



**Office of Alcoholism and  
Substance Abuse Services**

DB

**ANDREW M. CUOMO**  
Governor

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,  
L.M.S.W.**  
Commissioner

April 7, 2015

UPS GROUND

Ms. Maria E. Cuadra  
Executive Director  
COPAY, INC.  
2<sup>nd</sup> Floor  
21 North Station Plaza  
Great Neck, New York 11021

Re: Provider #145  
Operating Certificate #180310739  
PRU #497

Dear Ms. Cuadra:

Operating Certificate #180310739 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This Operating Certificate renews authorization for COPAY, INC. to operate a Part 822-4 chemical dependence outpatient service at 21 North Station Plaza, Great Neck, effective April 1, 2015.

The three year term of the Operating Certificate is based on the scores identified on the attached *Operating Certificate Renewal Compliance Summary Sheet*.

COPAY, INC. is responsible for complying with applicable building occupancy limitations and securing any necessary approvals from other governmental entities.

This Operating Certificate is to be prominently displayed at the service site.

The Mental Hygiene Law requires services to be operated in accordance with the terms of the Operating Certificate. Therefore, please carefully examine this certificate and notify the Bureau of Certification immediately if it contains any inaccuracies.

Sincerely,

Janet L. Paloski  
Director  
Bureau of Certification and Systems Management

Enclosures

501 7<sup>th</sup> Avenue | New York, New York 10018-5903 | [oasas.ny.gov](http://oasas.ny.gov) | 646-728-4720

1450 Western Avenue | Albany, New York 12203-3526 | [oasas.ny.gov](http://oasas.ny.gov) | 518-473-3460

Ms. Maria E. Cuadra  
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cc w/encs.: Charles W. Monson  
Steven Rabinowitz  
Antonette Whyte-Etere  
Sarita Wells  
Gail Keeler  
Rate Based Provider Unit (DOH)  
James Dolan, Jr., DSW (Nassau County)  
George Kovacs (Board President, COPAY, INC.)  
Fergus Casey (Clinical Director, COPAY, INC.)

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION**

**OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET**

Provider Legal Name:	COPAY, INC.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	2nd Floor
Street Address:	21 North Station Plaza
City and Zip Code:	Great Neck, 11021

Provider Number:	145
Operating Certificate Number:	1803 10739
Recertification Review Number:	NY14028
Recertification Review Conducted:	3/11/2015 to: 3/16/2015

PRU Number(s): 497 Capacity:

**RECERTIFICATION REVIEW COMPLIANCE RATING TABLE**

<u>Compliance Scores</u>	<u>Compliance Ratings</u>	<u>Term of Renewed Operating Certificate</u>
---	Quality Services Review	9 months
---	Red Flag Deficiency(ies)	6 months
0 - 1.75	Noncompliance	6 months
1.76 - 2.50	Minimal Compliance	1 year
2.51 - 3.25	Partial Compliance	2 years
3.26 - 4.00	Substantial Compliance	3 years

**RECERTIFICATION REVIEW RESULTS**

**COMPLIANCE STATUS**

	<u>Quality Indicator</u>	<u>Overall</u>	<u>Yes/No</u>	<u>Renewal Term</u>
▶ Case Records	3.85	3.52		3 years
▶ Service Management	4.00	4.00		3 years
▶ Red Flag Deficiency(ies) (For specific Red Flag Deficiency(ies), please refer to Program Review Report issued at conclusion of Recertification Review)				
▶ Quality Services Review				n/a

**FACILITY INSPECTION RESULTS**

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
745	2nd Floor, 21 North Station Plaza, Great Neck 11021	ML	19718	12/6/2013	CAP Completed	3 years

**Site Type Codes**

ML - Main Location
AL - Additional Location
Apt - Apartment

**Deficiency Code Examples**

Red Flag - imminent structural failure; fire service sprinkler system disabled; or a required exit that is permanently blocked
Significant - pathways to exits blocked; fire alarm systems in trouble mode; or broken stair treads
Notable - any other OASAS or building code violation

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
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OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

FISCAL VIABILITY REVIEWS

- |   |          |
|---|----------|
| <input type="checkbox"/> Fiscal viability package not submitted.  | 6 months |
| <input type="checkbox"/> Data received insufficient to determine fiscal viability.  | 6 months |
| <input type="checkbox"/> Current financial position NOT viable; however, an acceptable financial recovery plan submitted.   | 2 years  |
| <input type="checkbox"/> Current financial position viable; however, overall financial position NOT viable.   | 2 years  |
| <input checked="" type="checkbox"/> Current and overall financial positions viable.   | 3 years  |
| <input type="checkbox"/> Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28). | n/a      |

CERTIFICATE TERM

The term for the enclosed Operating Certificate is three years

State of New York  
Office of Alcoholism and Substance Abuse Services

Pursuant to the provisions of Article 32 of the Mental Hygiene Law

**COPAY, INC.**

is hereby granted this

**CHEMICAL DEPENDENCE  
OPERATING CERTIFICATE**

authorizing the operation of Chemical Dependence Services, in compliance with the requirements of  
14 NYCRR Parts 800 and 814 and the laws and regulations of the State of New York

Site

2nd Floor  
21 North Station Plaza  
Great Neck, New York 11021-  
5013

Program Name(s)

Service(s)

- Part 822-4 Outpatient Services



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

180310739

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: April 01, 2015  
EXPIRATION DATE: March 31, 2018