



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

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

UPS GROUND

April 1, 2016

Ms. Patricia A. Wilcox
Conifer Park, Inc.
79 Glenridge Road
Glenville, New York 12302-4523

Re: Provider #14770
Operating Certificate #170311944 [Established]
PRU #TBD

Dear Ms. Wilcox:

Operating Certificate #170311944 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 Conifer Park, Inc. to operate a Part 822 opioid treatment program, at 526 Old Liverpool Road, Liverpool, based on review and approval of Certification Application #2015-071, effective April 1, 2016.

Conifer Park, 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.

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.

Pursuant to the NYS Justice Center Act, OASAS providers are required to conduct criminal background checks on prospective hires, contractors, volunteers, or interns ***if they have the potential to or may be permitted to have regular and substantial unsupervised or unrestricted physical contact with service recipients.*** The OASAS criminal background check will provide you with the information needed to comply with this process. If you have any questions about the criminal background check process, please contact OASAS Counsel's Office at cbc@oasas.ny.gov.

Sincerely,

Janet L. Paloski
Director
Bureau of Certification and Systems Management

Enclosure

Ms. Patricia A. Wilcox
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April 1, 2016

cc w/enc.: Charles W. Monson
Tim Donovan
Deb Czubak
Rochelle Cardillo
Criminal Background Check Unit
Michael Yorio
John Van Horn
Cathy Shippey
Michele Woods
Lynn DeFruscio
Darin Samaha (Schenectady County)
Lisa Alford (Onondaga County)
William Hartigan (Board President, Conifer Park, Inc.)
Petra Stone (Clinic Director, Conifer Park, Inc.)

**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 32 of the Mental Hygiene Law

Conifer Park, 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

526 Old Liverpool Road
Liverpool, New York 13088

Program Name(s)

Service(s)

- Part 822 Opioid Treatment Program - 200 patients



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

170311944

CERTIFICATE NUMBER

EFFECTIVE DATE: April 01, 2016

EXPIRATION DATE: March 31, 2017