Operator of Existing Facility/Agency

☐ Other Changes to Existing Facility/Agency

Continue

© 2010 NYS Department of Health - Electronic Certificate of Need SystemSystem Information

Select Changes in Ownership/Operator of Existing Facility/Agency and Click Continue.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more

New York State
NYSE-CON
Electronic Certificate of Need

Janet Paloski
Home Page | FAQ

EVAL **EVAL** **EVAL**

Projects My Projects

Create New Submission - Facility/Agency Search

Instructions
You have selected Changes in Ownership/Operator of Existing Facility/Agency.
Enter either the exact Facility ID or the exact Operating Certificate/License Number, or a combination of Facility Type and Facility/Agency Name.
Partial Facility or Agency Name may be entered.
To cancel this application submission without saving, click [here](#).

Facility Type:
Facility/Agency Name:
Facility ID:
Operating Certificate/License #:

© 2010 NYS Department of Health - Electronic Certificate of Need System System Information

You have several options for the Facility/Agency Search. You can enter the Provider Number in the **Facility ID** box and click **Search**.

New York State
NYSE-CON
Electronic Certificate of Need

Janet Paloski
Home Page | FAQ

EVAL **EVAL** **EVAL**

Projects My Projects

Create New Submission - Select Submission Type

Instructions
You have selected Changes in Ownership/Operator of Existing Facility/Agency for facility Arms Acres, Inc. (32412).
Select one submission type and select Continue to proceed.
To cancel this application submission without saving, click [here](#).

Current Selection: None

*Select Submission Type:

- ☐ Prior Consultation (1A) - Change to Ownership/Operator of Existing Facility Agency
- ☐ Change in Ownership of 10% or More
- ☐ Merger with an Existing OASAS Certified Provider
- ☐ New Sponsor
- ☐ Transfer of Ownership

* Fields marked with an asterisk (*) are required for saving information from this screen.

© 2010 NYS Department of Health - Electronic Certificate of Need System System Information

The provider's name for that ID will show at the top of the screen. Or

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more



New York State
NYSE-CON
Electronic Certificate of Need

Janet Paloski
[Home Page](#) | [FAQ](#)

EVAL

EVAL

EVAL


ProjectsMy Projects

Instructions

Facility Type: Facility/Agency Name: Facility ID: Operating Certificate/License #:

© 2010 NYS Department of Health - Electronic Certificate of Need SystemSystem Information

Select a Facility Type of **Office of Addiction Services and Supports** and enter the legal name or partial legal name into the **Facility/Agency Name** and select **Search**.



New York State
NYSE-CON
Electronic Certificate of Need

Janet Paloski
[Home Page](#) | [FAQ](#)

EVAL

EVAL

EVAL

ProjectsMy Projects

Instructions

Current Selection: None

*Select Submission Type:

☐ Prior Consultation (1A) - Change to Ownership/Operator of Existing Facility Agency☐ Change in Ownership of 10% or More☐ Merger with an Existing OASAS Certified Provider☐ New Sponsor☐ Transfer of Ownership

* Fields marked with an asterisk (*) are required for saving information from this screen.

© 2010 NYS Department of Health - Electronic Certificate of Need SystemSystem Information

The provider's name for that selection will appear at the top of the screen. Or

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more

The screenshot shows the 'Create New Submission - Facility/Agency Search' page. At the top, there is a header with the New York State NYSE-CON logo and the text 'Electronic Certificate of Need'. To the right, it says 'Janet Paloski' and 'Home Page | FAQ'. Below the header, there are three red 'EVAL' labels. The main navigation bar has 'Projects' and 'My Projects' tabs. The page title is 'Create New Submission - Facility/Agency Search'. Under 'Instructions', it says: 'You have selected Changes in Ownership/Operator of Existing Facility/Agency. Enter either the exact Facility ID or the exact Operating Certificate/License Number, or a combination of Facility Type and Facility/Agency Name. Partial Facility or Agency Name may be entered. To cancel this application submission without saving, click [here](#).' The form fields include 'Facility Type' (a dropdown menu), 'Facility/Agency Name' (a text box), 'Facility ID' (a text box), and 'Operating Certificate/License #' (a text box containing '10665', which is circled in red). Below these fields are 'Search' and 'Clear' buttons. A red arrow points from the 'Operating Certificate/License #' field to the 'Search' button. At the bottom, there is a footer with '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

You can enter the base operating certificate (last 5 digits) of one of the programs that is part of this application and select **Search**.

The screenshot shows the 'Create New Submission - Select Submission Type' page. At the top, there is a header with the New York State NYSE-CON logo and the text 'Electronic Certificate of Need'. To the right, it says 'Janet Paloski' and 'Home Page | FAQ'. Below the header, there are three red 'EVAL' labels. The main navigation bar has 'Projects' and 'My Projects' tabs. The page title is 'Create New Submission - Select Submission Type'. Under 'Instructions', it says: 'You have selected Changes in Ownership/Operator of Existing Facility/Agency for facility Arms Acres, Inc. (32412). Select one submission type and select Continue to proceed. To cancel this application submission without saving, click [here](#).' The form shows 'Current Selection: None' and '*Select Submission Type:' with five radio button options: 'Prior Consultation (1A) - Change to Ownership/Operator of Existing Facility Agency', 'Change in Ownership of 10% or More', 'Merger with an Existing OASAS Certified Provider', 'New Sponsor', and 'Transfer of Ownership'. Below these options is a 'Continue' button. At the bottom, there is a footer with '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

It will show the provider connected with that operating certificate number at the top of the screen.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more



New York State
NYSE-CON
Electronic Certificate of Need

Janet Paloski
Home Page | FAQ

EVAL

EVAL

EVAL

ProjectsMy Projects

Create New Submission - Select Submission Type

Instructions

You have selected Changes in Ownership/Operator of Existing Facility/Agency for facility Arms Acres, Inc. (32412).

Select one submission type and select Continue to proceed.

To cancel this application submission without saving, click [here](#).

Current Selection: None

*Select Submission Type:

☐ Prior Consultation (1A) - Change to Ownership/Operator of Existing Facility Agency

☒ Change in Ownership of 10% or More

☐ Merger with an Existing OASAS Certified Provider

☐ New Sponsor

☐ Transfer of Ownership

Continue

* Fields marked with an asterisk (*) are required for saving information from this screen.

© 2010 NYS Department of Health - Electronic Certificate of Need SystemSystem Information

Select **Change in Ownership of 10% or more**. Then select **Continue**.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more

Electronic Certificate of Need

EVAL

EVAL

EVAL

Projects

My Projects

Fields marked with a dagger (†) are required to proceed with the submission process.

Create New Submission - Identifying Information

Instructions

Fields marked with an asterisk (*) are required for saving information from this screen.
Fields marked with a dagger (†) are required to proceed with the submission process.

To cancel this application submission without saving, click [here](#).

*Submission Type: Change in Ownership of 10% or More

†Submission Description:
This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

A brief description of this submission.

Change

Main Site Information

* Facility Type: Office of Addiction Services and Supports

* Provider Name: Arms Acres, Inc.

Provider ID: 32412

† Street 1: 75 Seminary Hill Road

Street 2:

† City: Carmel

State: NY

† Zip Code: 10512

* County: ALBANY

Contact Information

† Title: Ms.

† First Name: Mary

† Last Name: Flowers

† User ID: tjp48910

† Account Type: ☐ NY.gov ID ☒ HCS ID

† Email: janet.paloski@oasas.ny.gov

† Phone: (518)555-5555

Fax:

† Street 1: 111 Main Street

Street 2:

† City: Anytown

† State: New York

† Zip Code: 12205

Enter the name and contact information for the individual representing the applicant who will act as the primary CON contact for application issues. The primary contact must have an HCS or NY.gov account.

Alternate Contact Information

† First Name: Rodger

† Last Name: Jones

† Email: rodger.jones@gmail.com

Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator. The alternate contact must have an HCS or NY.gov ID to access the project record in NYSE-CON.

Save

© 2010 NYS Department of Health - Electronic Certificate of Need System

System Information

The **Main Site Information** will fill-in from the database with the **Administrative Address**. Complete the **Contact Information** and the **Alternate Contact Information** and select **Save**.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more

EVAL

EVAL

EVAL

Projects	My Projects									
<p>The submission identifying information has been saved. Please select the Executive Summary tab to enter project proposal summary and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit", located at the bottom of the screen.</p> <h3>General Information</h3> <table><thead><tr><th>General</th><th>Executive Summary</th><th>Sites</th><th>Application</th><th>Correspondence</th><th>Decision</th><th>Contingencies</th><th>Access</th><th>Summary</th></tr></thead></table> <div><div><p>Application Number:</p><p>Provider Name: Arms Acres, Inc.</p><p>Project Description: This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.</p><p>Submission Type: Application - Change in Ownership of 10% or More</p><p>Type Description: This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.</p><p>Project Status:</p><p>Review Level:</p><p>Total Project Cost: \$0.00</p><p><u>Main Site Information</u></p><p>Provider Name: Arms Acres, Inc.</p><p>Administration Address: 75 Seminary Hill Road Carmel, NY 10512</p><p>County: ALBANY</p><p>Current Operator:</p><p><u>Contact Information</u></p><p>Name: Mary Flowers</p><p>Email: janet.paloski@oasas.ny.gov</p><p>User ID: tjp48910</p><p>Phone: (518) 555-5555</p><p>Fax:</p><p><u>Alternate Contact Information</u></p><p>Name: Rodger Jones</p><p>Email: rodger.jones@gmail.com</p><p>Modify Submit</p></div><div><p>Project Status Date:</p><p>Received Date:</p><p>Initial Review Date:</p><p>Acknowledgment Date:</p><p>Provider ID: 32412</p><p>Facility Type: Office of Addiction Services and Supports</p><p>Region:</p><p>Operating Certificate Number:</p><p>Current Operator County:</p><p>Title: Ms.</p><p>Address: 111 Main Street Anytown, NY 12205</p></div></div> <div><p>My NYSE-CON Tool Bar</p><p>Create New Submission</p><p>Selected Projects</p><p>OASAS Arms Acres, Inc.</p><p>Related Projects</p><p>PRIORCON 223002 - Arms Acres, Inc.</p><p>PRIORCON 223003 - Arms Acres, Inc.</p><p>OASAS 224005 - Arms Acres, Inc.</p><p>OASAS 224006 - Arms Acres, Inc.</p></div>		General	Executive Summary	Sites	Application	Correspondence	Decision	Contingencies	Access	Summary
General	Executive Summary	Sites	Application	Correspondence	Decision	Contingencies	Access	Summary		

© 2010 NYS Department of Health - Electronic Certificate of Need System

System Information

You will receive a message at the top of the screen telling you that the submission identifying information has been saved. At this point in the submission, you can exit out of NYSE-CON and return later to complete the submission if you wish. If you wish to continue at this time, you can select the **Executive Summary** tab to continue.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more

The screenshot shows the UAT Health Commerce System interface. At the top, there is a navigation bar with 'Home', 'My Content', and 'Search' links. Below the navigation bar, the 'Application Number' and 'Provider Name' are displayed as 'Arms Acres, Inc.'. The 'Project Description' states: 'This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.' A red text instruction says 'Click "Save" to save the changes'. The main content area is titled 'Executive Summary' and contains a rich text editor with the text: 'This application is for John Smith to purchase 10% of the stock for Arms Acres from Patricia Smith.' The 'Save' button is circled in red. On the right side, there are two panels: 'My NYSE-CON Tool Bar' with a 'Create New Submission' button, and 'Selected Projects' and 'Related Projects' lists. The 'Selected Projects' list contains 'OASAS Arms Acres, Inc.'. The 'Related Projects' list contains 'PRIORCON 223002 - Arms Acres, Inc.', 'PRIORCON 223003 - Arms Acres, Inc.', 'OASAS 224005 - Arms Acres, Inc.', and 'OASAS 224006 - Arms Acres, Inc.'. At the bottom, there is a footer with '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

Enter the Executive Summary for the project and select **Save**.

The screenshot shows the UAT Health Commerce System interface with the 'Executive Summary' tab selected. The 'Application Number' and 'Provider Name' are displayed as 'Arms Acres, Inc.'. The 'Project Description' states: 'This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.' The main content area is titled 'Executive Summary' and contains a rich text editor with the text: 'This application is for John Smith to purchase 10% of the stock for Arms Acres from Patricia Smith.' The 'Modify' button is circled in red. On the right side, there are two panels: 'My NYSE-CON Tool Bar' with a 'Create New Submission' button, and 'Selected Projects' and 'Related Projects' lists. The 'Selected Projects' list contains 'OASAS Arms Acres, Inc.'. The 'Related Projects' list contains 'PRIORCON 223002 - Arms Acres, Inc.', 'PRIORCON 223003 - Arms Acres, Inc.', 'OASAS 224005 - Arms Acres, Inc.', and 'OASAS 224006 - Arms Acres, Inc.'. At the bottom, there is a footer with '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

Your Executive Summary will be saved. If you need to modify, select the Modify button. If you are satisfied with the Executive Summary, you can move on to the Application tab. It is not necessary to select the Sites tab as this application effects all the program's ownership.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more

Projects My Projects

Project Search > Project Search Results

The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information
No Documents are associated with this project.

Application

General Executive Summary Sites **Application** Correspondence Decision Contingencies Access Summary

Application Number:
Provider Name: Arms Acres, Inc.
Project Description: This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

Print Application View

Submitted By:
Submitted Date:

Document Type	Filename	Description	Document	Date
Add Document to Submission		Expand All		

** DOH cannot guarantee that documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should ensure that their anti-virus software is operating and is up-to-date with the latest anti-virus signature files.

My NYSE-CON Tool Bar

Create New Submission

Selected Projects

OASAS Arms Acres, Inc.

Related Projects

PRIORCON 223002 - Arms Acres, Inc.
PRIORCON 223003 - Arms Acres, Inc.
OASAS 224005 - Arms Acres, Inc.
OASAS 224006 - Arms Acres, Inc.

The top of the screen will show the required schedules that need to be uploaded. To begin, select **Add Document to Submission**.

UAT New York State Health Commerce System

Home My Content Search

New York State

Please Choose:

Attachment 1A - Certification Proposal Prior Consult Form

Application Summary

Application Summary - Attachment 1 - Authorization to Represent Applicant

Application Summary - Attachment 2 - Authorization of Proposed Action

Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community

Part I - Entity Information

Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation

Part I - Attachment 4 - Copy of Letter of Registration or Letter of Exemption received from New York State

Part I - Attachment 5 - Letter from Internal Revenue Service Documenting Tax Exempt Status

Part I - Attachment 6 - Copy of All Current Licenses, OCs, Accreditations and/or Comparable Documents

Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services

Part II - Site Information

Part II - Attachment 8 - Property Acquisition Documentation

Part II - Attachment 9 - Real Property Interest of Applicant in Proposed Site/Additional Location

Part II - Attachment 10 - Capital Investment Needs of Property

Part II - Attachment 11 - Site Drawings and Photographs

Part II - Attachment 12 - Certificate of Occupancy

Part III - Description of Services

Part III - Attachment 13 - Authorization of the Arrangement to Establish a Service at an Additional Location at a Host Agency

Document Type: Please Choose:

Date: 02/25/2022

Description:

File: Choose File No file chosen

[Add Document to Submission](#) [Cancel](#)

My NYSE-CON Tool Bar

Create New Submission


Selected Projects

OASAS Arms Acres, Inc.

Related Projects

Select the **Document Type** you would like to upload. For this example, we will select Attachment 1A – Prior Consultation Form.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more

**NYSE-CON**
Electronic Certificate of Need

Janet Paloski
[Home Page](#) | [FAQ](#)

EVAL**EVAL****EVAL**

Projects | **My Projects**

Project Search > Project Search Results

The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information

New Application Document

General | **Executive Summary** | **Sites** | **Application** | **Correspondence** | **Decision** | **Contingencies** | **Access** | **Summary**

Application Number:
Provider Name: Arms Acres, Inc.
Project Description: This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

Document Type: Attachment 1A - Certification Proposal Prior Consult Form
Date: 03/01/2022
Description:
File: No file chosen

My NYSE-CON Tool Bar


Selected Projects
OASAS Arms Acres, Inc.

Related Projects
PRIORCON 223002 - Arms Acres, Inc.
PRIORCON 223003 - Arms Acres, Inc.
OASAS 224005 - Arms Acres, Inc.
OASAS 224006 - Arms Acres, Inc.

© 2010 NYS Department of Health - Electronic Certificate of Need System System Information

You can enter an optional description for the document if you wish. In the case where you are uploading multiple copies of the same document, a description is required.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more



New York State
NYSE-CON
Electronic Certificate of Need

Janet Paloski
[Home Page](#) | [FAQ](#)

EVAL

EVAL

EVAL

ProjectsMy Projects

Project Search > Project Search Results

The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part 1 - Entity Information

New Application Document

GeneralExecutive SummarySitesApplicationCorrespondenceDecisionContingenciesAccessSummary

Application Number:
Provider Name:Arms Acres, Inc.
Project Description:This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

Document TypeAttachment 1A - Certification Proposal Prior Consult Form
Date05/13/2022
Description
File

Choose FileNo file chosen

Add Document to SubmissionCancel


My NYSE-CON Tool Bar
Create New Submission

Selected Projects
OASAS Arms Acres, Inc.

Related Projects
PRIORCON 223002 - Arms Acres, Inc.
PRIORCON 223003 - Arms Acres, Inc.
OASAS 224005 - Arms Acres, Inc.
OASAS 224006 - Arms Acres, Inc.

Select the Choose File button to navigate to where your saved schedules are on your computer.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more



New York State
NYSE-CON
Electronic Certificate of Need

Janet Paloski
[Home Page](#) | [FAQ](#)

EVAL

EVAL

EVAL

ProjectsMy Projects

Project Search > Project Search Results

The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form,Application Summary,Application Summary - Attachment 1 - Authorization to Represent Applicant,Application Summary - Attachment 2 - Authorization of Proposed Action,Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community,Part 1 - Entity Information

New Application Document

GeneralExecutive SummarySitesApplicationCorrespondenceDecisionContingenciesAccessSummary

Application Number:
Provider Name:Arms Acres, Inc.
Project Description:This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

Document TypeAttachment 1A - Certification Proposal Prior Consult Form
Date05/13/2022
Description
FileChoose FilePrior Consu...Form 1A.pdf
Add Document to SubmissionCancel

My NYSE-CON Tool Bar
Create New Submission

Selected Projects
OASAS Arms Acres, Inc.


Related Projects
PRIORCON 223002 - Arms Acres, Inc.
PRIORCON 223003 - Arms Acres, Inc.
OASAS 224005 - Arms Acres, Inc.
OASAS 224006 - Arms Acres, Inc.

© 2010 NYS Department of Health - Electronic Certificate of Need System


System Information

The name of your file will display next to the Choose File button. Select Add Document to Submission to upload the document.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more



NEW YORK STATE
Health
Commerce
System



New York State
NYSE-CON
Electronic Certificate of Need

Janet Paloski
[Home Page](#) | [FAQ](#)

EVAL

ProjectsMy Projects

Project Search > Project Search Results

The following schedules are required: Application Summary,Application Summary - Attachment 1 - Authorization to Represent Applicant,Application Summary - Attachment 2 - Authorization of Proposed Action,Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community,Part I - Entity Information


Application

GeneralExecutive SummarySitesApplicationCorrespondenceDecisionContingenciesAccessSummary

Application Number:
Provider Name:Arms Acres, Inc.
Project Description:This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

Print Application View

Submitted By:
Submitted Date:

Document Type	Filename	Description	Document	Date	
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation Form 1A.pdf		 **	05/13/2022	Update Delete

[Add Document to Submission](#) [Expand All](#)

** DOH cannot guarantee that documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should ensure that their anti-virus software is operating and is up-to-date with the latest anti-virus signature files.

My NYSE-CON Tool Bar
[Create New Submission](#)

Selected Projects
OASAS Arms Acres, Inc.


Related Projects
PRIORCON 223002 - Arms Acres, Inc.
PRIORCON 223003 - Arms Acres, Inc.
OASAS 224005 - Arms Acres, Inc.
OASAS 224006 - Arms Acres, Inc.

© 2010 NYS Department of Health - Electronic Certificate of Need System

System Information

The file you uploaded will display on the screen. Continue uploading the balance of the forms listed in red at the top of the screen.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more



New York State
NYSE-CON
Electronic Certificate of Need

Janet Paloski
[Home Page](#) | [FAQ](#)

EVAL

EVAL

EVAL

ProjectsMy Projects

[Project Search](#) | [Project Search Results](#)

Description is required and must be entered.

New Application Document

GeneralExecutive SummarySitesApplicationCorrespondenceDecisionContingenciesAccessSummary

Application Number:
Provider Name:Arms Acres, Inc.
Project Description:This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

Document TypeApplication Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community

Date05/13/2022

DescriptionNotification to Community Board XX
A unique description is required for this document.

FileNo file chosen

My NYSE-CON Tool Bar

Selected Projects

OASAS Arms Acres, Inc.

Related Projects

PRIORCON 223002 - Arms Acres, Inc.
PRIORCON 223003 - Arms Acres, Inc.
OASAS 224005 - Arms Acres, Inc.
OASAS 224006 - Arms Acres, Inc.

© 2010 NYS Department of Health - Electronic Certificate of Need System

System Information

Since you could have multiple documents to satisfy description and proof of outreach efforts to the local community, you must provide a description for the outreach documents.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more



Janet Paloski

[Home Page](#) | [FAQ](#)

EVAL

EVAL

EVAL

Projects **My Projects**

Project Search > Project Search Results

Application

General **Executive Summary** **Sites** **Application** **Correspondence** **Decision** **Contingencies** **Access** **Summary**

Application Number:

Provider Name: Arms Acres, Inc.

Project Description: This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

Print Application View

Submitted By:

Submitted Date:

Document Type	Filename	Description	Document	Date	
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation Form 1A.pdf		**	05/13/2022	Update Delete
Application Summary	Application Summary.pdf		**	05/13/2022	Update Delete
Application Summary - Attachment 1 - Authorization to Represent Applicant	Attachment 1.docx		**	05/13/2022	Update Delete
Application Summary - Attachment 2 - Authorization of Proposed Action	Attachment 2.docx		**	05/13/2022	Update Delete
▶ Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community		1 Active Documents			
Part I - Entity Information	Part 1 - Entity Information.pdf		**	05/13/2022	Update Delete

[Add Document to Submission](#)

[Expand All](#)

** DOH cannot guarantee that documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should ensure that their anti-virus software is operating and is up-to-date with the latest anti-virus signature files.

My NYSE-CON Tool Bar

[Create New Submission](#)

Selected Projects

OASAS Arms Acres, Inc.

Related Projects

PRIORCON 223002 - Arms Acres, Inc.
PRIORCON 223003 - Arms Acres, Inc.
OASAS 224005 - Arms Acres, Inc.
OASAS 224006 - Arms Acres, Inc.

When you have uploaded all of the documents, click on the General tab to submit the project.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more

Electronic Certificate of Need

Home Page | FAQ

EVAL **EVAL** **EVAL**

Projects **My Projects**

Project Search > Project Search Results

General Information

General	Executive Summary	Sites	Application	Correspondence	Decision	Contingencies	Access	Summary
---------	-------------------	-------	-------------	----------------	----------	---------------	--------	---------

Application Number: _____

Provider Name: Arms Acres, Inc.

Project Description: This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

Submission Type: Application - Change in Ownership of 10% or More

Type Description: This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

Project Status: _____

Review Level: _____

Total Project Cost: \$0.00

Project Status Date: _____

Received Date: _____

Initial Review Date: _____

Acknowledgment Date: _____

Main Site Information

Provider Name: Arms Acres, Inc.

Administration Address: 75 Seminary Hill Road
Carmel, NY 10512

Provider ID: 32412

Facility Type: Office of Addiction Services and Supports

County: ALBANY

Region: _____

Current Operator: _____

Operating Certificate Number: _____

Current Operator County: _____

Contact Information

Name: Mary Flowers

Email: janet.paloski@oasas.ny.gov

Title: Ms.

Address: 111 Main Street
Anytown, NY 12205

User ID: tjp48910

Phone: (518) 555-5555

Fax: _____

Alternate Contact Information

Name: Rodger Jones

Email: rodger.jones@gmail.com

© 2010 NYS Department of Health - Electronic Certificate of Need System

System Information

My NYSE-CON Tool Bar

Selected Projects

OASAS Arms Acres, Inc.

Related Projects

PRIORCON 223002 - Arms Acres, Inc.
PRIORCON 223003 - Arms Acres, Inc.
OASAS 224005 - Arms Acres, Inc.
OASAS 224006 - Arms Acres, Inc.

Click the Submit button to Submit the Project. If you need to make modifications before submitting, click on the Modify button.

New York State
NYSE-CON
Electronic Certificate of Need

Janet Paloski
Home Page | FAQ

EVAL **EVAL** **EVAL**

Projects **My Projects**

Confirm Submission

By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this and that the information contained herein and attached hereto is accurate, true, and complete in all material aspects. I understand that my identifying user information and the date and time of this submission will be recorded for future reference. Additionally, please confirm that the email address of the project contact is janet.paloski@oasas.ny.gov. This email address will be used for all project correspondence.

© 2010 NYS Department of Health - Electronic Certificate of Need System

System Information

Click on Confirm to Submit.

Instructions for Changes in Ownership/Operator of Existing Facility/Agency – Change in Ownership of 10% or more



Janet Paloski

[Home Page](#) | [FAQ](#)

EVAL

EVAL

EVAL

[Projects](#) [My Projects](#)

Project Search - Project Search Results

NYSE-CON and the Office of Addiction Services and Supports have received your submission. A notification of receipt will be sent to the contact email address that you have provided. If the contact has not received the confirmation email within the next 24 hours, please send an email to Certification@oasas.ny.gov to report the problem.

General Information

[General](#) [Executive Summary](#) [Sites](#) [Application](#) [Correspondence](#) [Decision](#) [Contingencies](#) [Access](#) [Summary](#)

Application Number: 224008
Provider Name: Arms Acres, Inc.
Project Description: This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.

Submission Type: Application - Change in Ownership of 10% or More
Type Description: This application is for John Smith to acquire 10% stock of Arms Acres through a purchase agreement with Patricia Smith giving up 10% of her shares.
Project Status: Received
Review Level: Received Date: 05/13/2022
Total Project Cost: \$0.00
Initial Review Date: 05/13/2022
Acknowledgment Date:

Main Site Information

Provider Name: Arms Acres, Inc.
Administration: 75 Seminary Hill Road
Address: Camel, NY 10512
Provider ID: 32412
Facility Type: Office of Addiction Services and Supports
County: ALBANY
Region: Albany
Current Operator: Operating Certificate Number:
Current Operator County:

Contact Information

Name: Mary Flowers
Email: janet.paloski@oasas.ny.gov
Title: Ms.
Address: 111 Main Street
Anytown, NY 12205
User ID: tjp48910
Phone: (518) 555-5555
Fax:

My NYSE-CON Tool Bar

[Create New Submission](#)

Selected Projects

OASAS 224008 - Arms Acres, Inc.

Related Projects

PRIORCON 223002 - Arms Acres, Inc.
PRIORCON 223003 - Arms Acres, Inc.
OASAS 224005 - Arms Acres, Inc.
OASAS 224006 - Arms Acres, Inc.

You will receive a message at the top of the screen regarding the submission. An **application number** will also be assigned to the submission.