NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

ANDREW M. CUOMO
Governor

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

December 30, 2015

UPS GROUND

Mr. Nicholas Lessa
Chief Executive Officer
Inter-Care, LTD.
Lower Level
51 East 25th Street
New York, New York 10010-2945

Re: Provider #16640
Operating Certificate #161211963 [Established]
PRU #TBD

Dear Mr. Lessa:

Operating Certificate #161211963 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 Inter-Care, LTD. to operate a Section 816.8 medically supervised outpatient withdrawal & stabilization service, at 51 East 25th Street, New York, based on review and approval of Certification Application #2015-007, effective January 1, 2016.

Inter-Care, LTD. 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
cc w/enc.: Charles W. Monson
Belinda Greenfield
Gregory James
Steven Rabinowitz
Reggie Williams
Criminal Background Check Unit
Michael Yorio
John Van Horn
Cathy Shippey
Michele Woods
Lynn DeFruscio
Rate Based Provider Unit (DOH)
Mike Ogborn (DOH)
Hillary Kunins, MD, MPH, MS (NYC Dept. of Health and Mental Hygiene)
Gail Goldstein (NYC Dept. of Health and Mental Hygiene)
Norma Carmona-Rodriguez (NYC Dept. of Health and Mental Hygiene)
Laura Lessa (Director of Operations, Inter-Care, LTD.)

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 (Optional) _____ *Phone No.* _____ *County* _____

Type of Application:

- ☐ *New OASAS Provider*
- ☐ *New Treatment Service*
- ☐ *Capacity Increase*
- ☐ *Change in Ownership*
- ☐ *Minor Relocation*
- ☐ *Relocation*
- ☐ *Space Expansion*
- ☐ *Additional Location*
- ☐ *Transfer of Ownership*
- ☐ *Capital Project*

State of New York

Office of Alcoholism and Substance Abuse Services

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

Inter-Care LTD.

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	Program Name(s)	Service(s)
51 East 25th Street New York, New York 10010-2945		• Part 816.8 Medically Supervised Outpatient Withdrawal & Stabilization - 15 patients

Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

161211963

CERTIFICATE NUMBER

EFFECTIVE DATE: January 01, 2016
EXPIRATION DATE: December 31, 2016