



January 16, 2015

UPS GROUND

Mr. Farrukh Khwaja
Lead Partner
Care Counseling Center, LLC
5822 Broadway
New York, New York 10463

Re: Provider #48850
Operating Certificate #160111861 [Established]
PRU #52795

Dear Mr. Khwaja:

Operating Certificate #160111861 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This Operating Certificate authorizes Care Counseling Center, LLC to operate a Part 822-4 chemical dependence outpatient service, at 214-216 West 116th Street, New York, based on review and approval of Certification Application #2014-033, effective February 15, 2015.

Care Counseling Center, LLC 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.

The Bureau of Certification and Systems Management has recently made significant changes to our application review process and we are very interested in your experience with the new process. Please take a few moments to complete the attached **Chemical Dependence Certification Process Satisfaction Survey**, as your feedback will help with continued improvement.

Sincerely,

Janet L. Paloski
Director
Bureau of Certification and Systems Management

Enclosure

Mr. Farrukh Khwaja
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cc w/enc.: Charles W. Monson
Steven Rabinowitz
Ivan Garcia
Michael Yorio
John Van Horn
Sarita Wells
Diane Gerdon
Janet Rucki
Hillary Kunins, MD, MPH, MS (NYC Dept. of Health and Mental Hygiene)
Gail Goldstein (NYC Dept. of Health and Mental Hygiene)
Luke Bergmann (NYC Dept. of Health and Mental Hygiene)
Norma Carmona-Rodriguez (NYC Dept. of Health and Mental Hygiene)
Raymond Ortiz (Program Director, Care Counseling Center, LLC)

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CHEMICAL DEPENDENCE CERTIFICATION PROCESS SATISFACTION SURVEY**

OASAS is committed to improving the Certification Process. Your opinion as a recent applicant will provide us with valuable information. Please take a few moments to fill out the survey below. Your feedback will help improve the Certification Process.

To complete the survey, check one of the ratings from "Very Satisfied" to "Not at All Satisfied" for each of the following factors regarding your recent experience with the OASAS Certification Process. As appropriate, indicate any "strengths" and suggested "improvement opportunities". Please return the completed survey to:

NYS OASAS, Bureau of Certification, 1450 Western Avenue, Albany NY 12203

Factor	Very Satisfied	Moderately Satisfied	Somewhat Satisfied	Not at All Satisfied
1. Overall how satisfied were you with the Certification Process?				
2. How clear were the application and instructions?				
3. How timely was the Certification Process?				
4. How satisfied were you in finding out the status of your application?				
5. How satisfied were you with your interactions with each of the following?				
a. Local Governmental Unit (city/county) staff				
b. OASAS Field Office staff				
c. OASAS Facilities Evaluation and Inspection Unit staff				
d. OASAS Bureau of Certification Staff				

Strengths

- Is there anything you thought OASAS did particularly well?

Improvement Opportunities

- Do you have any specific suggestions on how the process and/or the application can be improved?

Provider Name _____ Phone No. _____ County _____
(Optional)

- Type of Application:
- | | | |
|--|---|--|
| <input type="checkbox"/> New OASAS Provider | <input type="checkbox"/> Minor Relocation | <input type="checkbox"/> Additional Location |
| <input type="checkbox"/> New Treatment Service | <input type="checkbox"/> Relocation | <input type="checkbox"/> Transfer of Ownership |
| <input type="checkbox"/> Capacity Increase | <input type="checkbox"/> Space Expansion | <input type="checkbox"/> Capital Project |
| <input type="checkbox"/> Change in Ownership | | |

State of New York
Office of Alcoholism and Substance Abuse Services
Pursuant to the provisions of Article 92 of the Mental Hygiene Law
Care Counseling Center, LLC

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

214-216 West 116th Street
New York, New York 10026

Program Name(s)

● Part 822-4 Outpatient Services

Service(s)

Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

160111861

CERTIFICATE NUMBER

EFFECTIVE DATE: February 15, 2015

EXPIRATION DATE: January 31, 2016

