



Office of Addiction Services and Supports

Part 816 and/or Part 818 Deeming Attestation Form

Provider Legal Name		
Provider Number	PRU Number	Operating Certificate Number

Program Contact Information	
Program Address	
Contact Name/Title	
Telephone Number	E-Mail Address

<input type="checkbox"/> Part 816 CD Withdrawal and Stabilization Service <input type="checkbox"/> Part 818 CD Inpatient Rehabilitation Service	Please attach a copy of your current Part 816 and/or Part 818 OASAS Operating Certificate(s).
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The Joint Commission Deemed Status
<p>Effective April 1, 2011, Section 32.14 of the Mental Hygiene Law allows OASAS to accept the accreditation survey of hospital-based Part 816 and Part 818 chemical dependence treatment programs conducted by The Joint Commission (TJC) in lieu of a separate licensing survey conducted by OASAS.</p> <p>Accredited hospitals that are interested in participating in this initiative should complete this Deeming Attestation Form and return it to OASAS. Please also be advised that OASAS retains the right to conduct validation and any other unannounced on-site visits to all certified programs. In addition, Mental Hygiene Law requires a hospital to notify OASAS of the loss of accreditation or notification by CMS of termination from the Medicare program.</p>

To be eligible to participate, all of the hospital's OASAS certified programs must have an OASAS Operating Certificate with a duration of at least two (2) years.
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Hospital Deeming Attestation	
I hereby attest to the accuracy of the above stated information and that the accredited hospital, if eligible to participate, agrees to comply with all requirements outlined in the Deeming Initiative Announcement Letter.	
Provider Representative	Date

Please submit completed form to:
OASAS Certification Bureau
1450 Western Avenue, Albany, NY 12203