New York State Office of Addiction Services and Supports 1450 Western Avenue, Albany, NY 12203-3526

Listing of

Certified Addiction Treatment Providers

As of Monday, March 11, 2024

Division of Quality Assurance and Performance Improvement

Bureau of Certification

820 River St., Inc.				
Provider Number: Administrative Office:	35210 Jennifer Neifeld, Chief Executive Officer 428 Duane Avenue, Schenectady,NY 12304			Telephone - (518)-798-4221 Ext 109
Certificate Number:	240410640 Renewal Effective: 05/01/2021	Anticipated Recert Review:	04/30/2024	
Program Location:	134 Franklin Street, Albany, New York 12202			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51423	Certified Capacity:
Program Name:	Eleanor R. Young Memorial Clinic			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10640_820Riv.pdf			
Certificate Number:	240412379 Establishment	Effective:	05/01/2023	Anticipated Recert 04/30/2024 Review:
Program Location: Service Type:	111-113 Second Avenue Troy, New York 12180 Residential Services (820)	PRU:	53809	Certified Capacity: 14
Elements:	Stabilization Rehabilitation Meintegration Congregate	Scattered		
Program Name:	820 River St., Inc.			
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12379_820Riv.pdf			
Certificate Number:	250111575 Renewal	Effective:	02/01/2022	Anticipated Recert 01/31/2025 Review:
Program Location:	551 Bay Road, Queensbury, New York 12804			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52105	Certified Capacity:
Program Name:				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11575_820Riv.pdf			
Certificate Number:	260212187 Renewal	Effective:	03/01/2023	Anticipated Recert 02/28/2026 Review:
Program Location: Service Type:	13 Crandall Street Glens Falls, New York 12801 Residential Services (820) for men	PRU:	53339	Certified Capacity: 21
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered		
Program Name:	Crandall St. Reintegration			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12187_820Riv.pdf			
A.R.E.B.A Casriel, Inc. d/b/	a Addiction Care Interventions			
Provider Number: Administrative Office:	11490 Ms. Hawa UJalloh LMSW, M-CASAC, CEO 589 Rockaway Avenue, Brooklyn,NY 11212			Telephone - (929)-258-0059 Ext 1002
Certificate Number:	241211439 Renewal Effective: 01/01/2023	Anticipated Recert Review:	12/31/2024	
Program Location: Service Type:	Pharmacy - 1st Floor, Floors 1-4 589 Rockaway Avenue Brooklyn, New York 11212 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) with Telehealth Designation (wlability to swing 45 beds between Medically Supervised	PRU:	51656	Certified Capacity: 135
Program Name:	Inpatient Withdrawal and Inpatient Rehab. services with the use of methadone)			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11439_AREBAC.pdf			
Certificate Number:	250111447 Renewal	Effective:	02/01/2023	Anticipated Recert 01/31/2025 Review:
Program Location: Service Type:	Floors 3-5 589 Rockaway Avenue Brooklyn, New York 11212 Inpatient Rehabilitation Service (818)	PRU:	51389	Certified Capacity: 46
Program Name:	with Telehealth Designation			
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11447_AREBAC.pdf			
Certificate Number:	250810643 Renewal	Effective:	09/01/2023	Anticipated Recert 08/31/2025 Review:
Program Location:	8th Floor 255 West 36th Street New York, New York 10018			
Service Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services]	PRU:	3489	Certified Capacity:
Program Name:	Alcoholism Treatment Center			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10643_AREBAC.pdf			
AAA Health Inc				

Provider Number: Administrative Office:	43710 Ms. Alla Papush, Administrator 1090 Coney Island Ave., Brooklyn,NY 11230					Telephone - (718)-421-210	1
Certificate Number:	260211468 Renewal Effe	ective: 03/	01/2023	Anticipated Recert Review:	02/28/2026		
Program Location: Service Type:	2nd Floor, 1090 Coney Island Avenue, Brooklyn, New Y Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal s			PRU:	51953	Certified Capacity:	
Program Name:							
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/de	ocuments/11468	AAAHea.pdf				
	sor El Regreso, Inc. as Operator						
Provider Number: Administrative Office:	1522 Lymaris Albors, Chief Executive Officer 300 E 175th Street, Bronx,NY 10457					Telephone - (347)-649-329	;
Certificate Number:	230612325 Establishment Effe	ective: 07/	01/2022	Anticipated Recert Review:	06/30/2023		
Program Location: Service Type:	141-143 South Third Street Brooklyn, New York 11211 Residential Services (820) For Women			PRU:	53566	Certified Capacity: 40	
Elements:	Stabilization Rehabilitation Reir	ntegration	Congregate	Scattered			
Program Name:							
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/de	ocuments/12325	Acacia.pdf				
Certificate Number:	240612400 Establishment			Effective:	07/17/2023	Anticipated Recert 06/30	/2024
Program Location: Service Type:	Floors 1-5 189 South 2nd Street Brooklyn, New York 1 Residential Services (820)	1211		PRU:	53815	Certified Capacity: 50	
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reir	ntegration	Congregate	Scattered			
Program Name:	El Regreso, Inc. Men's Residential						
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/de	ocuments/12400	Acacia.pdf				
Certificate Number:	251111511 Amendment OASAS Host			Effective:	08/24/2023	Anticipated Recert 11/30 Review:	/2025
Program Location: Service Type:	141-143 South 3rd Street Brooklyn, New York 11211 Outpatient Service (822) with Telehealth Designation			PRU:	6321	Certified Capacity:	
Program Name: Service Type: Program Name:	Integrated Outpatient Services - MH			PRU:		Certified Capacity:	
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/de	ocuments/11511	Acacia.pdf				
· •	sor Greenhope Services for Women, Inc. as Operate	or				T (047) 0	
Provider Number: Administrative Office:	31030 Lymaris Albors, CEO 6th Floor, 300 E. 175th Street, Bronx,NY 10457					Telephone - (347)-64	19-3295
Certificate Number:	240212196 Renewal	Effective:	03/01/2021	Anticipated Re Review:	ocert 02/29/2024		
Program Location:	Basement & Floors 1-8 435-439 East 119th Street Ne	w York, New York	10035				70
Service Type:	Residential Services (820)			PRU:	53353	Certified Capacity:	72 and up to 14 beds for children
Elements:	Stabilization 🖌 Rehabilitation 🖌 Re	integration	Congregate	Scattered			
Program Name:							
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/de	ocuments/12196	Acacia.pdf				
Acacia Network, Inc. as Spon	sor, United Bronx Parents, Inc. as Operator						
Provider Number: Administrative Office:	330 Lymaris Albors, Chief Executive Officer 300 E 175th Street, Bronx,NY 10457					Telephone - (347)-64	19-3295
Certificate Number:	250110107 Renewal	Effective:	02/01/2022	Anticipated Re Review:	ocert 01/31/2025		
Program Location:	773 Prospect Avenue, Bronx, New York 10455						
Service Type:	Intensive Residential Rehabilitation (819)			PRU:	5750	Certified Capacity:	38 and up to 51 beds for children
Program Name:	Lorraine Montenegro Women and Children's Facility						

compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10107 Acacia.pdf				
Certificate Number:	250110553 Renewal	Effective:	02/01/2022	Anticipated Recert Review:	01/31/2025
Program Location:	1st-4th Floors, 1006 East 151st Street, Bronx, New York 10455				
ervice Type:	Intensive Residential Rehabilitation (819)	PRU:	7258	Certified Capacity:	21 and up to 44 bec for children
rogram Name:	La Casita III - The Mix				
ompliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10553 Acacia.pdf				
	nsor, Community Association of Progressive Dominicans, Inc. as Operator				
rovider Number: dministrative Office:	15690 Lymaris Albors, CEO 6th Floor, 300 E 175th Street, Bronx,NY 10457			Telephone - (347)-649-3295	
ertificate Number:	240812409 Establishment Effective: 09/29/2023	Anticipated Recer Review:	t 08/31/2024		
ogram Location:	2nd Floor 3940 Broadway New York, New York 10032				
ervice Type:	Outpatient Service (822)	PRU:	53875	Certified Capacity:	
ogram Name:					
ompliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12409 Acacia.pdf				
cacia Network. Inc. as Spc	nsor, Bronx Addiction Services Integrated Concepts System, Inc. as Operator				
rovider Number:	1857 Lymaris Albors, Chief Executive Officer			Telephone - (347)-649-3295	
dministrative Office:	6th floor, 300 East 175th Street, Bronx,NY 10457				
ertificate Number:	240612165 Conditional Effective: 02/01/2024 Certificate	Anticipated Recer Review:	t 06/30/2024		
ogram Location:	[Sleeping Purposes Only for 15 beds at] 4th & 5th Floors, [Services Provided at], 1068 F				
rvice Type:	Residential Services (820)	PRU:	53297	Certified Capacity:	130
ements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
ogram Name:	Franklin House				
ompliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12165 Acacia.pdf				
cacia Network, Inc. as Spo rovider Number:	nsor, Queens Village Committee for Mental Health for Jamaica Community Adolesce 31340 Ms. Lymaris Albors, CEO	ent Program, Inc. as	Operator	Telephone - (347)-649-3295	_
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	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11638 Acacia.pdf				
Certificate Number:	231011964 Amendment OASAS Host	Effective:	04/15/2022	Anticipated Recert Review:	10/31/2023
Program Location: Service Type:	754 East 151st Street Bronx, New York 10455 Opioid Treatment Program (822) with Telehealth Designation	PRU:	52934	Certified Capacity:	800 Capacity Lifted
Program Name: Service Type:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:	
Program Name: Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	53652	Certified Capacity:	
Program Name:					
Compliance Performance Data	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11946 Acacia.pdf				
Certificate Number:	231211856 Amendment OASAS Host	Effective:	12/16/2022	Anticipated Recert Review:	12/31/2023
Program Location:	4th Floor 175 Central Avenue Albany, New York 12206				100
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	52785	Certified Capacity:	400 Capacity Lifted
Program Name: Service Type:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:	
Program Name:	Outpatiant Convine (202)				
Service Type: Program Name:	Outpatient Service (822) with Telehealth Designation	PRU:	53765	Certified Capacity:	
Frogram Name.					
Compliance Performance Data	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11856 Acacia.pdf				
Certificate Number:	240311627 Renewal	Effective:	04/01/2021	Anticipated Recert Review:	03/31/2024
Program Location: Service Type:	2nd Floor, 1776 Clay Avenue, Bronx, New York 10457 Inpatient Rehabilitation Service (818) [up to 2 of these beds may be used for the provision of Section 816.7 medically supervised inpatent withdrawal & stabilization services, as needed]	PRU:	52108	Certified Capacity:	23
Program Name:	inpatent withdrawar a stabilization services, as neededj				
Compliance Performance Data	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11627_Acacia.pdf				
Certificate Number:	240311914 Amendment OASAS Host	Effective:	11/01/2022	Anticipated Recert Review:	03/31/2024
Program Location:	1st - 4th Floors 561 Court Street Brooklyn, New York 11231				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	52884	Certified Capacity:	850 Capacity Lifted
Program Name: Service Type:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:	
Program Name:		110.		Gertineu Gapacity.	
Service Type:	Outpatient Service (822)				
	with Telehealth Designation and Ancillary Withdrawal Services	PRU:	53738	Certified Capacity:	
Program Name:	with Telehealth Designation and Ancillary Withdrawal Services	PRU:	53738	Certified Capacity:	
-	with Telehealth Designation and Ancillary Withdrawal Services a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11914 Acacia.pdf	PRU:	53738	Certified Capacity:	
-		PRU: Effective:	53738	Certified Capacity: Anticipated Recert Review:	06/30/2024
Compliance Performance Data Certificate Number: Program Location:	a <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11914_Acacia.pdf</u> 240612392_Amendment 127 East 105th Street New York, New York 10029	Effective:	10/27/2023	Anticipated Recert Review:	06/30/2024
Compliance Performance Data Certificate Number: Program Location: Service Type:	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11914 Acacia.pdf 240612392 Amendment 127 East 105th Street New York, New York 10029 Outpatient Service (822) with Telehealth Designation			Anticipated Recert	06/30/2024
Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name:	 <u>http://webapps.oasas.ny.qov/legal/CertApp/Directory/documents/11914_Acacia.pdf</u> 240612392_Amendment 127 East 105th Street New York, New York 10029 Outpatient Service (822) with Telehealth Designation Vida Nueva 	Effective:	10/27/2023	Anticipated Recert Review:	06/30/2024
Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name:	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11914 Acacia.pdf 240612392 Amendment 127 East 105th Street New York, New York 10029 Outpatient Service (822) with Telehealth Designation	Effective:	10/27/2023	Anticipated Recert Review: Certified Capacity: Anticipated Recert	06/30/2024
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Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location:	 a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11914_Acacia.pdf 240612392_Amendment 127 East 105th Street New York, New York 10029 Outpatient Service (822) with Telehealth Designation Vida Nueva a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12392_Acacia.pdf 241111618 Renewal 2nd Floor, 1776 Clay Avenue, Bronx, New York 10457 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) with the use of methadone [up to 2 of these beds may be used for the provision of Part 	Effective: PRU: Effective:	10/27/2023 53827 12/01/2021	Anticipated Recert Review: Certified Capacity: Anticipated Recert Review:	11/30/2024
Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name:	 a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11914_Acacia.pdf 240612392_Amendment 127 East 105th Street New York, New York 10029 Outpatient Service (822) with Telehealth Designation Vida Nueva a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12392_Acacia.pdf 241111618 Renewal 2nd Floor, 1776 Clay Avenue, Bronx, New York 10457 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) with the use of methadone [up to 2 of these beds may be used for the provision of Part 	Effective: PRU: Effective:	10/27/2023 53827 12/01/2021	Anticipated Recert Review: Certified Capacity: Anticipated Recert Review:	11/30/2024
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Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	53599	Certified Capacity:
Program Name: Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	53598	Certified Capacity: 400 Capacity Lifted
Program Name:				
Compliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12290 Acacia.pdf			
Certificate Number:	260410351 Renewal	Effective:	05/01/2023	Anticipated Recert 04/30/2026 Review:
Program Location: Service Type:	1st & 3rd Floors 1776 Clay Avenue Bronx, New York 10457 Residential Opioid Treatment Program (822)			
Program Name:	with Telehealth Designation	PRU:	1183	Certified Capacity: 110
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10351 Acacia.pdf			
Certificate Number:	261111848 Renewal OASAS Host	Effective:	12/01/2023	Anticipated Recert 11/30/2026 Review:
Program Location:	1st & 2nd Floor 254 Virginia Street Buffalo, New York 14201			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52766	Certified Capacity:
Program Name: Service Type: Program Name:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	53751	Certified Capacity: 200
Program Name:				Capacity Lifted
Compliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11848 Acacia.pdf			
Access: Supports for Living	Inc.			
Provider Number: Administrative Office:	40310 Mr. Ronald Colavito, Executive Director 15 Fortune Road West, Middletown,NY 10941			Telephone - (845)-673-7077
Certificate Number:	220112185 Amendment OMH Effective: 06/15/2021 Host	Anticipated Recert Review:	01/31/2022	
Program Location: Service Type:	Offices: 132, 133, and 134 , 16-24 Union Street Middletown, New York 10940 Outpatient Service (822) with Telehealth Designation	PRU:	53326	Certified Capacity:
Program Name:				
Additional Location(s) At:	Access: Recovery -23 Grand Street Newburgh NY 12550			
Additional Location(s) At: - Offices: 303 304 and 308 21				
Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat	-23 Grand Street Newburgh NY 12550			
Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat	-23 Grand Street Newburgh NY 12550 a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12185 Access.pdf			Telephone - (914)-613-0700 Ext 7074
Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat Access: Supports for Living Provider Number:	-23 Grand Street Newburgh NY 12550 a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12185_Access.pdf Inc. as Sponsor, The Guidance Center of Westchester Inc., as Operator 23500 Ronald JColavito, President & CEO	Anticipated Recert Review:	08/31/2023	Telephone - (914)-613-0700 Ext 7074
Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat Access: Supports for Living Provider Number: Administrative Office: Certificate Number: Program Location:	-23 Grand Street Newburgh NY 12550 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12185_Access.pdf</u> Inc. as Sponsor, The Guidance Center of Westchester Inc., as Operator 23500 Ronald JColavito, President & CEO 256 Washington Street, Mount Vernon,NY 10553 230811787 Establishment Effective: 09/27/2022 3rd and 4th Floors, 256 Washington Street, Mount Vernon, New York 10553	Review:		
Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat Access: Supports for Living Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	-23 Grand Street Newburgh NY 12550 a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12185 Access.pdf Inc. as Sponsor, The Guidance Center of Westchester Inc., as Operator 23500 Ronald JColavito, President & CEO 256 Washington Street, Mount Vernon,NY 10553 230811787 Establishment Effective: 09/27/2022 3rd and 4th Floors, 256 Washington Street, Mount Vernon, New York 10553 Outpatient Service (822) with Telehealth Designation	Anticipated Recert Review: PRU:	08/31/2023 52641	Telephone - (914)-613-0700 Ext 7074 Certified Capacity:
Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat Access: Supports for Living Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	-23 Grand Street Newburgh NY 12550 a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12185 Access.pdf Inc. as Sponsor, The Guidance Center of Westchester Inc., as Operator 23500 Ronald JColavito, President & CEO 256 Washington Street, Mount Vernon,NY 10553 230811787 Establishment Effective: 09/27/2022 3rd and 4th Floors, 256 Washington Street, Mount Vernon, New York 10553 Outpatient Service (822) with Telehealth Designation Mount Vernon Sunrise	Review:		
Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat Access: Supports for Living Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat	-23 Grand Street Newburgh NY 12550 a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12185 Access.pdf Inc. as Sponsor, The Guidance Center of Westchester Inc., as Operator 23500 Ronald JColavito, President & CEO 256 Washington Street, Mount Vernon,NY 10553 230811787 Establishment Effective: 09/27/2022 3rd and 4th Floors, 256 Washington Street, Mount Vernon, New York 10553 Outpatient Service (822) with Telehealth Designation Mount Vernon Sunrise a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11787 Guidan.pdf	Review: PRU:	52641	Certified Capacity:
Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat Access: Supports for Living Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	-23 Grand Street Newburgh NY 12550 a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12185 Access.pdf Inc. as Sponsor, The Guidance Center of Westchester Inc., as Operator 23500 Ronald JColavito, President & CEO 256 Washington Street, Mount Vernon,NY 10553 230811787 Establishment Effective: 09/27/2022 3rd and 4th Floors, 256 Washington Street, Mount Vernon, New York 10553 Outpatient Service (822) with Telehealth Designation Mount Vernon Sunrise	Review:		
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Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat Access: Supports for Living Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Certificate Number: Program Location: Service Type: Program Location: Service Type: Program Name:	-23 Grand Street Newburgh NY 12550 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12185_Access.pdf</u> 1 Inc. as Sponsor, The Guidance Center of Westchester Inc., as Operator 23500 Ronald JColavito, President & CEO 256 Washington Street, Mount Vernon,NY 10553 230811787_Establishment Effective: 09/27/2022 3rd and 4th Floors, 256 Washington Street, Mount Vernon, New York 10553 Outpatient Service (822) with Telehealth Designation Mount Vernon Sunrise a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11787_Guidan.pdf</u> 250910359_Renewal OASAS Host 20 Sickles Avenue, Room #s 1, 2, & 3 (Lower Level) (Upper Level) - Methadone Dispense Integrated Outpatient Services - MH	Review: PRU: Effective: sing , New Rochelle, No PRU:	52641 10/01/2023 ew York 10801	Certified Capacity: Anticipated Recert 09/30/2025 Review: Certified Capacity:
Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat Access: Supports for Living Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Certificate Number: Program Location: Service Type:	-23 Grand Street Newburgh NY 12550 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12185_Access.pdf</u> 1 Inc. as Sponsor, The Guidance Center of Westchester Inc., as Operator 23500 Ronald JColavito, President & CEO 256 Washington Street, Mount Vernon,NY 10553 230811787_Establishment Effective: 09/27/2022 3rd and 4th Floors, 256 Washington Street, Mount Vernon, New York 10553 Outpatient Service (822) with Telehealth Designation Mount Vernon Sunrise a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11787_Guidan.pdf</u> 250910359_Renewal OASAS Host 20 Sickles Avenue, Room #s 1, 2, & 3 (Lower Level) (Upper Level) - Methadone Dispense	Review: PRU: Effective: sing , New Rochelle, N	52641 10/01/2023	Certified Capacity: Anticipated Recert 09/30/2025 Review:
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Additional Location(s) At: - Offices: 303 304 and 308 21 Compliance Performance Dat Access: Supports for Living Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Certificate Number: Program Name: Service Type: Program Name: Compliance Performance Dat	-23 Grand Street Newburgh NY 12550 a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12185_Access.pdf Inc. as Sponsor, The Guidance Center of Westchester Inc., as Operator 23500 Ronald JColavito, President & CEO 256 Washington Street, Mount Vernon,NY 10553 230811787 Establishment Effective: 09/27/2022 3rd and 4th Floors, 256 Washington Street, Mount Vernon, New York 10553 Outpatient Service (822) with Telehealth Designation Mount Vernon Sunrise a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11787_Guidan.pdf 250910359 Renewal OASAS Host 20 Sickles Avenue, Room #s 1, 2, & 3 (Lower Level) (Upper Level) - Methadone Dispense Integrated Outpatient Services - MH Opioid Treatment Program (822) with Telehealth Designation a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10359_Guidan.pdf	Review: PRU: Effective: sing , New Rochelle, No PRU:	52641 10/01/2023 ew York 10801	Certified Capacity: Anticipated Recert 09/30/2025 Review: Certified Capacity:
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Hong Mane Name	Service Type:		PRU:	50519	Certified Capacity:	
In Addition Center of Norms County, Inc. Telephone - 1607/723-7338 Exi 124 Threader Number: 20000 ML, Camere Prinz, Decode Directs: 0101000 A Anticipated Recent: 12017020 B Residence Number: 2017104 Prinzed Number: 0101000 A Anticipated Recent: 12017020 B Regran Location: Contrain Res. 27 Min. 2000 B Emether: 0101000 A Anticipated Recent: 12017020 B Regran Location: Contrain Res. 27 Min. 2000 B Emether: 0101000 A Anticipated Recent: 12017020 B Wight Status: Contrained Camered D Emether: 0101000 A Anticipated Recent: 12017020 B Wight Status: Contrained Camered D Emether: 0101000 A Anticipated Recent: 12017020 B Wight Status: Contrained Camered D Emether: 0101000 A Anticipated Recent: 12017020 B Wight Status: Contrained Camered D Emether: 0101000 A Anticipated Recent: 12017000 B Wight Status: Mind Contrained Status: Emether: 0101000 A Anticipated Recent: 1201700 B Wight Status: Mind Contrained Status: Mind Contrained Camered D Emether: 000102	Program Name:	-				
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Statutional Number:	Provider Number:	36030 Ms. Carmela Pirich, Executive Director			Telephone - (607)-723-7308	Ext 124
Name Name Name Optimical Name <td>Administrative Office:</td> <td>Colonial Plaza, 2nd Floor, 30 West State Street, Binghamton, NY 13901</td> <td></td> <td></td> <td></td> <td></td>	Administrative Office:	Colonial Plaza, 2nd Floor, 30 West State Street, Binghamton, NY 13901				
indent Service (22) with Televalue (12) with Televalue	Certificate Number:		24 Anticipated Re Review:	cert 12/31/2026		
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Addictions Care Care of Alary, Inc. Solo Kath Stack, Excodive Director Telephone - (518)+485-5470 Ext 214 Addictions Care Care of Alary, Inc. Administration Building, 00 McCarty Avenue, Alary, NY 12202 Telephone - (518)+485-5470 Ext 214 Administrative Office: Administration Building, 00 McCarty Avenue, Alary, NY 12202 Anticipated Recort Review: 00:01/2021 Anticipated Recort Review: 00:01/2023 Partiticate Number: 20:01/2020 Provide Number: 20:01/2020 Review: 00:01/2021 Anticipated Recort Review: 00:01/2023 Partiticate Number: 20:01/2020 Perturbation Provide Number: 00:01/2021 Anticipated Recort Review: 00:01/2021 Anticipated Recort Review: 00:01/2024 Program Name: Generation: Provide Number: 20:01/2020 Review: 00:01/2021 Anticipated Recort Review: 00:01/2024 Program Name: Generation: Program Number: 20:01/2027 Review: 00:01/2021 Anticipated Recort Review: 00:01/2024 Program Name: McCarty Avenue Meri's Stabilization for meni Program Name: Certified Capacity: 24 00:01/2022 Anticipated Recort Review: 00:01/2024 Program Name: McCarty Avenue	- Children's Home of Wyomi	ng Conference 1182 Chenango Street Binghamton NY 13901				
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Certificate Number: 240312207 Renewal Effective: 04/01/2021 Anticipated Recert Review: 03/31/2024 Program Location: 90 McCarty Avenue Albany, New York 12202 Bervice Type: Residential Services (820) with Telehealth Designation for men PRU: 53459 Certified Capacity: 24 Idencets: Image: Stabilization / Image: Residential Services (820) with Telehealth Designation for men Reintegration Congregate Scattered View						
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Program Name: ACCA Quaker road Compliance Performance Data Ittp://webapps.oasas.nv.qov/legal/CertApp/Directory/documents/12387 Addict.pdf Certificate Number: 240712137 Renewal Program Location: 90 McCarty Avenue Albany, New York 12202 Service Type: Residential Services (820) with Telehealth Designation for women and up to 4 beds for children PRU: 53212 Certified Capacity: 16	Compliance Performance D Certificate Number: Program Location: Service Type: Elements: Program Name: Compliance Performance D Certificate Number:	ata <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12210_Addic</u> 240312207_Renewal 90 McCarty Avenue Albany, New York 12202 Residential Services (820) with Telehealth Designation [for men] Stabilization [for men]	Effective: PRU: gregate Scattered	53459	Review: Certified Capacity: Anticipated Recert	24
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Program Name: Treatment, Recovery, Education and Empowerment (T.R.E.E.) House for Women and Children	Compliance Performance D Certificate Number: Program Location: Service Type: Elements: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Elements: Program Name: Compliance Performance D Certificate Number:	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12210_Addic 240312207_Renewal 90 McCarty Avenue Albany, New York 12202 Residential Services (820) with Telehealth Designation [for men]	Effective: PRU: Scattered t.odf gregate gregate t.odf Effective: Effective: Effective: Effective: Effective: Effective: Effective: Effective: Effective:	53459 05/16/2023 53799 08/01/2022	Review: Certified Capacity: Anticipated Recert Review: Certified Capacity: Anticipated Recert Review:	24 04/30/2024 22 07/31/2024
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Anticipated Recert 07/31/2025 Review:

Certificate Number:

250710645 Renewal

Effective:

08/01/2023

Certificate Number:	240712406 Establishment	Effective:	08/21/2023	Anticipated Recert 07/31/2024 Review:
Program Location: Service Type:	504 Second Avenue Troy, New York 12182 Residential Services (820)	PRU:	53811	Certified Capacity: 20
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered		
Program Name:	Troy House			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12406_Addict.pdf			
Certificate Number:	250812255 Renewal	Effective:	09/01/2022	Anticipated Recert 08/31/2025 Review:
Program Location: Service Type:	111 McCarty Avenue Albany, New York 12202 Residential Services (820) for women and up to 6 beds for their children	PRU:	53540	Certified Capacity: 14
Elements:	Stabilization Rehabilitation Meintegration Congregate	Scattered		
Program Name:	Vista House			
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12255_Addict.pdf			
Certificate Number:	260112298 Amendment	Effective:	05/16/2023	Anticipated Recert 01/31/2026 Review:
Program Location: Service Type:	90 McCarty Avenue Albany, New York 12202 Residential Services (820)	PRU:	53469	Certified Capacity: 30
Elements:	Stabilization Rehabilitation 🖌 Reintegration Congregate	Scattered		
Program Name:	Albany Citizens Council Reintegration			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12298_Addict			
Certificate Number:	260710605 Renewal	Effective:	08/01/2023	Anticipated Recert 07/31/2026 Review:
Program Location: Service Type:	1044 Broadway Menands, New York 12204 Outpatient Service (822)	PRU:	50113	Certified Capacity:
Program Name:	with Telehealth Designation			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10605_Addict.pdf			
Advanced Human Services, I	nc.			
Advanced Human Services, I Provider Number: Administrative Office:	nc. 42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375			Telephone - (718)-261-3437
Provider Number:	42660 Anna Rikhter M.D., President	Anticipated Recert Review:	12/31/2018	Telephone - (718)-261-3437
Provider Number: Administrative Office:	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375	Anticipated Recert Review: PRU:	12/31/2018 51859	Telephone - (718)-261-3437 Certified Capacity:
Provider Number: Administrative Office: Certificate Number: Program Location:	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375 181211467 Special Relssue Effective: 01/01/2018 Suite LL1, Basement, 112-15 72nd Road, Forest Hills, New York 11375 Outpatient Service (822)	Review:		
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Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375 181211467 Special Relssue Effective: 01/01/2018 Suite LL1, Basement, 112-15 72nd Road, Forest Hills, New York 11375 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services]	Review:		
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type:	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375 181211467 Special Relssue Effective: 01/01/2018 Suite LL1, Basement, 112-15 72nd Road, Forest Hills, New York 11375 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11467_Advanc.pdf	PRU:	51859	Certified Capacity: Anticipated Recert 12/31/2018
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name:	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375 181211467 Special Relssue Effective: 01/01/2018 Suite LL1, Basement, 112-15 72nd Road, Forest Hills, New York 11375 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11467 Advanc.pdf 181211763 Special Relssue Basement, 112-15 72nd Road, Forest Hills, New York 11375 Medically Supervised Outpatient Withdrawal & Stabilization (816.8) with Telehealth Designation [without the use of methadone]	PRU: Effective:	51859 01/01/2018	Certified Capacity: Anticipated Recert 12/31/2018 Review:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name:	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375 181211467 Special Relssue Effective: 01/01/2018 Suite LL1, Basement, 112-15 72nd Road, Forest Hills, New York 11375 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11467_Advanc.pdf 181211763 Special Relssue Basement, 112-15 72nd Road, Forest Hills, New York 11375 Medically Supervised Outpatient Withdrawal & Stabilization (816.8)	PRU: Effective:	51859 01/01/2018	Certified Capacity: Anticipated Recert 12/31/2018 Review:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375 181211467 Special Relssue Effective: 01/01/2018 Suite LL1, Basement, 112-15 72nd Road, Forest Hills, New York 11375 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11467 Advanc.pdf 181211763 Special Relssue Basement, 112-15 72nd Road, Forest Hills, New York 11375 Medically Supervised Outpatient Withdrawal & Stabilization (816.8) with Telehealth Designation [without the use of methadone]	PRU: Effective:	51859 01/01/2018	Certified Capacity: Anticipated Recert 12/31/2018 Review:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data AIDS Service Center of Lowe Provider Number:	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375 181211467 Special Relssue Effective: 01/01/2018 Suite LL1, Basement, 112-15 72nd Road, Forest Hills, New York 11375 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11467_Advanc.pdf 181211763 Special Relssue Basement, 112-15 72nd Road, Forest Hills, New York 11375 Medically Supervised Outpatient Withdrawal & Stabilization (816.8) with Telehealth Designation [without the use of methadone] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11763_Advanc.pdf r Manhattan, Inc. d/b/a Alliance for Positive Change 48900 Ms. Sharen IDuke, President/Chief Executive Officer	PRU: Effective:	51859 01/01/2018 52612	Certified Capacity: Anticipated Recert 12/31/2018 Review: 12/31/2018 Certified Capacity: 30
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data AIDS Service Center of Lowe Provider Number: Administrative Office:	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375 181211467 Special Relssue Effective: 01/01/2018 Suite LL1, Basement, 112-15 72nd Road, Forest Hills, New York 11375 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11467_Advanc.pdf 181211763 Special Relssue Basement, 112-15 72nd Road, Forest Hills, New York 11375 Medically Supervised Outpatient Withdrawal & Stabilization (816.8) with Telehealth Designation [without the use of methadone] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11763_Advanc.pdf r Manhattan, Inc. d/b/a Alliance for Positive Change 48900 Ms. Sharen IDuke, President/Chief Executive Officer 64 West 35th Street, New York,NY 10001	PRU: Effective: PRU: Anticipated Recert	51859 01/01/2018 52612	Certified Capacity: Anticipated Recert 12/31/2018 Review: 12/31/2018 Certified Capacity: 30
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data AIDS Service Center of Lowe Provider Number: Administrative Office: Certificate Number: Program Location:	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375 181211467 Special Relssue Effective: 01/01/2018 Suite LL1, Basement, 112-15 72nd Road, Forest Hills, New York 11375 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11467_Advanc.pdf 181211763 Special Relssue Basement, 112-15 72nd Road, Forest Hills, New York 11375 Medically Supervised Outpatient Withdrawal & Stabilization (816.8) with Telehealth Designation [without the use of methadone] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11763_Advanc.pdf r Manhattan, Inc. d/b/a Alliance for Positive Change 48900 Ms. Sharen IDuke, President/Chief Executive Officer 64 West 35th Street, New York,NY 10001 231011858 Renewal Effective: 11/01/2020 Ground Floor 2036 Amsterdam Avenue New York, New York 10032 Outpatient Service (822)	PRU: Effective: PRU: PRU: Anticipated Recert Review:	51859 01/01/2018 52612 10/31/2023	Certified Capacity: Anticipated Recert 12/31/2018 Review: 12/31/2018 Certified Capacity: 30 Telephone - (212)-645-0875 Ext 304
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data AIDS Service Center of Lowe Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Location: Service Type: Program Name:	42660 Anna Rikhter M.D., President 112-15 72nd Road, Forest Hills,NY 11375 181211467 Special Relssue Effective: 01/01/2018 Suite LL1, Basement, 112-15 72nd Road, Forest Hills, New York 11375 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11467_Advanc.pdf 181211763 Special Relssue Basement, 112-15 72nd Road, Forest Hills, New York 11375 Medically Supervised Outpatient Withdrawal & Stabilization (816.8) with Telehealth Designation [without the use of methadone] http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11763_Advanc.pdf r Manhattan, Inc. d/b/a Alliance for Positive Change 48900 Ms. Sharen IDuke, President/Chief Executive Officer 64 West 35th Street, New York,NY 10001 231011858 Renewal Effective: 11/01/2020 Ground Floor 2036 Amsterdam Avenue New York, New York 10032 Outpatient Service (822) with Telehealth Designation	PRU: Effective: PRU: PRU: Anticipated Recert Review:	51859 01/01/2018 52612 10/31/2023	Certified Capacity: Anticipated Recert 12/31/2018 Review: 12/31/2018 Certified Capacity: 30 Telephone - (212)-645-0875 Ext 304

Provider Number: Administrative Office:	70520 Stephen JGiordano Ph.D., Directo 175 Green Street, Albany,NY 12202	r				Telephone - (518)-447-4567
Certificate Number:	261210648 Renewal OMH Host	Effective:	01/01/2024	Anticipated Recert Review:	12/31/2026	
Program Location: Service Type:	1st and 2nd Floors 260 South Pearl Stree Outpatient Service (822) with Telehealth Designation	et Albany, New York 1220	2	PRU:	1865	Certified Capacity:
Program Name:	Albany County Alcohol and Substance A	buse Clinic				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertA	op/Directory/documents/10	0648 Albany.pdf			
Alcohol and Drug Council of	Tompkins County, Inc.					
Provider Number: Administrative Office:	36070 Ms. Angela DSullivan, Executive I 201 East Green Street, Ithaca,NY 14850	Director				Telephone - (607)-274-6288
Certificate Number:	240612397 Establishment	Effective:	07/12/2023	Anticipated Recert Review:	06/30/2024	
Program Location: Service Type:	2353 N. Triphammer Road Ithaca, New M Residential Services (820) With Telehealth Designation - (w/ ability Medically Supervised Withdrawal and Sta	o swing 20 beds for the pr	rovision of Part 816.7	PRU:	53759	Certified Capacity: 20
Elements:	Stabilization Rehabilitation	n Reintegration	Congregate	Scattered		
Program Name:						
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertA	op/Directory/documents/12	2397 Alcoho.pdf			
Certificate Number:	240612398 Establishment			Effective:	07/12/2023	Anticipated Recert 06/30/2024 Review:
Program Location: Service Type:	2353 N. Triphammer Road Ithaca, New M Medically Supervised Inpatient Withdraw With Telehealth Designation - (w/ ability in Residential Stabilization Services)	al & Stabilization Services		PRU:	53760	Certified Capacity: 20
Program Name:						
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertA	op/Directory/documents/12	2398 Alcoho.pdf			
Certificate Number:	250810653 Renewal			Effective:	09/01/2022	Anticipated Recert 08/31/2025 Review:
Program Location: Service Type:	Suite 500, 5th Floor, 201 East Green Str Outpatient Service (822) with Telehealth Designation	eet, Ithaca, New York 148	50	PRU:	50615	Certified Capacity:
Program Name:						
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertA	op/Directory/documents/10	0653 Alcoho.pdf			
Alcohol and Substance Abu	se Council of Jefferson County, Inc. d/b	/a Pivot				
Provider Number: Administrative Office:	36130 Mr. William WBowman, Executive Suite 320, 167 Polk Street, Watertown,N					Telephone - (315)-788-4660
Certificate Number:	250811991 Renewal	Effective:	09/01/2022	Anticipated Recert Review:	08/31/2025	
Program Location: Service Type:	Administrative Site Only:, Suite 320, 167 Prevention Counseling	Polk Street, Watertown, N	lew York 13601	PRU:	90689	Certified Capacity:
Case Middle School 1st Floo Watertown High School Leve Ohio Elementary School 153 North Elementary School 177 General Brown Junior-High S LaFargeville Central School 2199 Sackets Harbor CSD 215 So Carthage Middle School 2199 West Carthage Elementary S Alexandria Bay Central School Carthage High School Guida Belleville-Hernderson CSD 8 Carthage Elementary School Compliance Performance Data	11868 Academy Street Chaumont NY 136 r Guidance Office 1237 Washington Street 3 Balcony Office 1335 Washington Street 7 Ohio Street Watertown NY 13601 I East Hoard Street Watertown NY 13601 i East Hoard Street Watertown NY 13601 20414 Sunrise Avenue LaFargeville NY 13 uth Broad Street Sackets Harbor NY 1368 36 Cole Road Carthage NY 13619 chool 31568 Cole Road Carthage NY 1360 ol District 2nd Floor Room 307 34 Bolton / nce Office 36500 Route 26 Carthage NY 13605 Beaver Lane Carthage NY 13619 a http://webapps.oasas.nv.gov/legal/CertA	Watertown NY 13601 t Watertown NY 13601 Dexter NY 13634 656 5 19 Wenue Alexandria Bay NY 3619 pp/Directory/documents/11				
Provider Number:	35250 Ms. Janine Stuchin, Executive Dir	ector				Telephone - (518)-581-1230 Ext 3611
Administrative Office:	125 High Rock Avenue, Saratoga Spring	s,NY 12866				
Certificate Number:	230211992 Amendment	Effective:	11/16/2021	Anticipated Recert Review:	02/28/2023	

Service Type:	Prevention Counseling	PRU: 906	681	Certified Capacity:	
Program Name: <u>Additional Location(s) At:</u>					
- Corinth Middle-High School 1	st Floor Guidance Suites 105 Oak Street Corinth NY 12822				
- South Glens Falls High Scho	Floor Student Services 220 Ballston Avenue Ballston Spa NY 12020 ol 1st Floor Guidance Office 42 Merritt Road South Glens Falls NY 12803				
	1st Floor Room 109 5317 Sacandaga Road Galway NY 12074 ol 1st Floor Guidance Office 99 Hudson Street South Glens Falls NY 12803				
	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11992_TheAlc.pdf				
Alcoholism and Substance A	Nouse Council of Schenectady County, Inc. d/b/a New Choices Recovery Center				
Provider Number:	35060 Ms. Laura Combs, Executive Director			Telephone - (518)-348	3-7968
Administrative Office:	728 State Street, Schenectady,NY 12307				
Certificate Number:	230812259 Conditional Certificate Effective: 09/01/2022	Anticipated Recer Review:	t 08/31/2023		
Program Location: Service Type:	406-408 Summit Avenue Schenectady, New York 12307 Residential Services (820)	PRU:	53548	Certified Capacity:	16
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Purcell House				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12259_Alcoho.pdf				
Certificate Number:	240812261 Renewal	Effective:	09/01/2022	Anticipated Recert Review:	08/31/2024
Program Location: Service Type:	834 Emmett Street Schenectady, New York 12307 Residential Services (820)	PRU:	53549	Certified Capacity:	16
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered	33343	Gertined Gapacity.	10
Program Name:	Margaret T. Smith House				
-	-				
	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12261_Alcoho.pdf			Anticipated Recert	
Certificate Number:	250812262 Renewal	Effective:	09/01/2022	Review:	08/31/2025
Program Location: Service Type:	70 and 72 Union Avenue Schenectady, New York 12308 Residential Services (820)	PRU:	53546	Certified Capacity:	22
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Bridge Center				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12262_Alcoho.pdf				
Certificate Number:	260110589 Renewal	Effective:	02/01/2023	Anticipated Recert Review:	01/31/2026
Program Location:	1st & 2nd Floors, 728 State Street, Schenectady, New York 12307			Neview.	
Service Type:	Outpatient Service (822) with Telehealth, Problem Gambling and LGBTQ Services Designations	PRU:	50332	Certified Capacity:	
Program Name:					
Service Type:	Outpatient Rehabilitation Service (822) with Telehealth Designation	PRU:	51966	Certified Capacity:	
Program Name:					
Additional Location(s) At: - 122 Park Avenue Schenectad	dy NY 12304				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10589_Alcoho.pdf				
Certificate Number:	260711825 Renewal	Effective:	02/28/2024	Anticipated Recert Review:	07/31/2026
Program Location:	840 State Street Schenectady, New York 12307				
Service Type:	Outpatient Service (822) with Telehealth, LGBTQ-Affirming and Problem Gambling Designations	PRU:	52777	Certified Capacity:	
Program Name: Service Type:		221/	50000	0	100
Program Name:	Opioid Treatment Program (822)	PRU:	53628	Certified Capacity:	Capacity Lifted
-	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11825_Alcoho.pdf				
Certificate Number:	260712260 Renewal	Effective:	08/01/2023	Anticipated Recert	07/31/2026
Program Location:	575 Lansing Street Schenectady, New York 12303			Review:	
Service Type:	Residential Services (820)	PRU:	53547	Certified Capacity:	21

Administrative Site Only:, 125 High Rock Avenue, Saratoga Springs, New York 12866

Program Location:

Elements:	Stabilization	Rehabilitation	Reinte	gration 🖌	Congregate	Scattered
Program Name:	Georgia S. Perrin House	9				

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12260 Alcoho.pdf

Allegany Council on Alcoho	lism and Substance Abuse, Inc.					
Provider Number:	38110 Mr. William Penman, CEO					Telephone - (585)-593-1920
Administrative Office:	3084 Trapping Brook Road, Wellsville,NY 14895					
Certificate Number:	240410658 Renewal	Effective:	05/01/2021	Anticipated Recert Review:	04/30/2024	
Program Location:	2956 Airway Road, Wellsville, New York 14895					
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50177	Certified Capacity:
Program Name: Additional Location(s) At: - 40 West Main Street Cuba N	Y 14727					
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	0658 Allega.pdf			
Certificate Number:	250812348 Renewal			Effective:	09/01/2023	Anticipated Recert 08/31/2025 Review:
Program Location: Service Type:	3084 Trapping Brook Road Wellsville, New York 1 Residential Services (820)	4895		PRU:	53662	Certified Capacity: 17
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered		
Program Name:	Trapping Brook House					
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/12	2348 Allega.pdf			
Certificate Number:	251112349 Renewal			Effective:	12/01/2023	Anticipated Recert 11/30/2025 Review:
Program Location: Service Type:	3084 Trapping Brook Road Wellsville, New York 1 Residential Services (820)	4895		PRU:	53663	Certified Capacity: 10
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered		
Program Name:	Trapping Brook House					
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/12	2349 Allega.pdf			
Amethyst House, Inc.						
Provider Number:	31330 Luke ANasta, Executive Director					Telephone - (917)-816-1929
Administrative Office:	280 Richmond Terrace, Staten Island,NY 10301					
Certificate Number:	231012343 Establishment	Effective:	11/17/2022	Anticipated Recert Review:	10/31/2023	
Program Location: Service Type:	220 Heberton Avenue Staten Island, New York 10 Residential Services (820)	302		PRU:	53672	Certified Capacity: 20
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered		
Program Name:						
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/12	2343 Amethy.pdf			
The Family Center, Inc.						
Provider Number:	48310 Ivy Gamble Cobb LMSW, Executive Director	or				Telephone - (718)-230-1379 Ext 144
Administrative Office:	493 Nostrand Avenue, Brooklyn,NY 11216					
Certificate Number:	250612297 Amendment	Effective:	10/19/2023	Anticipated Recert Review:	06/30/2025	
Program Location: Service Type:	3rd Floor 493 Nostrand Avenue Brooklyn, New Yo Outpatient Service (822)	ork 11216		PRU:	53608	Certified Capacity:
Program Name:	with Telehealth Designation					
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/12	2297 TheFam.pdf			
Anchor House, Inc.						
						T (740) 774 0700 F / 404
Provider Number: Administrative Office:	610 Ms. Alison King, Executive Director 1041-47 Bergen Street, Brooklyn, NY 11216					Telephone - (718)-771-0760 Ext 101
Provider Number: Administrative Office: Certificate Number:	1041-47 Bergen Street, Brooklyn,NY 11216 251012129 Renewal	Effective:	11/01/2022	Anticipated Recert	10/01/2005	Telephone - (/18)-//1-0/60 Ext 101

Program Location:	1041-1047 Bergen Street Brooklyn, New York 11216			
Service Type:	Residential Services (820) with Telehealth Designation [for men]	PRU:	53208	Certified Capacity: 50
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congrega	ate Scattered		
Program Name:				
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12129_Anchor.pc	<u>1f</u>		
Certificate Number:	251112128 Renewal	Effective:	12/01/2022	Anticipated Recert 11/30/2025
Program Location: Service Type:	976 Park Place Brooklyn, New York 11213 Residential Services (820) with Telehealth Designation (women)	PRU:	53207	Certified Capacity: 28
Elements:	Stabilization P Rehabilitation Reintegration Congrega	ate Scattered		
Program Name:		_		
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12128 Anchor.pd	<u>1f</u>		
Argus Community, Inc.				
Provider Number: Administrative Office:	10160 Cynthia Delarosa, Interim Co-Executive Director/ Chief Operating Officer 760 East 160th Street, Bronx,NY 10452			Telephone - (929)-241-4070 Ext 320
Certificate Number:	181212113 Special Relssue Effective: 01/01/20	18 Anticipated Review:	Recert 12/31/2018	
Program Location: Service Type: Program Name:	114-40 Van Wyck Expressway, South Ozone Park, New York 11420 Medically Monitored Withdrawal & Stabilization Services (816.9)	PRU:	53156	Certified Capacity: 36
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12113 ArgusC.p	<u>df</u>		
Certificate Number:	231011505 Amendment	Effective:	10/09/2023	Anticipated Recert 10/31/2023 Review:
Program Location: Service Type:	1st Floor 830 Forest Avenue Bronx, New York 10456 Outpatient Service (822)			
Program Name: Additional Location(s) At:	with Telehealth Designation Elizabeth L. Sturz Outpatient Center	PRU:	227	Certified Capacity:
	144th Street Bronx NY 10451			
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11505_ArgusC.p	<u>df</u>		
Certificate Number:	231212357 Amendment	Effective:	11/10/2023	Anticipated Recert 12/31/2023 Review:
Program Location: Service Type:	3rd and 4th Floor, 830 Forest Avenue Bronx, New York 10456 Residential Services (820)	PRU:	53153	Certified Capacity: 55
Elements:	Stabilization P Rehabilitation Reintegration Congreg		55155	Certified Capacity. 55
Program Name:	Harbor House II			
-				
	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12357 ArgusC.p			Anticipated Recert 12/21/2022
Certificate Number: Program Location:	231212358 Amendment 2nd and 3rd Floors 830 Forest Avenue Bronx, New York 10456	Effective:	11/10/2023	Review:
Service Type:	Residential Services (820)	PRU:	53152	Certified Capacity: 59
Elements:	Stabilization 🖌 Rehabilitation 📝 Reintegration 🖌 Congreg	gate Scattered		
Program Name:	Harbor House I			
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12358 ArgusC.pr	df		
Certificate Number:	240211781 Renewal	Effective:	03/01/2021	Anticipated Recert 02/29/2024 Review:
Program Location: Service Type: Program Name:	2038 Davidson Avenue, Bronx, New York 10453 Prevention Counseling	PRU:	90867	Certified Capacity:
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11781_ArgusC.p	<u>df</u>		
Certificate Number:	250112154 Conditional Certificate	Effective:	02/01/2024	Anticipated Recert 01/31/2025

PRU:

53274

2nd, 3rd & 4th Floors 2015-25 Madison Avenue New York, New York 10035

Residential Services (820)

Program Location:

Service Type:

Certified Capacity: 150

Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Mary S. Taylor Homeless Outreach Residence				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12154_ArgusC.pdf				
Certificate Number:	250812227 Renewal	Effective:	09/01/2023	Anticipated Recert Review:	08/31/2025
Program Location: Service Type:	Basement-5th Floor 202-204 Edgecombe Avenue New York, New York 10030 Residential Services (820)	PRU:	53612	Certified Capacity:	60
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Striver House				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12227 ArgusC.pdf				
Certificate Number:	261111782 Renewal	Effective:	12/01/2023	Anticipated Recert Review:	11/30/2026
Program Location: Service Type:	507 West 145th Street New York, New York 10031 Outpatient Service (822) with Telehealth Designation	PRU:	52628	Certified Capacity:	
Program Name: Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	53539	Certified Canacity:	99 Capacity Lifted
Program Name: Additional Location(s) At: - 1st Floor 2015 Madison Avenu	ie New York NY 10035				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11782_ArgusC.pdf				
Argus Community, Inc. as Sp	onsor Create, Inc. as Operator				
	296 Mr. Richard Weiss, President/CEO 760 East 160th Street, Bronx,NY 10456			Telephone - (718)-401-5700	
Certificate Number:	240610743 Renewal Effective: 07/01/2022	Anticipated Recert	06/30/2024		
Program Location:	1st & 2nd Floors, Basement, 73-75 Lenox Avenue, New York, New York 10026	Review:			
	Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services]	PRU:	658	Certified Capacity:	
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10743_ArgusC.pdf				
Certificate Number:	241112084 Renewal	Effective:	12/01/2021	Anticipated Recert 11/30/2 Review:	024
•	121-123 West 111th Street, New York, New York 10026 Residential Services (820)	PRU:	53116	Certified Capacity: 32	
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:					
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12084_ArgusC.pdf				
Provider Number:	onsor, Counseling Service of E.D.N.Y., Inc. as Operator 80 Mr. Cythnia De La Rosa, COO			Telephone - (718)-401-5700	
Administrative Office:	760 East 160th Street , Bronx,NY 10456				
Certificate Number:	240711601 Renewal Effective: 08/01/2022 Svite 504 514 514 514 514	Anticipated Recert Review:	07/31/2024		
Service Type:	Suite 501, 5th Floor, 163-18 Jamaica Avenue, Jamaica, New York 11432 Outpatient Service (822) with Telehealth Designation	PRU:	52083	Certified Capacity:	
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11601_Counse.pdf				
Certificate Number:	250910740 Amendment	Effective:	03/20/2023	Anticipated Recert 09/30/2	025
-	9th Floor, 175 Remsen Street, Brooklyn, New York 11201 Outpatient Service (822)	DDU:	6205	Contified Courselfs	
	with Telehealth Designation [with ancillary withdrawal services]	PRU:	6285	Certified Capacity:	
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10740 Counse.pdf				
Certificate Number:	251210741 Renewal	Effective:	01/01/2023	Anticipated Recert 12/31/2 Review:	025

Program Location:	Suite 300 175 Fulton Avenue Hempstead, New York 11550			
Service Type:	Outpatient Service (822) with Telehealth and Problem Gambling Designations [with ancillary withdrawal services]	PRU:	5726	Certified Capacity:

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10741 Counse.pdf

Arms Acres, Inc.						
rovider Number:	32412 Ms. Patrice Wallace-Moore, Chief Executive Officer	r			Telephone - (845)-225	5-3400 Ext 613
dministrative Office:	75 Seminary Hill Road, Carmel,NY 10512					
ertificate Number:	240510666 Renewal Effect	ive: 06/01/2021	Anticipated Recert Review:	05/31/2024		
rogram Location:	1st Floor 21 Old Route 6 Carmel, New York 10512					
ervice Type:	Outpatient Service (822) with Telehealth Designation		PRU:	51591	Certified Capacity:	
rogram Name:	Arms Acres Outpatient Program					
ompliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/docu	ments/10666 ArmsAc.pdf				
ertificate Number:	240611619 Renewal		Effective:	07/01/2021	Anticipated Recert Review:	06/30/2024
rogram Location:	1st Floor, 3584 Jerome Avenue, Bronx, New York 10467					
ervice Type:	Outpatient Service (822)		PRU:	52100	Certified Capacity:	
N	with Telehealth Designation			02100	continue cupacity.	
rogram Name:						
ompliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/docu	ments/11619 ArmsAc.pdf				
ertificate Number:	240910097 Amendment		Effective:	02/07/2023	Anticipated Recert Review:	09/30/2024
rogram Location:	A, B, D, and E Wings, Basement & 1st Floor 75 Seminary	Hill Road Carmel, New York 1	0512			
ervice Type:	Inpatient Rehabilitation Service (818)	la ta 00 af thana ha da marcha				
	with Telehealth Designation [with the use of methadone] [used for the provision of Part 816.7 medically supervised i		PRU:	50795	Certified Capacity:	152
	stabilization service as needed]					
rogram Name:	Arms Acres Adult Unit					
ompliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/docu	ments/10097 ArmsAc.pdf				
ertificate Number:	250412074 Renewal		Effective:	05/01/2022	Anticipated Recert Review:	04/30/2025
rogram Location:	1st Floor 21 Old Route 6 Carmel, New York 10512					
-	Opioid Treatment Program (822)		PRU:	53070	Certified Capacity:	200
ervice Type:			PRU:	53070	Certified Capacity:	200
ervice Type: rogram Name:	Opioid Treatment Program (822) with Telehealth Designation	ments/12074 ArmsAc.pdf	PRU:	53070	Certified Capacity:	200
rogram Location: iervice Type: Program Name: Compliance Performance D Certificate Number:	Opioid Treatment Program (822)	ments/12074 ArmsAc.pdf	PRU:	53070	Anticipated Recert	
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Artemis Partners LLC Provider Number: 52920 Andre Basso, CEO Telephone - (860)-362-5099 Administrative Office: 243 West 18th Street , New York, NY 10011 Telephone - (860)-362-5099 d/b/a Mountainside Huntingto: 231212363 Establishment Effective: 01/17/2023 Anticipated Recert Review: 12/31/2023 Program Location: 2nd Floor 141 East Main Street Huntington, New York 11743 PRU: 53797 Certified Capacity: PRU: Service Type: Outpatient Service (822) with Telehealth Designation PRU: 53797 Certified Capacity: PRU: 53797 d/b/a Mountainside Chappagua Mountainside Huntington Outpatient Effective: 01/17/2023 Anticipated Recert Review: 12/31/2023 Program Name: Mountainside Huntington Outpatient 53797 Certified Capacity: PRU: 53797 Certificate Number: 231212364 Establishment Effective: 01/17/2023 Anticipated Recert Review: 12/31/2023 Program Location: 2nd Floor 480 Bedford Road Chappaqua, New York 10514 Effective: 01/17/2023 Anticipated Recert Review: 12/31/2023 Program Location: 2nd Floor 480 Bedford Road Chappaqua, Ne	2023
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d/b/a Mountainside Chelsea	
Certificate Number: 240612401 Establishment Effective: 07/17/2023 Anticipated Recert Review: 06/30,	2024
Program Location: 243 West 18th Street New York, New York 10011	
Service Type: Outpatient Service (822) PRU: 53845 Certified Capacity: with Telehealth Designation	
Program Name: Mountainside Chelsea	
Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12401 Artemi.pdf	
Desketestek Fernlause Semiles Team of New York, Inc.	
Backstretch Employee Service Team of New York, Inc. Provider Number: 47560 Mr. Paul Ruchames LCSW, Executive Director Telephone - (516)-488-3434	Ext 103
Administrative Office: 2150 Hempstead Turnpike, Elmont,NY 11003	
Certificate Number: 251011723 Renewal Effective: 11/01/2022 Anticipated Recert 10/31/2025 Review: 10/31/2025	
Program Location: Cottage 28B, Belmont Park, Gate 6, 2150 Hempstead Turnpike, Elmont, New York 11003	
Service Type: Outpatient Service (822) PRU: 52547 Certified Capacity: with Telehealth Designation	
Program Name:	
Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11723_Backst.pdf	
Baden Street Settlement of Rochester, Inc.	
Provider Number: 16220 Catherine Thomas, Executive Director Telephone - (585)-445-6718	Ext 1101
Administrative Office: 152 Baden Street, Rochester,NY 14605	
Certificate Number: 260810671 Renewal Effective: 09/01/2023 Anticipated Recert 08/31/2026	
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Program Location: 1st and 2nd Floor 585 Joseph Avenue Rochester, New York 14605	
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Program Location: 1st and 2nd Floor 585 Joseph Avenue Rochester, New York 14605 Service Type: Outpatient Service (822) with Telehealth Designation PRU: 130 Certified Capacity: Program Name: Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10671_BadenS.pdf Image: Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10671_BadenS.pdf Behavioral Enhancement and Substance Abuse Medicine Treatment, PLLC Telephone - (631)-617-3276 Provider Number: 48360 Lauren Grady, Clinical Director Telephone - (631)-617-3276 Administrative Office: Suite 17, 770 Grand Boulevard, Deer Park, NY 11729 Outpatient Service (822) with Telehealth Designation Outpatient Service (822) with Telehealth Designation PRU: 52688 Certified Capacity: Program Name: Program Name: Program Name Service Type: Outpatient Service (822) with Telehealth Designation Pru: 52688 Certified Capacity:	
Program Location: 1st and 2nd Floor 585 Joseph Avenue Rochester, New York 14605 Service Type: Outpatient Service (822) with Telehealth Designation Program Name: PRU: 130 Certified Capacity: Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10671_BadenS.pdf Feedoments/10671_BadenS.pdf Behavioral Enhancement and Substance Abuse Medicine Treatment, PLLC Telephone - (631)-617-3276 Provider Number: 48360 Lauren Grady, Clinical Director Telephone - (631)-617-3276 Administrative Office: Suite 17, 770 Grand Boulevard, Deer Park, NY 11729 Telephone - (631)-617-3276 Program Location: Suite 17, 770 Grand Boulevard Deer Park, New York 11729 Program Location: 01/31/2026 Program Location: Suite 17, 770 Grand Boulevard Deer Park, New York 11729 PRU: 52688 Certified Capacity: Program Location: Suite 17, 770 Grand Boulevard Deer Park, New York 11729 PRU: 52688 Certified Capacity: Program Name: Additional Location(s) At: Yes to the service (822) Yes to the service to the service (822) Yes to the service to t	
Program Location: 1st and 2nd Floor 585 Joseph Avenue Rochester, New York 14605 Service Type: Outpatient Service (822) with Telehealth Designation PRU: 130 Certified Capacity: Program Name: Compliance Performance Data http://webapos.oasas.nv.gov/legal/CertApp/Directory/documents/10671_BadenS.pdf Feature Feature <td></td>	
Program Location: 1st and 2nd Floor 585 Joseph Avenue Rochester, New York 14605 Service Type: Outpatient Service (822) with Telehealth Designation PRU: 130 Certified Capacity: Program Name: Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10671_BadenS.pdf Febavioral Enhancement avestigation Felephone - (631)-617-3276 Administrative Office: Suite 17, 770 Grand Boulevard, Deer Park, NY 11729 Fefective: 02/01/2023 Anticipated Recert Review: 01/31/2026 Program Location: Suite 17, 770 Grand Boulevard Deer Park, New York 11729 PRU: 52688 Certified Capacity: Service Type: Outpatient Service (822) with Telehealth Designation PRU: 52688 Certified Capacity: Program Name: Additional Location(S) At: -21 Technology Drive East Setauket NY 11733 Service NY 1173	

Cartificato Number	260712277 Depowel	Effective:	08/01/2022	Anticipated Recert 07/31/2026
Certificate Number:	260712277 Renewal	Enective:	08/01/2023	Review: 07/31/2026
Program Location: Service Type:	998 Old Country Road Plainview, New York 11803 Outpatient Service (822)	PRU:	53587	Cartified Consolity
	with Telehealth Designation	PRU:	53567	Certified Capacity:
Program Name:	BEST-Plainview			
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12277 Behavi.pdf			
Behavioral Health Service				
Provider Number: Administrative Office:	12050 Mr. Mark ALukens, President/CEO Suite 218, 22 U.S. Oval, Plattsburgh,NY 12903			Telephone - (518)-324-2177
Certificate Number:	230612237 Conditional Certificate Effective: 07/01/2022	Anticipated Recert Review:	06/30/2023	
Program Location:	Basement & 1st Floor 340 Main Street Hudson Falls, New York 12839			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	53509	Certified Capacity:
Program Name:	The Center for Recovery			
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12237 Behavi.pdf			
Certificate Number:	231212359 Establishment OMH	Effective:	01/05/2023	Anticipated Recert 12/31/2023
Due anno 1 a cationa	Host			Review:
Program Location: Service Type:	2155 State Route 22B Morrisonville, New York 12962 Outpatient Service (822)	PRU:	53784	Cortified Canacity
	with Telehealth Designation	PRU:	53764	Certified Capacity:
Program Name:				
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12359_Behavi.pdf			
Certificate Number:	250312251 Renewal	Effective:	04/01/2022	Anticipated Recert 03/31/2025 Review:
Program Location: Service Type:	1st and 2nd Floors 75 Oak Street Plattsburgh, New York 12901 Residential Services (820)	PRU:	53530	Certified Capacity: 20
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered		
Program Name:	Twin Oaks			
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12251 Behavi.pdf			
Certificate Number:	251012236 Amendment OMH	Effective:	07/01/2022	Anticipated Recert 10/31/2025
	Host	Literation	0110112022	Review:
Program Location: Service Type:	25 Willowbrook Road Queensbury, New York 12804 Outpatient Service (822)			
Service Type.	with Telehealth Designation	PRU:	53508	Certified Capacity:
Program Name:	The Center for Recovery			
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12236 Behavi.pdf			
BGR Services, Inc. d/b/a	The PAC Program of Brooklyn			
Provider Number:	44840 Ms. Jacques Nir LCSW, CEO			Telephone - (866)-481-2547
Administrative Office:	7 Debevoise Street, Brooklyn,NY 11206			
Certificate Number:	240511567 Renewal Effective: 06/01/2022	Anticipated Recert Review:	05/31/2024	
Program Location:	2nd Floor, 7 Debevoise Street, Brooklyn, New York 11206			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52021	Certified Capacity:
Program Name:				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11567_BGRSer.pdf			
Bikur Cholim, Inc.				
Provider Number:	20470 Mr. Aron Reiner, Executive Director			Telephone - (845)-425-7877 Ext 123
Administrative Office:	25 Robert Pitt Drive, Monsey,NY 10952			
Certificate Number:	240312018 Amendment OMH Host Effective: 01/26/2023	Anticipated Recert Review:	03/31/2024	
Program Location:	Suite 101, 1st Floor, 25 Robert Pitt Drive, Monsey, New York 10952			
Service Type:	Outpatient Service (822) with Ancillary Withdrawal Services	PRU:	53775	Certified Capacity:
Program Name:				
Compliance Performance F)ata http://webapps.pasas.pv.gov/legal/CertApp/Directop//documents/12018_BikurC.pdf			

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12018 BikurC.pdf

Plaular Davabatharany Contr	v Inc.							
Bleuler Psychotherapy Cente Provider Number:	15300 Rudolf JKarvey, CEO						Telephone - (718)-275-	6010
Administrative Office:	3rd Floor, 104-70 Queens Boulevan	d, Forest Hills,NY	11375					
Certificate Number:	210211700 Amendment OMH Host		ffective:	09/01/2020	Anticipated Recert Review:	02/28/2021		
Program Location:	3rd Floor 104-70 Queens Boulevard	d Forest Hills, New	v York 11375					
Service Type:	Outpatient Service (822) with Telehealth Designation				PRU:	52521	Certified Capacity:	
Program Name:	Bleuler Chemical Dependency Reco	overy Services						
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/C	CertApp/Directory/	/documents/117	700 Bleule.pdf				
Bliss-Poston The Second Wi	,						T (240) 404	1055
Provider Number: Administrative Office:	1823 Mr. John Bliss, Executive Dire Suite 403, 928 Broadway, New York						Telephone - (212)-481	-1055
Certificate Number:	250410675 Renewal	E	ffective:	05/01/2023	Anticipated Recert Review:	04/30/2025		
Program Location:	Suite 403, 4th Floor 928 Broadway	New York, New Y	ork 10010					
Service Type:	Outpatient Service (822) with Telehealth Designation				PRU:	5111	Certified Capacity:	
Program Name:	with relencatin Designation							
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/C	CertApp/Directory/	/documents/106	75 BlissP.pdf				
Bon Secours Community Ho	spital							
Provider Number: Administrative Office:	81780 Mary Leahy M.D., Chief Exec 160 East Main Street. Port Jervis.N						Telephone - (845)-368-	-5000
	Too East Main Street, Fort Jervis, N	1 12//1						
Certificate Number:	250210242 Renewal Deemed	E	ffective:	02/17/2022	Anticipated Recert Review:	02/17/2025		
Program Location:	4th Floor, 160 East Main Street, Por							
Service Type:	Medically Managed Withdrawal & S [with the use of methadone]	tabilization Servic	es (816.6)		PRU:	51051	Certified Capacity:	7
Program Name:	New Directions							
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/C	CertApp/Directory/	/documents/102	242 BonSec.pdf				
Certificate Number:	250211363 Renewal Deemed				Effective:	02/17/2022	Anticipated Recert	02/17/2025
Program Location:	4th Floor, 160 East Main Street, Por	rt Jervis, New Yor	k 12771					
Service Type:	Inpatient Rehabilitation Service (81	8)			PRU:	51824	Certified Capacity:	15
Program Name:	New Directions							
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/C	CertApp/Directory/	/documents/113	363 BonSec.pdf				
Bowery Residents' Committe	e, Inc.							
Provider Number:	50490 Muzzy Rosenblatt, CEO/Pres	sident					Telephone - (212)-803-	-5701
Administrative Office:	12th Floor, 131 West 25th Street, N	lew York,NY 1000	1					
Certificate Number:	250310622 Renewal	E	ffective:	04/01/2023	Anticipated Recert Review:	03/31/2025		
Program Location:	Rooms 1005, 1009, 1010, 1011, 10	12, 1016, 1017, 1	018, Conf room	ns 1, 2 & 3, 10th Floor	127 West 25th Street	New York, New York 100	001	
Service Type:	Outpatient Service (822) with Telehealth Designation				PRU:	50012	Certified Capacity:	
Program Name:								
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/C	CertApp/Directory/	/documents/106	22 Bowery.pdf				
Certificate Number:	260912117 Renewal				Effective:	10/01/2023	Anticipated Recert (Review:	9/30/2026
Program Location:	127 West 25th Street New York, Ne	w York 10001						
Service Type:	Residential Services (820)				PRU:	53160	Certified Capacity:	32
Elements:	Stabilization 🖌 Rehabi	ilitation Re	eintegration	Congregate	Scattered			
Program Name:								
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/C	CertApp/Directory/	/documents/121	17 Bowery.pdf				
Duilles Davis 117 Davis								
Bridge Back to Life Center, In Provider Number:	1c. 2050 Mr. Gary AButchen, Chief Exe	ecutive Officer					Telephone - (516)-520	-6600
Administrative Office:	Suite 101, 1065 Stewart Avenue, Be		4				10/020-020	

Certificate Number:	240611254 Renewal	Effective: 07/01/2022	Anticipated Recert Review:	06/30/2024	
Program Location:	3rd Floor, 3044 Coney Island Avenue, Brooklyn, New	w York 11235			
Service Type:	Outpatient Service (822) with Telehealth Designation		PRU:	7356	Certified Capacity:
Program Name:					
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/11254 Bridge.pdf			
Certificate Number:	240811343 Renewal		Effective:	09/01/2022	Anticipated Recert 08/31/2024 Review:
Program Location: Service Type:	10th Floor, 175 Remsen Street, Brooklyn, New York Outpatient Service (822)	11201	PRU:	7180	Cartified Canadity
Program Name:	with Telehealth Designation		PRU:	7160	Certified Capacity:
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/11343 Bridge.pdf			
Certificate Number:	250110678 Amendment		Effective:	10/02/2023	Anticipated Recert 01/31/2025
Program Location:	1065 Stewart Avenue Bethpage, New York 11714				Review:
Service Type:	Outpatient Service (822) with Telehealth Designation		PRU:	7139	Certified Capacity:
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/10678 Bridge.pdf			
Certificate Number:	250410677 Renewal		Effective:	05/01/2022	Anticipated Recert 04/30/2025 Review:
Program Location: Service Type:	Basement, 1688 Victory Boulevard, Staten Island, No Outpatient Service (822)	ew York 10314	PRU:	6094	Certified Capacity:
Program Name:	with Telehealth Designation				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/10677_Bridge.pdf			
The Bridge, Inc.					
Provider Number:	18130 Ms. Susan Wiviott, Chief Executive Officer				Telephone - (212)-663-3318
Administrative Office:	3rd, 290 Lenox Avenue, New York,NY 10027	Effective: 04/01/2022	Anticipated Recert	02/24/2025	
Certificate Number: Program Location:	250311428 Renewal E Cellar, 1st, 2nd, 3rd, 4th & 5th Floors , 248-250 Wes		Review:	03/31/2025	
Service Type:	Outpatient Service (822)		PRU:	7371	Certified Capacity:
Program Name:	with Telehealth Designation The Center for Wellness and Change				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/11428_Bridge.pdf			
Deideire Arreste Arreste					
Bridging Access to Care, Inc Provider Number:	31640 Ms. Nadine Akinyemi, Executive Director				Telephone - (347)-505-5115
Administrative Office:	2261 Church Avenue, Brooklyn,NY 11226				
Certificate Number:	251011255 Renewal	Effective: 11/01/2022	Anticipated Recert		
			Review:	10/31/2025	
Program Location: Service Type:	2261 Church Avenue, Brooklyn, New York 11226 Outpatient Service (822)		Review:		Cortified Capacity
Service Type:	2261 Church Avenue, Brooklyn, New York 11226		PRU:	10/31/2025 7275	Certified Capacity:
-	2261 Church Avenue, Brooklyn, New York 11226 Outpatient Service (822) with Telehealth Designation		Review:		Certified Capacity:
Service Type: Program Name: Additional Location(s) At: - 4th Floor 260 Broadway Broo	2261 Church Avenue, Brooklyn, New York 11226 Outpatient Service (822) with Telehealth Designation		Review:		Certified Capacity:
Service Type: Program Name: Additional Location(s) At: - 4th Floor 260 Broadway Broo	2261 Church Avenue, Brooklyn, New York 11226 Outpatient Service (822) with Telehealth Designation		Review:		Certified Capacity:
Service Type: Program Name: <u>Additional Location(s) At:</u> - 4th Floor 260 Broadway Broc Compliance Performance Data Bright Heart Health NY, Inc. Provider Number:	2261 Church Avenue, Brooklyn, New York 11226 Outpatient Service (822) with Telehealth Designation oklyn NY 11211 a http://webapps.oasas.nv.gov/legal/CertApp/Directory 51400 Jonathan Ciampi, CEO	//documents/11255_Bridgi.pdf	Review:		Certified Capacity: Telephone - (415)-298-7924
Service Type: Program Name: <u>Additional Location(s) At:</u> - 4th Floor 260 Broadway Broc Compliance Performance Data Bright Heart Health NY, Inc.	2261 Church Avenue, Brooklyn, New York 11226 Outpatient Service (822) with Telehealth Designation oklyn NY 11211 a <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory</u> 51400 Jonathan Ciampi, CEO Suite 105, 2960 Camino Diablo, Walnut Creek,CA 94	//documents/11255_Bridgi.pdf	PRU: Anticipated Recert	7275	
Service Type: Program Name: Additional Location(s) At: - 4th Floor 260 Broadway Broc Compliance Performance Data Bright Heart Health NY, Inc. Provider Number: Administrative Office: Certificate Number:	2261 Church Avenue, Brooklyn, New York 11226 Outpatient Service (822) with Telehealth Designation oklyn NY 11211 a http://webapps.oasas.ny.gov/legal/CertApp/Directory 51400 Jonathan Ciampi, CEO Suite 105, 2960 Camino Diablo, Walnut Creek,CA 9- 230712315 Establishment	<u>//documents/11255 Bridgi.pdf</u> 4957 Effective: 08/17/2022	Review:	7275	
Service Type: Program Name: Additional Location(s) At: - 4th Floor 260 Broadway Broo Compliance Performance Data Bright Heart Health NY, Inc. Provider Number: Administrative Office:	2261 Church Avenue, Brooklyn, New York 11226 Outpatient Service (822) with Telehealth Designation oklyn NY 11211 a http://webapps.oasas.nv.gov/legal/CertApp/Directory 51400 Jonathan Ciampi, CEO Suite 105, 2960 Camino Diablo, Walnut Creek,CA 9- 230712315 Establishment E Administrative use only, Office 40, Suite 700 90 Stat Outpatient Service (822)	<u>//documents/11255 Bridgi.pdf</u> 4957 Effective: 08/17/2022	PRU: Anticipated Recert	7275	
Service Type: Program Name: Additional Location(s) At: - 4th Floor 260 Broadway Brood Compliance Performance Data Bright Heart Health NY, Inc. Provider Number: Administrative Office: Certificate Number: Program Location:	2261 Church Avenue, Brooklyn, New York 11226 Outpatient Service (822) with Telehealth Designation oklyn NY 11211 a http://webapps.oasas.ny.gov/legal/CertApp/Directory 51400 Jonathan Ciampi, CEO Suite 105, 2960 Camino Diablo, Walnut Creek,CA 9- 230712315 Establishment E Administrative use only, Office 40, Suite 700 90 State	<u>//documents/11255 Bridgi.pdf</u> 4957 Effective: 08/17/2022	PRU: PRU: Anticipated Recert Review:	07/31/2023	Telephone - (415)-298-7924
Service Type: Program Name: Additional Location(s) At: - 4th Floor 260 Broadway Broo Compliance Performance Data Bright Heart Health NY, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	2261 Church Avenue, Brooklyn, New York 11226 Outpatient Service (822) with Telehealth Designation oklyn NY 11211 a http://webapps.oasas.nv.gov/legal/CertApp/Directory 51400 Jonathan Ciampi, CEO Suite 105, 2960 Camino Diablo, Walnut Creek,CA 9- 230712315 Establishment E Administrative use only, Office 40, Suite 700 90 Stat Outpatient Service (822)	//documents/11255 Bridgi.pdf 4957 Effective: 08/17/2022 e Street Albany, New York 12207	PRU: PRU: Anticipated Recert Review:	07/31/2023	Telephone - (415)-298-7924

BronxCare Health System

Provider Number: Administrative Office:	•	l AFuentes Jr., Presi Main Floor, 1276 Fu						Telephone - (718)-	901-8800
Certificate Number:	220711845	Conditional Certificate	OASAS Host	Effective:	08/01/2021	Anticipated R Review:	Recert 07/31/2022		
Program Location:		rs, 1285 Fulton Aver	ue, Bronx, Ne	w York 10456		PRU:		Contified Consolt	
Service Type: Program Name:	•	tient Services - PC nical Dependence Ou	utpatient Treat	ment Program		PRU:		Certified Capacity	•
Service Type:	Outpatient Servic with Telehealth D	ce (822)				PRU:	52764	Certified Capacity	:
Program Name:	BronxCare Cherr	nical Dependence Ou	utpatient Treati	ment Program					
Compliance Performance Da	ata <u>http://webapps.oa</u> s	sas.ny.gov/legal/Cer	tApp/Directory	/documents/118	15 BronxC.pdf				
Certificate Number:	240410445 Rer	newal				Effective:	05/01/2022	Anticipated Recer Review:	t 04/30/2024
Program Location:	1276 Fulton Aver	nue, Bronx, New Yor	k 10456						
Service Type:	Opioid Treatment with Telehealth D					PRU:	309	Certified Capacity	Capacity Lifted
Program Name:		d Treatment Program	n						
Compliance Performance Da	ata <u>http://webapps.oa</u> s	sas.ny.gov/legal/Cer	tApp/Directory	/documents/104	45 BronxC.pdf				
Certificate Number:	240511409 Rer	newal Deemed				Effective:	05/21/2021	Anticipated Recer Review:	t 05/21/2024
Program Location:	4th Floor, 1285 F	ulton Avenue, Bronx	, New York 10	456					
Service Type:	Inpatient Rehabil	itation Service (818))			PRU:	51116	Certified Capacity	: 25
Program Name:	BronxCare Addic	tions Rehabilitation I	Program						
Compliance Performance Da	ata <u>http://webapps.oa</u> s	sas.ny.gov/legal/Cer	tApp/Directory	/documents/114	<u>)9 BronxC.pdf</u>				
Certificate Number:	240511846 Rer	newal Deemed				Effective:	05/21/2021	Anticipated Recer Review:	t 05/21/2024
Program Location: Service Type:	Medically Superv	enter, 3rd Floor, 1285 vised Inpatient Withd	rawal & Stabili	zation Services (3) PRU :	52763	Certified Capacity	. 20
Program Name:	may be used for	the provision of Part	818 inpatient r			<i>))</i> FRU.	52705	Certified Capacity	. 20
Compliance Performance Da	ata <u>http://webapps.oa</u> s	sas.ny.gov/legal/Cer	tApp/Directory	/documents/118	46 BronxC.pdf				
Certificate Number:	250610288 Rer	newal				Effective:	07/01/2022	Anticipated Recer Review:	t 06/30/2025
Program Location:	Life Recovery Ce	enter, 5th Floor, 1285	Fulton Avenu	e, Bronx, New Y	ork 10456			Neview.	
Service Type:	Community Resid	dential (819)				PRU:	50036	Certified Capacity	: 22
Program Name:	BronxCare Life R	Recovery Community	Residence						
Compliance Performance Da	ata <u>http://webapps.oa</u>	sas.ny.gov/legal/Cer	tApp/Directory	/documents/102	38 BronxC.pdf				
The Brookdale Hospital Me			oklyn Health	System, Inc., as	Active Parent and (Co-Operator			
Provider Number: Administrative Office:	•	wn, President/CEO nue, Brooklyn,NY 11	213					Telephone - (718)-613-40	01
Administrative Office.	1545 Atlantic Aver								,
Certificate Number:	241212337	Establishment OM Hos	H EstDeemed	ffective:	11/01/2022	Anticipated Recer Review:	n 12/02/2024		
Program Location:	•	er, Jr. Health Center	528 Prospect	Place Brooklyn,	New York 11238				
Service Type:	Outpatient Service with Telehealth De					PRU:	53745	Certified Capacity:	
Program Name:									
Service Type:	with Telehealth De	ilitation Service (822) esignation)			PRU:	53744	Certified Capacity:	
Program Name:									
Compliance Performance Da	ata <u>http://webapps.oa</u> s	sas.ny.gov/legal/Cer	tApp/Directory	/documents/123	37 TheBro.pdf			Antioinstad Dassat	
Certificate Number:		ndment Deemed	11000			Effective:	11/01/2022	Anticipated Recert 12/0 Review:)4/2024
Program Location: Service Type:	880 Bergen Street Opioid Treatment	t Brooklyn, New York Program (822)	11238				507/0		
Program Name:	with Telehealth De					PRU:	53748	Certified Capacity: 450	
rogram Hame.									
Demokrana D. (ata http://webapps.oa	sas.ny.gov/legal/Cer	tApp/Directory	/documents/123	38 TheBro.pdf				
								Anticipated Decert	
Compliance Performance Da	241212339 Ame	ndment Deemed				Effective:	05/03/2023	Anticipated Recert 12/0 Review:	04/2024

Service Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation [up to 10 beds may t Managed Withdrawal & Stabilization Services (81		ovision of Medically	PRU:	53746	Certified Capacity:	10
Program Name:							
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	2339 TheBro.pdf				
Certificate Number:	241212341 Amendment Deemed			Effective:	05/03/2023	Anticipated Recert Review:	12/04/2024
Program Location:	6 East 1545 Atlantic Avenue Brooklyn, New York						
Service Type:	Medically Managed Withdrawal & Stabilization Se with Telehealth Designation [with the use of meth used for the provision of Part 818 Inpatient Reha	nadone] - Up to 10		PRU:	53747	Certified Capacity:	10
Program Name:							
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	2341 TheBro.pdf				
Brooklyn Center for Psych	notherapy, Inc.						
Provider Number:	32130 Ms. Kerri Kopelowitz, Executive Director					Telephone - (718)-62	2-2000
Administrative Office:	300 Flatbush Avenue, Brooklyn,NY 11217						
Certificate Number:	230510680 Amendment OASAS Host	Effective:	08/31/2022	Anticipated Recert Review:	05/31/2023		
Program Location:	300 Flatbush Avenue Brooklyn, New York 11217						
Service Type: Program Name:	Integrated Outpatient Services - MH New Directions			PRU:		Certified Capacity:	
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50337	Certified Capacity:	
Program Name:	New Directions						
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	0680 Brookl.pdf				
The Brooklyn Hospital Ce	nter						
Provider Number:	27480 Gary Terrinoni M.D., President and CEO					Telephone - (718)-25	0-8005
Administrative Office:	121 DeKalb Avenue, Brooklyn,NY 11201						
Certificate Number:	251210510 Renewal	Effective:	01/01/2023	Anticipated Recert Review:	12/31/2025		
Program Location:	B Building, Downtown Campus, 9th Floor, 121 De		ooklyn, New York 1120	1			
Service Type:	Medically Managed Withdrawal & Stabilization Se [with the use of methadone]	ervices (816.6)		PRU:	8033	Certified Capacity:	6
Program Name:							
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	0510 Brookl.pdf				
Brooks-TLC Hospital Syst	em, Inc.						
Provider Number:	49960 Kenneth Morris, President and CEO					Telephone - (716)-36	3-7207
Administrative Office:	529 Central Avenue, Dunkirk, NY 14048			Audiological Descet			
Certificate Number:	260312142 Renewal	Effective:	04/01/2023	Anticipated Recert Review:	03/31/2026		
Program Location:	7020 Erie Road, Derby, New York 14047						
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	53229	Certified Capacity:	
Program Name:							
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	2142 Brooks.pdf				
Certificate Number:	260412141 Renewal			Effective:	05/01/2023	Anticipated Recert Review:	04/30/2026
Program Location: Service Type:	33 North Main Street, Cassadaga, New York 147 Outpatient Service (822)	18		PRU:	53215	Certified Capacity:	
Program Name:	with Telehealth Designation					.	
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	2141 Brooks.pdf				
Brownsville Community D	evelopment Corporation						
Provider Number: Administrative Office:	45250 Mr. Harvey Lawrence, Chief Executive Off 592 Rockaway Avenue, Brooklyn,NY 11212	ficer/President				Telephone - (718)-34	5-5000 Ext 1123
Certificate Number:	250311588 Renewal	Effective:	04/01/2022	Anticipated Recert	03/31/2025		
Program Location:	657-663 East 98th Street, Brooklyn, New York 11			Review:			
Service Type: Program Name:	Community Residential (819)			PRU:	51330	Certified Capacity:	21

Buffalo Beacon Corporatio	n d/b/a Beacon Center					
Provider Number:	32812 Jacqueline West, Chief Executive Officer				Telephone - (716)-83	I-1937 Ext 115
Administrative Office:	3354 Sheridan Drive, Amherst,NY 14226					
Certificate Number:	240112140 Renewal Effective:	02/01/2021	Anticipated Recert Review:	01/31/2024		
Program Location:	201 King Street, Herkimer, New York 13350					
ervice Type:	Residential Services (820) with Telehealth Designation		PRU:	53239	Certified Capacity:	15
lements:	Stabilization Rehabilitation V Reintegration	Congregate	Scattered			
rogram Name:	Albert O. Nichols House					
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12140	Buffal.pdf				
Certificate Number:	240311631 Renewal		Effective:	04/01/2021	Anticipated Recert Review:	03/31/2024
rogram Location:	1st and 2nd Floors, 210 South Main Street, Herkimer, New York 13350)				
ervice Type:	Outpatient Service (822) with Telehealth Designation		PRU:	52112	Certified Capacity:	
rogram Name:	Beacon Center					
ompliance Performance Da	ta <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11631</u>	Buffal.pdf				
ertificate Number:	240611754 Renewal		Effective:	07/01/2021	Anticipated Recert Review:	06/30/2024
Program Location:	1508 Genesee Street, Utica, New York 13502					
ervice Type:	Outpatient Service (822) with Telehealth Designation		PRU:	52584	Certified Capacity:	
Program Name:						
Additional Location(s) At:						
303 West Liberty Street Ro	me NY 13440					
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11754	Buffal.pdf				
ertificate Number:	240812231 Amendment		Effective:	02/09/2023	Anticipated Recert Review:	08/31/2024
rogram Location:	1st Floor 1508 Genesee Street Utica, New York 13502					
ervice Type:	Opioid Treatment Program (822) with Telehealth Designation		PRU:	53501	Certified Capacity:	150 Capacity Lifted
Program Name:						
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12231	Buffal.pdf				
Certificate Number:	251010688 Renewal		Effective:	11/01/2022	Anticipated Recert Review:	10/31/2025
Program Location:	Suite 105, 295 Main Street, Buffalo, New York 14203				Review.	
Service Type:	Outpatient Service (822)		PRU:	51708	Certified Capacity:	
Program Name:	with Telehealth Designtation				continua cupatity.	
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10688	Buffal.pdf				
Certificate Number:	251010692 Renewal		Effective:	11/01/2022	Anticipated Recert	10/31/2025
			_11001146.		Review:	
rogram Location: ervice Type:	36 East Avenue Lockport, New York 14094 Outpatient Service (822)			54040		
Program Name:	with Telehealth Designation		PRU:	51818	Certified Capacity:	
-		Puffel odf				
	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10692	Dunai.put		00/01/0000	Anticipated Recert	0.1/0.1/0.555
Certificate Number: Program Location:	260111256 Renewal Room 106 417 3rd Street, Niagara Falls, New York 14301		Effective:	02/01/2023	Review:	01/31/2026
ervice Type:	Outpatient Service (822) With Telehealth Designation		PRU:	7330	Certified Capacity:	
Program Name:	war reieneaur Designation					
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/11256	Buffal.pdf				
ertificate Number:	260712042 Renewal		Effective:	08/01/2023	Anticipated Recert Review:	07/31/2026
Program Location:	303 West Liberty Street Rome, New York 13440					
Service Type:	Opioid Treatment Program (822) with Telehealth Designation		PRU:	53021	Certified Capacity:	150 Capacity Lifted
Program Name:	-					- spacity Entod

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12042_Buffal.pdf

	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12042 Buffal.pdf			
Certificate Number:	260910689 Renewal	Effective:	10/01/2023	Anticipated Recert 09/30/2026 Review:
Program Location:	3354 Sheridan Drive Amherst, New York 14226			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51048	Certified Capacity:
Program Name:				
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10689_Buffal.pdf			
C.C.M.S.				
Provider Number: Administrative Office:	19430 Emory XBrooks, President and Chief Executive Officer 2nd Floor, 25 Elm Place, Brooklyn,NY 11201			Telephone - (718)-802-0666
Certificate Number:	211110695 Renewal Effective: 12/01/2019	Anticipated Recert Review:	11/30/2021	
Program Location:	1st Floor 810 Classon Avenue Brooklyn, New York 11238	Notion.		
Service Type:	Outpatient Service (822)	PRU:	7277	Certified Capacity:
Program Name: Additional Location(s) At: · 2nd Floor 25 Elm Place Bro	oklyn NY 11201			
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10695 CCMS.pdf			
Camelot of Staten Island, Ir	1c.			
Provider Number:	12030 Mr. Luke JNasta, President & CEO			Telephone - (718)-356-5100
Administrative Office:	Suite 4, 4442 Arthur Kill Road, Staten Island,NY 10309			
Certificate Number:	240812147 Renewal Effective: 09/01/2021	Anticipated Recert Review:	08/31/2024	
Program Location:	Seaview Hospital, 460H Brielle Avenue, Staten Island, New York 10314 Residential Services (820)			
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53213	Certified Capacity: 45
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered		
Program Name:				
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12147_Camelo.pdf			
Certificate Number:	240912267 Renewal	Effective:	10/01/2022	Anticipated Recert 09/30/2024 Review:
Program Location:	273 Heberton Avenue Staten Island, New York 10302			
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53541	Certified Capacity: 24
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered		
Program Name:				
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12267 Camelo.pdf			
Certificate Number:	250510697 Renewal	Effective:	06/01/2022	Anticipated Recert 05/31/2025 Review:
Program Location:	Basement, 175-15 Rockaway Boulevard, Jamaica, New York 11434			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	5594	Certified Capacity:
Program Name: Additional Location(s) At:				
	1600 Randall Avenue Bronx NY 10473			
- Basement 521 West 49th S - 2nd Floor 730 Kelly Street E	treet New York NY 10019			
	st 211th Street Bronx NY 10469			
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10697_Camelo.pdf			
Certificate Number:	250710696 Renewal	Effective:	08/01/2023	Anticipated Recert 07/31/2025
Program Location:	1268 Forest Avenue Staten Island, New York 10302			
Service Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services]	PRU:	1687	Certified Capacity:
Program Name:				
	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10696 Camelo.pdf			
Compliance Performance Da				
Compliance Performance Da				

Administrative Office:	214 West 116th Street, New York,NY 10026			
Certificate Number:	250711861 Renewal Effective: 08/01/2022	Anticipated Recert Review:	07/31/2025	
Program Location:	214-216 West 116th Street, New York, New York 10026			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52795	Certified Capacity:
Program Name:				
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11861_CareCo.pdf			
arnegie Hill New York, Ind				
Provider Number: Administrative Office:	53320 Anna Marie Karkus, Executive Director Basement #1, 116 East 92nd Street, New York,NY 10128			Telephone - (212)-722-2289
		Anticipated Recert		
ertificate Number:		Review:	04/30/2024	
rogram Location: ervice Type:	Basement & 1st Floor 116 East 92nd Street New York, New York 10128 Outpatient Service (822)	PRU:	53820	Contified Consolts
	with Telehealth Designation	PRU:	53820	Certified Capacity:
rogram Name:	CHI New York			
ompliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12382_Carneg.pdf			
ertificate Number:	240412383 Establishment	Effective:	05/15/2023	Anticipated Recert 04/30/2024 Review:
rogram Location:	Basement and 1st Floor 116 East 92nd Street New York, New York 10128			
ervice Type:	with Telehealth Designation	PRU:	53819	Certified Capacity: 200
rogram Name:	CHI New York OTP			
ompliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12383_Carneg.pdf			
ASA-Trinity, Inc.				
rovider Number:	37130 Ms. Ann Domingos, CEO			Telephone - (585)-991-5012
dministrative Office:	4612 Millennium Drive, Geneseo,NY 14454			
ertificate Number:	220512213 Conditional Certificate Effective: 06/01/2021	Anticipated R Review:	ecert 05/31/2022	
rogram Location: ervice Type:	7309 Seneca Road Hornell, New York 14843 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7)			
	[up to 3 of these beds may be used for the provision of Part 818 inpatient rehabilitation services, as needed]	PRU:	53386	Certified Capacity: 4
Program Name:				
compliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12213_CASA-T.pdf			
ertificate Number:	230312309 Establishment	Effective:	04/01/2022	Anticipated Recert 03/31/2023 Review:
rogram Location:	207 South Union Street Olean, New York 14760			
ervice Type: rogram Name:	Supportive Living (819)	PRU:	53624	Certified Capacity: 16
-				
	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12309_CASATr.pdf			Anticipated Pecert
ertificate Number:	240412156 Renewal	Effective:	05/01/2022	Anticipated Recert 04/30/2024 Review:
rogram Location: ervice Type:	45 Maple Street Dansville, New York 14437 Residential Services (820)		F0007	
	with Telehealth designation	PRU:	53307	Certified Capacity: 26
ements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered		
rogram Name:				
-				
-	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12156_CASATr.pdf			
ompliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12156 CASATr.pdf 240512201 Renewal	Effective:	06/01/2021	Anticipated Recert 05/31/2024 Review:
ompliance Performance Da		Effective:	06/01/2021	
ompliance Performance Da ertificate Number: rogram Location:	240512201 Renewal	Effective: PRU:	06/01/2021 53387	
ompliance Performance Da ertificate Number: rogram Location: ervice Type:	240512201 Renewal 1st Floor 86 River Street Hornell, New York 14843 Outpatient Service (822)			Review: 05/31/2024
ompliance Performance Da ertificate Number: rogram Location: ervice Type: rogram Name:	240512201 Renewal 1st Floor 86 River Street Hornell, New York 14843 Outpatient Service (822)			Review: 05/31/2024
ompliance Performance Da ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance Da	240512201 Renewal 1st Floor 86 River Street Hornell, New York 14843 Outpatient Service (822) with Telehealth Designation			Review: 03/31/2024 Certified Capacity: Anticipated Recert 09/30/2024
compliance Performance Da Vertificate Number: rogram Location: ervice Type: rogram Name:	240512201 Renewal 1st Floor 86 River Street Hornell, New York 14843 Outpatient Service (822) with Telehealth Designation ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12201_CASA-T.pdf	PRU:	53387	Review: 03/31/2024 Certified Capacity:

Elements: Stabilization Rehabilitation 1 Reintegration Congregate Scattered Weston Manor Program Name: Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12410 CASATr.pdf Anticipated Recert 11/30/2024 01/02/2024 Certificate Number: 241112307 Amendment Effective: Review: 201 South Union Street Olean, New York 14760 Program Location: Service Type: Outpatient Service (822) PRU: 53623 Certified Capacity: with Telehealth Designation Program Name: Opioid Treatment Program (822) Service Type: 719 PRU: 53873 **Certified Capacity:** with Telehealth Designation Capacity Lifted Program Name: Service Type: Opioid Treatment Program (822) PRU: 53873 **Certified Capacity:** 719 with Telehealth Designation Program Name: Opioid Treatment Program (822) Service Type: PRU: 53873 Certified Capacity: 719 with Telehealth Designation Program Name: Additional Location(s) At: - 1st Floor 356 Main Street Randolph NY 14772 - 2nd Floor Suite 205 4039 Route 219 Salamanca NY 14779 Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12307 CASATr.pdf Anticipated Recert 04/30/2025 Certificate Number: 250410847 Renewal Effective: 05/01/2022 Review: Program Location: Wing B, 4612 Millennium Drive, Geneseo, New York 14454 Service Type: Outpatient Service (822) PRU: 50184 Certified Capacity: with Telehealth Designation [with ancillary withdrawal services] Program Name: Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10847_CASA-T.pdf Anticipated Recert 250510848 Renewal 06/01/2022 05/31/2025 Certificate Number: Effective: Review: 45 Maple Street, Dansville, New York 14437 Program Location: Outpatient Service (822) Service Type: PRU: 50186 Certified Capacity: with Telehealth Designation [with ancillary withdrawal services] CASA-Trinity, Inc. Program Name: Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10848 Counci.pdf Anticipated Recert Certificate Number: 250612228 Renewal Effective: 07/01/2023 06/30/2025 Review 7309 Seneca Road Hornell, New York 14843 Program Location: Inpatient Rehabilitation Service (818) Service Type: [up to 6 of these beds may be used for the provision of Part 816.7 medically supervised PRU: 53491 Certified Capacity: 26 withdrawal and stabilization serivces, as needed Program Name: Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12228 CASA-T.pdf Anticipated Recert Certificate Number: 260512310 Renewal Effective: 06/01/2023 05/31/2026 Review: Program Location: 1355 Olean Portville Road Weston Mills, New York 14788 PRU: 53621 Residential Services (820) Certified Capacity: 20 Service Type: Elements: Stabilization Rehabilitation Reintegration Congregate Scattered 1 Willow House 820 Residential Program Name: Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12310_CASATr.pdf Anticipated Recert 260811692 Renewal Certificate Number: Effective: 09/01/2023 08/31/2026 Review: 911 Stowell Street Elmira, New York 14901 Program Location: Service Type: Outpatient Service (822) PRU: Certified Capacity: 52231 with Telehealth Designation [with ancillary withdrawal services] Program Name: Service Type: Outpatient Service (822) PRU: 52231 Certified Capacity: with Telehealth Designation [with ancillary withdrawal services] Program Name: Service Type: Opioid Treatment Program (822) with Telehealth Designation PRU: 53705 Certified Capacity: 50

PRU:

53861

Certified Capacity: 16

Residential Services (820)

Service Type:

Provider Number:	40490 Ms Patricia Bowles, Senior Vice President/Chief P	rogram Officer			Telephone - (718)-722-6146
Administrative Office:	14th Floor, 191 Joralemon Street, Brooklyn,NY 11201				
Certificate Number:	250510600 Renewal Effec	tive: 06/01/2023	Anticipated Recert Review:	05/31/2025	
Program Location:	Lower Level 1623 Flatbush Avenue Brooklyn, New York	1210			
Service Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal ser	vices]	PRU:	51149	Certified Capacity:
Program Name:					
	<u>:</u> nue Far Rockaway NY 11691 nue Far Rockaway NY 11691				
Compliance Performance [Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	uments/10600 Cathol.pdf			
Catholic Charities of Fult	on and Montgomery Counties				
Provider Number:	12340 Ms. Mary ACarpenter, Executive Director				Telephone - (518)-762-8313 Ext 22
Administrative Office:	Suite 100, 55 East Main Street, Johnstown, NY 12095				
ertificate Number:	221212005 Renewal Effec	tive: 01/01/2020	Anticipated Recert Review:	12/31/2022	
Program Location:	Building 2, 1 Kimball Street, Amsterdam, New York 1201)			
Service Type:	Prevention Counseling		PRU:	90659	Certified Capacity:
Program Name:					
Additional Location(s) At	<u>:</u>				
Fonda Fultonville Elemen Fonda Fultonville High Sc Fonda Fultonville Middle East High School North V East Hill School 25 Schoo Oppenheim Ephratah St.	tool 1 West Street Fort Plains NY 13339 tary School 112 Old Johnstown Road Fonda NY 12068 hool 112 Old Johnstown Road Fonda NY 12068 School 112 Old Johnstown Road Fonda NY 12068 Ving 25 School District Road Canajoharie NY 13317 Jo District Road Canajoharie NY 13317 Johnsville Jr/Sr High School 44 Center Street St. Johnsville N School Cemetery Road Fonda NY 12068	Y 13452			
Compliance Performance [Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	uments/12005 Cathol.pdf			
Certificate Number:	230112003 Renewal		Effective:	02/01/2020	Anticipated Recert 01/31/2023 Review:
Program Location:	Suite 100, 55 East Main Street, Johnstown, New York 12	095			
Service Type:	Prevention Counseling		PRU:	90645	Certified Capacity:
Program Name:	Catholic Charities of Fulton County				
dditional Location(s) At	<u>:</u>				
	School District 2417 State Highway 10 Caroga Lake NY 12032 Di District Prevention Counseling Office 4 Johnson Road Edinb				
- Edinburg Common Schoo	Johnsville Elementary School 6486 State Highway 29 St. John	sville NY 13452			

Provider Number:	17000 Ms. Maureen Petrie, Executive Director					Telephone - (315)-894-9917 Ext 222
Administrative Office:	61 West St, Ilion,NY 13357					
Certificate Number:	241012002 Renewal	Effective:	11/01/2021	Anticipated Recert Review:	10/31/2024	
Program Location:	Room 7, Basement Level, 61 West Street, Ilion,	New York 13357				
Service Type:	Prevention Counseling			PRU:	90649	Certified Capacity:
Program Name:						
Additional Location(s) At:						

Herkimer BOCES 352 Gros Blvd Street Herkimer NY 13350
 Dolgeville Central School Office Adj. to Room 12 38 Slawson Street Dolgeville NY 13329
 Mt. Markham Central School District 500 Fairground Road West Winfield NY 13491
 Poland Central School 1st Floor Guidance Office 74 Cold Brook Street Poland NY 13431
 Herkimer Central School District 1st Floor Office 801 W. German Street Herkimer NY 13350

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12002 Cathol.pdf

Catholic Charities of Oran	ge, Sullivan & Ulster					
Provider Number:	45020 Ms. Shannon Kelly, Chief Executive O	Officer				Telephone - (845)-294-5124 Ext 1992
Administrative Office:	27 Matthews Street, Goshen, NY 10924					
Certificate Number:	220912289 Establishment	Effective:	10/11/2021	Anticipated Recert Review:	09/30/2022	
Program Location: Service Type:	1st & 2nd Floors 17 Hamilton Avenue and 16 Residential Services (820)	6 Jones Street Montic	ello, New York 12701	PRU:	53518	Certified Capacity: 37

Program Name:	Monticello Rehabilitation and Reintegration			
Compliance Performance	Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12289_Cathol.pdf			
Certificate Number:	230311869 Amendment	Effective:	08/31/2021	Anticipated Recert 03/31/2023 Review:
Program Location:	1st & 2nd Floors, 17 Hamilton Avenue, Monticello, New York 12701			
Service Type:	Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7)	PRU:	52806	Certified Capacity: 6
Program Name:	Monticello MSW IP			
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11869 Cathol.pdf			
Certificate Number:	240211578 Renewal	Effective:	03/01/2022	Anticipated Recert 02/29/2024 Review:
Program Location:	305 North Street, Middletown, New York 10940			
Service Type:	Outpatient Service (822)	PRU:	52116	Certified Capacity:
Program Nama	with Telehealth Designation Middletown Clinic OP			
Program Name:				
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11578_Cathol.pdf			
Certificate Number:	240212288 Conditional Certificate	Effective:	03/01/2023	Anticipated Recert 02/29/2024 Review:
Program Location:	1st & 2nd Floors 17 Hamilton Avenue Monticello, New York 12701			
Service Type:	Residential Services (820)	PRU:	53517	Certified Capacity: 10
Elements:	Stabilization Rehabilitation Reintegration Congregate	e Scattered		
Program Name:	Monticello Stabilization			
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12288_Cathol.pdf			
Certificate Number:	240511688 Amendment	Effective:	02/27/2023	Anticipated Recert 05/31/2024 Review:
Program Location:	150 Pike Street Port Jervis, New York 12771			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52217	Certified Capacity:
Program Name:	Port Jervis Clinic OP			
Compliance Performance D	Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11688 Cathol.pdf			
Certificate Number:	250111580 Renewal	Effective:	02/01/2022	Anticipated Recert 01/31/2025
			02/01/2022	Review:
Program Location: Service Type:	Ground Floor 280 Broadway Newburgh, New York 12550 Outpatient Service (822)			
Service Type.	with Telehealth Designation	PRU:	52122	Certified Capacity:
Program Name:	Newburgh Clinic OP			
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11580 Cathol.pdf			
Certificate Number:	260211579 Renewal	Effective:	03/01/2023	Anticipated Recert 02/28/2026
Program Location:	1st Floor, 27 Matthews Street, Goshen, New York 10924			
Service Type:	Outpatient Service (822)	PRU:	52115	Certified Capacity:
Duo augus 11	with Telehealth Designation		02110	continea capacity.
Program Name: Additional Location(s) At:	Goshen Clinic OP			
South Wing 4 Harriman D	-			
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11579_Cathol.pdf			
Certificate Number:	260311720 Renewal	Effective:	04/01/2023	Anticipated Recert 03/31/2026 Review:
Program Location:	8 Scofield Street, Walden, New York 12586			
Service Type:	Outpatient Service (822)	PRU:	52539	Certified Capacity:
Program Name:	with Telehealth Designation Walden Clinic OP			
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11720 Cathol.pdf			
Certificate Number:	260411577 Renewal	Effective:	05/01/2023	Anticipated Recert 04/30/2026
				Review:
Program Location:	101 Carpenter Place Monroe, New York 10950			

PRU:

52117

Scattered

Stabilization 🔽 Rehabilitation 🔽 Reintegration 🔽 Congregate

Service Type:

Program Name:

Outpatient Service (822) with Telehealth Designation

Monroe Clinic OP

Elements:

Certified Capacity:

Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11577 Cathol.pdf				
Certificate Number:	260611866 Renewal	Effective:	07/01/2023	Anticipated Recert 06/30/	2026
Program Location:	396 Broadway Monticello, New York 12701				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52808	Certified Capacity:	
Program Name: Service Type:	Outpatient Rehabilitation Service (822) with Telehealth Designation	PRU:	52812	Certified Capacity:	
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11866_Cathol.pdf				
Catholic Charities of the Dio	cese of Rochester d/b/a Catholic Charities Family and Community Services				
Provider Number:	20250 Ms. Lori VanAuken, President and Chief Executive Officer			Telephone - (585)-54	6-7220 Ext 7153
Administrative Office:	Floor #s 1 - 7, 79 North Clinton Avenue, Rochester, NY 14604				
Certificate Number:	181211674 Special Relssue Effective: 01/01/2018	Anticipated R Review:	ecert 12/31/2018		
Program Location:	1st & 2nd Firs, Basement, 184 Alexander Street, Rochester, New York 14607				
Service Type:	Community Residential (819)	PRU:	52208	Certified Capacity:	16
Program Name:	Alexander Street Community Residence				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11674_Cathol.pdf				
Certificate Number:	220411995 Conditional Certificate	Effective:	05/01/2021	Anticipated Recert Review:	04/30/2022
Program Location: Service Type:	Administrative Site Only:, 79 N. Clinton Avenue, Rochester, New York 14604 Prevention Counseling	PRU:	90651	Certified Capacity:	
Program Name:					
	125 Kings Highway South Rochester NY 14617 ol 200 School Lane Hilton NY 14468				
- Hilton High School 400 East / - Children's School of Rochest					
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11995_Cathol.pdf				
Certificate Number:	240112368 Establishment	Effective:	02/03/2023	Anticipated Recert Review:	01/31/2024
Program Location: Service Type:	24 Jones Avenue Rochester, New York 14608 Residential Services (820)	PRU:	53762	Certified Capacity:	24
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Jones Residence				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12368_Cathol.pdf				
Certificate Number:	240412389 Establishment	Effective:	05/22/2023	Anticipated Recert Review:	04/30/2024
Program Location:	385 East Ridge Road Rochester, New York 14621				
Service Type:	Residential Services (820)	PRU:	53822	Certified Capacity:	23 and up to 5 beds for children
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Barrington RRi				
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12389 Cathol.pdf				
Certificate Number:	240512062 Amendment	Effective:	01/03/2023	Anticipated Recert Review:	05/31/2024
Program Location:	(Counseling) 407 East Union Street, 110 South Clinton Street, Basement, 1st & 2nd Floo	ors, (Residence) New	ark, New York 14513		
Service Type:	Residential Services (820) [2 of these beds may be used temporarily for adults] - with Telehealth Designation	PRU:	53741	Certified Capacity:	31 and up to 7 beds for children
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Hannick Hall				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12062_Cathol.pdf				
Certificate Number:	240810700 Amendment OMH Host	Effective:	05/12/2022	Anticipated Recert Review:	08/31/2024
Program Location:	Floor #s 1 - 7, 79 North Clinton Avenue, Rochester, New York 14604			Notion.	
- · -					

Service Type:	Outpatient Service (822) with Telehealth and Problem Gambling Designations [with ancillary withdrawal services]	PRU:	1191	Certified Capacity:	
Program Name: Service Type:	Outpatient Rehabilitation Service (822)				
Program Name:	with Telehealth and Problem Gambling Designations [with ancillary withdrawal services]	PRU:	51933	Certified Capacity:	
-					
	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10700_Cathol.pdf			Anticipated Pecert	
Certificate Number: Program Location:	250111675 Renewal 3rd Floor, 79 North Clinton Avenue, Rochester, New York 14604	Effective:	02/01/2022	Anticipated Recert Review:	01/31/2025
Service Type:	Supportive Living (819)	PRU:	52210	Certified Capacity:	24
Program Name:	Restart Supportive Living Program				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11675_Cathol.pdf				
Certificate Number:	250912061 Renewal	Effective:	10/01/2022	Anticipated Recert Review:	09/30/2025
Program Location:	146 Hobart Street Rochester, New York 14611 Residential Services (820)				
Service Type:	with Telehealth Designation	PRU:	53038	Certified Capacity:	30
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Freedom House				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12061_Cathol.pdf				
Certificate Number:	251012060 Renewal	Effective:	11/01/2022	Anticipated Recert Review:	10/31/2025
Program Location:	997 St. Paul Street, Rochester, New York 14605			Notice.	
Service Type:	Residential Services (820) [2 of these beds may be used temporarily for adults] - with Telehealth Designation	PRU:	53040	Certified Capacity:	16 and up to 5 beds for children
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Liberty Manor				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12060 Cathol.pdf				
Catholic Charities of the Dio	cese of Rochester d/b/a Catholic Charities Steuben/Livingston				
Provider Number: Administrative Office:	44050 Tabitha JBrewster Ph.D., Chief Executive Director 23 Liberty Street, Bath,NY 14810			Telephone - (607)-776-8085	
Certificate Number:	230212053 Amendment Effective: 11/01/2021	Anticipated Recert Review:	02/28/2023		
Program Location:	Administrative Site Only: 23 Liberty Street Bath, New York 14810				
Service Type: Program Name:	Prevention Counseling	PRU:	90722	Certified Capacity:	
Additional Location(s) At:	School Room 170 25 Ellas Avenue Bath NY 14810				
	Room 128A Main Street Hammondsport NY 14840				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12053_Cathol.pdf				
Certificate Number:	240212188 Renewal	Effective:	03/01/2021	Anticipated Recert 02/29/2	2024
Program Location: Service Type:	Basement, 1st & 2nd Floors 130 Rumsey Street Bath, New York 14810 Residential Services (820)	PRU:	53344	Certified Capacity: 18	
Elements:					
	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
-	Stabilization Rehabilitation Reintegration Congregate	Scattered			
-	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12188_Cathol.pdf	Scattered	04/01/2021	Anticipated Recert 03/31/2 Review:	2024
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12188_Cathol.pdf 240312189_Renewal Administrative Site: 23 Liberty Street Bath, New York 14810	1	04/01/2021 53343		2024
Compliance Performance Data Certificate Number: Program Location:	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12188_Cathol.pdf 240312189_Renewal Administrative Site: 23 Liberty Street Bath, New York 14810	Effective:		Review:	2024
Compliance Performance Data Certificate Number: Program Location: Service Type:	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12188_Cathol.pdf 240312189_Renewal Administrative Site: 23 Liberty Street Bath, New York 14810 Residential Services (820)	Effective:		Review:	2024
Compliance Performance Data Certificate Number: Program Location: Service Type: Elements: Program Name:	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12188_Cathol.pdf 240312189_Renewal Administrative Site: 23 Liberty Street Bath, New York 14810 Residential Services (820)	Effective:		Review:	2024

Provider Number: Administrative Office:	20580 Michael Smith, Chief Executive Officer 90 Cherry Lane, Hicksville,NY 11801					Telephone - (516)-73	33-7000	
Certificate Number:	230610586 Amendment	Effective:	02/13/2023	Anticipated Recert Review:	06/30/2023			
Program Location: Service Type:	St. Rosalie's Church Lower Level 31 East Montaul Outpatient Service (822) with Telehealth Designation	k Highway Hampt	ton Bays, New York 1	1946 PRU:	50125	Certified Capacity:		
Program Name:	Hampton Bays Outpatient Clinic							
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	0586 Cathol.pdf					
Certificate Number:	240912049 Amendment			Effective:	02/13/2023	Anticipated Recert Review:	09/30/2024	4
Program Location: Service Type:	30-C Carlough Road, Bohemia, New York 11716 Residential Services (820)			PRU:	53205	Certified Capacity:	35	
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered				
Program Name:	Talbot House							
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/12	2049 Cathol.pdf					
Catholic Charities of the Dic	cese of Syracuse							
Provider Number: Administrative Office:	50760 Mr. Timothy Lockwood, Executive Director 10 Kennedy Parkway, Cortland,NY 13045					Telephone - (607)-75	56-5992 Ext	202
Certificate Number:	241110208 Renewal	Effective:	12/01/2021	Anticipated Recert Review:	11/30/2024			
Program Location: Service Type: Program Name:	29 Charles Street, Cortland, New York 13045 Supportive Living (819) Recovery Apartment Program			PRU:	51514	Certified Capacity:	9	
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	0208 Cathol.pdf					
Certificate Number:	250211655 Renewal			Effective:	03/01/2022	Anticipated Recert Review:	02/28/2025	5
Program Location: Service Type:	29 Charles Street, Cortland, New York 13045 Community Residential (819)			PRU:	51308	Certified Capacity:	14	
Program Name:	Catholic Charities The Charles Street Residence							
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/11	1655 Cathol.pdf					
Catholic Charities of the Ro Provider Number:	man Catholic Diocese of Syracuse, N.Y. d/b/a Ca 20560 Mr. Jack Callaghan, Executive Director	tholic Charities	of Utica/Rome			Telephone - (315)-72	24-2158	
Administrative Office:	Administrative Office, 1408 Genesee Street, Utica	NY 13502,				,		
Certificate Number:	231210056 Renewal	Effective:	01/01/2022	Anticipated Recert Review:	12/31/2023			
Program Location: Service Type:	1616 Genesee Street, Utica, New York 13502 Community Residential (819)			PRU:	51784	Certified Capacity:	16	
Program Name:								
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	0056 Cathol.pdf					
Certificate Number:	241010057 Renewal			Effective:	11/01/2021	Anticipated Recert Review:	10/31/2024	4
Program Location: Service Type: Program Name:	Basement, 1st & 2nd Firs, 1505 Whitesboro Street Community Residential (819)	t, Utica, New Yorł	k 13502	PRU:	50681	Certified Capacity:	16	
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	0057 Cathol.pdf					
Catholic Health System, Inc.	. as Sponsor Mount St. Mary's Hospital of Niagar	a Falls as Opera	ator					
Provider Number: Administrative Office:	81790 Mr. Charles Urlaub, Chief Executive Officer Mount St. Mary's Hospital of Niagara Falls as Ope		rv Road Lewiston NY	14092		Telephone - (716)-29	8-2017	
Certificate Number:	240811890 Renewal Deemed	Effective:	08/21/2021	Anticipated Recert	08/21/2024			
Program Location:	3rd and 4th Floors, 5300 Military Road, Lewiston,		50.2 EVE 1	Review:				
Service Type: Program Name:	Inpatient Rehabilitation Service (818) Clearview Treatment Services			PRU:	52859	Certified Capacity:		69
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/11	1890 Cathol.pdf					
Cattaraugus County Depart	nent of Community Services							
Provider Number:	70690 Ms. Mary HO'Leary LCSW, Director					Telephone - (716)-37	3-8040	

Administrative Office:	Suite 4308, 1 Leo Moss Drive, Olean,NY 14760					
Certificate Number:	240412384 Establishment Effective:	05/08/2023	Anticipated Recert 04/3	30/2024		
Program Location: Service Type: Program Name:	Suite 4308, 2nd Floor 1 Leo Moss Drive Olean, New York 14760 Outpatient Service (822) Cattaraugus County Department of Community Services)	PRU: 536	68	Certified Capacity:	
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents	6/12384 Cattar.pdf				
Cayuga Health System, Inc. Provider Number: Administrative Office:	as Sponsor, Ithaca Alpha House Center, Inc. d/b/a Cayuga Ad 10930 Jessica Janssen, CEO 334 West State Street, P.O. Box 789, Ithaca,NY 14850	Idiction Recovery Servi	ces		Telephone - (607)-39	1-1020
Certificate Number:	240312037 Establishment Effective	e: 04/05/2023	Anticipated Recert Review:	03/31/2024		
Program Location: Service Type:	6621 Route 227, Trumansburg, New York 14886 Residential Services (820) with Telehealth Designation		PRU:	53017	Certified Capacity:	60
Elements:	Stabilization 🖌 Rehabilitation 🦳 Reintegratio	on Congregate	Scattered			
Program Name:						
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents	/12037 Cayuga.pdf				
Certificate Number: Program Location:	240312202 Establishment 334 West State Street Ithaca, New York 14850		Effective:	04/05/2023	Anticipated Recert Review:	03/31/2024
Service Type:	Opioid Treatment Program (822) with Telehealth Designation		PRU:	53341	Certified Capacity:	50 Capacity Lifted
Program Name: Service Type: Program Name:	Outpatient Service (822) with Telehealth Designation		PRU:	53607	Certified Capacity:	
-	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents	s/12202 Ithaca.pdf				
Certificate Number:	241212417 Establishment		Effective:	01/16/2024	Anticipated Recert Review:	12/31/2024
Program Location: Service Type:	6 Euclid Avenue Cortland, New York 13045 Opioid Treatment Program (822) with Telehealth Designation		PRU:	53864	Certified Capacity:	100
Program Name:	Cortland OTP					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents	6/12417 Cayuga.pdf				
Cazenovia Recovery System Provider Number:	is, Inc. 38170 Susanne Bissonette, Chief Executive Officer				Telephone - (716)-852	2-4331 Ext 203
Administrative Office:	Suite 417, 2495 Main Street, Buffalo,NY 14214					
Certificate Number:	240312376 Amendment Effective		Anticipated Recert Review:	03/31/2024		
Program Location: Service Type:	Administrative Site Only: 2671 Main Street Buffalo, New York 1 Residential Services (820)	4214	PRU:	53813	Certified Capacity:	15 and up to 3 beds for children
Elements:	Stabilization Rehabilitation Reintegratio	on Congregate	Scattered			
Program Name:	Step Toward Success (Niagara County) by Caz Recovery					
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents	/12376 Cazeno.pdf				
Certificate Number:	240312377 Establishment		Effective:	04/03/2023	Anticipated Recert Review:	03/31/2024
Program Location: Service Type:	Administrative Site Only: 2671 Main Street Buffalo, New York 1 Residential Services (820)	4214	PRU:	53812	Certified Capacity:	138 and up to 8 beds for children
Elements:	Stabilization Rehabilitation Reintegratio	on Congregate	Scattered			
Program Name:	Step Toward Success (Erie County) by Caz Recovery					
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents	/12377 Cazeno.pdf				
Certificate Number:	241112051 Renewal		Effective:	12/01/2021	Anticipated Recert Review:	11/30/2024
Program Location:	5586 Niagara Street Extension, Lockport, New York 14094					

Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53076	Certified Capacity:	16 and up to 12 beds for children
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Madonna House by Caz Recovery				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12051_Cazeno.pdf				
Certificate Number:	250912122 Renewal	Effective:	10/01/2022	Anticipated Recert Review:	09/30/2025
Program Location: Service Type:	923 Sycamore Street Buffalo, New York 14212 Residential Services (820) [for men]	PRU:	53574	Certified Capacity:	24
Elements:	Stabilization Rehabilitation V Reintegration Congregate	Scattered			
Program Name:	Unity House by Caz Recovery				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12122_Cazeno.pdf				
Certificate Number:	251112282 Renewal	Effective:	12/01/2022	Anticipated Recert Review:	11/30/2025
Program Location: Service Type:	200 Albany Street Buffalo, New York 14213 Residential Services (820) [for women]	PRU:	53573	Certified Capacity:	19
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Casa Di Vita by Caz Recovery				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12282_Cazeno.pdf				
Certificate Number:	251112283 Renewal	Effective:	12/01/2022	Anticipated Recert Review:	11/30/2025
Program Location: Service Type:	7397 Lake Road Appleton, New York 14008 Residential Services (820) [for women]	PRU:	53571	Certified Capacity:	17
Elements:	Stabilization Rehabilitation V Reintegration Congregate	Scattered			
Program Name:	Somerset House by Caz Recovery				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12283_Cazeno.pdf				
Certificate Number:	251212284 Renewal	Effective:	01/01/2023	Anticipated Recert Review:	12/31/2025
Program Location: Service Type:	Basement, 1st, 2nd & 3rd Floors , 431 Memorial Parkway Niagara Falls, New York 14303 Residential Services (820) [for men]	PRU:	53572	Certified Capacity:	17
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Sundram Manor by Caz Recovery				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12284 Cazeno.pdf				
Certificate Number:	260112050 Renewal	Effective:	02/01/2023	Anticipated Recert	01/31/2026
Program Location:	1st & 2nd Floors 486 North Legion Drive Buffalo, New York 14210			Review:	
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53077	Certified Capacity:	23
Elements:	Stabilization 🖌 Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Cazenovia Manor by Caz Recovery				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12050_Cazeno.pdf				
Certificate Number:	260212124 Renewal	Effective:	03/01/2023	Anticipated Recert Review:	02/28/2026
Program Location: Service Type:	1st Floor 9126 Sandrock Road & 9136 Sandrock Road Eden, New York 14057 Residential Services (820) with Telehealth Designation	PRU:	53246	Certified Capacity:	21
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Turning Point House by Caz Recovery				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12124 Cazeno.pdf				

March 11, 2024

Center for Community Alt Provider Number:	2136 Mr. David Condliffe, Executive Director	-				Telephone - (315)-546-4365
dministrative Office:	Suite 701, 25 Chapel Street, Brooklyn,NY 17	1201				
ertificate Number:	240210704 Amendment	Effective:	06/05/2023	Anticipated Recert Review:	02/29/2024	
ogram Location:	7th Floor 25 Chapel Street Brooklyn, New Y	ork 11201				
ervice Type:	Outpatient Service (822)			PRU:	6520	Certified Capacity:
rogram Nama	with Telehealth Designation					
rogram Name: ervice Type:	Crossroads to Recovery Opioid Treatment Program (822)					120
ervice Type.	with Telehealth Designation			PRU:	53763	Certified Capacity: Capacity Lift
rogram Name:	Crossroads to Recovery					
ompliance Performance D	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/l</u>	Directory/documents/	10704 Center.pdf			
enter for Comprehensive						
rovider Number:	10030 Ms. Ann MMendelsohn, Chief Execut					Telephone - (212)-360-7481
dministrative Office:	4th Floor, 35 E. 110th Street, New York,NY	10026				
ertificate Number:	240111670 Establishment	Effective:	01/24/2024	Anticipated Recert Review:	01/31/2024	
Program Location:	4th Floor 35 E. 110th Street New York, New	York 10029				
ervice Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	3553	Certified Capacity: 444
rogram Name:						
ervice Type:	Outpatient Service (822)			PRU:	53807	Certified Capacity:
rogram Name:	with Telehealth Designation					
compliance Performance D	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/l</u>	Directory/documents/	11670 Center.pdf			
he Center for Rapid Reco	•					
rovider Number: dministrative Office:	26730 Renee DCharles Ph.D., President & (312 Greenwich Street, Hempstead, NY 1155		er			Telephone - (516)-292-6449
ertificate Number:	230711050 Renewal	Effective:	08/01/2021	Anticipated Recert Review:	07/31/2023	
rogram Location:	1st Floor, 312 Greenwich Street, Hempstead	l, New York 11550				
ervice Type:	Outpatient Service (822) with Telehealth Designation			PRU:	7252	Certified Capacity:
Program Name:						
Compliance Performance D	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/l</u>	Directory/documents/	11050 Center.pdf			
The Courter for Vouth Com	inne lue					
he Center for Youth Serv Provider Number:	37050 Elaine Spaull Ph.D., Executive Direct	or				Telephone - (585)-473-2464
Administrative Office:	905 Monroe Avenue, Rochester,NY 14620					1010phone - (303)-+73-2+0+
ertificate Number:	240711987 Renewal	Effective:	08/01/2022	Anticipated Recert Review:	07/31/2024	
rogram Location:	1st Floor, 901-905 Monroe Avenue, Roches	ter. New York 14620		Review.		
ervice Type:	Prevention Counseling	,		PRU:	90698	Certified Capacity:
rogram Name:	-					
dditional Location(s) At:						
	ol 2nd Floor Room 202 164 Alexander Street Ro					
	Room B-130 1801 East Main Street Rochester 3rd Floor Room 432 45 Prince Street Rochester					
	High School Commencement Academy 501 Ger		ter NY 14611			
Compliance Performance D	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/l</u>	Directory/documents/	11987 Center.pdf			
Central Nassau Guidance	and Counseling Services, Inc.					
Provider Number:	50710 Mr. Jeffrey Friedman, Chief Executive	Officer				Telephone - (516)-822-6111
dministrative Office:	950 South Oyster Bay Road, Hicksville,NY 1	1801				
ertificate Number:	230910706 Amendment OMH Host	Effective:	01/26/2023	Anticipated Recert Review:	09/30/2023	
rogram Location:	950 South Oyster Bay Road, Hicksville, New	/ York 11801				
ervice Type:	Outpatient Service (822)			DDU	53771	Cortified Canacity
rogram Name:	with Telehealth Designation with Ancillary W	ithdrawal Services		PRU:	53771	Certified Capacity:
-						
ompliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/l	Directory/documents/	10706 Centra.pdf			
entral Park Recovery, LL	С					
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Provider Number: Administrative Office:	51520 Ms Nicole Intervallo, Chief Executive Officer 2176 Central Park Avenue, Yonkers,NY 10710					Telephone - (914)-619-5242
Certificate Number:	250912241 Renewal	Effective:	10/01/2022	Anticipated Recert Review:	09/30/2025	
Program Location: Service Type:	2176 Central Park Avenue Yonkers, New York 1071 Outpatient Service (822) with Telehealth Designation	10		PRU:	53514	Certified Capacity:
Program Name: Service Type:	Outpatient Rehabilitation Service (822)				50504	
Program Name:	with Telehealth Designation			PRU:	53564	Certified Capacity:
-	http://webapps.oasas.ny.gov/legal/CertApp/Director	autorita (192	41 Contro ndf			
		v/documents/122				
	nter for Drug Treatment and Youth Services, Inc.					
Provider Number: Administrative Office:	1065 Ms. Constance Wille, Chief Executive Director 20 Ampersand Drive, Plattsburgh,NY 12901	r				Telephone - (518)-561-8480
		Effective.	05/01/2021	Anticipated Recert	04/20/2024	
Certificate Number:			05/01/2021	Review:	04/30/2024	
Program Location: Service Type:	516 Norrisville Road , Schuyler Falls, New York 129 Residential Services (820)	385		PRU:	53247	Certified Capacity: 16
Elements:	Stabilization 📝 Rehabilitation 🔽 F	Reintegration	Congregate	Scattered		
Program Name:	Champlain Valley Family Center Recovery Campus					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Director	v/documents/121	38 Champl.pdf			
Certificate Number:	240712015 Renewal			Effective:	08/01/2021	Anticipated Recert 07/31/2024 Review:
Program Location: Service Type:	20 Ampersand Drive Plattsburgh, New York 12901 Prevention Counseling			PRU:	90620	Certified Capacity:
Program Name:	The vention obtained ing				00020	oortined oupdoidy.
 Northern Adirondack Central Saranac Central School 60 P Plattsburgh High School Heat 	I District Counseling Offices 1st & 2nd Floors 37 Eag School District Room BC-2 5586 State Route 11 Elle icketts Corners Road Saranac NY 12981 Ith Office Room 406 One Clifford Drive Plattsburgh N	enburg Depot NY	12935			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Director	v/documents/120	15 Champl.pdf			
Certificate Number:	250610710 Amendment OASAS Host			Effective:	05/01/2023	Anticipated Recert 06/30/2025 Review:
Program Location:	20 Ampersand Drive Plattsburgh, New York 12901 Outpatient Service (822)					
Service Type:	with Telehealth Designation			PRU:	3101	Certified Capacity:
Program Name: Service Type:	Integrated Outpatient Services - MH			PRU:		Certified Capacity:
Program Name:						
Additional Location(s) At: - Hawkins Hall Plattsburgh Sta	te University Basement Room 053E 55 Beekman Str	eet Plattsburgh N	IY 12901			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Director	v/documents/107	10 Champl.pdf			
Charles Evans Center, Inc. d						
Provider Number: Administrative Office:	49140 Mr. James RDolan Jr., Executive Director 857 South Oyster Bay Road, Bethpage,NY 11714					Telephone - (516)-622-8888 Ext 1225
Certificate Number:	250412218 Amendment	Effective:		Anticipated Recert Review:	04/30/2025	
Program Location:	113 Glen Cove Avenue Glen Cove, New York 1154	2				
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	53342	Certified Capacity:
Program Name:	Charles Evans Center at Glen Cove					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Director	v/documents/122	18 Charle.pdf			
Chautauqua County Departn						
Provider Number: Administrative Office:	70360 Carmelo Hernandez M.S., M.B.A., Director o Hall R Clothier Bldg., 1st Floor, 2 Academy Street, M					Telephone - (716)-753-4104
Certificate Number:	240710711 Renewal OMH Host	Effective:	08/01/2021	Anticipated Recert Review:	07/31/2024	

Program Location: Service Type:	City Hall, 5th Floor, 200 East Third Street, Jamestown, New York 14701 Outpatient Service (822) with Telehealth Designation	PRU:	50702	Certified Capacity:
Program Name:				
Compliance Performance Dat	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10711 Chauta.pdf			
Certificate Number:	240710712 Amendment OMH Host	Effective:	08/15/2022	Anticipated Recert 07/31/2024 Review:
Program Location: Service Type:	1st Floor 60-62 Franklin Avenue Dunkirk, New York 14048 Outpatient Service (822) with Telehealth Designation	PRU:	50703	Certified Capacity:
Program Name:				
Compliance Performance Dat	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10712 Chauta.pdf			
Chenango County Commun	nity Services Board			
Provider Number: Administrative Office:	70010 Ms. Elizabeth Warneck, Director of Community Services County Office Building, Suite 42, 5 Court Street, Norwich,NY 13815			Telephone - (607)-337-1604
ertificate Number:	231010713 Renewal OMH Effective: 11/01/2020	Anticipated Recert Review:	10/31/2023	
Program Location: Service Type: Program Name:	Suite 42 5 Court Street, Norwich, New York 13815 Outpatient Service (822) with Telehealth Designation Chenango County Behavioral Health Services	PRU:	472	Certified Capacity:
Compliance Performance Dat	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10713 Chenan.pdf			
Child & Family Guidance Ce	enter Addiction Services, Inc.			
Provider Number: Administrative Office:	16230 Mr. Allen Nace, CEO 106 Vineyard Avenue, Highland,NY 12528			Telephone - (845)-594-4239
ertificate Number:	240910715 Renewal Effective: 10/01/2022	Anticipated Review:	ecert 09/30/2024	
rogram Location: ervice Type:	106 Vineyard Avenue and 102 Vineyard Avenue (1st & 2nd Floors), Highland, New Yorl Outpatient Service (822) with Telehealth Designation		51463	Certified Capacity:
	Kingston NY 12401 Main Street Ellenville NY 12428 ^{ta} <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10715_ChildF.pdf</u>			
Certificate Number:	241111653 Renewal	Effective:	12/01/2022	Anticipated Recert 11/30/2024
Program Location: Service Type:	Northeast Center for Rehab and Traumatic Brain Injury, 1st Floor, Rooms 322 & 507, 30 Outpatient Service (822) with Telehealth Designation	00 Grant Avenue, 2nd PRU:	Floor, Rooms 128, 219, 3 52156	Review: 133, & 704, Lake Katrine, New York 12449 Certified Capacity:
Program Name:				
Compliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11653 ChildF.pdf			
The Child Center of NY, Inc. Provider Number: Administrative Office:	18000 Ms. Traci Donnelly, CEO and Executive Director 6th Floor, 118-35 Queens Boulevard, Forest Hills,NY 11375			Telephone - (718)-651-7770
Certificate Number:	220510953 Amendment OMH Effective: 01/12/2022 Host	Anticipated Recert Review:	05/31/2022	
Program Location: Service Type:	2nd Floor 163-18 Jamaica Avenue Jamaica, New York 11432 Outpatient Service (822) with Telehealth Designation	PRU:	6308	Certified Capacity:
Program Name:	Jamaica Family Center-CD-OP			
ompliance Performance Dat	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10953 ChildC.pdf			
Certificate Number:	220511277 Amendment OMH Host	Effective:	02/01/2022	Anticipated Recert 05/31/2022 Review:
Program Location: Service Type:	140-15B Sanford Avenue, Flushing, New York 11355 Outpatient Service (822) with Telehealth Designation	PRU:	51686	Certified Capacity:
Program Name: Additional Location(s) At: - 43-08 52nd Street Woodside				

The Children's Aid Society		50				Telephone (212) 04	0.4800
Provider Number: Administrative Office:	20660 Ms. Phoebe CBoyer, President and C 117 W 124th Street, New York, NY 10027					Telephone - (212)-94	5-4 000
				Anticipated Recert			
ertificate Number:	240311973 Renewal	Effective:	04/01/2021	Review:	03/31/2024		
rogram Location:	Basement & 1st Floor, New York, New York	10026-1904, 14-32 W	est 118th Street, Pre	vention Records at:, 11	7 West 124th Street, New	York, New York 1002	7
ervice Type:	Prevention Counseling			PRU:	90763	Certified Capacity:	
rogram Name:	Dunlevy-Milbank Children's Center						
dditional Location(s) At:							
	408B 131 East 104th Street New York NY 1002 I 4th Floor 240 West 113th Street New York NY						
Compliance Performance D	ata <u>http://webapps.oasas.nv.gov/legal/CertApp/E</u>	lirectory/documents/1	1973 TheChi.pdf				
he Children's Village, Inc							
rovider Number:	14690 Jeremy Kohomban Ph.D., President/C	EO				Telephone - (914)-69	3-0600 Ext 120
dministrative Office:	1 Echo Hill, Dobbs Ferry,NY 10522						
Certificate Number:	231012143 Conditional Certificate	Effective:	05/01/2023	Anticipated Recert Review:	10/31/2023		
Program Location:	New Hope Building 1 Echo Hill Dobbs Ferry,	New York 10522					
ervice Type:	Outpatient Service (822)			PRU:	53242	Certified Capacity:	
Program Name:							
ompliance Performance D	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/E</u>	irectory/documents/1	2143 Childr.pdf				
citizen Advocates, Inc. d/b	o/a North Star Industries						
Provider Number:	40410 Mr. James Button, CEO					Telephone - (518)-48	3-1251
dministrative Office:	Building 1, 324 County Route 51, P.O. Box 6	08, Malone,NY 12953	3				0 1201
ertificate Number:	240712404 Establishment OMH Host	Effective:	08/03/2023	Anticipated Recert Review:	07/31/2024		
rogram Location:	650 State Street Watertown, New York 1360	1					
ervice Type:	Outpatient Service (822) with Telehealth Designation and Ancillary Wi	thdrawal Services		PRU:	53826	Certified Capacity:	
Program Name:							
Compliance Performance D	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/E</u>	lirectory/documents/1	2404 Citize.pdf				
Certificate Number:	240812004 Renewal			Effective:	09/01/2021	Anticipated Recert Review:	08/31/2024
Program Location:	31 Sixth Street, Malone, New York 12953						
ervice Type:	Prevention Counseling			PRU:	90719	Certified Capacity:	
Program Name:							
dditional Location(s) At:							
Tupper Lake Central Scho Malone High School (Frank	m 419 15 Francis Street Malone NY 12953 ol Rooms A207 & B107 25 Chaney Avenue Tupp (lin Academy) Room 118 42 Huskie Lane Malon						
	hool Rooms D-10 & D-24 758 County Route 7 B hool Room B121A 92 North Main Street St. Regis						
Compliance Performance D	ata <u>http://webapps.oasas.nv.gov/legal/CertApp/E</u>	lirectory/documents/1	2004 Citize.pdf				
Certificate Number:	260510717 Renewal OMH Host			Effective:	06/01/2023	Anticipated Recert Review:	05/31/2026
Program Location:	31 Sixth Street, Malone, New York 12953						
ervice Type:	Outpatient Service (822) [with ancillary withdrawal services] with Tele!	ealth Designation		PRU:	53770	Certified Capacity:	
Program Name:							
		Road Speculator NY	ý 12164				
Compliance Performance D	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/E</u>	lirectory/documents/1	0717 Citize.pdf				
Certificate Number:	260512306 Renewal OMH Host			Effective:	06/01/2023	Anticipated Recert Review:	05/31/2026
Newyow Leastien.	1003 Park Street Ogdensburg, New York 13	69					
rogram Location:							
Program Location: Service Type:	Outpatient Service (822) [with ancillary withdrawal services]			PRU:	53633	Certified Capacity:	

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12306 Citize

City of White Plains Youth	n Bureau					
Provider Number:	29210 Mr. Frank Williams Jr., Executive Director					Telephone - (914)-422-1378 Ext 6702
Administrative Office:	11 Amherst Place, White Plains,NY 10601					
Certificate Number:	240912027 Renewal	Effective:	10/01/2021	Anticipated Recert Review:	09/30/2024	
Program Location:	11 Amherst Place, White Plains, New York 10601					
Service Type:	Prevention Counseling			PRU:	90664	Certified Capacity:
Program Name:						

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12027 Cityof.pdf

Administrative Office:	85490 Mandy Teeter, Vice 81 Lake Ave, Rochester,N		er Regional Health	-Behavioral Health			Telephone - (585)-368-6989
Certificate Number:	250411880 Renewal	OMH Host	Effective:	05/09/2022	Anticipated Recert Review:	04/30/2025	
Program Location:	1st Floor 2 Coulter Road C	lifton Springs, New	York 14432				
Service Type:	Outpatient Service (822) with Telehealth Designation	n			PRU:	52846	Certified Capacity:
Program Name:							
Additional Location(s) At:							
1st Floor 35 North Street 0	anandaigua NY 14424						
Compliance Performance D	ata <u>http://webapps.oasas.ny.go</u>	ov/legal/CertApp/Dir	ectory/documents/	11880 Roches.pdf			
Certificate Number:	260211879 Renewal				Effective:	03/01/2023	Anticipated Recert 02/28/2026 Review:
Program Location:	Woodbury Building, 3rd Flo	oor, 2 Coulter Road,	Clifton Springs, Ne	ew York 14432			
Service Type:	Inpatient Rehabilitation Ser				PRU:	52847	Certified Capacity: 30
Program Name:	with Telehealth Designation The Inpatient Addiction Re						
Compliance Performance D	ata <u>http://webapps.oasas.ny.go</u>	ov/legal/CertApp/Dir	ectory/documents/	11879 Clifto.pdf			
Clinton County Communit	y Services Board						
Provider Number:	70020 Ms. Richelle Gregor	y, Director of Comm	nunity Services				Telephone - (518)-565-4060
Administrative Office:	Suite 1500, 130 Arizona Av	venue, Plattsburgh,	NY 12903				
Certificate Number:	250410723 Renewal	OMH Host	Effective:	05/01/2022	Anticipated Recert Review:	04/30/2025	
Program Location:	130 Arizona Avenue, Platts	burgh, New York 12	2903				
Service Type:	Outpatient Service (822)				PRU:	50757	Certified Capacity:
Program Name:	Clinton County Addiction S	ervices					
-							
Additional Location(s) At: Building #2 483 State Rou	e 11 Champlain NY 12919						
Additional Location(s) At: Building #2 483 State Rou	e 11 Champlain NY 12919 ata <u>http://webapps.oasas.ny.go</u>	ov/legal/CertApp/Dir	ectory/documents/	10723 Clinto.pdf			
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D	ata <u>http://webapps.oasas.ny.go</u>		ectory/documents/	10723 Clinto.pdf			
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D The Community Action On	ata <u>http://webapps.oasas.ny.go</u> ganization of Western New Y	′ork, Inc.	ectory/documents/	10723 Clinto.pdf			Telephone - (716)-881-5150
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D The Community Action On Provider Number:	ata <u>http://webapps.oasas.ny.go</u>	′ork, Inc. D/President		10723 Clinto.pdf			Telephone - (716)-881-5150
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D The Community Action On Provider Number: Administrative Office:	ata http://webapps.oasas.ny.go ganization of Western New Y 46 Mr. Thomas UKim, CEC	′ork, Inc. D/President		10723 Clinto.pdf 08/01/2022	Anticipated Recert Review:	07/31/2024	Telephone - (716)-881-5150
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D The Community Action Of Provider Number: Administrative Office: Certificate Number:	ata http://webapps.oasas.ny.go ganization of Western New Y 46 Mr. Thomas UKim, CEC Suite 150, 45 Jewett Avenu	'ork, Inc.)/President Je, Buffalo,NY 1421	4 Effective:		Anticipated Recert Review:	07/31/2024	Telephone - (716)-881-5150
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D The Community Action Of Provider Number: Administrative Office: Certificate Number: Program Location:	ata http://webapps.oasas.ny.go ganization of Western New Y 46 Mr. Thomas UKim, CEC Suite 150, 45 Jewett Avenu 240710379 Renewal	Y ork, Inc.)/President Je, Buffalo,NY 1421 t, Buffalo, New York	4 Effective:		Anticipated Recert Review: PRU:	07/31/2024	Cartified Canacity: 430
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D The Community Action Or Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	ata <u>http://webapps.oasas.ny.qc</u> ganization of Western New Y 46 Mr. Thomas UKim, CEC Suite 150, 45 Jewett Avenu 240710379 Renewal 1st Floor, 1237 Main Street	York, Inc. D/President Jae, Buffalo,NY 1421 t, Buffalo, New York (822)	4 Effective: : 14209		Review:		100
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	ata http://webapps.oasas.ny.go ganization of Western New Y 46 Mr. Thomas UKim, CEC Suite 150, 45 Jewett Avenu 240710379 Renewal 1st Floor, 1237 Main Street Opioid Treatment Program	York, Inc. D/President Jue, Buffalo,NY 1421 t, Buffalo, New York (822) Treatment (DART)	4 Effective: : 14209 Program	08/01/2022	Review:		Cartified Canacity: 430
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D The Community Action Or Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	ata http://webapps.oasas.ny.go ganization of Western New Y 46 Mr. Thomas UKim, CEC Suite 150, 45 Jewett Avenu 240710379 Renewal 1st Floor, 1237 Main Street Opioid Treatment Program Drug Abuse Research and ata http://webapps.oasas.ny.go	York, Inc. D/President Jue, Buffalo,NY 1421 t, Buffalo, New York (822) Treatment (DART)	4 Effective: : 14209 Program	08/01/2022	Review:		Cartified Canacity: 430
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D	ata http://webapps.oasas.ny.go ganization of Western New Y 46 Mr. Thomas UKim, CEC Suite 150, 45 Jewett Avenu 240710379 Renewal 1st Floor, 1237 Main Street Opioid Treatment Program Drug Abuse Research and ata http://webapps.oasas.ny.go	York, Inc. D/President Ja, Buffalo,NY 1421 t, Buffalo, New York (822) Treatment (DART)	4 Effective: : 14209 Program :ectory/documents/	08/01/2022	Review:		Cartified Canacity: 430
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D	ata http://webapps.oasas.ny.go ganization of Western New Y 46 Mr. Thomas UKim, CEC Suite 150, 45 Jewett Avenu 240710379 Renewal 1st Floor, 1237 Main Street Opioid Treatment Program Drug Abuse Research and ata http://webapps.oasas.ny.go	York, Inc.)/President Je, Buffalo,NY 1421 t, Buffalo, New York (822) Treatment (DART) py/legal/CertApp/Dir Chief Executive Off	4 Effective: : 14209 Program :ectory/documents/	08/01/2022	Review:		Certified Capacity: 430 Capacity Lifted
Additional Location(s) At: Building #2 483 State Rou Compliance Performance D The Community Action Or Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D The Community Place of O Provider Number:	ata http://webapps.oasas.ny.go ganization of Western New Y 46 Mr. Thomas UKim, CEC Suite 150, 45 Jewett Avenu 240710379 Renewal 1st Floor, 1237 Main Street Opioid Treatment Program Drug Abuse Research and ata http://webapps.oasas.ny.go Greater Rochester, Inc. 42880 Mr. Scott Benjamin,	York, Inc.)/President Je, Buffalo,NY 1421 t, Buffalo, New York (822) Treatment (DART) py/legal/CertApp/Dir Chief Executive Off	4 Effective: : 14209 Program :ectory/documents/	08/01/2022	Review:	13	Certified Capacity: 430 Capacity Lifted

Service Type:	Prevention Counseling			PRU:	90849	Certified Capacity:	
Program Name:							
Additional Location(s) A	<u>t</u>						
NE and NW HighSchool	at the Frederick Douglas Campus 940 Fernwood Park	Rochester NY 1	4609				
Compliance Performance	Data <u>http://webapps.oasas.ny.gov/legal/CertApp/Direc</u>	tory/documents/	11803 Commun.pdf				
Concourse Medical Cent	er, Inc.						
Provider Number:	43050 Ms. Ana Matos, Executive Director					Telephone - (718)-665-93	40 Ext 118
Administrative Office:	880 Morris Avenue, Bronx,NY 10451						
Certificate Number:	241111295 Renewal	Effective:	12/01/2022	Anticipated Re Review:	cert 11/30/2024		
Program Location:	880 Morris Avenue Bronx, New York 10451						
Service Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	829	Certified Capacity:	600
Program Name:	-						
Compliance Performance	Data <u>http://webapps.oasas.ny.gov/legal/CertApp/Direc</u>	tory/documents/	11295 Concou.pdf				
Confidential Help for Alc	ohol and Drugs, Inc.						
Provider Number:	36200 Ms. Caroline Dixon, Executive Director					Telephone - (315)-253-75	02
Administrative Office:	Suite #4, 75 Genesee Street, Auburn,NY 13021						
Certificate Number:	230112019 Renewal	Effective:	02/01/2020	Anticipated Re Review:	cert 01/31/2023		
Program Location:	The Piccolo Building 1st Floor 75 Genesee Stree	t Auburn, New Y	ork 13021				
Service Type:	Prevention Counseling			PRU:	90690	Certified Capacity:	
Program Name: Additional Location(s) A							
	┏ ΞS (Compass) 1879 W. Genesee Street Road Auburn						
 Auburn Jr. High School (Southern Cayuga Centra Auburn High School Roo Union Springs Central SC Weedsport Central Scho Cato-Meridian Central Sc Millard Fillmore Elementa 	conference Room 191 Franklin Street Auburn NY 1302 I School 2384 Route 34B Aurora NY 13026 m C218B 250 Lake Avenue Auburn NY 13021 thool 27 North Cayuga Street Union Springs NY 13160 ol 2821 East Brutus Street Weedsport NY 13166 thool 2851 State Route 370 Cato NY 13033 ary School South Main Street Moravia NY 13118 South Main Street Moravia NY 13118)					
- Auburn Jr. High School G - Southern Cayuga Centra - Auburn High School Roo - Union Springs Central Scho - Cato-Meridian Central Scho - Millard Fillmore Elementa - Moravia Central School S	I School 2384 Route 34B Aurora NY 13026 m C218B 250 Lake Avenue Auburn NY 13021 chool 27 North Cayuga Street Union Springs NY 1316(ol 2821 East Brutus Street Weedsport NY 13166 chool 2851 State Route 370 Cato NY 13033 ary School South Main Street Moravia NY 13118		12019 Confid.pdf				
Auburn Jr. High School G Southern Cayuga Centra Auburn High School Roo Union Springs Central Sc Weedsport Central Scho Cato-Meridian Central Scho Millard Fillmore Elementa Moravia Central School S Compliance Performance	I School 2384 Route 34B Aurora NY 13026 m C218B 250 Lake Avenue Auburn NY 13021 shool 27 North Cayuga Street Union Springs NY 13166 ol 2821 East Brutus Street Weedsport NY 13166 shool 2851 State Route 370 Cato NY 13033 ary School South Main Street Moravia NY 13118 South Main Street Moravia NY 13118		12019 Confid.pdf	Effective:	11/01/2023	Anticipated Recert 10/3 Review:	31/2025
Auburn Jr. High School G Southern Cayuga Centra Auburn High School Roo Union Springs Central Sc Weedsport Central School Cato-Meridian Central Sc Millard Fillmore Elementa Moravia Central School S Compliance Performance	I School 2384 Route 34B Aurora NY 13026 m C218B 250 Lake Avenue Auburn NY 13021 chool 27 North Cayuga Street Union Springs NY 13160 ol 2821 East Brutus Street Weedsport NY 13166 chool 2851 State Route 370 Cato NY 13033 ary School South Main Street Moravia NY 13118 South Main Street Moravia NY 13118 Data http://webapps.oasas.nv.gov/legal/CertApp/Direct	tory/documents/		Effective:	11/01/2023		31/2025
- Auburn Jr. High Šchool (Southern Cayuga Centra - Auburn High School Roo - Union Springs Central School - Union Springs Central School - Cato-Meridian Central School (- Millard Fillmore Elementa - Moravia Central School (Compliance Performance - Certificate Number: Program Location:	I School 2384 Route 34B Aurora NY 13026 m C218B 250 Lake Avenue Auburn NY 13021 shool 27 North Cayuga Street Union Springs NY 13160 12821 East Brutus Street Weedsport NY 13166 shool 2851 State Route 370 Cato NY 13033 ary School South Main Street Moravia NY 13118 South Main Street Moravia NY 13118 Data http://webapps.oasas.ny.gov/legal/CertApp/Direc 251010727 Renewal	tory/documents/		Effective: PRU:	11/01/2023 50846		31/2025
 - Auburn Jr. High School Q - Southern Cayuga Centra - Auburn High School Roo - Union Springs Central Scho - Cato-Meridian Central Scho - Amilard Fillmore Elementa - Moravia Central School Schol School School School School School Schol School School Schoo	I School 2384 Route 34B Aurora NY 13026 m C218B 250 Lake Avenue Auburn NY 13021 shool 27 North Cayuga Street Union Springs NY 13160 ol 2821 East Brutus Street Weedsport NY 13166 shool 2851 State Route 370 Cato NY 13033 ary School South Main Street Moravia NY 13118 South Main Street Moravia NY 13118 Data http://webapps.oasas.nv.gov/legal/CertApp/Direc 251010727 Renewal The Piccolo Building 1st Floor 75 Genesee Street Outpatient Service (822)	tory/documents/				Review:	31/2025

Administrative Office:	14770 Ms. Kelly AUnderwood, CEO 79 Glenridge Road, Glenville,NY 12302					Telephone - (518)-952	2-8366
Certificate Number:	240610018 Renewal	Effective:	07/01/2021	Anticipated Recert Review:	06/30/2024		
Program Location:	A1, A2, B2, C2, D1, D2, D3 & S2, 79 Glenridge Roa	d, Glenville, New `	York 12302				
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation [with the use of methad to Section 816.7 medically supervised inpatient with Rooms only]			PRU:	50849	Certified Capacity:	171
Program Name:							
Compliance Performance Da	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory/</u>	documents/10018	Conife.pdf				
Certificate Number:	240612065 Renewal			Effective:	07/01/2022	Anticipated Recert Review:	06/30/2024
Program Location:	1st, 2nd & 3rd Floors 2435 Sixth Avenue Troy, New	York 12180					
Frogram Location.	131, 2110 & 510 1 10013 2405 CIXIII AVCINE 1109, NOW	1011112100					
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	1011112100		PRU:	53060	Certified Capacity:	75 Capacity Lifted
	Opioid Treatment Program (822)			PRU:	53060	Certified Capacity:	
Service Type: Program Name:	Opioid Treatment Program (822)		<u>i Conife.pdf</u>	PRU:	53060	Certified Capacity:	
Service Type: Program Name:	Opioid Treatment Program (822) with Telehealth Designation		<u>Conife.pdf</u>	PRU: Effective:	53060 07/01/2022	Certified Capacity: Anticipated Recert Review:	

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12135 Co	onife.pdf
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Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12135 Conife.pdf				
Certificate Number:	240710738 Renewal	Effective:	08/01/2021	Anticipated Recert Review:	07/31/2024
Program Location:	1st - 3rd Floors, 2435 Sixth Avenue, Troy, New York 12180				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51826	Certified Capacity:	
Program Name:	····· · · · · · · · · · · · · · · · ·				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directorv/documents/10738 Conife.pdf				
Certificate Number:	240711437 Amendment	Effective:	04/07/2023	Anticipated Recert Review:	07/31/2024
Program Location:	C1, 79 Glenridge Road, Glenville, New York 12302				
Service Type:	Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) with Telehealth Designation [with the use of methadone] - Up to 24 of these beds may be used for the provision of Part 818 Inpatient Rehabilitation Services, as needed	PRU:	3814	Certified Capacity:	34
Program Name:					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11437 Conife.pdf				
Certificate Number:	250210731 Renewal	Effective:	03/01/2022	Anticipated Recert Review:	02/28/2025
Program Location:	550-556 South Clinton Avenue Rochester, New York 14620				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	5265	Certified Capacity:	
Program Name:	Outpatient Clinic				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10731 Conife.pdf				
Certificate Number:	250310730 Amendment	Effective:	09/26/2022	Anticipated Recert Review:	03/31/2025
Program Location:	2nd Floor 600 Franklin Street Schenectady, New York 12305				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51828	Certified Capacity:	
Program Name:	Outpatient Clinic				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10730_Conife.pdf				
Certificate Number:	250410729 Renewal	Effective:	05/01/2022	Anticipated Recert Review:	04/30/2025
Program Location:	Basement, 1st Floor and 2nd Floor 55 Elm Street Glens Falls, New York 12801				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51101	Certified Capacity:	
Program Name:	Conifer Park Outpatient Clinic				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10729_Conife.pdf				
Certificate Number:	250411809 Renewal	Effective:	05/01/2022	Anticipated Recert Review:	04/30/2025
Program Location:	Unit 1 80 Sharron Avenue Plattsburgh, New York 12901				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	52696	Certified Capacity:	100 Capacity Lifted
Program Name:	-				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11809 Conife.pdf				
Certificate Number:	250511944 Renewal	Effective:	06/01/2022	Anticipated Recert Review:	05/31/2025
Program Location:	Suite #s 4, 5 and 6 , 526 Old Liverpool Road Liverpool, New York 13088				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	52959	Certified Capacity:	200 Capacity Lifted
Program Name:					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11944 Conife.pdf				
Certificate Number:	250610732 Renewal	Effective:	07/01/2022	Anticipated Recert Review:	06/30/2025
Program Location:	Unit 1 80 Sharron Avenue Plattsburgh, New York 12901				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51575	Certified Capacity:	
Program Name:					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10732 Conife.pdf				
Certificate Number:	250810733 Renewal	Effective:	09/01/2022	Anticipated Recert Review:	08/31/2025

PRU: 51568

Certified Capacity:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10733 Conife.pdf

Provider Number:	ces, Inc.							
	12480 Ms. Antara	ra Mitra, Executive Director					Telephone - (315)-251-1400	Ext 117
Administrative Office:	6311 Court Stree	et Road, East Syracuse,NY	13057					
ertificate Number:	250911756 Rer	newal	Effective:	10/01/2022	Anticipated Recert Review:	09/30/2025		
rogram Location:	Administrative Si	ite Only:, 6311 Court Stree	t Road, East Syracuse	, New York 13057				
ervice Type:	Prevention Count	iseling			PRU:	90646	Certified Capacity:	
rogram Name:								
Nottingham High School 3	nolia Street Syracuse Syracuse Central 258 100 E. Genesee Stre h School 5353 Taft R 0 Robinson Street Sy gh School 6002 Route	8 E. Adams Street Syracus eet Syracuse NY 13224 Road North Syracuse NY 13 yracuse NY 13206 te 31 Cicero NY 13039						
ompliance Performance D	ata <u>http://webapps.oa</u>	asas.ny.gov/legal/CertApp/	Directory/documents/	11756 Contac.pdf				
OPAY, INC.								
Provider Number:	145 Maria ECuad	dra Ph.D, Executive Directo	pr/CEO				Telephone - (516)-466-2509	
dministrative Office:	21 North Station	Plaza, Great Neck,NY 110	21					
Certificate Number:	240510739	Conditional Certificate	Effective:	06/01/2023	Anticipated Recert Review:	05/31/2024		
Program Location:		rth Station Plaza Great Neo	k, New York 11021					
ervice Type:	Outpatient Servic with Telehealth D				PRU:	497	Certified Capacity:	
rogram Name:								
Compliance Performance D	ata <u>http://webapps.oa</u>	asas.ny.gov/legal/CertApp/	Directory/documents/	10739 COPAYI.pdf				
Cornerstone Family Healt Provider Number:		a Muller, President and CE	0				Telephone (845) 22	0 3112
Administrative Office:		la Muller, President and CE US Highway 9W, Cornwall,					Telephone - (845)-22	0-3112
	Cuilo 10, 2010 (Antipingtod D	<i>x</i> t		
ertificate Number:	240311642 Re	enewal	Effective:	04/01/2021	Anticipated Re Review:	o3/31/2024		
-	1st Floor 3 Com	nmercial Place Newburgh, I	New York 12550					
-		nmercial Place Newburgh, I ent Program (822)	New York 12550		PRU:	52138	Certified Capacity:	450 Capacity Lifte
Service Type:	Opioid Treatment	-		m		52138	Certified Capacity:	450 Capacity Lifte
ervice Type: Program Name:	Opioid Treatmen Center for Reco	ent Program (822)	nce Treatment Progra			52138	Certified Capacity:	
Service Type: Program Name: Compliance Performance D	Opioid Treatmen Center for Reco	ent Program (822) overy Methadone Maintena vasas.ny.gov/legal/CertApp/	nce Treatment Progra			52138 07/01/2021	Certified Capacity: Anticipated Recert Review:	
Service Type: Program Name: Compliance Performance D Certificate Number:	Opioid Treatmen Center for Reco ata <u>http://webapps.or</u> 240611595 Re	ent Program (822) overy Methadone Maintena vasas.ny.gov/legal/CertApp/	nce Treatment Progra		PRU:		Anticipated Recert	Capacity Lift
Service Type: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type:	Opioid Treatmen Center for Reco lata <u>http://webapps.or</u> 240611595 Re 1st Floor 3 Com Outpatient Serv	ent Program (822) overy Methadone Maintena <u>wasas.ny.qov/legal/CertApp</u> enewal nmercial Place Newburgh, I vice (822)	nce Treatment Progra		PRU:		Anticipated Recert	Capacity Lift
Service Type: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Program Name:	Opioid Treatmen Center for Reco lata <u>http://webapps.or</u> 240611595 Re 1st Floor 3 Com Outpatient Servi Center For Reco	ent Program (822) overy Methadone Maintena <u>wasas.ny.qov/legal/CertApp</u> , enewal nmercial Place Newburgh, I vice (822) covery	nce Treatment Progra		PRU: Effective: PRU:	07/01/2021 52069	Anticipated Recert Review: Certified Capacity:	Capacity Lifte
Service Type: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Program Name: Service Type:	Opioid Treatmen Center for Reco lata <u>http://webapps.or</u> 240611595 Re 1st Floor 3 Com Outpatient Servi Center For Reco	ent Program (822) overy Methadone Maintena masas.ny.gov/legal/CertApp/ enewal nmercial Place Newburgh, I vice (822) covery abilitation Service (822)	nce Treatment Progra		PRU: Effective:	07/01/2021	Anticipated Recert Review:	Capacity Lift
Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name:	Opioid Treatmen Center for Reco ata http://webapps.or 240611595 Re 1st Floor 3 Com Outpatient Servi Center For Reco Outpatient Reha Center For Reco	ent Program (822) overy Methadone Maintena masas.ny.gov/legal/CertApp/ enewal nmercial Place Newburgh, I vice (822) covery abilitation Service (822)	nce Treatment Program	11642 Greate.pdf	PRU: Effective: PRU:	07/01/2021 52069	Anticipated Recert Review: Certified Capacity:	Capacity Lift
Service Type: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name: Compliance Performance D	Opioid Treatmen Center for Reco lata http://webapps.or 240611595 Re 1st Floor 3 Com Outpatient Servi Center For Reco Outpatient Reha Center For Reco	ent Program (822) overy Methadone Maintena aasas.ny.gov/legal/CertApp/ enewal nmercial Place Newburgh, I vice (822) covery abilitation Service (822) covery	nce Treatment Program <u>Directory/documents/</u> New York 12550 <u>Directory/documents/</u>	11642 Greate.pdf	PRU: Effective: PRU:	07/01/2021 52069	Anticipated Recert Review: Certified Capacity:	Capacity Lifte
ervice Type: rogram Name: compliance Performance D certificate Number: rogram Location: ervice Type: rogram Name: ervice Type: rogram Name: compliance Performance D compliance Performance D	Opioid Treatmen Center for Reco lata http://webapps.or 240611595 Re 1st Floor 3 Com Outpatient Serv Center For Reco Outpatient Reha Center For Reco lata http://webapps.or	ent Program (822) overy Methadone Maintena <u>vasas.ny.qov/legal/CertApp/</u> enewal nmercial Place Newburgh, I <i>vice</i> (822) vovery abilitation Service (822) vovery	nce Treatment Program <u>Directory/documents/</u> New York 12550 <u>Directory/documents/</u>	11642 Greate.pdf	PRU: Effective: PRU:	07/01/2021 52069	Anticipated Recert Review: Certified Capacity:	Capacity Lift
ervice Type: rogram Name: compliance Performance D rertificate Number: rogram Location: ervice Type: rogram Name: ervice Type: rogram Name: compliance Performance D council on Addiction Prev rovider Number:	Opioid Treatmen Center for Reco 240611595 Re 1st Floor 3 Com Outpatient Servi Center For Reco Outpatient Reha Center For Reco Utpatient Reha Center For Reco Vention and Educati 34340 Michael B	ent Program (822) overy Methadone Maintena <u>vasas.ny.qov/legal/CertApp/</u> enewal nmercial Place Newburgh, I vice (822) vovery abilitation Service (822) vovery <u>vasas.ny.qov/legal/CertApp/</u> <u>ion of Dutchess County, I</u>	nce Treatment Program (Directory/documents/ New York 12550 (Directory/documents/ nc.	11642 Greate.pdf	PRU: Effective: PRU:	07/01/2021 52069	Anticipated Recert Review: Certified Capacity: Certified Capacity:	Capacity Lift
Service Type: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name: Compliance Performance D Council on Addiction Prev Provider Number: Administrative Office:	Opioid Treatmen Center for Reco 240611595 Re 1st Floor 3 Com Outpatient Servi Center For Reco Outpatient Reha Center For Reco Utpatient Reha Center For Reco Vention and Educati 34340 Michael B	ent Program (822) overy Methadone Maintena masas.nv.gov/legal/CertApp/ enewal nmercial Place Newburgh, I rice (822) covery abilitation Service (822) covery masas.nv.gov/legal/CertApp/ ion of Dutchess County, I Balles, Executive Director rshall Rd, Wappingers Falls	nce Treatment Program (Directory/documents/ New York 12550 (Directory/documents/ nc.	11642 Greate.pdf	PRU: Effective: PRU:	07/01/2021 52069 52071	Anticipated Recert Review: Certified Capacity: Certified Capacity:	Capacity Lift
Service Type: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name: Compliance Performance D Council on Addiction Prevent Provider Number: Idministrative Office: Certificate Number: Program Location:	Opioid Treatmen Center for Reco 240611595 Re 1st Floor 3 Com Outpatient Servi Center For Reco Outpatient Reha Center For Reco Outpatient Reha Center For Reco Vention and Educati 34340 Michael B Suite 3G, 31 Mar 240111592 An Suite 3G 31 Mars	ent Program (822) overy Methadone Maintena masas.ny.qov/legal/CertApp/ enewal nmercial Place Newburgh, I vice (822) covery abilitation Service (822) covery masas.ny.qov/legal/CertApp/ ion of Dutchess County, I Balles, Executive Director rshall Rd, Wappingers Falls mendment shall Road Wappingers Falls	nce Treatment Program (Directory/documents/ New York 12550 (Directory/documents/ nc. s,NY 12590 Effective:	11642 Greate.pdf	PRU: Effective: PRU: PRU: PRU:	07/01/2021 52069 52071	Anticipated Recert Review: Certified Capacity: Certified Capacity:	Capacity Lift
Service Type: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name: Compliance Performance D	Opioid Treatmen Center for Reco 240611595 Re 1st Floor 3 Com Outpatient Servi Center For Reco Outpatient Reha Center For Reco Outpatient Reha Center For Reco Vention and Educati 34340 Michael B Suite 3G, 31 Mar 240111592 An	ent Program (822) overy Methadone Maintena masas.nv.gov/legal/CertApp/ enewal nmercial Place Newburgh, I rice (822) covery abilitation Service (822) covery ion of Dutchess County, I Balles, Executive Director rshall Rd, Wappingers Falls mendment shall Road Wappingers Falls	nce Treatment Program (Directory/documents/ New York 12550 (Directory/documents/ nc. s,NY 12590 Effective:	11642 Greate.pdf	PRU: Effective: PRU: PRU: PRU:	07/01/2021 52069 52071	Anticipated Recert Review: Certified Capacity: Certified Capacity:	Capacity Lifte

- Wappingers Central School District Van Wyck Jr. 10 Hillside Lake Road Wappinger Falls NY 12590
 Red Hook High School 103 West Market Street Red Hook NY 12571
 Hyde Park Central Schools FDR High School 154 South Cross Road Hyde Park NY 12538
 Wappingers Central School District John Jay High School 2012 Route 52 Hopewell Junction NY 12533
 Haviland Middle School 23 Haviland Road Hyde Park NY 12538
 Dover Union Free School District Dover Jr. Sr. High School 30 Major MacDonald Way Wappingers Falls NY 12590
 Linden Avenue Middle School 66 West Market Street Red Hook NY 12501
 Wappingers Central School District Roy C. Ketchum High School 99 Meyers Corners Road Wappingers Falls NY 12590

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11592 Counci.pdf

Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name:	37250 Mr. Timothy VanDamme, Executive Direc 620 W Washington St, Geneva,NY 14456 230312010 Amendment Schuyler County-Admin Site, Watkins Glen, Nev Prevention Counseling	Effective:	07/11/2022 5, 106 South Perry Str	Anticipated Recert Review:		Telephone - (315)-789-0310
Program Location: Service Type: Program Name: Service Type:	Schuyler County-Admin Site, Watkins Glen, Nev			Review:		
Service Type: Program Name: Service Type:		v York 14891-161	5, 106 South Perry Str	pot 100 Main Street a		
Program Name: Service Type:	Prevention Counseling			cci, ioo main olicci, ai	nd Yates County-Admi	n Site Penn Yan, New York 14527
ervice Type:				PRU:	90707	Certified Capacity:
rogram Name	Prevention Counseling			PRU:	90704	Certified Capacity:
Watkins Glen High School 3 Dundee Central School 55 V	ol 3 School Drive Penn Yan NY 14527 01 12th Street Watkins Glen NY 14891 Vater Street Dundee NY 14837 chool 1st Floor Room #447 612 S. Decatur Street V Seneva NY 14456	Watkins Glen NY '	14891			
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Dire	ctory/documents/1	12010 Counci.pdf			
Counseling Center at Yorkt	own Heights, LLC					
Provider Number:	48620 Gina Hopper, Executive Director					Telephone - (631)-629-8220
Administrative Office:	141 8th Street , Brentwood,NY 11717					
Certificate Number:	230611810 Renewal	Effective:	07/01/2021	Anticipated Recert Review:	06/30/2023	
Program Location:	2000 Maple Hill Street, Yorktown Heights, New	York 10598				
Service Type:	Outpatient Service (822)			PRU:	52721	Certified Capacity:
Program Name:						
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Dire	ctory/documents/1	11810 Counse.pdf			
Certificate Number:	260412266 Renewal			Effective:	05/01/2023	Anticipated Recert 04/30/2026 Review:
Program Location:	141 8th Street Brentwood, New York 11717					
Service Type:	Medically Supervised Inpatient Withdrawal & Sta	abilization Services	s (816.7)	PRU:	53557	Certified Capacity: 20
Program Name:	Sunrise Detox Brentwood					
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Dire	ctory/documents/1	12266 Counsel.pdf			
Counseling Services of Nev	/ York LLC					
Provider Number:	44640 Lonnie ` Welch, CEO					Telephone - (713)-818-6210
Administrative Office:	Suite 1B, 911 Walton Avenue, Bronx,NY 10452					
Certificate Number:	241011554 Renewal	Effective:	11/01/2022	Anticipated Recert Review:	10/31/2024	
Program Location:	Suite 1B, 911 Walton Avenue, Bronx, New York	10452				
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	52002	Certified Capacity:
Program Name:						
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Dire	ctory/documents/1	11554 Counse.pdf			
Credo Community Center fo	or the Treatment of Addictions, Inc.					
Provider Number:	41270 John Wilson, Executive Director					Telephone - (315)-788-1530 Ex
Administrative Office:	595 West Main Street, Watertown,NY 13601					
Certificate Number:	231112353 Establishment	Effective:	12/05/2022	Anticipated Re Review:	ecert 11/30/2023	
	417 Washington Street Watertown, New York 1	13601				
Program Location:					50050	
-	Residential Services (820) with Telehealth Designation			PRU:	53659	Certified Capacity: 16
Program Location: Service Type: Elements:		Reintegration	Congregate	Scattered	53658	

Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12353 CredoC.pdf				
Certificate Number:	231112354 Establishment	Effective:	12/05/2022	Anticipated Recert Review:	11/30/2023
Program Location: Service Type:	Basement, 1st & 2nd Floors 138 Winthrop Street Watertown, New York 13601 Residential Services (820) with Telehealth Designation	PRU:	53660	Certified Capacity:	15
Elements:	Stabilization Rehabilitation V Reintegration Congregate	Scattered			
Program Name:		-			
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12354_CredoC.pdf				
Certificate Number:	240512391 Establishment	Effective:	06/19/2023	Anticipated Recert Review:	05/31/2024
Program Location: Service Type:	1st and 2nd Floors 1130 State Street Watertown, New York 13601 Residential Services (820) with Telehealth Designation	PRU:	53802	Certified Capacity:	15
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Patricia Pond Hinckley Women's Residence				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/				
Certificate Number:	241011632 Renewal	Effective:	11/01/2021	Anticipated Recert Review:	10/31/2024
Program Location: Service Type:	Jenkins Road, 24180 County Route 16, Evans Mills, New York 13637 Residential Rehabilitation Services for Youth (817) with Telehealth Designation	PRU:	1347	Certified Capacity:	14
Program Name:	·····				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11632_CredoC.pdf				
Certificate Number:	250710744 Renewal OASAS Host	Effective:	08/01/2022	Anticipated Recert Review:	07/31/2025
Program Location: Service Type:	595 West Main Street Watertown, New York 13601 Integrated Outpatient Services - MH	PRU:		Certified Capacity:	
Program Name: Service Type:	Outpatient Service (822)				
Program Name:	with Telehealth Designation	PRU:	4986	Certified Capacity:	
-					
	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10744 CredoC.pdf				
Certificate Number:	260112028 Renewal	Effective:	02/01/2023	Anticipated Recert Review:	01/31/2026
Program Location:	595 West Main Street Watertown, New York 13601				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	52964	Certified Capacity:	100 Capacity Lifted
Program Name:					
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12028_CredoC.pdf				
Crouse Health Hospital, Inc.					
	85010 Ms. Seth Kronenberg, Chief Executive Officer			Telephone - (315)-470-7317	
Administrative Office:	736 Irving Avenue, Syracuse,NY 13210				
Certificate Number:		Anticipated Recert Review:	08/31/2024		
-	6010 East Molloy Road, Syracuse, New York 13211 Inpatient Rehabilitation Service (818)	PRU:	52249	Certified Capacity: 40	
	Commonwealth Place		32243	Certified Capacity. 40	
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11698_Crouse.pdf				
Certificate Number:	260610567 Amendment Deemed	Effective:	02/04/2024	Anticipated Recert 06/30/2	026
			JEIUTIZU24	Review: 06/30/2	
Service Type:	2775 Erie Blvd East Syracuse, New York 13224 Outpatient Rehabilitation Service (822) with Telehealth Designation	PRU:	50244	Certified Capacity:	
	Chemical Dependence Treatment Service			-	
Service Type:	Outpatient Service (922)	PRU:	704	Certified Capacity:	
-	Chemical Dependence Treatment Service				
	Opioid Treatment Program (822) with Telehealth Designation	PRU:	53896	Certified Capacity: 800	
Program Name:	Chemical Dependence Treatment Service				

Additional Location(s) At:

- Commonwealth Place 1st Floor 6010 East Molloy Road Syracuse NY 13211

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10567 Crouse.pdf

CS Medical Associates. P.	C. d/b/a Victory Recovery Partners					
Provider Number:	50850 Tracey Wallace, VP of Operations					Telephone - (631)-696-4357
Administrative Office:	100 Granny Road, Farmingville,NY 11738					
Certificate Number:	230712176 Establishment Effect	ctive:	08/01/2022	Anticipated Rece Review:	ort 07/31/2023	
Program Location:	Suites 1-4 , 100 Granny Road Farmingville, New York 11	738				
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	53315	Certified Capacity:
Program Name:	-					
Service Type:	Opioid Treatment Program (822) with Telehealth Designation and Ancillary Withdrawal Se	rvices		PRU:	53575	Certified Capacity: 25
Program Name:						
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/doc	cuments/12	2176 CSMedi.pdf			
Certificate Number:	240112372 Establishment			Effective:	02/15/2023	Anticipated Recert 01/31/2024
rogram Location:	Suite 101 120 Bethpage Rd Hicksville, New York 11801					Neview.
ervice Type:	Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Se	rvices		PRU:	53752	Certified Capacity:
rogram Name:		I VICES				
compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	cuments/12	2372 CSMedi.pdf			
ertificate Number:	251112235 Renewal			Effective:	12/01/2022	Anticipated Recert 11/30/2025 Review:
rogram Location:	Suites 15 & 16, 1st Floor 2 Coraci Blvd Shirley, New York	k 11967				
ervice Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal ser	rvices]		PRU:	53503	Certified Capacity:
rogram Name:	<u> </u>	-				
compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	cuments/12	2235 CSMedi.pdf			
ertificate Number:	260112240 Renewal			Effective:	02/01/2023	Anticipated Recert 01/31/2026 Review:
rogram Location:	2nd Floor 5100 Sunrise Highway Massapequa Park, Nev	v York 117	62			
ervice Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal]			PRU:	53505	Certified Capacity:
Program Name:						
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	cuments/12	2240 CSMedi.pdf			
ertificate Number:	261112334 Renewal			Effective:	12/01/2023	Anticipated Recert 11/30/2026 Review:
rogram Location:	6th Floor 250 Fulton Avenue Hempstead, New York 1155	50				
ervice Type:	Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Ser	rvices		PRU:	53742	Certified Capacity:
rogram Name:						
compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	cuments/12	2334 CSMedi.pdf			
elaware County Departm	ent of Mental Health					
Provider Number:	70050 Mr. Doug Elston, Interim Director of Community St	ervices				Telephone - (607)-832-5888
dministrative Office:	243 Delaware Street, Walton,NY 13856					
Certificate Number:	250810764 Renewal Effect	ctive:	09/01/2022	Anticipated Rece Review:	o8/31/2025	
Program Location:	243 Delaware Street Walton, New York 13856					
ervice Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50402	Certified Capacity:
rogram Name:	Delaware County Alcohol and Drug Service					
	erty Street Sidney NY 13838 Technology at Delhi 454 Delhi Drive Delhi NY 13753					
ompliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	cuments/10	0764 Delawa.pdf			
elphi Drug and Alcohol C	ouncil, Inc. d/b/a Delphi Rise					
Provider Number:	37290 Ms. Jennifer ECathy, President and CEO					Telephone - (585)-355-7842 Ext 43
Administrative Office:	72 Hinchey Road, Rochester,NY 14624					
Certificate Number:	240912009 Amendment Effect	ctive:	08/29/2022	Anticipated Rece Review:	ort 09/30/2024	

Program Location:	72 Hinchey Road Rochester, New York 14624			
Service Type:	Prevention Counseling with Telehealth Designation	PRU:	90708	Certified Capacity:
Program Name:	-			
Additional Location(s) At:				
 Florence Brasser Element Spry Middle School 1st Flc Cobbles Elementary School Walt Disney Elementary 13 RCSD Watertower Acader Bay Trail Middle School 1s Scribner Road Elementary Gates Chili Middle School 1st Scribner Road Elementary School 1st Harris Hill Elementary School 1st Harris Hill Elementary School 1st F Neil Armstrong Elementary Monce 2 Orleans BOCES Brockport Senior High School 1st F Paul Road Elementary 1st Honeoye Falls Lima Middle Indian Landing Elementary R.L. Thomas High School 1st Schroeder High School 1st 	Spartan Way Rochester NY 14624 ary 1st Floor Room 122A 1000 Chili Coldwater Road Rochester NY for Room 113 B 119 South Avenue Webster NY 14580 ol 1st Floor Conference Room 14J 140 Gebhardt Road Penfield N' st Floor Room 33 175 Coldwater Road Rochester NY 14605 t Floor Room 33 175 Coldwater Road Rochester NY 14605 t Floor Counseling Office 500L 1760 Scribner Road Penfield NY 1 School 1st Floor Conference Room 1BC 1760 Scribner Road Penfield NY 14 School 1st Floor Family Support Office 2035 Monroe Avenue Rc col 1st Floor T/PT Room 5 2126 Penfield Road Penfield NY 1452 loor 25 High School Drive Penfield NY 14526 / 1st Floor Room 40 3273 Lyell Road Rochester NY 14606 Career & Technical Education Center 1st Floor Room A-101 3585 ool 40 Allen Street Brockport NY 14622 loor Room 133 40 Allen Street Brockport NY 14420 Floor Room 34 571 Paul Road Rochester NY 14420 Floor Room 134 40 Allen Street Brockport NY 14422 / School 191 Quaker Meeting House Road Honeoye NY 14472 / School 2nd Floor Administration Office 702 Landing Road North I 1st Floor Room 148 875 Ridge Road Webster NY 14580 School 81 Ext Street Honeoye NY 14472	Y 14526 4526 hfield NY 14526 pchester NY 14618 26 9 Big Ridge Road Spencerport NY 14559		
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documer	nts/12009_Delphi.pdf		
Certificate Number:	250812008 Renewal	Effective:	09/01/2022	Anticipated Recert 08/31/2025 Review:
Program Location:	72 Hinchey Road Rochester, New York 14624			
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- Williamson Middle School 4184 Miller Street Williamson NY 14589
 Freewill Elementary School 1st Floor Room 131 4320 Canandaigua Road Walworth NY 14568
 Perkins Elementary School 1st Floor Room 101 439 West Maple Avenue Newark NY 14513
- Wayne Technical & Career Center BOCES 4440 Ridge Road Williamson NY 14589
 Sodus High School 54 Miller Street Sodus NY 14551
 Sodus Middle School 54 Miller Street Sodus NY 14551
- North Rose-Wolcott Leavenworth Middle School 3rd Floor Counselor's Office 5957 Hartford Street Wolcott NY 14590
 Williamson Elementary School 6036 Highland Avenue Williamson NY 14589
 Thomas C. Armstrong Middle School 1st Floor Room 118 6076 Ontario Center Road Ontario Center NY 14520

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with Telehealth Designation

- James A. Beneway High School 1st Floor Room 107 6200 Ontario Center Road Ontario Center NY 14520
 Newark High School 1st Floor Room 210 625 Peirson Avenue Newark NY 14513
 Red Creek Elementary Middle and High School Rooms C80 C77 M17 M5 M7 & M8 6574 South Street Red Creek NY 13143
- Newark Middle School 1st Floor Room 118 701 Peirson Avenue Newark NY 14513
 Sodus Elementary School Route 88 Sodus NY 14551

Prevention Counseling Service Type:

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Program Name:

March 11, 2024

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 Sodus Elementary Schoo Service Type: 	Route 88 Sodus NY 14551 Prevention Counseling	BF ¹¹	
	with Telehealth Designation	PRU:	Certified Capacity:
 Lincoln Elementary School North Rose-Wolcott High Ontario Primary School 1. Ontario Elementary Scho Clyde Savannah Junior/S Clyde-Savannah Element Norman R. Kelly Intermed Williamson Middle School Freewill Elementary Scho Freewill Elementary School Perkins Elementary School Sodus High School 54 Mi Sodus Middle School 54 I North Rose-Wolcott Leav Williamson C. Armstrong Mi James A. Beneway High Newark High School 1st F Red Creek Elementary Middle School 1st 	I 10 Clyde Road Lyons NY 14489 of 1st Floor Speech Room #1B 1014 North Main Street New School Counselor's Office 11631 Salter Colvin Road Wolcz st Floor Room A10 1730 Ridge Road Ontario Center NY 14 ol 1st Floor Room 114 1784 Ridge Road Ontario Center NY enior High School 215 Glasgow Street Clyde NY 14433 ary School 215 Glasgow Street Clyde NY 14433 liate School 1st Floor Room 127 316 West Miller Street Nei 4184 Miller Street Williamson NY 14589 ol 1st Floor Room 101 439 West Maple Avenue Newark NN er Center BOCES 4440 Ridge Road Williamson NY 14589 ler Street Sodus NY 14551 willer Street Sodus NY 14551 diller Street Sodus NY 14551 school 6036 Highland Avenue Williamson NY 14589 del School 1st Floor Room 117 6200 Ontario Center Road Ochool 1st Floor Room 107 6200 Ontario Center Road Ont ioor Room 210 625 Peirson Avenue Newark NY 14513 ddle and High School Rooms C80 C77 M17 M5 M7 & M8 6 Floor Room 118 701 Peirson Avenue Newark NY 14513 Route 88 Sodus NY 14551	ott NY 14590 1520 (* 14520 wark NY 14513 NY 14568 (* 14513 Hartford Street Wolcott NY 14590 I Ontario Center NY 14520 ario Center NY 14520 3574 South Street Red Creek NY 13143	
Service Type:	Prevention Counseling with Telehealth Designation	PRU:	Certified Capacity:
 Lincoln Elementary School North Rose-Wolcott High Ontario Primary School 1. Ontario Elementary School Ciyde Savannah Junior/S Ciyde-Savannah Element Norman R. Kelly Intermeet Williamson Middle School Freewill Elementary School 54 Mi Sodus High School 54 Mi Sodus Middle School 54 Mi Sodus Middle School 54 Mi Sodus School 54 Mi Sodus School 54 Mi Somes C. Armstrong Mi James A. Beneway High Newark High School 1st F Red Creek Elementary Middle School 1st F 	I 10 Clyde Road Lyons NY 14489 of 1st Floor Speech Room #1B 1014 North Main Street New School Counselor's Office 11631 Salter Colvin Road Wolcz st Floor Room A10 1730 Ridge Road Ontario Center NY enior High School 215 Glasgow Street Clyde NY 14433 ary School 215 Glasgow Street Clyde NY 14433 liate School 15 Floor Room 127 316 West Miller Street Ne 4184 Miller Street Williamson NY 14589 ol 1st Floor Room 131 4320 Canandaigua Road Walworth ol 1st Floor Room 101 439 West Maple Avenue Newark NY er Center BOCES 4440 Ridge Road Williamson NY 14589 lier Street Sodus NY 14551 enworth Middle School 3rd Floor Counselor's Office 5957 F chool 6036 Highland Avenue Williamson NY 14589 dide School 1st Floor Room 176 200 Ontario Center Road School 1st Floor Room 107 6200 Ontario Center Road School 1st Floor Room 107 6200 Ontario Center Road Ghool 716 Got 180 Floor Room 180 76 0 Natrio Katha Floor Room 118 701 Peirson Avenue Newark NY 14513 ddle and High School Rooms C80 C77 M17 M5 M7 & M8 6 Floor Room 118 701 Peirson Avenue Newark NY 14513 Route 88 Sodus NY 14551	ott NY 14590 1520 (* 14520 wark NY 14513 NY 14568 (* 14513 Hartford Street Wolcott NY 14590 I Ontario Center NY 14520 ario Center NY 14520	
Service Type:	Prevention Counseling with Telehealth Designation	PRU:	Certified Capacity:
Lincoln Elementary Schot North Rose-Wolcott High Ontario Primary School 1: Ontario Elementary Schoo Clyde Savannah Lement Norman R. Kelly Intermed Williamson Middle Schoo Freewill Elementary Schot	I 10 Clyde Road Lyons NY 14489 of 1st Floor Speech Room #1B 1014 North Main Street New School Counselor's Office 11631 Salter Colvin Road Wolcc st Floor Room A10 1730 Ridge Road Ontario Center NY 14 of 1st Floor Room 114 1784 Ridge Road Ontario Center NY enior High School 215 Glasgow Street Clyde NY 14433 late School 1st Floor Room 127 316 West Miller Street Net 4184 Miller Street Williamson NY 14589 of 1st Floor Room 131 4320 Canandaigua Road Walworth of 1st Floor Room 134 30 West Marke Neurosch Worth	ott NY 14590 1520 (* 14520 wark NY 14513 NY 14568	

Freewill Elementary School 1st Floor Room 131 4320 Canandaigua Road Walworth NY 14568
 Perkins Elementary School 1st Floor Room 101 439 West Maple Avenue Newark NY 14513

Wayne Technical & Career Center BOCES 4440 Ridge Road Williamson NY 14589
Sodus High School 54 Miller Street Sodus NY 14551
Sodus Middle School 54 Miller Street Sodus NY 14551
North Rose-Wolcott Leavenworth Middle School 3rd Floor Counselor's Office 5957 Hartford Street Wolcott NY 14590
Williamson Elementary School 6036 Highland Avenue Williamson NY 14589
Thomas C. Armstrong Middle School 1st Floor Room 118 6076 Ontario Center Road Ontario Center NY 14520
James A. Beneway High School 1st Floor Room 107 6200 Ontario Center Road Ontario Center NY 14520
Newark High School 1st Floor Room 210 625 Peirson Avenue Newark NY 14513
Red Creek Elementary Middle and High School Rooms C80 C77 M17 M5 M7 & M8 6574 South Street Red Creek NY 13143
Newark Middle School 1st Floor Room 118 701 Peirson Avenue Newark NY 14513
Sodus Elementary School Route 88 Sodus NY 14551

Certificate Number:	260511260 Renewal	Effective:	06/01/2023	Anticipated Recert 05/31/2026 Review:
Program Location: Service Type:	72 Hinchey Road Rochester, New York 14624 Outpatient Service (822) with Telehealth Designation	PRU:	6797	Certified Capacity:
Drogrom Namo				

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11260_Delphi.pdf

rovider Number:	11460 Mr. Norwood Keaton, Executive Directo	r				Telephone - (718)-441-8921
dministrative Office:	3rd Floor, 112-06 86th Avenue, Richmond Hill,	NY 11418				
ertificate Number:	241011985 Renewal	Effective:	11/01/2021	Anticipated Recert Review:	10/31/2024	
rogram Location:	Queens Central Office, 3rd Floor, 112-06 86th	Avenue, Richmond	Hill, New York 11418			
ervice Type:	Prevention Counseling			PRU:	90758	Certified Capacity:
rogram Name:						
ervice Type:	Prevention Counseling			PRU:	90757	Certified Capacity:
ogram Name:						
ditional Location(s) At:						
Divine Mercy Catholic Acaa St. Mary Gate of Heaven S St. Leo School 104-19 49th Our Lady's Catholic Acade Queen of the Rosary Cathh O. L. Perpetual Help Cathc Queens Field Office Holy C Sacred Heart Catholic Acad O. L. Catholic Academy @ St. Agnes Academic High 3 Mary Queens of Heaven 1: Most Holy Redeemer Cath St. Clare Catholic Academ Holy Trinity Catholic Acade Midwood Catholic Academ O. L. Guadalupe School 15 St. Rose of Lima Catholic Academ O. L. Guatholic Academ St. Mel Catholic Academ S St. Mel Catholic Academ St. Mel Catholic Academ S St. Mel Catholic Academ S St. Mel Catholic Academ S St. Mel Catholic Academ S St. Inst Catholic Academ S St. Francis Cabrini Catholic St. Camilus Catholic Academ S St. Francis Cabrini Catholic St. Camilus Catholic Academ S St. Francis Cabrini Catholic Acade Blessed Sacrament Schoo Good Shepherd School 19 St. Bernard School 2030 E St. Francis DeSales Catho Salve Regina Catholic Acad St. Joseph the Worker Cat St. Gregory the Great School St. Gregory the Great Cath O. L. Fatima School 25-38 St. Mark School 262 East Holy Cross High School 25	olic Academy 10 Newell Street Brooklyn NY 1122 demy 101-60 90th Street Ozone Park NY 11416 (chool 104-06 101st Avenue Ozone Park NY 11416 Newnue Corona NY 11368 my @ 128 St. Campus 109-55 128th Street South Dic Academy 11 Catherine Street Brooklyn NY 112 blic Academy 111-10 115th Street South Ozone Park NY 102 St. Campus 109-55 128th Street South Dic Academy 111-10 115th Street South Ozone Park NY 1125 50 221st Street Cambria Heights NY 11 Rockaway Boulevard Campus 125-18 Rockaway School 13-20 124th Street Combria Heights NY 11 y 137-25 Brookville Boulevard Rosedale NY 11423 olic Academy 136-58 41st Avenue Flushing NY 11 y 137-25 Brookville Boulevard Rosedale NY 11422 imy 14-45 143rd Street Whitestone NY 11357 y 1501 Hendrickson Street Brooklyn NY 11204 18 73rd Street Brooklyn NY 11228 Academy 154 Beach 84th Street Rockaway Beach 154-24 26th Avenue Flushing NY 11 454-29 L01st Street Howard Beach NY 11414 th Place Whitestone NY 11357 my 1696 Canarsie Road Brooklyn NY 11236 176-21 Wexford Terrace Jamaica NY 11432 Academy 181 Suydam Street Brooklyn NY 11228 43 Brown Street Brooklyn NY 11228 43 Brown Street Brooklyn NY 11229 ast 69th Street Brooklyn NY 11228 43 Brown Street Brooklyn NY 11208 41 Street Brooklyn NY 11207 holic Academy 219 Beach 129th Street Belle Harbor 414-44 87th Street Borles NY 11426 ijc Academy 219 Broet Brooklyn NY 11207 holic Academy 219 Broet Brooklyn NY 11207 holic Academy 219 Broet Brooklyn NY 11207 holic Academy 241 Prospect Park West Brooklyn NY 1120 1244-44 87th Street Brooklyn NY 11235 i-20 Francis Lewis Boulevard Flushing NY 11356 i-20 Francis Lewis Boul	6 Ozone Park NY 11 211 ark NY 11420 NY 11418 Boulevard South O 3 1355 2 1 NY 11693 1 1 1694 NY 11694 NY 11694 NY 11215 29				
St. Joseph Catholic Acade	my 28-46 44th Street Long Island City NY 11103 anderbilt Avenue Brooklyn NY 11205					
O. L. Blessed Sacrament S	School 34-45 202nd Street Flushing NY 11361					
St. Joan of Arc 35-27 82nd	emy 347 74th Street Brooklyn NY 11209 Street Jackson Heights NY 11372					
O. L. Sorrows Catholic Aca	demy 35-34 105th Street Corona NY 11368					
	ool 35-50 158th Street Flushing NY 11358 High School 357 Clermont Avenue Brooklyn NY 1	1238				
D. L. Grace School 385 Av	enue W Brooklyn NY 11223					
	Avenue/216th Street Bayside NY 11361 5 58th Street Woodside NY 11377					
St. Francis Assisi Catholic	Academy 400 Lincoln Road Brooklyn NY 11225					
	ny 420 95th Street Brooklyn NY 11209					
	y 438 Grove Street Brooklyn NY 11237 nerese Lixieux C.A. 4410 Avenue D Brooklyn NY 1	1203				
St. Bartholomew School 44	I-15 Judge Street Elmhurst NY 11373					
	ademy 45-11 245th Street Douglaston NY 11363					
St. Kevin Catholic Academ	y 45-5 195th Street Flushing NY 11358					

Devine Wisdom Catholic Academy - Bayside Campus 56-10 214th Street Bayside NY 11364
 Cathedral Prep School and Seminary 56-25 92nd Street Elmhurst NY 11373

- St. Matthias School 58-25 Catalpa Avenue Ridgewood NY 11385 St. Saviour High School 588 6th Street Brooklyn NY 11215

- Catholic Academy of Brooklyn 5902 6th Avenue Brooklyn NY 11220
 Bishop Kearney High School 60th Street/Bay Parkway Brooklyn NY 11204
 St. Francis Prep High School 6100 Francis Lewis Boulevard Fresh Meadows NY 11365
- St. Stanislaus Kostka School 61-17 Grand Avenue Maspeth NY 11378
 St. Athanasius School 6120 Bay Parkway Brooklyn NY 11204
 O. L. Hope School 61-21 71st Street Middle Village NY 11379

- Notra Dame Catholic Academy 61st & Bleecker Streets Ridgewood NY 11385 St. Margaret School 66-10 80th Street Middle Village NY 11379
- Christ the King Regional High School 68-02 Metropolitan Avenue Middle Village NY 11379
 St. Pancras 68-20 Myrtle Avenue Glendale NY 11385
- St. Savious Catholic Academy 701 8th Avenue Brooklyn NY 11215
- O. L. Mercy Catholic Academy 7025 Kessel Street Forest Hills NY 11375
 Christo Rey Brooklyn High School 710 East 37th Street Brooklyn NY 11238
 Xaverian High School 7100 Shore Road Brooklyn NY 11209
- Monsignor McClancy 71-06 31st Avenue East Einhurst NY 11370
 O. L. Queen of Martyrs School 72-55 Austin Street Forest Hills NY 11375
- St. Agatha School 736 48th Street Brooklyn NY 11220

- St. Ephrem School 741 5 Ft. Hamilton Parkway Brooklyn NY 11228
 Holy Family 74-15 175th Street Flushing NY 11366
 Brooklyn Field Office St. Agatha Convent 746 48th Street Brooklyn NY 11220
- St. Francis Xavier Catholic Academy 763 President Street Brooklyn NY 11215 O. L. Snows School 79-33 258th Street North Floral Park NY 11004
- St. Joseph High School 80 Willoughby Street Brooklyn NY 11201
 St. Nicholas Tolentine School 80-22 Parsons Boulevard Jamaica NY 11432
 St. Helen Catholic Academy 82-09 157th Avenue Howard Beach NY 11414
- Archbishop Molloy High School 83-53 Manton Street Jamaica NY 11435
- St. Anship Catholic Academy 83rd Street/4th Avenue Brooklyn NY 11209 St. Peter's Catholic Academy 8401 23rd Avenue Brooklyn NY 11214

- Sacred Heart School 84-05 78th Avenue Glendale NY 11385
 Resurrection Ascension School 85-25 61st Road Rego Park NY 11374
 Holy Child Jesus Catholic Academy 86th Avenue/111th Street Richmond Hill NY 11418

- St. Thomas Aposte 87-49 87th Street Woodhaven NY 11421
 Incarnation School 89-15 Francis Lewis Boulevard Queens Village NY 11427
 O. L. Lourdes Catholic Academy 92-80 220th Street Queens Village NY 11428
- St. Elizabeth Catholic Academy 94-01 85th Street Ozone Park NY 11416
 O. L. Angelus Catholic Academy 98-05 63rd Drive Rego Park NY 11374
 Fontbonne Hall Academy 9901 Shore Road Brooklyn NY 11209

- St. Edmund School Avenue T/East 19th Street Brooklyn NY 11229
 St. John's Preparatory High School Crescent Street/21st Avenue Astoria NY 11105
 Nazareth Regional High School East 57th/Avenue D Brooklyn NY 11203
- Visitation Academy Ridge Boulevard/89th Street Brooklyn NY 11209

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11985 Depart.pdf

Department of Education,	Archdiocese of New York					
Provider Number:	27080 Ms. Christine Cavallucci, Executive Directo	r				Telephone - (718)-904-1333 Ext 13
Administrative Office:	2789 Schurz Avenue, Bronx,NY 10465					
Certificate Number:	230211994 Renewal	Effective:	03/01/2021	Anticipated Recent Review:	02/28/2023	
Program Location:	Administrative Office, 2789 Schurz Avenue, Bronx	, New York 1046	5			
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90837	Certified Capacity:
Program Name:						
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90833	Certified Capacity:
Program Name:						
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90835	Certified Capacity:
Program Name:						
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90838	Certified Capacity:
Program Name:						
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90839	Certified Capacity:
Program Name:						

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11994_Depart.pdf

Certificate Number:	230212006 Amendment	Effective:	08/20/2021	Anticipated Recert 02/28/2023 Review:
Program Location:	Administrative Site Only:, 2789 Schurz Avenue, Bronx, New York 10465			
Service Type:	Prevention Counseling with Telehealth Designation	PRU:	90771	Certified Capacity:
Program Name:				
Service Type:	Prevention Counseling with Telehealth Designation	PRU:	90834	Certified Capacity:
Program Name:				
Service Type:	Prevention Counseling with Telehealth Designation	PRU:	90836	Certified Capacity:
Program Name:				

Additional Location(s) At:

- Holy Rosary Elementary School Basement Library 100 Jerome Avenue Staten Island NY 10305
 Moore Catholic High School 1st Floor Room CV4 100 Merrill Avenue Staten Island NY 10314
 St. Benedict School Ground Floor The After School Room 1016 Edison Avenue Bronx NY 10465
 St. Margaret Mary School 3rd Floor ADAPP Office 121 East 177th Street Bronx NY 10453

- St. Ann School 125 Cromwell Avenue Staten Island NY 10304
- St. Ann School 125 Cromwell Avenue Staten Island NY 10304
 Holy Rosary School 1500 Arnow Avenue Bronx NY 10469
 Santa Maria School 2nd Floor Adjacent to 4th & 5th Grade Classrooms 1510 Zerega Avenue Bronx NY 10462
 St. Jean Baptiste High School 5th Floor 173 East 75th Street New York NY 10021
 St. Brigid School 185 East 7th Street New York NY 10009
 St. Joseph School 2nd Floor Room 201 1946 Bathgate Avenue Bronx NY 10457
 St. Peter's Boys High School 4th Floor Adjacent to Room 402 200 Clinton Avenue Staten Island NY 10301
 Our Lady Queen of Peace School 220 Steele Avenue Staten Island NY 10306

- Our Lady Queen of Angels School 229 East 112th Street New York NY 10029
- St. Angela Merici School 266 East 163rd Street Bronx NY 10451
 Preston High School 3rd Floor Office 2780 Schurz Avenue Bronx NY 10465
 St. Frances de Chantal 4th Floor Room 406 2962 Harding Avenue Bronx NY 10465
- Academy of Mt. St. Ursula 3rd Floor Room 311 330 Bedford Park Boulevard Bronx NY 10458
 Cathedral High School 350 East 56th Street New York NY 10022
- St. Adalbert School 355 Morningstar Road Staten Island NY 10303
- 1st Floor ADAPP Office 3893 Dyre Avenue Bronx NY 10466 St. Mary School 3956 Carpenter Avenue Bronx NY 10466

- Immaculate Conception 1st Floor Mezzanine Title I Office 419 East 13th Street New York NY 10009
 Mt. St. Michael Academy 3rd Floor Room 314 4300 Murdock Avenue Bronx NY 10466
 Our Lady Star of the Sea 1st Floor ADAPP Office 5411 Amboy Road Staten Island NY 10312
- St. Mark the Evangelist 55 West 138th Street New York NY 10037
 St. John Villa Elementary School Building C 3rd Floor Room 303 ADAPP Office 57 Cleveland Place Staten Island NY 10305
 Cardinal Hayes High School Mezzanine ADAPP Office 650 Grand Concourse Bronx NY 10451
- St. Athanasius 3rd Floor Art Room 830 Southern Boulevard Bronx NY 10459
- St. Joseph's Hill Academy 850 Hylan Boulevard Staten Island NY 10305
 Msgr. Scanlan High School 3 1/2 Floor Room 6 915 Hutchinson River Parkway Bronx NY 10465
- Sacred Heart School 4th Floor ADAPP Office 95 West 168th Street Bronx NY 10452

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12006 Depart.pdf

Dutchess County Departm	ent of Behavioral	and Community	Health (DBCH)					
Provider Number:	70180 Ms. Jean	Marie Niebuhr, D	eputy Commiss	sioner				Telephone - (845)-486-2885
Administrative Office:	230 North Road	, Poughkeepsie,N	Y 12601					
Certificate Number:	210810628	Amendment	OASAS Host	Effective:	03/15/2021	Anticipated Recer Review:	t _{08/31/2021}	
Program Location:	230 North Road	Poughkeepsie, N	ew York 12601					
Service Type:	Outpatient Servi with Telehealth					PRU:	51770	Certified Capacity:
Program Name:								
Service Type:	Outpatient Reha with Telehealth	abilitation Service Designation	(822)			PRU:	51924	Certified Capacity:
Program Name:								
Service Type:	Integrated Outpa with Telehealth	atient Services - M Designation	1H			PRU:		Certified Capacity:

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10628_Dutche.pdf

Dynamic Youth Commun Provider Number:	105 Mr. William AFusco. Executive Director					Telephone - (718)-37	6-7923
Administrative Office:	1830 Coney Island Avenue, Brooklyn,NY 11230						0.020
Certificate Number:	250211663 Renewal Eff	fective: (03/01/2022	Anticipated Recert Review:	02/28/2025		
Program Location:	1830 Coney Island Avenue, Brooklyn, New York 11230	0					
Service Type:	Community Residential (819) with Telehealth Designation			PRU:	52160	Certified Capacity:	16
Program Name:							
Compliance Performance E	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/d	documents/1166	3 Dynami.pdf				
Certificate Number:	250310005 Renewal			Effective:	04/01/2022	Anticipated Recert Review:	03/31/2025
Program Location:	Main Building, Women's, Dorm and Men's Dorm, 5803	8 Route 42, Falls	burg, New York 12	733			
Service Type:	Intensive Residential Rehabilitation (819) with Telehealth Designation Main Building - 52 beds fo men: and Women's Dorm - 24 beds for women	or men; Men's D	orm - 10 beds for	PRU:	813	Certified Capacity:	86
Program Name:							
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/d	documents/1000	5 Dynami.pdf				
Certificate Number:	250711509 Renewal			Effective:	08/01/2022	Anticipated Recert Review:	07/31/2025
Program Location:	1830 Coney Island Avenue, Brooklyn, New York 11230	0					
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	528	Certified Capacity:	
Program Name:							
Additional Location(s) At							

EAC, Inc.						
Provider Number:	33030 Ms. Neela Mukherjee Lockel, CEO				Telephone - (516)-53	9-0150 Ext 101
Administrative Office:	Suite 200, 99 Quentin Roosevelt Boulevard , Garden City ,NY 11530					
Certificate Number:	250111510 Renewal Effective: 02	2/01/2023 F	Anticipated Recert Review:	01/31/2025		
Program Location:	Suite 403, 4th Floor 175 Fulton Avenue Hempstead, New York 11550					
Service Type:	Outpatient Service (822)	r	PRU:	6815	Certified Capacity:	
	with Telehealth Designation	ſ	-KU.	0015	Certified Capacity.	
Program Name:	EAC Outpatient Clinic					
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11510) EACInc.pdf				
EBDK at Calverton, LLC d/b	/a Wellbridge					
Provider Number:	51130 Mr. Stephen Wicke, COO				Telephone - (516)-84	1-6363
Administrative Office:	525 Jan Way, Calverton,NY 11933					
Certificate Number:	210412217 Amendment Effective: 03	3/15/2021 F	Anticipated Recert Review:	04/30/2021		
Program Location:	525 Jan Way Calverton, New York 11933					
Service Type:	Residential Services (820) with Telehealth Designation	F	PRU:	53477	Certified Capacity:	8
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration	Congregate	Scattered			
Program Name:	Wellbridge Residential Program					
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12217	EBDKat.pdf				
Certificate Number:	240912209 Amendment	E	Effective:	10/06/2023	Anticipated Recert Review:	09/30/2024
Program Location:	525 Jan Way Calverton, New York 11933					
Service Type:	Inpatient Rehabilitation Service (818) with up to 8 beds for the provision of Part 816.7 medically supervised w stabilization services with Telehealth Designation	vithdrawal and F	PRU:	53478	Certified Capacity:	70
Program Name:	Wellbridge Rehabilitation Program					
Compliance Performance Data	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12209	EBDKat.pdf				
Certificate Number:	240912216 Renewal	E	Effective:	10/01/2021	Anticipated Recert Review:	09/30/2024
Program Location:	525 Jan Way Calverton, New York 11933					
Service Type:	Medically Supervised Inpatient Withdrawal & Stabilization Services (816 with up to 8 beds for the provision of Part 818 inpatient rehabilitation se Telehealth Designation		PRU:	53476	Certified Capacity:	10
Program Name:	Wellbridge Stabilization Program					
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12216	EBDKat.pdf				
The Educational Alliance, In	с.					
Provider Number:	70590 Rich Baum, CEO				Telephone - (646)-39	5-4060
Administrative Office:	197 East Broadway, New York, NY 10002					
Certificate Number:	240312073 Renewal Effective: 04	4/01/2021	Anticipated Recert Review:	03/31/2024		
Program Location:	Original Side, New Side - 4th - 6th Floor, Basement - 6th Floor, 25-29 A					
Service Type:	Residential Services (820) with Telehealth Designation [16 beds for women only - 4th Floor]		PRU:	53069	Certified Capacity:	100
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration	Congregate	Scattered			
Program Name:	Pride Site					
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12073	3 TheEdu.pdf				
Certificate Number:	250611537 Renewal	E	Effective:	07/01/2023	Anticipated Recert Review:	06/30/2025
Program Location:	New Side, 1st, 2nd and 3rd Floors, 25-29 Avenue D, New York, New Yo	ork 10009				
Service Type:	Outpatient Service (822) with Telehealth Designation	F	PRU:	55	Certified Capacity:	
Program Name:	Project Contact					
Additional Location(s) At: - 150 William Street New York						
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11537	7 Educat.pdf				

EHS, Inc.						
Provider Number: Administrative Office:	38260 Mr. Raymond Ganoe, President/CEC 206 South Elmwood Avenue, Buffalo,NY 14					Telephone - (716)-847-2441
				Anticipated Recert		
Certificate Number:	250711877 Amendment	Effective:	08/17/2023	Review:	07/31/2025	
Program Location: Service Type:	4th Floor 206 South Elmwood Avenue Buffa Outpatient Service (822)	IO, NEW YORK 14201			500.40	
	with Telehealth and LGBTQ-Affirming Service	ces Designations		PRU:	52843	Certified Capacity:
Program Name:						
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/	Directory/documents/	11877 EHSInc.pdf			
Elev8 Center New York, LL						T (0/7) 005 7075
Provider Number: Administrative Office:	50200 Zevi Friedman, CEO 151 West 136th Street, New York,NY 10030	I				Telephone - (917)-605-7075
Certificate Number:	250312153 Renewal	Effective:	04/01/2023	Anticipated Recert Review:	03/31/2025	
Program Location:	2nd Floor, 151 West 136th Street, New York	k, New York 10030				
Service Type:	Medically Supervised Inpatient Withdrawal & with Telehealth Designation- with the use of 2nd Floor in Room #s 202 & 204, may be us Rehabilitation services, as needed]	methadone [Up to 18	of these beds, on the	PRU:	53270	Certified Capacity: 38
Program Name:	Kenabilitation services, as needed]					
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/	Directory/documents/	12153 Elev8C.pdf			
Certificate Number:	251112151 Renewal			Effective:	12/01/2022	Anticipated Recert 11/30/2025 Review:
Program Location:	3rd Floor, 151 West 136th Street, New York	, New York 10030				
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation [Up to 14 of the used for the provision of Medically Supervis as needed]			PRU:	53268	Certified Capacity: 37
Program Name:	asheedey					
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/	Directory/documents/	12151 Elev8C.pdf			
Elmcor Youth & Adult Acti Provider Number:	,					Telephone (719) 651 0000 Evt 227
Administrative Office:	114 Ms. Saeeda Dunston, Executive Direc 2nd Floor, 107-20 Northern Boulevard, Con					Telephone - (718)-651-0096 Ext 237
Certificate Number:	231011969 Renewal	Effective	: 11/01/2021	Anticipated Re Review:	ecert 10/31/2023	
Program Location:	2nd Floor 33-16 108th Street Corona, New	York 11368				
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90736	Certified Capacity:
Program Name: Additional Location(s) At: I.S. 127 4th Floor 9801 25t	n Avenue East Elmhurst NY 11369					
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/	Directory/documents/	11969 Elmcor.pdf			
Certificate Number:	240211300 Renewal			Effective:	03/01/2022	Anticipated Recert 02/29/2024 Review:
Program Location:		Basement, 1st, 2nd F	loors, (Counseling) Bas		ona, New York 11368,	107-20 Northern Boulevard, Corona, New York 1136
Service Type: Program Name:	Intensive Residential Rehabilitation (819) with Telehealth Designation			PRU:	1283	Certified Capacity: 51
-	ta http://webapps.oasas.ny.gov/legal/CertApp/	Directory/documents/	11300 Elmcor.odf			
Certificate Number:	250411512 Amendment	<u></u>		Effective:	01/24/2023	Anticipated Recert 04/30/2025
Program Location:	1st Floor 107-20 Northern Boulevard Corol	na, New York 11368				Review:
Service Type:	Outpatient Service (822) with Telehealth and Adolescent Services D			PRU:	458	Certified Capacity:
Program Name:		esignations				
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/	Directory/documents/	11512 Elmcor.pdf			
Employee Assistance Res	burce Services, Inc.					
Provider Number: Administrative Office:	1413 Dr Simon DZysman Ph.D., Founder ar Suite B, 278 East Main Street, Smithtown,N					Telephone - (516)-361-6960
Certificate Number:	240510768 Amendment	Effective:	09/05/2023	Anticipated Recert Review:	05/31/2024	
Program Location:	278 East Main Street Smithtown, New York	11787		ACTICW.		

Service Type: Program Name: Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services

PRU:

4164

Certified Capacity:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10768 Employ.pdf

Administrative Office:	50580 Mr Thomas Hopkins, CEO 91 Guy Lombardo Avenue, Freeport,NY 11520			uth Shore Guidance C	Sector, as Operato	Telephone - (516)-739-7733 Ext 100
Certificate Number:	250811999 Amendment OMH Host	Effective:	07/19/2023	Anticipated Recert Review:	08/31/2025	
Program Location:	114 Church Street Freeport, New York 11520					
Service Type:	Outpatient Service (822)			PRU:	52960	Certified Capacity:
Program Name:	with Telehealth Designation Children's Addiction Resources and Education Ce	enter (C.A.R.E.)				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/1	1999 EPICFa.pdf			
Equinox, Inc. Provider Number:	14510 Ms. Kathy Fletcher, CEO					Telephone - (518)-435-9931 Ext 525
Administrative Office:	500 Central Avenue, Albany,NY 12206					
Certificate Number:	261111801 Renewal	Effective:	12/01/2023	Anticipated Recert Review:	11/30/2026	
Program Location:	1st Floor 500 Central Avenue Albany, New York 1	2206				
Service Type:	Outpatient Service (822) with Telebealth Designation			PRU:	52689	Certified Capacity:
Program Name:	with Telehealth Designation Counseling Center					
Compliance Performance E	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/1	1801 Equino.pdf			
Frie County Medical Cent	er Corporation					
Provider Number:	85150 Thomas JQuatroche Jr, Ph.D., President a	nd CEO				Telephone - (716)-898-3000
Administrative Office:	462 Grider Street, Buffalo,NY 14215					
ertificate Number:	210311369 Renewal	Effective:	04/01/2018	Anticipated Recert Review:	03/31/2021	
Program Location:	9th Floor, Zone 1, 462 Grider Street, Buffalo, New	York 14215				
Service Type: Program Name:	Inpatient Rehabilitation Service (818)			PRU:	50277	Certified Capacity: 20
Program Name:	Inpatient Rehabilitation Service (818) ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/1	1369 ErieCo.pdf	PRU:	50277	Certified Capacity: 20
Program Name:		ory/documents/1	1369 ErieCo.pdf	PRU: Effective:	07/01/2021	Anticipated Recert 06/30/2024
Program Name:	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct		1369 ErieCo.pdf			Anticipated Decost
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Program Name: Compliance Performance E Certificate Number: Program Location: Service Type: Program Name:	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Direct</u> 240610770 Renewal 1st Floor 2005 Sheridan Drive Tonawanda, New Y Outpatient Service (822) with Telehealth Designation	York 14223		Effective:	07/01/2021	Anticipated Recert 06/30/2024 Review: Certified Capacity:
Program Name: Compliance Performance E Certificate Number: Program Location: Service Type: Program Name:	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct 240610770 Renewal 1st Floor 2005 Sheridan Drive Tonawanda, New Y Outpatient Service (822) with Telehealth Designation Northern Erie Clinical Services	York 14223		Effective:	07/01/2021	Anticipated Recert 06/30/2024 Review:
Program Name: Compliance Performance E Certificate Number: Program Location: Service Type: Program Name: Compliance Performance E Certificate Number: Program Location:	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct 240610770 Renewal 1st Floor 2005 Sheridan Drive Tonawanda, New Y Outpatient Service (822) with Telehealth Designation Northern Erie Clinical Services ata http://webapps.oasas.ny.gov/legal/CertApp/Direct 240610771 Renewal 2nd Floor, 1285 Main Street, Buffalo, New York 14	fork 14223		Effective: PRU:	07/01/2021 50282	Anticipated Recert 06/30/2024 Review: Certified Capacity:
Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D Certificate Number:	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct 240610770 Renewal 1st Floor 2005 Sheridan Drive Tonawanda, New Y Outpatient Service (822) with Telehealth Designation Northern Erie Clinical Services ata http://webapps.oasas.ny.gov/legal/CertApp/Direct 240610771 Renewal	fork 14223		Effective: PRU:	07/01/2021 50282	Anticipated Recert 06/30/2024 Review: Certified Capacity:
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Program Location: Service Type:	2nd & 3rd Floors 2271 3rd Avenue New York, New York 10035 Outpatient Service (822) with Telehealth Designation	PRU:	52922	Certified Capacity:
Program Name:				
Compliance Performance I	Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11947 Exodus.pdf			
Evenemente Inc				

Exponents, Inc.								
Provider Number:	vider Number: 2015 Mr. Joseph Turner J.D., President and Chief Executive Officer							
Administrative Office:	8th Floor, 17 Battery Place, New York,NY 10004							
Certificate Number:	251210773 Renewal	Effective:	01/01/2023	Anticipated Recert Review:	12/31/2025			
Program Location:	8th Floor, 17 Battery Place, New York, New York 10	0004						
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	7128	Certified Capacity:		
Program Name:								

Fairview Recovery Servic	es, Inc.				
Provider Number:	36020 Mr. Patrick Haley LMSW, Executive Director			Telephone - (607)-72	2-8987 Ext 224
Administrative Office:	5 Merrick Street, Binghamton,NY 13904				
Certificate Number:	240112166 Amendment Effective: 09/20/2023	Anticipated Recert Review:	01/31/2024		
Program Location:	8 Clapham Street Binghamton, New York 13904				
Service Type:	Residential Services (820) with Telehealth Designation [adult beds are for women]	PRU:	53869	Certified Capacity:	18
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	New Outlook				
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12166 Fairvi.pdf				
Certificate Number:	240512319 Renewal	Effective:	06/01/2023	Anticipated Recert Review:	05/31/2024
Program Location:	5 Merrick Street Binghamton, New York 13904				
Service Type:	Residential Services (820) with Telehealth Designation - case records and administrative offices are located at 116 Fairview Avenue, Binghamton	PRU:	53655	Certified Capacity:	45
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Fairview Scatter Site Reintegration				
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12319 Fairvi.pdf				
Certificate Number:	241212085 Renewal	Effective:	01/01/2023	Anticipated Recert Review:	12/31/2024
Program Location: Service Type:	Basement & 1st Floor, 247 Court Street, Binghamton, New York 13901 Residential Services (820) with Telehealth Designation	PRU:	53123	Certified Capacity:	20
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:					
Compliance Performance D	Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12085 Fairvi.pdf				
Certificate Number:	250212167 Amendment	Effective:	09/20/2023	Anticipated Recert Review:	02/28/2025
Program Location:	5 Merrick Street Binghamton, New York 13904				
Service Type:	Residential Services (820) with Telehealth Designation [for men]	PRU:	53867	Certified Capacity:	24
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Fairview Men's				
Compliance Performance D	Data http://webapps.oasas.nv.qov/legal/CertApp/Directory/documents/12167 Fairvi.pdf				
Family & Children's Servi	ce of the Capital Region, Inc. d/b/a Capital Counseling				
Provider Number:	26330 Ms. Kandie Sawyer, Chief Executive Office			Telephone - (518)-46	2-6531 Ext 114
Administrative Office:	650 Warren Street, Albany,NY 12208				
Certificate Number:	211012242 Establishment Effective: 11/18/2020	Anticipated Recert Review:	10/31/2021		
Program Location:	1st Floor 650 Warren Street Albany, New York 12208				

Service Type:	Chemical Dependency Specialized Services (824) with Problem Gambling designation
Program Name:	Center for Problem Gambling

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12242 Family.pdf

Family and Children's Ass Provider Number:	30120 Mr. Jeffrey Reynolds, President/CEO			Telephone - (516)-746-0350
Administrative Office:	5th, 377 Oak Street, Garden City ,NY 11530			1 elephone - (310)-740-0330
Certificate Number:	221111966 Renewal Effective: 12/01/2019	Anticipated Recert Review:	11/30/2022	
Program Location:	126 North Franklin Street, Hempstead, New York 11550			
Service Type:	Prevention Counseling	PRU:	90665	Certified Capacity:
Program Name:				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11966 Family.pdf			
Certificate Number:	250710774 Amendment	Effective:	01/08/2024	Anticipated Recert 07/31/2025 Review:
Program Location:	2nd Floor 180 Broadway Hicksville, New York 11801			
Service Type:	Outpatient Service (822) With Telehealth, Adolescent Services and Problem Gambling Designations; and Ancillary Withdrawal Services	PRU:	50923	Certified Capacity:
Program Name:	Hicksville Drug Counseling Center			
Additional Location(s) At:				
- 126 North Franklin Street I				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10774 Family.pdf			
	es of Cortland County, Inc.			
Provider Number:	36350 Ms. Lisa WHoeschele, CEO & Executive Director			Telephone - (607)-753-0234
Administrative Office:	Suite B, 1st Floor, 165-177 Main Street, Cortland, NY 13045			
Certificate Number:	250510777 Renewal OMH Effective: 06/01/2022	Anticipated Recert Review:	05/31/2025	
Program Location:	1st Floor, 165-177 Main Street, Cortland, New York 13045			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	50991	Certified Capacity:
Program Name:				
Additional Location(s) At:				
- 201 Cedar Street Oneida I				
- 1st Floor 257 Main Street	Binghamton NY 13905			
Compliance Performance D	hata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10777 Family.pdf			
Family Residences and Es	ssential Enterprises, Inc.			
Provider Number:	40320 Christopher DLong, CEO/President			
Administrative Office:	405 Locust Avenue, Oakdale,NY 11769			
Certificate Number:	250212405 Amendment OMH Effective: 08/03/2023 Host	Anticipated Recert Review:	02/28/2025	
Program Location:	405 Locust Avenue Oakdale, New York 11769			
Service Type:	Outpatient Service (822)	PRU:	53817	Certified Capacity:
Program Name:	with Telehealth Designation			
-	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12405 Family.pdf			
	Interror Participation (CertApp/Directory/documents/12405 Family.pdf			
Family Service League, In				-
Provider Number:	50440 Ms. Karen Boorshstein, President and Chief Executive Officer			Telephone - (631)-470-6780
Administrative Office:	790 Park Avenue, Huntington,NY 11743			
Certificate Number:	210312229 Establishment Effective: 04/13/2020	Anticipated Recert Review:	03/31/2021	
Program Location:	Suite C , 90 Adams Avenue Hauppauge, New York 11788			
Service Type:	Outpatient Service (822)	PRU:	53494	Certified Capacity:
Program Name:	with Telehealth Designation			· · · · · · · · · · · · · · · · · · ·
Frogram Name:				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12229 Family.pdf			
Certificate Number:	220710779 Renewal OMH	Effective:	08/01/2019	Anticipated Recert 07/31/2022

PRU:

53502

Certified Capacity:

Certificate Number:	220710779 Renewal OMH Host	Effective:	08/01/2019	Anticipated Recert Review:	07/31/2022
Program Location:	1235 Montauk Highway Mastic, New York 11950				
- · -					

Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	50994	Certified Capacity:
Program Name:	Family Recovery Center			
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10779 Family.pdf			
Certificate Number:	250410635 Renewal	Effective:	05/01/2023	Anticipated Recert 04/30/2025 Review:
Program Location:	1448 Fifth Avenue Bayshore, New York 11706			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51813	Certified Capacity:
Program Name:	Family Recovery Center			
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10635 Family.pdf			
Certificate Number:	250911602 Renewal OMH Host	Effective:	10/01/2022	Anticipated Recert 09/30/2025 Review:
Program Location:	Suite 300, 3rd Floor 400 West Main Street Riverhead, New York 11901			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52084	Certified Capacity:
Program Name:	Family Recovery Center			
-	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11602 Family.pdf			
Family Service Society, Inc Provider Number:	396 Cynthia Gee, Executive Director			Telephone - (607)-962-3148 Ext 216
Administrative Office:	280 Princeton Avenue Ext., Corning,NY 14830			1012 100 - 1007 - 202-3 140 EXL 2 10
Certificate Number:	250311993 Renewal Effective: 04/01/2022	Anticipated Rec Review:	ert 03/31/2025	
Program Location:	Administrative Site at: Corning Area Youth Center, Office #9, 2nd Floor, 79 Flint Avenu		× 14830	
Service Type:	Prevention Counseling	PRU:	90585	Certified Capacity:
Program Name:				
Additional Location(s) At:				
	ary School 1st Floor Room 150B 64 East Lamoka Avenue Savona NY 14879			
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11993 Family.pdf			
Compleans Inc. d/h/o Comple	m Family Samilara			
Farnham, Inc. d/b/a Farnha	•			
Provider Number:	15660 Candy AHerbert, Co-Interim Executive Director			Telephone - (315)-342-4489 Ext 4160
Provider Number:	•			Telephone - (315)-342-4489 Ext 4160
Provider Number: Administrative Office: Certificate Number:	15660 Candy AHerbert, Co-Interim Executive Director 283 West 2nd Street, Oswego,NY 13126 220411988 Amendment Effective: 05/29/2020	Anticipated Review:	I Recert 04/30/2022	Telephone - (315)-342-4489 Ext 4160
Provider Number: Administrative Office: Certificate Number: Program Location:	15660 Candy AHerbert, Co-Interim Executive Director 283 West 2nd Street, Oswego,NY 13126 220411988 Amendment Effective: 05/29/2020 1st Floor 283 West 2nd Street Oswego, New York 13126 Prevention Counseling		1 Recert 04/30/2022 90648	Telephone - (315)-342-4489 Ext 4160 Certified Capacity:
Provider Number: Administrative Office: Certificate Number: Program Location:	15660 Candy AHerbert, Co-Interim Executive Director 283 West 2nd Street, Oswego, NY 13126 220411988 Amendment Effective: 05/29/2020 1st Floor 283 West 2nd Street Oswego, New York 13126	Review:	04/30/2022	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At:	15660 Candy AHerbert, Co-Interim Executive Director 283 West 2nd Street, Oswego,NY 13126 220411988 Amendment Effective: 05/29/2020 1st Floor 283 West 2nd Street Oswego, New York 13126 Prevention Counseling with Telehealth Designation	Review:	04/30/2022	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - Frederick Leighton Element - Oswego Middle School 10 - Michael A. Maroun Element - Emerson J. Dillon Middle 3 - Fulton Community School - Mexico Middle School 16 F - Fulton School District 4th S - Burton Ramer Tech Carege - Fitzhugh Park Elementary - Oswego High School 2 Buc - Pilaksi Elementary School - Charles E. Riley Elementary School - Charles E. Riley Elementary School - Charles E. Riley Elementary - Nuaski Glearentary School - Charles E. Riley Elementary - Pulaski Middle School 14624 - Pulaski Middle School 4624 - Duansch Birdebough High School - Altmar-Parish-Williamstowy - Cartral Square High School - CARE Program SUNY Osy - Bridges to Success 1st Flo Dennis M. Kenney Middle 3 - Hannibal High School 928	15660 Candy AHerbert, Co-Interim Executive Director 283 West 2nd Street, Oswego,NY 13126 220411988 Amendment Effective: 05/29/2020 1st Floor 283 West 2nd Street Oswego, New York 13126 Prevention Counseling	Review:	04/30/2022	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - Frederick Leighton Elemen Oswego Middle School 10 - Michael A. Maroun Elemen - Emerson J. Dillon Middle S - Fulton Community School - Mexico Middle School 16 F - Fulton School District 4th S - Burton Ramer Tech Carege - Fitzhugh Park Elementary - Oswego High School 2 Buc - Pilaksi Elementary School - Minetto Elementary School - Charles E. Riley Elementary School - Charles E. Riley Elementary School - Charles E. Riley Elementary - Pulaski Middle School 14624 - Pulaski Middle School 4624 - Pulaski Middle School 4624 - Pulaski Middle School 4624 - Pulaski Middle School 4624 - John C. Birdlebough High School - Atmar-Parish-Williamstow Central Square High School - Atmar-Parish-Williamstow - CarRE Program SUNY Osv - Birdges to Success 1st Flo Dennis M. Kenney Middle 3 - Hannibal High School 928 - Sandy Creek High School 128	15660 Candy AHerbert, Co-Interim Executive Director 283 West 2nd Street, Oswego,NY 13126 220411988 Amendment Effective: 05/29/2020 1st Floor 283 West 2nd Street Oswego, New York 13126 Prevention Counseling with Telehealth Designation tary School 1 Buccaneer Boulevard Oswego NY 13126 tary School 1st Floor Room 128 11 Elm Street Phoenix NY 13135 chool (Phoenix) 116 Volney Street Phoenix NY 13135 129 Curtis Street Fulton NY 13069 ravor Road Mexico NY 13114 treet School Guidance Office Education Center 167 South 4th Street Fulton NY 13069 Center Room A160 179 County Route 64 Mexico NY 13114 School 195 E. Bridge Street Oswego NY 13126 tast Floor Counseling 2 Hinman Road Pulaski NY 13126 caneer Boulevard Oswego NY 13126 1st Floor Counseling 2 Hinman Road Pulaski NY 13126 ool Guidance Office & 008C 248 US Route 11 Central Square NY 13036 1st Floor Street Street Oswego NY 13126 a Room 275 West 5th Street Oswego NY 13126 a Room 275 West 5th Street Oswego NY 13126 a Room 275 West 5th Street Oswego NY 13126 dain Street Pulaski NY 13142 4 Salina Street Puloenix NY 13142 4 Salina Street Puloenix NY 13142 5 (Fulton) 6 William Gillard Drive Fulton NY 13069 1 High School 639 County Route Extension Pulaski NY 13142 6 School 539 County Route 22 Parish NY 13131 1 642 South Main Street Central Square NY 13036 creos Sheldon Hall Lower Level Room 101 7060 State Route 104 Oswego NY 13126 or Rooms 101 & 102 80 Dutch Ridge Road Oswego NY 13126 School 151 at 02 80 Dutch Ridge Road Oswego NY 13126 School 151 at 02 80 Dutch Ridge Road Oswego NY 13126 School 153 drout Floor S & 46 Cayuga Street Hannibal NY 13074	Review:	04/30/2022	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - Frederick Leighton Elemen - Oswego Middle School 10 - Michael A. Maroun Elemen - Swego Middle School 10 - Michael A. Maroun Element - Emerson J. Dillon Middle 3 - Fulton Community School - Mexico Middle School 16 F - Fulton School District 4th S - Burton Ramer Tech Caree - Fitzhugh Park Elementary - Oswego High School 2 Buc - Pilaksi Elementary School - Charles E. Riley Elementary - Pulaski Middle School 4624 - Pulaski Middle School 4624 - Pulaski Middle School 4624 - Pulaski Middle School 4624 - John C. Birdlebough High School - Altmar-Parish-Williamstow - CarRE Program SUNY Osv - Bridges to Success 1st Flo Dennis M. Kenney Middle 3 - Hannibal High School 928 - Sandy Creek High School 1	15660 Candy AHerbert, Co-Interim Executive Director 283 West 2nd Street, Oswego,NY 13126 220411988 Amendment Effective: 05/29/2020 1st Floor 283 West 2nd Street Oswego, New York 13126 Prevention Counseling with Telehealth Designation tary School 1 Buccaneer Boulevard Oswego NY 13126 Mark Fitzgibbons Drive Oswego NY 13126 tary School 1st Floor Room 128 11 Elm Street Phoenix NY 13135 chool (Phoenix) 116 Volney Street Phoenix NY 13135 129 Curtis Street Fulton NY 13069 ravor Road Mexico NY 13114 treet School Guidance Office Education Center 167 South 4th Street Fulton NY 13069 Center Room A160 179 County Route 64 Mexico NY 13114 School 195 E. Bridge Street Oswego NY 13126 tast Floor Counseling 2 Hinman Road Pulaski NY 13142 All Purpose Room 2411 County Route 64 Mexico NY 13114 School 195 E. Bridge Street Oswego NY 13126 tool Guidance Office & 008C 248 US Route 11 Central Square NY 13036 1st Floor Counseling 2592 State Route 3 Fulton NY 13069 y School 269 East 8th Street Oswego NY 13126 a Room 275 West 5th Street Oswego NY 13126 a Room 275 West 5th Street Oswego NY 13126 a Room 275 West 5th Street Oswego NY 13126 dain Street Pulaski NY 13142 y School 269 East 8th NY 13142 a Salina Street Puloenix NY 13135 (Fulton) 6 William Gillard Drive Fulton NY 13069 t High School 639 County Route 22 Parish NY 13131 d 642 South Main Street Chronal Square NY 13036 creos Sheldon Hall Lower Level Room 101 7060 State Route 104 Oswego NY 13126 or Rooms 101 & 102 80 Dutch Ridge Road Oswego NY 13126 School 151 at 02 80 Dutch Ridge Road Oswego NY 13126 School 151 at 02 80 Dutch Ridge Road Oswego NY 13126 School 151 at 02 80 Dutch Ridge Road Oswego NY 13126 School 151 at 02 80 Dutch Ridge Road Oswego NY 13126 School 151 at 02 Rid Field Road Oswego NY 13126 School 151 at 02 Rid Field Road Oswego NY 13126 School 151 at 02 Rid Field Road Oswego NY 13126 School 151 at 02 Rid Field Ridge Road Oswego NY 13126 School 151 at 02 Rid Field Ridge Road Oswego NY 13126 School 151 at 02 Rid Field Ridge Road Oswego NY 13126 School 151 at 02 Rid Field Ri	Review:	04/30/2022	

Service Type:	Outpatient Service (822)			PRU:	53560	Certified Capacity:	
Program Name:	with Telehealth Designation			FRU.	55560	Certified Capacity.	
Service Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	53619	Certified Capacity:	100 Capacity Lifted
Program Name:							
Compliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Direc	tory/documents/1	2269 Farnha.pdf				
Certificate Number:	261012115 Amendment			Effective:	01/24/2024	Anticipated Recert Review:	10/31/2026
Program Location: Service Type:	1st Floor 283 West Second Street Oswego, Nev Opioid Treatment Program (822)	v York 13126					100
	with Telehealth Designation			PRU:	53016	Certified Capacity:	Capacity Lifted
Program Name: Service Type:	Farnham Family Services OTP Outpatient Service (822)			PRU:	53740	Certified Capacity:	
Program Name:	with Telehealth Designation Farnham Family Services OTP			110.	00140	oortined oupdoity.	
Additional Location(s) At:							
 13 Chapel Street Auburn NY 14 Crossroads Drive Fulton 							
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	2115 Farnha.pdf				
Federation of Organizations Provider Number:	for the New York State Mentally Disabled, Inc. 16290 Ms. Barbara Faron, CEO					Telephone - (631)-559-5355	Ext 1104
Administrative Office:	1 Farmingdale Avenue, West Babylon, NY 11704						
Certificate Number:	240112230 Conditional Certificate	Effective:	02/01/2023	Anticipated Recert Review:	01/31/2024		
Program Location:	1375 Akron Street Copiague, New York 11726 Outpatient Service (822)						
Service Type:	with Telehealth Designation			PRU:	53500	Certified Capacity:	
Program Name:							
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	2230 Federa.pdf				
Finger Lakes Area Counsel	ng and Recovery Agency, Inc.						
Provider Number: Administrative Office:	39040 Ms. Jennifer Carlson, President/CEO 28 East Main Street, Clifton Springs,NY 14432					Telephone - (315)-462	2-9148
				Anticipated Re	cert		
Certificate Number: Program Location:	230112173 Renewal 4th Floor 28 East Main Street Clifton Springs, N	Effective:	02/01/2021	Review:	01/31/2023		
Service Type:	Residential Services (320) with Telehealth Designation [up to 12 beds may supervised inpatient withdrawal & stabilization s	be used for the p	rovision of medically	PRU:	53308	Certified Capacity:	12
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered			
Program Name:	Addictions Crisis Center						
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	2173 Finger.pdf				
Certificate Number:	231010179 Amendment			Effective:	12/05/2022	Anticipated Recert Review:	10/31/2023
Program Location: Service Type:	5th Floor, 28 East Main Street, Clifton Springs, I Supportive Living (819)	New York 14432		_	_		
	with Telehealth Designation			PRU:	51066	Certified Capacity:	54
Program Name: Service Type:	Supportive Living (819) with Telehealth Designation			PRU:	51794	Certified Capacity:	8 and up to 16 beds
Program Name:							for children
Service Type:	Supportive Living (819) with Telehealth Designation			PRU:	52699	Certified Capacity:	11
Program Name:	mar reicheann Deaignanon						
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	0179 Finger.pdf				
				Effective:	01/01/2022	Anticipated Recert Review:	12/31/2023
Certificate Number:	231211824 Renewal						
Program Location:	Building 14 2650 East Street Canandaigua, Nev	v York 14424					
Program Location: Service Type:		v York 14424		PRU:	52685	Certified Capacity:	15
Program Location:	Building 14 2650 East Street Canandaigua, Nev Community Residential (819)	v York 14424		PRU:	52685	Certified Capacity:	15

Cartificata Number	040040420 Deservel	Effective.	02/01/2021	Anticipated Recert	02/29/2024
Certificate Number: Program Location:	240212133 Renewal 2nd Floor, 28 East Main Street, Clifton Springs, New York 14432	Effective:	03/01/2021	Review:	02/29/2024
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53227	Certified Capacity:	44
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12133 Finger.pdf				
Certificate Number:	240810785 Amendment OASAS Host	Effective:	03/16/2023	Anticipated Recert Review:	08/31/2024
Program Location: Service Type:	3rd Floor 28 East Main Street Clifton Springs, New York 14432 Outpatient Service (822) [with ancillary withdrawal services] with Telehealth Designation	PRU:	50072	Certified Capacity:	
Program Name:					
Service Type: Program Name:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:	
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10785 Finger.pdf				
Certificate Number:	250410786 Amendment	Effective:	01/24/2023	Anticipated Recert Review:	04/30/2025
Program Location:	310 West Union Street, Newark, New York 14513				
Service Type:	Outpatient Service (822) with Telehealth and Adolescent Services Designations and Ancillary Withdrawal Services	PRU:	50074	Certified Capacity:	
Program Name:	FLACRA Addictions Clinic				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10786 Finger.pdf				
Certificate Number:	250611816 Amendment OASAS Host	Effective:	03/17/2023	Anticipated Recert Review:	06/30/2025
Program Location: Service Type:	1386 Hathaway Drive Farmington, New York 14425 Outpatient Service (822) [with ancillary withdrawal services] with Telehealth Designation	PRU:	52776	Certified Capacity:	
Program Name: Service Type:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:	
Program Name:					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11816 Finger.pdf				
Certificate Number:	250712132 Renewal	Effective:	08/01/2023	Anticipated Recert Review:	07/31/2025
Program Location: Service Type:	Otte Hall, 621 Church Street, Newark, New York 14513 Residential Services (820) with Telehealth Designation	PRU:	53226	Certified Capacity:	23
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:					
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12132 Finger.pdf				
Certificate Number:	250910784 Renewal OASAS Host	Effective:	10/01/2022	Anticipated Recert Review:	09/30/2025
Program Location:	1st and 2nd Floors 246 Castle Street Geneva, New York 14456			iteriew.	
Service Type:	Outpatient Service (822) [with ancillary withdrawal services] with Telehealth Designation	PRU:	51067	Certified Capacity:	
Program Name:					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10784 Finger.pdf				
Certificate Number:	251111570 Renewal	Effective:	11/01/2022	Anticipated Recert Review:	10/31/2025
Program Location: Service Type:	Suite 3, 1st Floor, 106 South Perry Street, Watkins Glen, New York 14891 Outpatient Service (822)	221	54747	0	
Program Name:	[with ancillary withdrawal services] with Telehealth Designation FLACRA Addictions Clinic	PRU:	51717	Certified Capacity:	
-					
	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11570 Finger.pdf			Anticipated Pesset	
Certificate Number:	251111948 Renewal 4th Elear 28 East Main Street Cliffon Springs, New York 14432	Effective:	12/01/2022	Anticipated Recert Review:	11/30/2025
Program Location: Service Type:	4th Floor 28 East Main Street Clifton Springs, New York 14432 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) with Telehealth Designation - [up to 11 beds may be used for the provision of residential services (stabilization)]	PRU:	52926	Certified Capacity:	11

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11948 Finger.pdf

Certificate Number:	251211569 Renewal	Effective:	01/01/2023	Anticipated Recert 12/31/20 Review:)25
Program Location:	1 Keuka Business Park 3rd Floor 2466 Route 54A Penn Yan, New York 14527				
Service Type:	Outpatient Service (822) [with ancillary withdrawal services] with Telehealth Designation	PRU:	51986	Certified Capacity:	
Program Name:	Penn Yan Outpatient Clinic				

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11569 Finger.pdf

First Steps to Recovery, I Provider Number:		nner, Executive Director					Telephone - (800)-929-7942
Administrative Office:		2th Street, Brooklyn,NY 112	235				relephone - (000)-929-7942
	-	0			Auticia de d. De cont		
Certificate Number:	230510787	Conditional Certificate	Effective:	12/01/2022	Anticipated Recert Review:	05/31/2023	
Program Location:	Ground Floor, 31	10-312 West 47th Street, N	ew York, New York 100	36			
Service Type:	Outpatient Servio with Telehealth I				PRU:	6272	Certified Capacity:
Program Name:		3 1 1					
Compliance Performance D	ata <u>http://webapps.o</u>	asas.ny.gov/legal/CertApp	/Directory/documents/1	0787 FirstS.pdf			
Certificate Number:	230711261	Conditional Certific	cate		Effective:	08/01/2022	Anticipated Recert 07/31/2023 Review:
Program Location:	1st Floor, 2990 E	Brighton 12th Street, Brook	lyn, New York 11235				
Service Type:	Outpatient Servic				PRU:	7334	Certified Capacity:
Program Name:	with Telehealth [Jesignation					
-							
Compliance Performance D	ata <u>http://webapps.o</u>	asas.ny.gov/legal/CertApp	/Directory/documents/1	1261 FirstS.pdf			
Five Towns Community C	enter, Inc.						
Provider Number:	33240 Mr. Gwyn	n Campbell, President					Telephone - (516)-239-6244
Administrative Office:	270 Lawrence A	venue, Lawrence,NY 1155	9				
Certificate Number:	240311513	Conditional Certificate	Effective:	04/01/2023	Anticipated Recert Review:	03/31/2024	
Program Location:	Rooms S4, S10-	S17, S19, S25, and S31, 2	nd Floor 270 Lawrence	Avenue Lawrence,	New York 11559		
Service Type:	Outpatient Servio with Telehealth				PRU:	765	Certified Capacity:
Program Name:							
Compliance Performance D	ata http://webapps.o	asas ny goy/legal/CertApp	/Directory/documents/1	1513 FiveTo ndf			
	111220000000000000000000000000000000000						
Flushing Hospital and Me		IElanz President % CEO					Telephone (719) 670 5019
Provider Number: Administrative Office:		JFlanz, President & CEO oulevard, Flushing,NY 113	55				Telephone - (718)-670-5918
Administrative Onice.	4500 Paisons Do						
Certificate Number:	221010788	Amendment OASA Host	S Effective:	01/13/2021	Anticipated Recert Review:	10/31/2022	
Program Location:		oulevard Flushing, New Yo	rk 11355				
Service Type:	Integrated Outpa	atient Services - PC			PRU:		Certified Capacity:
Program Name:							
Service Type:	Outpatient Servio with Telehealth				PRU:	51827	Certified Capacity:
Program Name:							
Compliance Performance D	ata <u>http://webapps.o</u>	asas.ny.gov/legal/CertApp	/Directory/documents/1	0788 Flushi.pdf			
Certificate Number:	260410246 Re	newal			Effective:	05/01/2023	Anticipated Recert 04/30/2026
Certificate Number: Program Location:		newal oulevard Flushing, New Yo	rk 11355		Effective:	05/01/2023	Anticipated Recert _{04/30/2026} Review:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10246 Flushi.pdf

Medically Managed Withdrawal & Stabilization Services (816.6) [with the use of methadone]

The Fortune Society, Inc.		
Provider Number:	1523 Ms. JoAnne Page Esq., CEO & President	Telephone - (347)-510-3408
Administrative Office:	29-76 Northern Boulevard, Long Island City,NY 11101	

PRU:

51644

Service Type:

Program Name:

Certified Capacity: 30

Partner 20.7 All holds Relations Light Dig / Re	Certificate Number:	240611539 Renewal	Effective:	07/01/2021	Anticipated Recert Review:	06/30/2024	
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Pervise Fundamental Conference - (212) 458 0044 Ext 0415 Administrative Office: 110 Floor 516 Markaton Avenue, New York 11022 Pergen Location: 2016 Date Rolling, Vac Perseden & General Markager Administrative Office: 2016 Date Rolling, Vac Perseden & General Markager Pergen Location: 2016 Date Rolling, Vac Perseden & General Markager Pergen Location: 2016 Date Rolling, Vac Perseden & General Markager Pergen Location: 2016 Date Rolling, Vac Perseden & General Markager Pergen Location: 2016 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Vac Perseden & General Markager Pergen Location: 2017 Date Rolling, Persedua Date Rolling, Perseden & Genera	Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	pry/documents/11	539 Fortun.pdf			
Administrative Office: 13h Floor, 515 Mattion Avenue, New York, Mr 1002 Outlingted Referit Centificate Number: 2405 0711 Contification Centificate Number: 2405 0711 Contification Centificate Number: 15h Floor, 515 Mattion Avenue, New York, New York 10022 Program Location: Sub 15h, 15h Floor, 515 Mattion Avenue, New York, New York 10022 PRU: 5101 5 Centified Capacity: Program Location: Description Floor, 515 Mattion Avenue, New York, New York 1002 PRU: 5101 5 Centified Capacity: Program Location: Description Floor, 515 Mattion Avenue, New York 1002 PRU: 5101 5 Centified Capacity: Provider Number: 101 ML, James Wiler, Executive Director PRU: 5101 500 500 500 500 500 500 500 500 500		22400 Dana Ballina Vice Brazidant & Canaral Ma					Telephone (212) 020 0044 Evt 0010
Letting Deferring Bergern Lestlei: Suite 131: 318 free of 50 Mathema New York, New York 10322 PRU: 51015 Certified Capacity: Progern Lestlei: Suite 131: 318 free of 50 Mathema Delegation PRU: 51015 Certified Capacity: Progern Name: Compliance Performance Delay Non-Name Delay Non-Name Delay Non-Name Non-Name Delay Non-Name Delay Non-Name Delay Non-Name Delay Non-Name Non-Name Delay Non-Name Name Non-Name Name Non-Name Non-Name Name Non-Name Name Non-Name Name Name Name Name Name Name Name			-				Telephone - (212)-030-0044 EXt 0010
Bennice Type: Optimise Designation PRU: 51015 Centined Capacity: Program Name: Conditions Petformance Data Introduced contract (Conduct Contract Contr	Certificate Number:		Effective:	12/01/2023	Anticipated Recert Review:	05/31/2024	
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Provider Number: 139 Mr. James Wyst, Executive Director Telephone (516)-325-4232 Administrative Office: 5 Pflug Place #11. Valley Stram, NY: 11500 Anticipated Recerf. 0131/2025 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, NY: 11500 Program Location: 5 11 Pflug Place, Valley Stram, Valey Stram, Valley Stram, Valley Stram, Valley	-	a http://webapps.oasas.nv.gov/legal/CertApp/Directo	ory/documents/10	791 Freedo.pdf			
Provider Number: 139 Mr. James Wyle: Stephne - (516)-325-4242 Administrative Office: 5 Pflug Place 911, Valley Stream, NY 1580 Effective: 0.001/2023 Anticipated Recert 0131/2025 Program Location: 5 11 Pflug Place, Valley Stream, NY 1580 Breckve: 0.001/2023 Anticipated Recert 0.101/2025 Program Location: 5 11 Pflug Place, Valley Stream, NY 1580 PRU: 239 Certified Capacity: Program Location: Strike Designation PRU: 239 Certified Capacity: Provider Number: 2060 10733 Remeval Effective: 0.001/2022 Anticipated Recert 0.001/2025 Provider Number: 2060 10733 Remeval Effective: 0.001/2022 Anticipated Recert 0.001/2025 Program Location: Stein 122 W, 1st Floor, 0800 Jorcho Tumpke, Synoset, Nev York 11791 Destrime Certified Capacity: Program Location: Stein 122 W, 1st Floor, 0800 Jorcho Tumpke, Synoset, Nev York 11791 PRU: 51619 Certified Capacity: Program Location: Stein 122 W, 1st Floor, 0800 Jorcho Tumpke, Synoset, Nev York 11791 PRU: 5119 Certified Capacity: Program Location: The Konneth Peters Conter for Recovery PRU: <td>Friends of Bridge Inc</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Friends of Bridge Inc						
Program Location: 5-11 Plug Pace, Valley Stream, New York 11580 Service Type: Outgetient Service (22): with Tee/health Designation PRU: 239 Certified Capacity: Program Name: Complance Performance Date Intro:/Webaceros.sansa nr.gov/degal/Cert/ac/Director/vibcoments/11515. Field and off Review: Certified Capacity: Provider Number: 12580 ME Etc. Fieleman, Administrative Director Certified Capacity: Telephone - (014)-907-4753 Administrative Office: Suite 122W, 14. Fibor, 6800 Jercho Tumple, Syosset, NY 11701 Telephone - (014)-907-4753 Certifiede Number: 250810793 Renewal Effective: 0601/2022 Program Name: Suite 122W, 14. Fibor, 6800 Jercho Tumple, Syosset, New York 11701 Service Type: 06:01/2025 Program Name: Duite State	Provider Number:						Telephone - (516)-825-4242
Service Type: Outpatient Service (1922) with Telehealth Designation PRU: 239 Certified Capacity: Program Name:	Certificate Number:	250111515 Renewal	Effective:	02/01/2023	Anticipated Recert Review:	01/31/2025	
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From the Ashes, Inc. db/a The Kenneth Peters Center for Recovery Provider Number: 17590 Mr. Eitic Fleman, Administrative Director Administrative Office: Sulle 122 W, 1st Floor, 6800 Jericho Tumpike, Syosset, NY 11791 Telephone - (914)-907-4753 Certificate Number: 250810793 Renewal Effective: 0001/2022 Anticipated Recort Review: 06/31/2025 Program Location: Sulle 122 W, 1st Floor, 6800 Jericho Tumpike, Syosset, New York 11791 PRU: 51619 Certified Capacity: Program Location: Sulle 122 M, 1st Floor, 6800 Jericho Tumpike, Syosset, New York 11791 PRU: 51619 Certified Capacity: Program Location: Sulle 122 M, 1st Floor, 6800 Jericho Tumpike, Syosset, New York 11791 PRU: 51619 Certified Capacity: Program Location: Telephone - (914)-907-47783 PRU: 51619 Certified Capacity: Program Location: Telephone Social Bitto/Webappa casas nr. cov/legal/CertApo/Directorv/documents/10793 Fromth.pdf 1001/2022 Anticipated Recort Review: 00/30/2025 Program Location: The Kenneth Peters Center for Recovery PRU: 52130 Certified Capacity: Program Location: The Kenneth Peters Center for Recovery PRU: 52130 Certified Capacity: 2030/2	Program Name:						
Provider Number: 17580 M.E. file: Fileman, Administrative Director Telephone - (914)-907-4753 Administrative Office: Suite 122 W, 1st Floor, 6800 Jericho Tumpike, Syosset, NY 11791 Anticipated Recent 08/31/2025 Program Location: Suite 122 W, 1st Floor, 6800 Jericho Tumpike, Syosset, New York 11791 PRU: 51619 Certified Capacity: Service Type: Outpatient Service (822) with Telehealth Designation PRU: 51619 Certified Capacity: Compliance Performance Data http://webappes.coasas.ny.gov/feaal/CertAppDirector/documents/10793 Fronth.pdf Certified Number: 250911637 Renewal Effective: 10/01/2022 Anticipated Recert Review: 09/30/2025 Program Location: 1st Floor 300 Motor Parkway Hauppauge, New York 11788 PRU: 52130 Certified Capacity: Program Location: 1st Floor 300 Motor Parkway Hauppauge, New York 11788 PRU: 52130 Certified Capacity: Compliance Performance Data http://webapps.coasas.ny.gov/feaal/CertApo/Director/documents/11637 Fronth pdf Futor 12190 Mr. Duane Miller, Executive Director Review: Telephone - (518)-725-1512 Administrative Office:<td>Compliance Performance Data</td><td>a http://webapps.oasas.ny.gov/legal/CertApp/Directo</td><td>ory/documents/11</td><td>515 Friend.pdf</td><td></td><td></td><td></td>	Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/11	515 Friend.pdf			
Administrative Office: Suite 122 W, 1st Floor, 6800 Jericho Tumpike, Syosset, NY 11791 Certificate Number: 200810733 Renewal Effective: 00/01/2022 Anticipated Recert Review. 04/31/2025 Program Location: Suite 122W, 1st Floor, 6800 Jericho Tumpike, Syosset, New York 11791 PRU: 51619 Certified Capacity: Program Name: The Kenneth Peters Center for Recovery PRU: 51619 Certified Capacity: Compliance Performance Data PRU: 51619 Certified Recert 09/30/2025 Program Location: 1st Floor 300 Motor Parkway Hauppauge, New York 11788 Effective: 10/01/2022 Anticipated Recert 09/30/2025 Service Type: Outplanet Service (Service Tor Recovery) PRU: 52130 Certified Capacity: Program Name: The Kenneth Peters Center for Recovery Telephone - (518)-725-1512 Administrative Office: 18 Cayaduta Strice, Prov. Box 202, Gloversville, NY 12078 Telephone - (518)-725-1512 Certified Number: 240412381 Establishment Effective: 0501/2023 Anticipated Recort Review: 04/30/2024 Program Name: 240412381 Establishment Effective: 05	From the Ashes, Inc. d/b/a T	he Kenneth Peters Center for Recovery					
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Service Type: Outpatient Service (622) with Teleheath Designation PRU: 51619 Certified Capacity: Compliance Performance Data Into:/webaops.casas.nv.gov/legal/CertApp/Directorv/documents/10793_Fromth.pdf Into:/patient Service (700) Anticipated Recort 09/30/2025 Certified Number: 250911637_Renewal Effective: 10/01/2022 Anticipated Recort 09/30/2025 Program Location: 1st Floor 300 Motor Parkway Hauppauge, New York 11788 PRU: 52130 Certified Capacity: ************************************	Certificate Number:	250810793 Renewal	Effective:	09/01/2022	Anticipated Recert Review:	08/31/2025	
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Certificate Number: 2001 105 / Reinewal Program Location: 1st Floor 300 Motor Parkway Hauppauge, New York 11788 Service Type: Outpatient Service (822) with Telehealth Designation PRU: 52130 Certified Capacity: Program Name: The Kenneth Peters Center for Recovery Compliance Performance Data http://webaops.oasas.nv.gov/legal/CertApp/Directory/documents/11537 Fromth odf Fulton Friendship House, Inc. Telephone - (518)-725-1512 Administrative Office: 18 Cayadutta Street, P.O. Box 292, Gloversville, NY 12078 Telephone - (518)-725-1512 Certificate Number: 240412381 Establishment Effective: 05/01/2023 Anticipated Recert Review: 04/30/2024 Program Location: Victorian Manor, 1st-3rd Floors, Basement 8-10 First Avenue Gloversville, New York 12078 Sa805 Certified Capacity: 20 Elements: Stabilization Rehabilitation Reintegration Congregate Scattered Program Name: Victorian Manor Rehabilitation Congregate Scattered Compliance Performance Data <a 11637_fromth.pdf"="" certapp="" directory="" documents="" href="http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12381. Fulton.pdf</td><td>Compliance Performance Data</td><td>a http://webapps.oasas.ny.gov/legal/CertApp/Directo</td><td>ory/documents/10</td><td>793 Fromth.pdf</td><td></td><td></td><td></td></tr><tr><td>Service Type: Outpatient Service (822)
with Telehealth Designation PRU: 52130 Certified Capacity: Program Name: The Kenneth Peters Center for Recovery Compliance Performance Data Compliance Performance Data Certified Capacity: Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApo/Directorv/documents/11637_Fromth.pdf Telephone - (518)-725-1512 Administrative Office: 18 Cayadutta Street, P.O. Box 292, Gloversville, NY 12078 Telephone - (518)-725-1512 Certificate Number: 240412381_Establishment Effective: 05/01/2023_Review: Anticipated Recort
Review: 04/30/2024 Program Location: Victorian Manor, 1st-3rd Floors, Basement 8-10 First Avenue Gloversville, New York 12078 53805 Certified Capacity: 20 Elements: Residential Services (820) PRU: 53805 Certified Capacity: 20 Elements: Sabilization Rehabilitation Program Congregate Scattered Scattered Program Name: Victorian Manor Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12381_Fulton.pdf</td><td>Certificate Number:</td><td>250911637 Renewal</td><td></td><td></td><td>Effective:</td><td>10/01/2022</td><td></td></tr><tr><td>Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11637_Fromth.pdf Futton Friendship House, Inc. Telephone - (518)-725-1512 Provider Number: 12190 Mr. Duane Miller, Executive Director Telephone - (518)-725-1512 Administrative Office: 18 Cayadutta Street, P.O. Box 292, Gloversville, NY 12078 Telephone - (518)-725-1512 Certificate Number: 240412381_Establishment Effective: 05/01/2023 Anticipated Recert Review: Program Location: Victorian Manor, 1st-3rd Floors, Basement 8-10 First Avenue Gloversville, New York 12078 PRU: 53805 Certified Capacity: 20 Elements: Image: Stabilization Rehabilitation Image: Reintegration Image: Scattered Program Name: Victorian Manor Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12381_Fulton.pdf	-	Outpatient Service (822)	ork 11788		PRU:	52130	Certified Capacity:
Fulton Friendship House, Inc. Telephone - (518)-725-1512 Provider Number: 12190 Mr. Duane Miller, Executive Director Telephone - (518)-725-1512 Administrative Office: 18 Cayadutta Street, P.O. Box 292, Gloversville,NY 12078 Telephone - (518)-725-1512 Certificate Number: 240412381 Establishment Effective: 05/01/2023 Anticipated Recert Review: 04/30/2024 Program Location: Victorian Manor, 1st-3rd Floors, Basement 8-10 First Avenue Gloversville, New York 12078 53805 Certified Capacity: 20 Elements: Residential Services (820) PRU: 53805 Certified Capacity: 20 Elements: Stabilization Rehabilitation Reintegration Congregate Scattered Victorian Manor Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12381 Fulton.pdf 	Program Name:	The Kenneth Peters Center for Recovery					
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Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12381 Fulton.pdf	Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered		
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Fusion Recovery Centers, LLC	Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/12	381 Fulton.pdf			
Provider Number: 52980 Mitchell Baumann, CEO Telephone - (407)-388-5515							

240512390 Amendment Effe	ective:	11/21/2023	Anticipated Recert Review:	05/31/2024	
444 Broadway Menands, New York 12204 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Si	on viceo		PRU:	53808	Certified Capacity:
Fusion Recovery Centers, LLC Opioid Treatment Program (822)	er vices		PRU:	53884	Certified Capacity: 400
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Outpatient Rehabilitation Service (822) with Telehealth Designation and Ancillary Withdrawal Service	ervices		PRU:	53872	Certified Capacity:
Fusion Recovery Centers, LLC					
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81420 Mr. Jonathan Schiller, CEO 707 East Main Street, Middletown,NY 10940					Telephone - (845)-794-3300 Ext 210
240511335 Renewal Effe	ective:	06/01/2021	Anticipated Recert	05/31/2024	
Suite 135 75 Crystal Run Road, Middletown, New York	10941		Review:		
Outpatient Service (822)			PRU:	50932	Certified Capacity:
with Telehealth Designation Horton Family Program for Alcoholism and Chemical De	ependency				
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49600 Samuel Benitez, CEO					Telephone - (718)-633-4673 Ext 115
6th Floor , 449 39th Street, Brooklyn,NY 11232					
nt					
240512393 Establishment Effe	ective:	06/26/2023	Anticipated Recert Review:	05/31/2024	
4th Floor 449 39th Street Brooklyn, New York 11232					
Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Se	ervices		PRU:	53790	Certified Capacity:
GENESIS DOB OUTPATIENT					
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240912064 Renewal			Effective:	10/01/2021	Anticipated Recert 09/30/2024
449 39th Street, Brooklyn, New York 11232					Review.
Medically Supervised Inpatient Withdrawal & Stabilization	on Services (8	316.7)	PRU:	53059	Certified Capacity: 35
http://webapps.oasas.ny.gov/legal/CertApp/Directory/dc	ocuments/120	64 Genesi.pdf			
Suffern, N.Y.					
85370 Mary Leahy M.D., CEO					Telephone - (845)-368-5303
2nd Floor, 255 Lafayette Avenue, Suffern,NY 10901					
241010297 Renewal Deemed Effe	ective:	10/02/2021	Anticipated Recert Review:	10/02/2024	
Medically Managed Withdrawal & Stabilization Services - with the use of methadone	8 (816.6)		PRU:	4494	Certified Capacity: 6
a http://webapps.oasas.ny.gov/legal/CertApp/Directory/do	ocuments/102	97 GoodSa.pdf			
			Effective:	10/02/2021	Anticipated Recert 10/02/2024 Review:
241011370 Renewal Deemed					
241011370 Renewal Deemed 3rd Floor, 255 Lafayette Avenue, Suffern, New York 109 Inpatient Rehabilitation Service (818)	901		PRU:	6972	Certified Capacity: 11
3rd Floor, 255 Lafayette Avenue, Suffern, New York 109	901		PRU:	6972	Certified Capacity: 11
3rd Floor, 255 Lafayette Avenue, Suffern, New York 109		70 GoodSa.pdf	PRU:	6972	Certified Capacity: 11
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	with Telehealth Designation Fusion Recovery Centers, LLC Outpatient Rehabilitation Service (822) with Telehealth Designation and Ancillary Withdrawal S Fusion Recovery Centers, LLC a http://webapps.oasas.nv.gov/legal/CertApp/Directorv/dd ar 81420 Mr. Jonathan Schiller, CEO 707 East Main Street, Middletown,NY 10940 240511335 Renewal Effi Suite 135 75 Crystal Run Road, Middletown, New York Outpatient Service (822) with Telehealth Designation Horton Family Program for Alcoholism and Chemical D a http://webapps.oasas.nv.gov/legal/CertApp/Directorv/dd ELC 49600 Samuel Benitez, CEO 6th Floor , 449 39th Street, Brooklyn,NY 11232 Int 240512393 Establishment Effi 4th Floor 449 39th Street Brooklyn, New York 11232 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal S GENESIS DOB OUTPATIENT a http://webapps.oasas.nv.gov/legal/CertApp/Directorv/dd 240912064 Renewal 449 39th Street, Brooklyn, New York 11232 Medically Supervised Inpatient Withdrawal & Stabilizati - with the use of methadone a http://webapps.oasas.nv.gov/legal/CertApp/Directorv/dd Suffern, N.Y. 85370 Mary Leahy M.D., CEO 2nd Floor, 255 Lafayette Avenue, Suffern, NY 10901 241010297 Renewal Deemed Effi 3rd Floor, 255 Lafayette Avenue, Suffern, New York 10 Medically Managed Withdrawal & Stabilization Services	with Telehealth Designation Fusion Recovery Centers, LLC Outpatient Rehabilitation Service (822) with Telehealth Designation and Ancillary Withdrawal Services Fusion Recovery Centers, LLC a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/123 a full C full telehealth Designation and Ancillary Directory/documents/113 full telehealth Designation and Ancillary Withdrawal Services GeNESIS DOB OUTPATIENT a fultp://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/123 full telehealth Designation and Ancillary Withdrawal Services (6) full telehealth Designation and Ancillary Withdrawal Services full telehealth Designation and Ancillary Withdrawal	with Telehealth Designation Fusion Recovery Centers, LLC Outpatient Rehabilitation Service (822) with Telehealth Designation and Ancillary Withdrawal Services Fusion Recovery Centers, LLC a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12390_FusionR.pdf fr fu200 Mr. Jonathan Schiller, CEO 707 East Main Street, Middletown, NY 10940 240511335 Renewal Effective: 06/01/2021 Suite 135 75 Crystal Run Road, Middletown, New York 10941 Outpatient Service (822) with Telehealth Designation Horton Family Program for Alcoholism and Chemical Dependency a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11335_Garnet.pdf fu200 Samuel Benitez, CEO 6th Floor, 449 39th Street, Brooklyn, NY 11232 int 240512393_Establishment Effective: 06/26/2023 4th Floor 449 39th Street Brooklyn, New York 11232 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services GENESIS DOB OUTPATIENT a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12393_Genesi.pdf 240912064_Renewal 449 39th Street, Brooklyn, New York 11232 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) - with the use of methadone a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12064_Genesi.pdf Suffern, NY. 85370 Mary Leahy M.D., CEO 2nd Floor, 255 Lafayette Avenue, Suffern, New York 10901 Medically Managed Withdrawal & Stabilization Services (816.6)	with Telehealth Designation PRU: Fusion Recovery Centers, LLC PRU: Outpatient FRabilitation Service (822) PRU: ************************************	with Telehealth Designation and Anciliary Withdrawal Services Fusion Recovery Centers, LLC Outpatient Rehabilitation Service (822) with Telehealth Designation and Anciliary Withdrawal Services Fusion Recovery Centers, LLC a http://webaoes.centers.LLC Fusion Recovery Centers, LLC a http://webaoes.centers.LLC a http://webaoes.centers.LLC a http://webaoes.centers.LLC a http://webaoes.centers.LLC a http://webaoes.centers.LLC a http://webaoes.centers.LLC a http://webaoes.centers.LLC a http://webaoes.centers.LLC b http://webaoes.centers.LLC a http://webaoes.centers.LLC b http://webaoes.c

Certificate Number:	250710382 Renewal	Effective:	08/01/2022	Anticipated Recert Review:	07/31/2025		
Program Location:	190 Mercer Street, New York, New York 10012						
Service Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	18	Certified Capacity:	800 Capacity Lifted
Program Name:	Greenwich House East						
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	382 Greenw.pdf				
Hamilton-Madison House, In	IC.						
Provider Number:	50370 Ms. Isabel Ching, Executive Director					Telephone - (212)-34	9-3724 Ext 9321
Administrative Office:	2nd Floor, 253 South Street, New York,NY 10002					,	
Certificate Number:	240810804 Renewal	Effective:	09/01/2022	Anticipated Recert Review:	08/31/2024		
Program Location:	2nd Floor, 253 South Street, New York, New York	10002					
Service Type:	Outpatient Service (822)			PRU:	50049	Certified Capacity:	
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HANAC, Inc.	16670 Mc Lola Marculia, Chief Financial Office					Telephone (212) 21	
Provider Number: Administrative Office:	16670 Ms. Lola Maroulis, Chief Financial Officer 27-40 Hoyt Avenue South, Astoria,NY 11102					Telephone - (212)-84	0-8005 Ext 111
Certificate Number:	210611516 Amendment	Effective:	08/25/2020	Anticipated Recert Review:	06/30/2021		
Program Location:	2nd Floor, 31-14 30th Avenue, Astoria, New York	11102		110VICW.			
Service Type:	Outpatient Service (822)	11102					
bervice Type.	with Telehealth Designation			PRU:	6118	Certified Capacity:	
Program Name:							
Additional Location(s) At:							
- 1st & 2nd Floors 23-16 30th	Avenue Astoria NY 11102						
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/11	516 HANACI.pdf				
Hands on Health Associates Provider Number:	48040 Rogelio IThomas MD, Chief Medical Officer					Telephone - (347)-54	7-3626
Administrative Office:	2nd Floor, 249 Pennsylvania Avenue, Brooklyn,NY						-3020
Certificate Number:	250212036 Renewal	Effective:	03/01/2023	Anticipated Recert Review:	02/28/2025		
Program Location:	2nd and 3rd Floors, 249 Pennsylvania Avenue, Bro	ooklyn, New York	11207				
Service Type:	Outpatient Service (822)			PRU:	52619	Certified Capacity:	
Program Name:	with Telehealth Designation				02010	continua capacity:	
C C							
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/12	036 Handso.pdf				
Harrison Youth Council, Inc.							
Provider Number: Administrative Office:	27910 Ms. Amanda Ammirati, Executive Director 1st Floor, 84 Calvert Street, Harrison,NY 10528					Telephone - (914)-83	5-7500
Certificate Number:	241211971 Renewal	Effective:	01/01/2022	Anticipated Recert Review:	12/31/2024		
Program Location:	1st Floor, 84 Calvert Street, Harrison, New York 10	0528		Neview.			
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90663	Certified Capacity:	
Program Name:							
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/11	971 Harris.pdf				
Hazelden/New York							
Provider Number:	2141 Ms. Eliana Leve, Director NY Services					Telephone - (646)-60	1-7028
Administrative Office:	283 West Broadway, New York,NY 10013					()	
Certificate Number:	250711517 Renewal	Effective:	08/01/2022	Anticipated Recert Review:	07/31/2025		
Program Location:	283 West Broadway New York, New York 10013						
Flogram Location.	•						
-	Outpatient Service (822)			DDII	6078	Cortified Consolture	
Service Type: Program Name:	Outpatient Service (822) with Telehealth Designation Chelsea			PRU:	6978	Certified Capacity:	
Service Type: Program Name:	with Telehealth Designation			PRU:	6978	Certified Capacity:	

HealthCare Choices NY, Inc. Provider Number: Administrative Office:	49950 Ms. Maria Siebel, CEO 6209 16th Avenue, Brooklyn,NY 11204			Telephone - (718)-234-0073	_
Certificate Number:		nticipated Recert 09/3	0/2023		
Program Location:	6209 16th Avenue Brooklyn, New York 11204	eview:			
Service Type:	Outpatient Service (822) PR with Telehealth Designation	RU: 532 ⁻	10	Certified Capacity:	
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12161_Health.pdf				
Helio Health, Inc. Provider Number:	36000 Kathleon Caffooy Robb. Bresident & CEO			Telephone (315) 47	1 5506 Evt 1230
Administrative Office:	36090 Kathleen Gaffney-Babb, President & CEO 555 E. Genesee Street, Syracuse,NY 13202			Telephone - (315)-474	-5500 EXt 1259
Certificate Number:	231212248 Amendment OASAS Effective: 08/29/2023 Host	Anticipated Recert Review:	12/31/2023		
Program Location:	1st Floor 500 Whitesboro Street Utica, New York 13502 Outpatient Service (822)				
Service Type:	with Telehealth and Problem Gambling Designations	PRU:	53523	Certified Capacity:	
Program Name: Service Type: Program Name:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:	
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12248_HelioH.pdf				
Certificate Number:	231212360 Establishment	Effective:	01/09/2023	Anticipated Recert Review:	12/31/2023
Program Location:	121-125 Green Street Syracuse, New York 13203			Notion.	
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53766	Certified Capacity:	15
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12360 HelioH				
Certificate Number:	240512270 Renewal	Effective:	06/01/2022	Anticipated Recert Review:	05/31/2024
Program Location:	518 James Street Syracuse, New York 13203				
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53565	Certified Capacity:	80
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:					
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12270_HelioH.pdf				
Certificate Number:	240612250 Renewal	Effective:	07/01/2022	Anticipated Recert Review:	06/30/2024
Program Location: Service Type:	Basement, 1st, & 2nd Floors 500 Whitesboro Street Utica, New York 13502				
соглов туре.	Residential Services (820) with Telehealth Designation	PRU:	53528	Certified Capacity:	44
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12250 HelioH.pdf				
Certificate Number:	240812193 Renewal	Effective:	09/01/2021	Anticipated Recert Review:	08/31/2024
Program Location:	168 Lincoln Avenue Syracuse, New York 13204				
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53349	Certified Capacity:	30
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Lincoln House				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12193 HelioH.pdf				
Certificate Number:	240911455 Amendment	Effective:	03/20/2023	Anticipated Recert	09/30/2024
Program Location:	1st Floor & Lower Level 847 James Street Syracuse, New York 13203			Review:	
	······································				

Service Type:	Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) with Telehealth Designation - [up to 25 beds may be used for the provision of inpatient rehabilitation services, as needed]	PRU:	51962	Certified Capacity:	25
Program Name:	Evaluation Center				
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11455 HelioH.pdf				
Certificate Number:	240912408 Amendment	Effective:	12/08/2023	Anticipated Recert Review:	09/30/2024
Program Location: Service Type:	150 Mt. Hope Avenue Rochester, New York 14620 Outpatient Service (822) with Telehealth Designation	PRU:	53871	Certified Capacity:	
Program Name:					
Compliance Performance Data	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12408 HelioH.pdf				
Certificate Number:	250211038 Amendment OASAS Host	Effective:	02/14/2024	Anticipated Recert Review:	02/28/2025
Program Location:	Floors 1-4 329 North Salina Street Syracuse, New York 13203	PRU:		Contified Conceltury	
Service Type: Program Name:	Integrated Outpatient Services - MH Meadows Outpatient Services	PRU:		Certified Capacity:	
Service Type:	Outpatient Service (822) with Telehealth and Problem Gambling Designations [with ancillary withdrawal services]	PRU:	53776	Certified Capacity:	
Program Name: Additional Location(s) At:	Meadows Outpatient Services				
 Tully Elementary School 20 S Tully Junior/Senior High Sch Westhill Cherry Road Eleme Suite #201 321 West Onond. West Genesee Stonehedge Westhill Walberta Park Elem West Genesee East Hill Elem West Genesee Split Rock Eli Westhill Onondaga Hill Middl Skaneateles High School Ro Skaneateles High School Ro Skaneateles Middle School F West Genesee Camillus Mid Jamesville-Dewitt Middle Schoo West Genesee Onondaga RR Skaneateles State Street Interest 	ool 20 State Street Tully NY 13159 ntary School Room 109B 201 Cherry Road Syracuse NY 13219 aga Street Syracuse NY 13202 Elementary Room 96 400 Sanderson Drive Camillus NY 13031 entary Room 21 and 22 400 Walberta Road Syracuse NY 13219 nentary School Room 38 401 Blackmore Road Camillus NY 13031 ementary Room 162 4151 Split Rock Road Camillus NY 13031 100 4501 Onondaga Blvd. Syracuse NY 13219 le School Conference Room 4860 Onondaga Road Syracuse NY 13215 iom 219 49 East Elizabeth Street Skaneateles NY 13152 Room 219 49 East Elizabeth Street Skaneateles NY 13152 No So Sanderson Drive Camillus NY 13031 dle School Coom 5 5525 lke Dixon Road Camillus NY 13031 nool Room 166 6280 Randall Road Jamesville NY 13152 ol 6845 Edinger Drive Dewitt NY 13214 oad Elementary Room 38 703 Onondaga Road Syracuse NY 13219 ermediate School Room 216 72 State Street Skaneateles NY 13152				
Certificate Number:	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11038 HelioH.pdf 250712263 Renewal	Effective:	08/01/2022	Anticipated Recert	07/31/2025
		Lifective.	00/01/2022	Review:	0113112023
Program Location: Service Type:	1850 Brighton-Henrietta Townline Road Rochester, New York 14623 Inpatient Rehabilitation Service (818) with Telehealth Designation - [20 of these beds may be used for the provision of medically supervised withdrawal & stabilization services, as needed]	PRU:	53559	Certified Capacity:	20
Program Name:	supervised without ward a stabilization services, as needed]				
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12263 HelioH.pdf				
Certificate Number:	250811707 Renewal	Effective:	10/11/2022	Anticipated Recert Review:	08/31/2025
Program Location: Service Type:	1850 Brighton-Henrietta Townline Road Rochester, New York 14623 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) with Telehealth Designation - [33 of these beds may be used for the provision of inpatient rehabilitation services, as needed]	PRU:	52300	Certified Capacity:	33
Program Name:					
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11707 HelioH.pdf				
Certificate Number:	250812136 Renewal	Effective:	09/01/2022	Anticipated Recert Review:	08/31/2025
Program Location:	Building 1 - Wings E, F & G 249 Glenwood Road Binghamton, New York 13905				
Service Type:	Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) [up to 20 of these beds may be used for the provision of Part 818 inpatient rehabilitation services, as needed] with Telehealth Designation	PRU:	53211	Certified Capacity:	30
Program Name:					
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12136 HelioH.pdf				
Certificate Number:					
	250912194 Renewal	Effective:	10/01/2022	Anticipated Recert Review:	09/30/2025
Program Location: Service Type:	250912194 Renewal 3606 James Street Syracuse, New York 13206 Residential Services (820) with Telehealth Designation [for men]	Effective: PRU:	10/01/2022 53350		

Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	The Men's Halfway House				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12194_HelioH.pdf				
Certificate Number:	251112192 Renewal	Effective:	12/01/2022	Anticipated Recert Review:	11/30/2025
Program Location:	Harriet May Mills House 1074 West Genesee Street Syracuse, New York 13204				
Service Type:	Residential Services (820) with Telehealth Designation [for women]	PRU:	53348	Certified Capacity:	12
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	The Women's Halfway House				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12192_HelioH.pdf				
Certificate Number:	260112203 Renewal	Effective:	02/01/2023	Anticipated Recert Review:	01/31/2026
Program Location:	Building 1 - Wings E, F & G 249 Glenwood Road Binghamton, New York 13905				
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation - [up to 20 of these beds may be used for the provision of Section 816.7 medically supervised inpatient withdrawal & stabilization services, as needed	PRU:	53359	Certified Capacity:	20
Program Name:	Helio Health Binghamton Inpatient Rehabilitation				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12203 HelioH.pdf				
Certificate Number:	260712225 Renewal	Effective:	08/01/2023	Anticipated Recert Review:	07/31/2026
Program Location:	1st and 2nd Floor, 4567 Crossroads Park Drive, Liverpool, New York 13088				
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53444	Certified Capacity:	75
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Elements				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12225_HelioH.pdf				
Certificate Number:	260811408 Renewal	Effective:	09/01/2023	Anticipated Recert Review:	08/31/2026
Program Location:	1st & 2nd Floors, Basement, 847 James Street Syracuse, New York 13203				
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation - [up to 40 beds may be used for the provision of medically	PRU:	50040	Certified Capacity:	40
	supervised inpatient withdrawal & stabilization services, as needed]	110.	00040	ooninea oupaony.	
Program Name:	Helio Health Inpatient Facility				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11408 HelioH.pdf				
Certificate Number:	260812069 Renewal	Effective:	09/01/2023	Anticipated Recert Review:	08/31/2026
Program Location:	Suite 101, 1st Floor 329 North Salina Street Syracuse, New York 13203				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation [with ancillary withdrawal services for up to 25 patients]	PRU:	53067	Certified Capacity:	250 Capacity Lifted
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12069_HelioH.pdf				
Certificate Number:	261012174 Renewal	Effective:	11/01/2023	Anticipated Recert Review:	10/31/2026
Program Location:	Suite 100 , 1213 Court Street Utica, New York 13502				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	53296	Certified Capacity:	250 Capacity Lifted
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12174_HelioH.pdf				
Hispanic Counseling Center,	Inc				
Provider Number:	33160 Ms. Claudia Boyle, Chief Executive Officer			Telephone - (516)-538-2613 I	Ext 224
Administrative Office:	344 Fulton Avenue, Hempstead,NY 11550				
Certificate Number:	251110806 Renewal Effective: 12/01/2023 Reference Refere	nticipated Recert eview:	11/30/2025		
-	1st & 2nd Floors 344 Fulton Avenue Hempstead, New York 11550				
	Outpatient Service (822) PI with Telehealth Designation	RU:	50972	Certified Capacity:	
Program Name:					

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10806 Hispan.pdf

lope For Youth, Inc.								
•	10000 lana Edinatan I	Function Director/050					Teleshere (004) 700 0504	
Provider Number: Administrative Office:	201 Dixon Avenue, Am	Executive Director/CEO nitvville.NY 11701					Telephone - (631)-782-6501	
		•	Effective.	07/01/2021	Anticipated Recert	06/20/2022		
ertificate Number:	230611767 Renewal		Effective:	07/01/2021	Review:	06/30/2023		
Program Location: Service Type:	201 Dixon Avenue, Am Outpatient Service (822	nityville, New York 11701						
	with Telehealth Design				PRU:	52608	Certified Capacity:	
Program Name:								
Compliance Performance D	ata http://webapps.oasas.n	ny.gov/legal/CertApp/Directo	ory/documents/11	1767 HopeFo.pdf				
ope House, Inc.								
Provider Number:	35300 Kevin Connally						Telephone - (518)-48	2-4673
Administrative Office:	573 Livingston Avenue	ie, Albany,NY 12206						
ertificate Number:		Conditional Certificate	Effective:	03/01/2022	Anticipated Ro Review:	ecert 09/30/2022		
rogram Location:		bany, New York 12209			_	_		
ervice Type:	Supportive Living (819	,			PRU:	53379	Certified Capacity:	6
rogram Name:	Hope House Next Ste	зр						
ompliance Performance D	ata <u>http://webapps.oasas.n</u>	ny.gov/legal/CertApp/Directo	ory/documents/12	2198 HopeHo.pdf				
ertificate Number:	230111303	Conditional Certificate			Effective:	02/01/2022	Anticipated Recert Review:	01/31/2023
rogram Location:	1st & 2nd Floors 890	Madison Avenue Albany, N	ew York 12208					01
ervice Type:	Community Residentia	ial (819)			PRU:	51834	Certified Capacity:	21 and up to 12 be
rogram Name:	Hope House Women	and Children's Program						for children
-		ny.gov/legal/CertApp/Directo	orv/documents/11	1303 HopeHo.pdf				
ertificate Number:	230712256	Conditional Certificate			Effective:	08/01/2022	Anticipated Recert	07/31/2023
rogram Location:	1724 Fifth Avenue Tro	ov. New York 12180					Review:	
ervice Type:	Outpatient Service (82	322)			PRU:	53454	Certified Capacity:	
rogram Name:	with Telehealth Design Hope House Outpatie	•						
		ny.gov/legal/CertApp/Directo	on//documents/16	2256 HoneHondf				
Certificate Number:	230912257	Conditional Certificate	<u>pry/documents/12</u>		Effective:	04/01/2023	Anticipated Recert	09/30/2023
		Conditional Certificate			Lineouve.	04/01/2023	Review:	03/30/2023
Program Location:	EEO ECE Ciuth Augenus	a Trav. Naw Vark 10100					no nom.	
ervice Type:		e Troy, New York 12182 9)			PRU:	53456		17
	559-565 Sixth Avenue Supportive Living (819 Hope House Troy Sup	9)			PRU:	53456	Certified Capacity:	17
Program Name:	Supportive Living (819 Hope House Troy Sup	9)	<u>pry/documents/12</u>	2257 HopeHo.pdf	PRU:	53456		17
Program Name:	Supportive Living (819 Hope House Troy Sup	9) pportive Living ny.qov/legal/CertApp/Directo	pry/documents/12	2257 HopeHo.pdf	PRU: Effective:	53456 02/01/2022	Certified Capacity: Anticipated Recert	17 01/31/2024
Program Name: Compliance Performance D Certificate Number:	Supportive Living (818 Hope House Troy Sup ata <u>http://webapps.oasas.n</u> 240112258 Renewa	9) pportive Living ny.qov/legal/CertApp/Directo	ory/documents/12	2 <u>257 HopeHo.pdf</u>			Certified Capacity:	
rogram Name: compliance Performance D ertificate Number: rogram Location:	Supportive Living (818 Hope House Troy Sup ata <u>http://webapps.oasas.n</u> 240112258 Renewa	9) pportive Living nv.qov/legal/CertApp/Directo al Troy, New York 12180	ory/documents/12	2 <u>257 HopeHo.pdf</u>			Certified Capacity: Anticipated Recert	01/31/2024
rogram Name: compliance Performance D certificate Number: rogram Location: iervice Type:	Supportive Living (818 Hope House Troy Sup ata <u>http://webapps.oasas.n</u> 240112258 Renewa 106-108 Ninth Street	9) pportive Living nv.qov/legal/CertApp/Directo al Troy, New York 12180 ial (819)	ory/documents/12	2257 HopeHo.pdf	Effective:	02/01/2022	Certified Capacity: Anticipated Recert Review:	01/31/2024
rogram Name: compliance Performance D ertificate Number: rogram Location: ervice Type: rogram Name:	Supportive Living (818 Hope House Troy Sup ata <u>http://webapps.oasas.n</u> 240112258 Renewa 106-108 Ninth Street ' Community Residentia Hope House Elizabeth	9) pportive Living nv.qov/legal/CertApp/Directo al Troy, New York 12180 ial (819)			Effective:	02/01/2022	Certified Capacity: Anticipated Recert Review:	01/31/2024
Program Name: Compliance Performance D Certificate Number: Program Location: Eervice Type: Program Name: Compliance Performance D	Supportive Living (818 Hope House Troy Sup ata <u>http://webapps.oasas.n</u> 240112258 Renewa 106-108 Ninth Street ' Community Residentia Hope House Elizabeth	9) pportive Living nv.qov/legal/CertApp/Directo al Troy, New York 12180 ial (819) th House nv.qov/legal/CertApp/Directo			Effective:	02/01/2022	Certified Capacity: Anticipated Recert Review:	01/31/2024
rogram Name: compliance Performance D ertificate Number: rogram Location: ervice Type: rogram Name: compliance Performance D ertificate Number: rogram Location:	Supportive Living (818 Hope House Troy Sup ata <u>http://webapps.oasas.m</u> 240112258 Renewa 106-108 Ninth Street Community Residentii Hope House Elizabeth ata <u>http://webapps.oasas.m</u> 240512205 Amendr 261 North Pearl Stree	9) pportive Living <u>nv.qov/legal/CertApp/Directo</u> al Troy, New York 12180 ial (819) th House <u>nv.gov/legal/CertApp/Directo</u> dment et Albany, New York 12207			Effective: PRU: Effective:	02/01/2022 53455 07/01/2022	Certified Capacity: Anticipated Recert Review: Certified Capacity: Anticipated Recert Review:	01/31/2024 16 05/31/2024
rogram Name: ompliance Performance D ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance D ertificate Number: rogram Location:	Supportive Living (818 Hope House Troy Sup ata <u>http://webapps.oasas.n</u> 240112258 Renewa 106-108 Ninth Street Community Residentii Hope House Elizabeth ata <u>http://webapps.oasas.n</u> 240512205 Amendri	9) pportive Living <u>nv.qov/legal/CertApp/Directo</u> al Troy, New York 12180 ial (819) th House <u>nv.gov/legal/CertApp/Directo</u> dment et Albany, New York 12207			Effective: PRU:	02/01/2022 53455	Certified Capacity: Anticipated Recert Review: Certified Capacity: Anticipated Recert	01/31/2024 16
Program Name: Compliance Performance D Sertificate Number: Program Location: Pervice Type: Program Name: Compliance Performance D Sertificate Number: Pervice Type: Pervice Type: Pervice Type: Pervice Type:	Supportive Living (815 Hope House Troy Sup ata http://webapps.oasas.m 240112258 Renewa 106-108 Ninth Street Community Residentia Hope House Elizabeth ata http://webapps.oasas.m 240512205 Amenda 261 North Pearl Stree Residential Services (9) pportive Living <u>nv.qov/legal/CertApp/Directo</u> al Troy, New York 12180 ial (819) th House <u>nv.gov/legal/CertApp/Directo</u> dment et Albany, New York 12207			Effective: PRU: Effective:	02/01/2022 53455 07/01/2022	Certified Capacity: Anticipated Recert Review: Certified Capacity: Anticipated Recert Review:	01/31/2024 16 05/31/2024
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Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Certificate Station: Service Type: Certificate Number:	Supportive Living (815 Hope House Troy Sup ata http://webapps.oasas.m 240112258 Renewa 106-108 Ninth Street Community Residentia Hope House Elizabeth ata http://webapps.oasas.m 240512205 Amenda 261 North Pearl Stree Residential Services (Stabilization Bette Center	9) pportive Living nv.qov/legal/CertApp/Directo al Troy, New York 12180 ial (819) th House nv.gov/legal/CertApp/Directo dment et Albany, New York 12207 (820)	ory/documents/12	2258 HopeHo.pdf	Effective: PRU: Effective: PRU:	02/01/2022 53455 07/01/2022	Certified Capacity: Anticipated Recert Review: Certified Capacity: Anticipated Recert Review:	01/31/2024 16 05/31/2024
Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Elements: Program Name:	Supportive Living (815 Hope House Troy Sup ata http://webapps.oasas.m 240112258 Renewa 106-108 Ninth Street Community Residentia Hope House Elizabeth ata http://webapps.oasas.m 240512205 Amendi 261 North Pearl Stree Residential Services (Stabilization Bette Center	9) pportive Living nv.qov/leqal/CertApp/Directo al Troy, New York 12180 ial (819) th House nv.qov/leqal/CertApp/Directo (820) Rehabilitation	ory/documents/12	2258 HopeHo.pdf	Effective: PRU: Effective: PRU:	02/01/2022 53455 07/01/2022	Certified Capacity: Anticipated Recert Review: Certified Capacity: Anticipated Recert Review:	01/31/2024 16 05/31/2024
Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D Certificate Number: Program Location: Service Type: Elements: Program Name: Compliance Performance D	Supportive Living (815 Hope House Troy Sup ata http://webapps.oasas.m 240112258 Renewa 106-108 Ninth Street Community Residentia Hope House Elizabeth ata http://webapps.oasas.m 240512205 Amendi 261 North Pearl Stree Residential Services (Stabilization Bette Center ata http://webapps.oasas.m 240512215 Renewa	9) pportive Living nv.gov/legal/CertApp/Directo al Troy, New York 12180 ial (819) th House nv.gov/legal/CertApp/Directo fment et Albany, New York 12207 (820) Rehabilitation	ory/documents/12 Reintegration	2258 HopeHo.pdf	Effective: PRU: Effective: PRU: Scattered	02/01/2022 53455 07/01/2022 53671	Certified Capacity: Anticipated Recert Review: Certified Capacity: Anticipated Recert Review: Certified Capacity: Certified Capacity:	01/31/2024 16 05/31/2024 35

Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered		
Program Name:	Women's Recovery Program	_		
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12215_HopeHo.pdf			
Certificate Number:	240512305 Conditional Certificate	Effective:	06/01/2023	Anticipated Recert 05/31/2024 Review:
Program Location: Service Type:	2 Holland Avenue Albany, New York 12209 Residential Services (820)	PRU:	53620	Certified Capacity: 20
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered		
Program Name:	Hope House Next Step	_		
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12305_HopeHo.pdf			
Certificate Number:	240710809 Renewal	Effective:	08/01/2021	Anticipated Recert 07/31/2024 Review:
Program Location: Service Type:	3rd Floor, 747 Madison Avenue, Albany, New York 12208 Outpatient Service (822) with Telehealth Designation	PRU:	51291	Certified Capacity:
Program Name: Additional Location(s) At: - St. Anne's Institute 160 North	Main Avenue Albany NY 12206			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10809_HopeHo.pdf			
Certificate Number:	240912273 Renewal	Effective:	10/01/2022	Anticipated Recert 09/30/2024 Review:
Program Location: Service Type:	573 Livingston Avenue Albany, New York 12206 Residential Services (820)	PRU:	53670	Certified Capacity: 20
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered		
Program Name:	Men's Recovery Program			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12273 HopeHo.pdf			
Horizon Health Services, Inc. Provider Number:	11130 Ms. Erin DiGirolamo. CEO			Telephone - (716)-831-2700
Provider Number:	11130 Ms. Erin DiGirolamo, CEO 55 Dodge Road, Getzville,NY 14068			Telephone - (716)-831-2700
Provider Number:		Anticipated Recert Review:	09/30/2023	Telephone - (716)-831-2700
Provider Number: Administrative Office: Certificate Number: Program Location:	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150	Review.		
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations	Anticipated Recert Review: PRU:	09/30/2023 50029	Telephone - (716)-831-2700
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At:	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center	Review.		
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150	Review.		
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: <u>Additional Location(s) At:</u> - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150	Review.		Certified Capacity:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: <u>Additional Location(s) At:</u> - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150 14068	Review.		
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY Compliance Performance Data Certificate Number: Program Location:	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Teleheatth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150 14068 http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10812 Horizo.pdf	PRU: Effective:	50029 07/28/2023	Certified Capacity: Anticipated Recert 03/31/2024 Review:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY Compliance Performance Data Certificate Number: Program Location: Service Type:	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150 14068 http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10812 Horizo.pdf 240310815 Amendment 77 Broadway Street Buffalo, New York 14203	PRU:	50029	Certified Capacity: Anticipated Recert 03/31/2024
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name:	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150 14068 http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10812 Horizo.pdf 240310815 Amendment 77 Broadway Street Buffalo, New York 14203 Outpatient Service (822)	PRU: Effective:	50029 07/28/2023	Certified Capacity: Anticipated Recert 03/31/2024 Review:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name:	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150 14068 http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10812 Horizo.pdf 240310815 Amendment 77 Broadway Street Buffalo, New York 14203 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations	PRU: Effective:	50029 07/28/2023	Certified Capacity: Anticipated Recert 03/31/2024 Review:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Name: Compliance Performance Data	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150 14068 http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10812 240310815 Amendment 77 Broadway Street Buffalo, New York 14203 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10815 Horizo.pdf 240310815 Amendment 77 Broadway Street Buffalo, New York 14203 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10815 41210821 Amendment 637 Davison Road Lockport, New York 14094	PRU: Effective: PRU: Effective:	50029 07/28/2023 51198 08/14/2023	Certified Capacity: Anticipated Recert Review: 03/31/2024 Certified Capacity: Anticipated Recert Review: 12/31/2024
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Name: Compliance Performance Data	55 Dodge Road, Getzville,NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) Outpatient Services Designations Boulevard Recovery Center a NY 14150 14068 http://webapps.oasas.ny.qov/legal/CertApp/Directory/documents/10812 Horizo.pdf 240310815 Amendment 77 77 Broadway Street Buffalo, New York 14203 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Http://webapps.oasas.ny.qov/legal/CertApp/Directory/documents/10815 Horizo.pdf 241210821 Amendment	PRU: Effective: PRU:	50029 07/28/2023 51198	Certified Capacity: Anticipated Recert Review: 03/31/2024 Certified Capacity: 12/31/2024
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Location: Service Type: Program Location: Service Type:	55 Dodge Road, Getzville, NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150 14068 http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10812 Horizo.pdf 240310815 Amendment 77 Broadway Street Buffalo, New York 14203 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10815 Horizo.pdf 241210821 Amendment 637 Davison Road Lockport, New York 14094 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations	PRU: Effective: PRU: Effective:	50029 07/28/2023 51198 08/14/2023	Certified Capacity: Anticipated Recert Review: 03/31/2024 Certified Capacity: Anticipated Recert Review: 12/31/2024
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Location: Service Type: Program Location: Service Type:	55 Dodge Road, Getzville, NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150 14068 http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10812 Horizo.pdf 240310815 Amendment 77 Broadway Street Buffalo, New York 14203 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10815 Horizo.pdf 241210821 Amendment 637 Davison Road Lockport, New York 14094 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations bttp://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10815 Horizo.pdf 241210821 Amendment 637 Davison Road Lockport, New York 14094 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Lockport Recovery Center	PRU: Effective: PRU: Effective:	50029 07/28/2023 51198 08/14/2023	Certified Capacity: Anticipated Recert Review: 03/31/2024 Certified Capacity: Anticipated Recert Review: 12/31/2024 Certified Capacity: Certified Capacity: 12/31/2024 Certified Capacity: 12/31/2024
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Location: Service Type: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Name: Compliance Performance Data	55 Dodge Road, Getzville, NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150 14068 http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10812 Horizo.pdf 240310815 Amendment 77 Broadway Street Buffalo, New York 14203 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10815 Horizo.pdf 241210821 Amendment 637 Davison Road Lockport, New York 14094 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Lockport Recovery Center http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10821 Horizo.pdf	PRU: Fffective: PRU: PRU: PRU:	50029 07/28/2023 51198 08/14/2023 51804	Certified Capacity: Anticipated Recert Review: 03/31/2024 Certified Capacity: 12/31/2024 Anticipated Recert Review: 12/31/2024 Certified Capacity: 12/31/2024
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 100 Niagara Street Tonawand - 55 Dodge Road Getzville NY Compliance Performance Data Certificate Number: Program Location: Service Type: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Certificate Number: Program Name: Compliance Performance Data Certificate Number: Program Location: Service Type: Program Location: Service Type:	55 Dodge Road, Getzville, NY 14068 230910812 Amendment Effective: 07/27/2023 1370 Niagara Falls Boulevard Tonawanda, New York 14150 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Boulevard Recovery Center a NY 14150 14068 http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10812 240310815 Amendment 77 Broadway Street Buffalo, New York 14203 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10815 Horizo.pdf 241210821 Amendment 637 Davison Road Lockport, New York 14094 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Lockport Recovery Center http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10815 Horizo.pdf 241210821 Amendment 637 Davison Road Lockport, New York 14094 Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services Designations Lockport Recovery Center http://webapps.oasas.nv.gov/legal/CertApp	PRU: Fffective: PRU: PRU: PRU:	50029 07/28/2023 51198 08/14/2023 51804	Certified Capacity: Anticipated Recert Review: 03/31/2024 Certified Capacity: Anticipated Recert Review: 12/31/2024 Certified Capacity: Certified Capacity: 12/31/2024 Certified Capacity: 12/31/2024

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11714 Horizo.pdf

Sompliance Performance D	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11714 Horizo.pdf				
ertificate Number:	250310811 Amendment	Effective:	08/01/2023	Anticipated Recert Review:	03/31/2025
ogram Location:	3020 Bailey Avenue Buffalo, New York 14215				
rvice Type:	Outpatient Service (822)	PRU:	50031	Certified Capacity:	
	with Telehealth and LGBTQ-Affirming Services Designations	TRO.	50051	Certified Capacity.	
ogram Name:	Bailey Recovery Center				
mpliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10811_Horizo.pdf				
rtificate Number:	250310814 Amendment	Effective:	03/05/2024	Anticipated Recert Review:	03/31/2025
ogram Location:	Suite 350, 699 Hertel Avenue Buffalo, New York 14207				
rvice Type:	Outpatient Service (822)	PRU:	51197	Certified Capacity:	
ogram Name:	with Telehealth and LGBTQ-Affirming Services Designations				
ompliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10814_Horizo.pdf				
ertificate Number:	250311662 Amendment	Effective:	03/05/2024	Anticipated Recert	03/31/2025
name la satismi	2400 Dine Avenue Niegere Felle, New York 14201			Review:	
rogram Location:	2400 Pine Avenue Niagara Falls, New York 14301 Outpatient Service (822)				
ervice Type:	with Telehealth and LGBTQ-Affirming Services Designations	PRU:	52194	Certified Capacity:	
rogram Name:	Pine Avenue Recovery Center				
dditional Location(s) At:					
Ist Floor 6321 Inducon Dri	ive East Sanborn NY 14132				
ompliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11662 Horizo.pdf				
ertificate Number:	250311680 Amendment	Effective:	07/28/2023	Anticipated Recert Review:	03/31/2025
rogram Location:	2563 Union Road Cheektowaga, New York 14227				
ervice Type:	Outpatient Service (822)	PRU:	52214	Certified Capacity:	
	with Telehealth and LGBTQ-Affirming Services Designations			capacity.	
rogram Name:	Union Losson Recovery Center				
ompliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11680_Horizo.pdf				
ertificate Number:	250311690 Amendment	Effective:	03/05/2024	Anticipated Recert Review:	03/31/2025
rogram Location:	314 Ellicott Street Batavia, New York 14020				
ervice Type:	Outpatient Service (822)	PRU:	52225	Certified Capacity:	
	with Telehealth and LGBTQ-Affirming Services Designations				
rogram Name:	Batavia Recovery Center				
ompliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11690 Horizo.pdf				
ertificate Number:	250911772 Amendment	Effective:	08/14/2023	Anticipated Recert Review:	09/30/2025
rogram Location:	3345 Southwestern Boulevard Orchard Park, New York 14127				
ervice Type:	Outpatient Service (822)	PRU:	52617	Certified Capacity:	
rogram Name:	with Telehealth and LGBTQ-Affirming Services Designations				
compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11772 Horizo.pdf				
orizon Village, Inc.					
rovider Number:	25820 Erin DiGirolamo, CEO			Telephone - (716)-83	1-2700
dministrative Office:	55 Dodge Road, Getzville,NY 14068				
ertificate Number:	240112044 Amendment Effective: 08/16/2023	Anticipated Recert Review:	01/31/2024		
rogram Location:	1st and 2nd Floors 291 Elm Street Buffalo, New York 14203				
ervice Type:	Residential Services (820) with Telehealth and LGBTQ-Affirming Services Designations	PRU:	53484	Certified Capacity:	58
lements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
rogram Name:	Terrace House				
omnliance Performance D					
	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12044 Horizo.pdf			Anticipated Pocert	
ertificate Number:	240112159 Amendment	Effective:	08/16/2023	Anticipated Recert Review:	01/31/2024
rogram Location:	6298 Inducon Drive East Sanborn, New York 14132				
ervice Type:	Residential Services (820)	PRU:	53488	Certified Capacity:	25
	with Telehealth and LGBTQ-Affirming Services Designations				

Elements:	Stabilization Rehabilitation Rein	tegration Congregate	Scattered			
Program Name:	Aurora Village					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/do	ocuments/12159 Horizo.pdf				
Certificate Number:	250811820 Amendment		Effective:	08/16/2023	Anticipated Recert Review:	08/31/2025
Program Location: Service Type:	1st Floor 291 Elm Street Buffalo, New York 14203 Medically Supervised Inpatient Withdrawal & Stabilizatio with Telehealth and LGBTQ-Affirming Services Designa		PRU:	52730	Certified Capacity:	10
Program Name:	Terrace House					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/dc	ocuments/11820 Horizo.pdf				
Certificate Number:	251212030 Amendment		Effective:	08/16/2023	Anticipated Recert Review:	12/31/2025
Program Location: Service Type:	6302 Inducon Drive East Sanborn, New York 14132 Residential Services (820) with Telehealth and LGBTQ-Affirming Services Designa	tions	PRU:	53487	Certified Capacity:	25
Elements:	Stabilization Rehabilitation Rein	tegration Congregate	Scattered			
Program Name:	Delta Village					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/dc	ocuments/12030 Horizo.pdf				
Certificate Number:	251212039 Amendment		Effective:	07/07/2023	Anticipated Recert Review:	12/31/2025
Program Location: Service Type:	6301 Inducon Drive East Sanborn, New York 14132 Residential Services (820) with Telehealth and LGBTQ-Affirming Services Designa	tions	PRU:	53485	Certified Capacity:	50
Elements:	Stabilization Rehabilitation Rein	tegration Congregate	Scattered			
Program Name:	Horizon Village					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/dc	ocuments/12039 Horizo.pdf				
Certificate Number:	261012040 Renewal		Effective:	11/01/2023	Anticipated Recert Review:	10/31/2026
Program Location:	6331 Inducon Drive East Sanborn, New York 14132 Residential Services (820)		PRU:	53486	Certified Capacity:	25
Service Type:	with Telehealth and LGBTQ-Affirming Services Designa	ations				
Service Type: Elements:	with Telehealth and LGBTQ-Affirming Services Designa	tegration Congregate	Scattered			
Elements:	with Telehealth and LGBTQ-Affirming Services Designa		Scattered			
Elements: Program Name:	with Telehealth and LGBTQ-Affirming Services Designa Stabilization Rehabilitation Rein	tegration Congregate	Scattered			
Elements: Program Name: Compliance Performance Data Hornell Area Concern for You	with Telehealth and LGBTQ-Affirming Services Designa Stabilization Rehabilitation Rein Freedom Village http://webapps.oasas.ny.gov/legal/CertApp/Directory/do	tegration Congregate	Scattered			
Elements: Program Name: Compliance Performance Data	with Telehealth and LGBTQ-Affirming Services Designa Stabilization Rehabilitation Rein Freedom Village http://webapps.oasas.ny.gov/legal/CertApp/Directory/do	tegration Congregate	Scattered		Telephone - (607)-324	4-0808
Elements: Program Name: Compliance Performance Data Hornell Area Concern for You Provider Number:	 with Telehealth and LGBTQ-Affirming Services Designa Stabilization Rehabilitation Rein Freedom Village http://webapps.oasas.ny.gov/legal/CertApp/Directory/do http://webapps.oasas.ny.gov/legal/CertApp/Directory/do http://webapps.oasas.ny.gov/legal/CertApp/Directory/do http://webapps.oasas.ny.gov/legal/CertApp/Directory/do http://webapps.oasas.ny.gov/legal/CertApp/Directory/do http://webapps.oasas.ny.gov/legal/CertApp/Directory/do http://webapps.oasas.ny.gov/legal/CertApp/Directory/do http://webapps.oasas.ny.gov/legal/CertApp/Directory/do 	tegration Congregate	Anticipated Recert	06/30/2022	Telephone - (607)-324	4-0808
Elements: Program Name: Compliance Performance Data Hornell Area Concern for You Provider Number: Administrative Office: Certificate Number: Program Location:	with Telehealth and LGBTQ-Affirming Services Designa Stabilization Rein Freedom Village http://webapps.oasas.nv.gov/legal/CertApp/Directorv/do th, Inc. 397 Ms. Susan Hooker, Executive Director 76 East Main Street, Hornell,NY 14843 220611989 Renewal Effe Room 1, 1st Floor, 76 East Main Street, Hornell, New Y	tegration Congregate course Congregate course to compare the congregate course of the congregate	Anticipated Recert Review:			4-0808
Elements: Program Name: Compliance Performance Data Hornell Area Concern for You Provider Number: Administrative Office: Certificate Number:	with Telehealth and LGBTQ-Affirming Services Designa Stabilization Rein Freedom Village http://webapps.oasas.nv.gov/legal/CertApp/Directorv/dc th, Inc. 397 Ms. Susan Hooker, Executive Director 76 East Main Street, Hornell,NY 14843 220611989 Renewal Effe	tegration Congregate course Congregate course to compare the congregate course of the congregate	Anticipated Recert	06/30/2022 90586	Telephone - (607)-324 Certified Capacity:	4-0808
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Elements: Program Name: Compliance Performance Data Hornell Area Concern for You Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - Canisteo-Greenwood Central - Hornell High School Main Offi - Jasper-Troupsburg High Schoo - Intermediate School 1st Floor - Canisteo-Greenwood Central	with Telehealth and LGBTQ-Affirming Services Designation Stabilization Rein Stabilization Rein Stabilization Rein Rein Freedom Village http://webapps.oasas.nv.gov/legal/CertApp/Directory/denth.inc. 397 Ms. Susan Hooker, Executive Director 76 East Main Street, Hornell,NY 14843 220611989 Renewal Effer Room 1, 1st Floor, 76 East Main Street, Hornell, New Y Prevention Counseling 10 South Main Street Canisteo NY 14823 School District Ground Floor Rooms 109 & 153 120 Gree conference Room 111 & Guidance Office Conference I Main Street Hornell New 77 School District Psych. Room 1st Floor Room 178B 84 G	tegration Congregate c	Anticipated Recert Review: PRU: 3 set Hornell NY 14843			
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Program Location:271 Central Avenue Albany, New York 12206Service Type:Residential Services (820)PRU:53452Certified Capacity:

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	Stabilization	r	Rehabilitation		Reintegration		Congregate		Scattered
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Program Name:

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12048 Ho	ospit.pdf
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Provider Number: Administrative Office:	1738 Andrew Coamey, Executive Director 2nd Floor, 120 Lawrence Street, Brooklyn,NY 11201						Telephone - (347)-242-7351
Certificate Number:	240311962	Conditional Certificate	Effective:	04/01/2023	Anticipated Recert Review:	t 03/31/2024	
Program Location:	The Rand Harlar	n Center for Housing, Wel	Iness and Community,	3rd Floor, 1751 Park	Avenue, New York, Nev	v York 10035	
Service Type:	Outpatient Servio with Telehealth I				PRU:	52933	Certified Capacity:

lousing Works, Inc. as S	oonsor, Housing Works Health	Services III, Inc. d/	b/a Housing wo	rks Community Healtr	care as Operator		
Provider Number:	48960 Jessica Diamond, Exe		alth Services				Telephone - (516)-924-1227
Administrative Office:	57 Willoughby Street, Brookly	yn,NY 11201					
Certificate Number:		OOH lost	Effective:	10/01/2020	Anticipated Recert Review:	09/30/2023	
Program Location:	Basement & 1st Floor 2640 F	Pitkin Avenue Brook	yn, New York 112	208			
Service Type:	Outpatient Service (822) with Telehealth Designation				PRU:	52958	Certified Capacity:
Program Name:							
Compliance Performance D	ata <u>http://webapps.oasas.ny.gov/</u>	/legal/CertApp/Direc	tory/documents/1	1997 Housin.pdf			
ludson River Healing Ser	vices LLC						
Provider Number:	53800 Christopher Dennehy,	, CEO					Telephone - (845)-594-4239
Administrative Office:	131 South Avenue, Beacon,N	NY 12508					
Certificate Number:	250112419 Establishme	ent	Effective:	02/14/2024	Anticipated Recert Review:	01/31/2025	
Program Location:	391 Manchester Road Pough	nkeepsie, New York	12603				
Service Type:	Outpatient Service (822) with Telehealth Designation				PRU:	53877	Certified Capacity:
Program Name:	Hudson River Healing Service	200					
	ata <u>http://webapps.oasas.ny.gov/</u>		tory/documents/1	2419 Hudson.pdf			
Hudson River Healthcare, Provider Number:	-	/legal/CertApp/Direc	tory/documents/1	2419 Hudson.pdf			Telephone - (914)-734-8887
	ata <u>http://webapps.oasas.nv.qov/</u> Inc. d/b/a Sun River Health 34370 Anne KNolon, Chief E:	/legal/CertApp/Direc	tory/documents/1	2419 Hudson.pdf 10/06/2020	Anticipated Recert Review:	11/30/2022	Telephone - (914)-734-8887
Hudson River Healthcare, Provider Number: Administrative Office: Certificate Number:	ata <u>http://webapps.oasas.nv.qov/</u> Inc. d/b/a Sun River Health 34370 Anne KNolon, Chief E: 1200 Brown Street, Peekskill,	/legal/CertApp/Direc	Effective:		Anticipated Recert Review:	11/30/2022	Telephone - (914)-734-8887
Hudson River Healthcare, Provider Number: Administrative Office: Certificate Number: Program Location:	ata http://webapps.oasas.nv.gov/ Inc. d/b/a Sun River Health 34370 Anne KNolon, Chief E: 1200 Brown Street, Peekskill 221112171 Amendment	/legal/CertApp/Direc	Effective:		Anticipated Recert Review: PRU:	11/30/2022 53298	Telephone - (914)-734-8887 Certified Capacity:
Hudson River Healthcare, Provider Number: Administrative Office:	ata http://webapps.oasas.nv.gov/ Inc. d/b/a Sun River Health 34370 Anne KNolon, Chief E: 1200 Brown Street, Peekskill, 221112171 Amendment 2400 Linden Boulevard Brook Outpatient Service (822)	/legal/CertApp/Direc	Effective:		Review.		
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Hudson River Healthcare, Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D	ata http://webapps.oasas.nv.gov/ Inc. d/b/a Sun River Health 34370 Anne KNolon, Chief E: 1200 Brown Street, Peekskill, 221112171 Amendment 2400 Linden Boulevard Brook Outpatient Service (822) with Telehealth Designation Alpha School 822 Program ata	/legal/CertApp/Direc	Effective: D8 tory/documents/1	10/06/2020 2171 Hudson.pdf	PRU: Effective:	53298	Certified Capacity: Anticipated Recert 01/31/2023
Audson River Healthcare, Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D Certificate Number: Program Location:	ata http://webapps.oasas.nv.gov/ Inc. d/b/a Sun River Health 34370 Anne KNolon, Chief E: 1200 Brown Street, Peekskill, 221112171 Amendment 2400 Linden Boulevard Brook Outpatient Service (822) with Telehealth Designation Alpha School 822 Program ata http://webapps.oasas.nv.gov/ 230110933 Amendment Peekskill Area Health Center, Outpatient Service (822)	/legal/CertApp/Direc	Effective: D8 tory/documents/1	10/06/2020 2171 Hudson.pdf	PRU: Effective:	53298	Certified Capacity: Anticipated Recert 01/31/2023
Iudson River Healthcare, rrovider Number: ddministrative Office: ertificate Number: rrogram Location: ervice Type: rrogram Name: compliance Performance D ertificate Number: rogram Location: ervice Type:	ata http://webapps.oasas.nv.gov/ Inc. d/b/a Sun River Health 34370 Anne KNolon, Chief E: 1200 Brown Street, Peekskill 221112171 Amendment 2400 Linden Boulevard Broof Outpatient Service (822) with Telehealth Designation Alpha School 822 Program ata http://webapps.oasas.nv.gov/ 230110933 Amendment Peekskill Area Health Center,	/legal/CertApp/Direc	Effective: D8 tory/documents/1	10/06/2020 2171 Hudson.pdf	PRU: Effective: t, Peekskill, New York	53298 10/06/2020 10566	Certified Capacity: Anticipated Recert 01/31/2023 Review:
Iudson River Healthcare, irovider Number: ddministrative Office: Eertificate Number: Program Location: Eervice Type: Errogram Name: Eertificate Number: Program Location: Eervice Type: Program Name:	ata http://webapps.oasas.nv.gov/ Inc. d/b/a Sun River Health 34370 Anne KNolon, Chief E: 1200 Brown Street, Peekskill, 221112171 Amendment 2400 Linden Boulevard Brook Outpatient Service (822) with Telehealth Designation Alpha School 822 Program ata http://webapps.oasas.nv.gov/ 230110933 Amendment Peekskill Area Health Center, Outpatient Service (822)	/legal/CertApp/Direc ixecutive Officer I,NY 10566 klyn, New York 1120 /legal/CertApp/Direc	Effective:)8 tory/documents/1 Basement & 2nd	10/06/2020 2171 Hudson.pdf Floor, 1037 Main Stree	PRU: Effective: t, Peekskill, New York	53298 10/06/2020 10566	Certified Capacity: Anticipated Recert 01/31/2023 Review:
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Program Location: sminus 79, 200 Dis Flags 16. Account Helingtion, New York 17123 Sminus 79, 200 PRU: 99,2 Certified Capacity: Program Nume: Program Nume: Interviewing control Science Provide Provide Science Provide Provide Provide Science Provide Prove Provide Provide Provide Provad Provide Prove Pro	Administrative Office:	423 Park Avenue, Huntington, NY 11743					
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Number Processor Processor Processor Processor Processor Contribute Unique	Program Location:	3rd Floor 423 Park Avenue Huntington, New Yor	k 11743				
Anticipation Performance Data https://web.acc.outesta.org/dot/act/acc/fore/dot/acc/	Service Type:		ations		PRU:	992	Certified Capacity:
Inter-Dayle Manoral Inter- broket Number: 22707 MB. (Kely Read, President/DEO Telephone - (585)-325-5100 Ext 33 Aminitative Office: 200 Est Alvenue, Rochester, NY 14804 Anticipated Recent 11/00/2025 Arriticate Number: 201110827 Renewal Effective: 12/01/2022 Anticipated Recent 11/00/2025 Arriticate Number: 201110827 Renewal Effective: 12/01/2022 Anticipated Recent 11/00/2025 Arriticate Number: 201110827 Renewal Effective: 12/01/2022 Anticipated Recent 11/00/2025 Yorgan Location: 18 8 Xin Station of yorking and the online yorking and the yorking and the yorking and the online yorking and the	Program Name:						
Tronder Number: 3077 Ms. Kelv Peed. President/CEO Telephone - (650) 325 5100 Ext 3 default Armine (650) 325 5100 Ext 3 default Armine (750) 300 Ext 3 default Ar	Compliance Performance D	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Direc</u>	tory/documents/1	1518 Huntin.pdf			
Valuation Working 305 East Avenue, Rochester, NY 14604 Image: Rochester Avenue, Rochester, New Yok, 14004 Relevant Rochester, Rochester, New Yok, 14004 Relevant Rochester, 140, 200, 200, 200, 200, 200, 200, 200, 2	Huther-Doyle Memorial Ins	stitute, Inc.					
Cartificate Number: 251110827 Renewal Effective: 1201/0202 Anticipated Recent 11.00/0205 Program Location: 14 & 2nd Floors, 300 East Avenue, Rochester, New York 14604 PRU: 6013 Certified Capacity: Program Location: 114 & 2nd Floors, 300 East Avenue, Rochester, New York 14604 PRU: 6013 Certified Capacity: Program Name: Discovery Encovery Frequencing Frequencing Frequencing Program Name: Bits Oversegue capacity of the ancillary withdrawal services] Anticipated Recent 11.00/0202 Program Location: Basement, 154 & Znd Floors, 300 Uncoverse Frequencing Frequencing Program Location: Basement, 154 & Znd Floor, 137 Henry Street, New York, NY 10002 Anticipated Recent 60744 Certified Capacity: Program Location: Basement, 154 & Znd Floor, 30 Church Street, New York, New York 10002 PRU: 90744 Certified Capacity: Program Location: Basement, 154 & Znd Floor, 30 Church Street, Wate Plains, New York 10001 Frequencing Frequencing Frequencing Program Location: Date Floor, 20 Church Street, Wate Plains, New York 10001 Soff-7025 Frequencing Frequencing Program Location:	Provider Number:	32707 Ms. Kelly Reed, President/CEO					Telephone - (585)-325-5100 Ext 350
Program Location: 14 & 2 and Floors, 300 East Avenue, Robehster, New York 14804 PRU: 6013 Centified Capacity: Virgitani Location: Discoursy PRU: 6013 Centified Capacity: Virgitani Location: Discoursy PRU: 6013 Centified Capacity: Service: Virgitani Location: PRU: 6013 Centified Capacity: Service: Virgitani Location: PRU: 6013 Centified Capacity: Service: Virgitani Location: PRU: 6013 Centified Capacity: Service: 137 Henry Street, New York NV 10002 PRU: 90744 Centified Capacity: Service: 20211974 Renewal Effective: 0301/2021 Anticipated Recent Review: 6031/2023 Service Type: Prevention Counseling PRU: 90744 Centified Capacity: Service Type: Service: Service: PRU: 6031/2025 Service Type: 2417 Mr. Ase Heind, CEO Service: PRU: 6031/2025 Service Type: 20510030 Renewal Effective: 0601/2022 <td< td=""><td>Administrative Office:</td><td>360 East Avenue, Rochester,NY 14604</td><td></td><td></td><td></td><td></td><td></td></td<>	Administrative Office:	360 East Avenue, Rochester,NY 14604					
ianica Type: Quippient Service (22) with Televise (22) boows torgram Name: Decover boows b	Certificate Number:	251110827 Renewal	Effective:	12/01/2022	Anticipated Recert Review:	11/30/2025	
minimage Build Capacity: PRO: Build Capacity: Program Name: Discovery Discovery Certified Capacity: Complance Performance Data http://webages.casss.m.r.zov/logal/Cat/spoDirectorv/documents/10927_Hither.set/ Telephone - (212)-671-1840 Ext 10 Administrative Office: 397 Henry Street, New York, NY 10002 Anticipated Recert 2028/20023 Provider Number: 202011974 Renewal Effective: 03/01/2021 Anticipated Recert 2028/20023 Provider Number: 202011974 Renewal Effective: 03/01/2021 Anticipated Recert 2028/20023 Provider Number: 202011974 Renewal Effective: 03/01/2021 Anticipated Recert 2028/20023 Provider Number: 202011974 Renewal Effective: 03/01/2021 PRU: 9074 Certified Capacity: Program Name:	Program Location:	1st & 2nd Floors, 360 East Avenue, Rochester, N	lew York 14604				
Wint leader below with reader below below with reader below with reader below below with reader below below with reader below b	Service Type:				PRU:	6013	Certified Capacity:
Compliance Performance Data the live lange a casa any good page (Cert App, Differed on video under 19927 : Huther part mining and Social Services , us. Provider Number: 89 Ms. Beatrice Chen. Executive Director Administrative Office: 137 Henny Street, New York, NY 10002 Certificate Number: 200211974 Renewal Effective: 03/01/2021 Revevering Program Location: Basement, 1st & 2nd Fior, 137 Henny Street, New York, New York, 10002 Program Location: Basement, 1st & 2nd Fior, 137 Henny Street, New York, New York, 10002 Program Location: Basement, 1st & 2nd Fior, 137 Henny Street, New York, New York, 10002 Compliance Performance Data the live / websites on a street / the live / websites on a street / the live / website / the live / website / the live / website / the live / the liv	Program Name:		awal services]		-	-	· · · · · · · · · · · · · · · · · · ·
Provider Number: 889 Ms. Beatrice Chen, Executive Director Administrative Office: 137 Henry Street, New York,NY 10002 Certificate Number: 230211974 Renewal Effective: 030112021 Review: 0228/2023 Program Location: Basement, 1st & Znd Floor, 137 Henry Street, New York, New York 10002 Program Name: Additional Locatione1 A L: P-S. 2 Room 101B 122 Henry Street New York NY 10002 Compliance Performance Data Intro /webages cases ny aovidegal CertApo/Director/documents/11874. Immigr.pdf Program Location: 2417 Mr. Abe Hiking, CEO Administrative Office: 3414 Mr. Abe Hiking, CEO Administrative Office: 3414 Mr. Abe Hiking, CEO Administrative Office: 3414 Mr.	Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	0827 Huther.pdf			
Provider Number: 898 Ms. Beatrice Chen, Executive Director Telephone - (212)-571-1840 Ext 10 Administrative Office: 137 Henry Street, New York, NY 10002 Anticipated Recent 0/228/2023 Review: 0/228/2023 Certificate Number: 2302 11974 Renewal Effective: 0/30 11/2021 Anticipated Recent 0/228/2023 Certified Capacity: Provem Consensing	mmigrant Social Services	Inc					
Administrative Office: 137 Henry Street, New York, NY 10002 Effective: 0.01/2021 Anticipated Recent Review: 02/28/2023 Program Location: Basement, 1st & 2nd Floor, 137 Henry Street, New York, New York, New York, New York PRU: 90744 Certified Capacity: Program Name: Provention Counseling PRU: 90744 Certified Capacity: Street New York, NY 10002 Street New York, NY 10002 Street New York, NY 10002 PRU: 90744 Certified Capacity: Constreet New York, NY 10002 Effective: 08/01/2021 PRU: 9074 Certified Capacity: Street New York, NY 10002 Effective: 08/01/2021 PRU: 9074 Certified Capacity: Constreation Street New York, NY 10002 Effective: 08/01/2022 Anticipated Recent Review: 05/31/2025 Telephone - (914)-683-8050 Constreative Office: 29/01/803 Review: 08/01/2022 Anticipated Recent Review: 05/31/2025 Telephone - (914)-683-8050 Service Type: Outpatient Service (822) With Plains, NY 10801 Review: 9/078 Certified Capacity: Program Name: Service Type: Outpatient Rehabilitation Service (822) Proview:	-						Telephone - (212)-571-1840 Ext 10(
Review: interview: revention Basement, 1st & 2nd Floor, 137 Henry Street, New York, New York 10002 PRU: 90744 Certified Capacity: Program Name:							
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Program Name: Volume	-		ew York, New Yor	k 10002			
Additional Location(s) At: P.S. 2 Room 1018 122 Henry Street New York NY 10002 Compliance Performance Data Hetro://webagos.osasas.ny.gov/legal/CertApopDirectory/documents/11974. Immiar.pdf Provider Number: 32417 Mr. Abe Hillind, CEO Administrative Office: 3rd Floor, 20 Church Street, White Plains, NY 10801 Provider Number: 20510830 Renewal Effective: 06/01/2022 Anticipated Recert Provider Number: 20510830 Renewal Effective: 06/01/2022 PRU: 50978 Certified Capacity: PRU: 50978 Certified Capacity: PRU: 50978 Certified Capacity: PRU: 52247 Certified Capacity: PRU: 5244 Certified Capacity: PR		Prevention Counseling			PRU:	90744	Certified Capacity:
P.S. 2 Room 101B 122 Henry Street New York NY 10002 Compliance Performance Data Intervative Health Systems, Inc. Provider Number: 32417 Mr. Abe Hikind, CEO Administrative Office: 260510830 Renewal Effective: 06/01/2022 Anticipated Recert Review: 05/31/2025 Program Location: 2nd Floor, 20 Church Street, White Plains, NW 10601 Savie C 200 PRU: 50978 Certified Capacity: Service Type: Outpatient Service (822) with Telehealth Designation PRU: 50978 Certified Capacity: Program Name: Service Type: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Provider Number: 19340 Jody CRudin, President/CEO PRU: 52247 Certified Capacity: Provider Sumber: 19340 Jody CRudin, President/CEO Telephone - (929)-328-3819 Telephone - (929)-328-3819 Administrative Office: 3712235 Telephone - (929)-328-3819 Telephone - (929)-328-3819 Provider Number: 251212355 Renewal Effective: 01/01/2024 Anticipated Recert Review: 12/31/2025 Provider Number: 251212355 Renewal Effective: 01/01/2024 Antic	•						
nnovative Health Systems, Inc. Telephone - (914)-683-8050 Administrative Office: 28417 Mr. Abe Hikind, CEO Telephone - (914)-683-8050 Administrative Office: 2nd Floor, 20 Church Street, White Plains, NY 10601 Anticipated Recert Review: 05/31/2025 Orgram Location: 2nd Floor, 20 Church Street, White Plains, New York 10601 PRU: 50978 Certified Capacity: Service Type: Outpatient Strevice (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Service Type: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Service Type: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Service Type: Outpatient Rehabilitation Service (822) with Telehealth Designation Provider Number: 52247 Certified Capacity: Provider Number: 19340 Jody CRudin, President/CEO Telephone - (929)-328-3819 Telephone - (929)-328-3819 Administrative Office: 3rd Floor, 125 Broad Street, New York, 110004 Telephone - (929)-328-3819 Telephone - (929)-328-3819 Provider Number: 251212355 Renewal Effective: <td></td> <td>nry Street New York NY 10002</td> <td></td> <td></td> <td></td> <td></td> <td></td>		nry Street New York NY 10002					
Provider Number: 32417 Mr. Abe Hikind, CEO Telephone - (914)-683-8050 Administrative Office: 2nd Floor, 20 Church Street, White Plains, NY 10601 Anticipated Recert Review: Op/31/2025 Telephone - (914)-683-8050 Certificate Number: 250510830 Renewal Effective: 06/01/2022 Anticipated Recert Review: Op/31/2025 Certified Capacity: Program Location: 2nd Floor, 20 Church Street, White Plains, New York 10601 PRU: 50978 Certified Capacity: Service Type: Outpatient Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10830_Innova.pdf Telephone - (929)-328-3819 Structe for Community Living. Inc. Telephone - (929)-328-3819 Telephone - (929)-328-3819 Administrative Office: 3rd Floor, 125 Broad Street, New York,NY 10004 Anticipated Recert Review: 12/31/2025 Telephone - (929)-328-3819 Certified Number: 251212355 Renewal Effective: 01/01/2024 Anticipated Recert Review: 2/31/2025 Certified Capacity: <	Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	1974 Immigr.pdf			
Administrative Office: 2nd Floor, 20 Church Street, White Plains, NY 10601 Certificate Number: 250510830 Renewal Effective: 06/01/2022 Anticipated Recent Review: 05/31/2025 Program Location: 2nd Floor, 20 Church Street, White Plains, New York 10601 PRU: 50978 Certified Capacity: Service Type: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Dupplement Rehabilitation Service (822) with Telehealth Designation Free Provide Tup Prov	nnovative Health Systems	s, Inc.					
Certificate Number: 250510830 Renewal Effective: 06/01/2022 Anticipated Recert Review: 05/31/2025 Program Location: 2nd Floor, 20 Church Street, White Plains, New York 10601 PRU: 50978 Certified Capacity: Service Type: Outpatient Service (822) with Telehealth Designation PRU: 50978 Certified Capacity: Program Name: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Outpatient Rehabilitation Service (822) with Telehealth Designation Free Capacity: PRU: 52247 Certified Capacity: Program Name: Ditto://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10830 Innova.pdf Telephone - (929)-328-3819 Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10830 Innova.pdf Telephone - (929)-328-3819 Administrative Office: 31940 Jody CRudin, President/CEO Telephone - (929)-328-3819 Administrative Office: 251212355 Renewal Effective: 01/01/2024 Anticipated Recert Review: 12/31/2025 Program Location: 2581 Atlantic Avenue Brooklyn, New York 11207 Service Type: 01/01/2024 Anticipated Recert Review: 12/31/2025	Provider Number:	32417 Mr. Abe Hikind, CEO					Telephone - (914)-683-8050
Program Location: 2nd Floor, 20 Church Street, White Plains, New York 10601 Service Type: Outpatient Service (822) with Telehealth Designation PRU: 50978 Certified Capacity: Program Name: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Program Name: Provider Number: 19340 Jody CRudin, President/CEO Telephone - (929)-328-3819 Cortified Number: 19340 Jody CRudin, President/CEO Telephone - (929)-328-3819 Certificate Number: 251212355 Renewal Effective: 01/01/2024 Anticipated Recert Review: 12/31/2025 Program Location: 2581 Atlantic Avenue Brooklyn, New York 11207 PRU: 53644 Certified Capacity:	Administrative Office:	2nd Floor, 20 Church Street, White Plains,NY 10	601				
Service Type: Outpatient Service (822) with Telehealth Designation PRU: 50978 Certified Capacity: Program Name: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Dutpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity:	Certificate Number:	250510830 Renewal	Effective:	06/01/2022	Anticipated Recert Review:	05/31/2025	
with Telehealth Designation PRU: 50976 Certified Capacity: Program Name: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10830_Innova.pdf 52247 Certified Capacity: Institute for Community Living, Inc. Provider Number: 19340 Jody CRudin, President/CEO Telephone - (929)-328-3819 Administrative Office: 3rd Floor, 125 Broad Street, New York,NY 10004 Telephone - (929)-328-3819 Certificate Number: 251212355 Renewal Effective: 01/01/2024 Anticipated Recert Review: 12/31/2025 Program Location: 2581 Atlantic Avenue Brooklyn, New York 11207 PRU: 53544 Certified Capacity:	Program Location:	2nd Floor, 20 Church Street, White Plains, New	York 10601				
Program Name: Outpatient Rehabilitation Service (822) with Telehealth Designation PRU: 52247 Certified Capacity: Program Name: Program Name: Service Type: Service (822) Program Name: Service Type: Service Type: Service (822) Service (822) Provider Number: Service Type: Service Type: Service Type: Service (822) Service Type: Ser	Service Type:				PRU:	50978	Certified Capacity:
with Telehealth Designation with Telehealth Designation or solution of the capacity. Service Type: Outpatient Service (822) Provider Number: 251212355 Renewal Effective: 01/01/2024 Provider Number: 251212355 Renewal Effective: 01/01/2024 Provider Number: 251212355 Renewal Provider Number: 25121235 Renewal Provider Number: 2512123	Program Name:						
Compliance Performance Data http://webapps.oasas.nv.qov/legal/CertApp/Directory/documents/10830_Innova.pdf Institute for Community Living, Inc. Telephone - (929)-328-3819 Provider Number: 19340 Jody CRudin, President/CEO Telephone - (929)-328-3819 Administrative Office: 3rd Floor, 125 Broad Street, New York,NY 10004 Telephone - (929)-328-3819 Certificate Number: 251212355 Renewal Effective: 01/01/2024 Anticipated Recert Review: 12/31/2025 Program Location: 2581 Atlantic Avenue Brooklyn, New York 11207 Effective: 01/01/2024 PIL: 53544 Certified Canacity:	Service Type:				PRU:	52247	Certified Capacity:
nstitute for Community Living, Inc. Provider Number: 19340 Jody CRudin, President/CEO Telephone - (929)-328-3819 Administrative Office: 3rd Floor, 125 Broad Street, New York,NY 10004 Certificate Number: 251212355 Renewal Effective: 01/01/2024 Anticipated Recert Review: Program Location: 2581 Atlantic Avenue Brooklyn, New York 11207 Service Type: Outpatient Service (822) PPLI: 53544 Certified Canacity:	Program Name:						
Provider Number: 19340 Jody CRudin, President/CEO Telephone - (929)-328-3819 Administrative Office: 3rd Floor, 125 Broad Street, New York,NY 10004 Anticipated Recert Review: 12/31/2025 Certificate Number: 251212355 Renewal Effective: 01/01/2024 Anticipated Recert Review: 12/31/2025 Program Location: 2581 Atlantic Avenue Brooklyn, New York 11207 Outpatient Service (822) PRU: 53544 Certified Canacity:	Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	tory/documents/1	0830 Innova.pdf			
Administrative Office: 3rd Floor, 125 Broad Street, New York,NY 10004 Certificate Number: 251212355 Renewal Effective: 01/01/2024 Anticipated Recert Review: 12/31/2025 Program Location: 2581 Atlantic Avenue Brooklyn, New York 11207 Outpatient Service (822) PRUL 53544 Certified Canacity:		-					
Certificate Number: 251212355 Renewal Effective: 01/01/2024 Anticipated Recert Review: 12/31/2025 Program Location: 2581 Atlantic Avenue Brooklyn, New York 11207 2581 Atlantic Avenue Brooklyn, New York 11207 53544 Certified Canacity:							Telephone - (929)-328-3819
Program Location: 2581 Atlantic Avenue Brooklyn, New York 11207 Service Type: Outpatient Service (822) PBU: 53544 Certified Canacity:	Administrative Office:	3rd Floor, 125 Broad Street, New York,NY 10004	ŀ				
Service Type: Outpatient Service (822) DDI 53544 Certified Canacity	Certificate Number:	251212355 Renewal	Effective:	01/01/2024	Anticipated Recert Review:	12/31/2025	
	rogram Location:	2581 Atlantic Avenue Brooklyn, New York 11207					
	ervice Type:				PRU:	53544	Certified Capacity:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12355 Instit.pdf

Interborough Developmental and Consultation Center, Inc. d/b/a LSA Recovery (IDCC)						
Provider Number:	15410 Stephen Gersten Psy.D., CEO				Telephone - (929)-273-7601 Ext 427	
Administrative Office:	1623 Kings Highway, Brooklyn,NY 11229					
Certificate Number:	250912253 Renewal	Effective:	10/01/2022	Anticipated Recert 09/30/2025 Review:		
Program Location:	1664 East 14th Street Brooklyn, New York 112	29				

Program Name:

PRU: 53511

Program Name:

Additional Location(s) At:

- 1117 Eastern Parkway Brooklyn NY 11213
 - 6th & 7th Floors 2846 Stillwell Avenue Brooklyn NY 11224

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12253 Interb.pdf

16640 Mr. Nicholas Lessa, Chief Executive Offic 7 West Cross Street, Hawthorne,NY 10532	cer					
7 West Cross Street, Hawthorne, NY 10532					Telephone - (914)-437-6800 E	xt 212
240810833 Renewal	Effective:	09/01/2022	Anticipated Recert Review:	08/31/2024		
	ork 10010					
	rawal Services		PRU:	51154	Certified Capacity:	
ta http://webapps.oasas.ny.gov/legal/CertApp/Dire	ctory/documents/10	0833 InterC.pdf				
250411882 Amendment			Effective:	12/22/2022	Anticipated Recert 04/30/20 Review:)25
	w York 10532					
	rawal Services		PRU:	52852	Certified Capacity:	
ta http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/11	1882 InterC.pdf				
31470 Charles Corliss Ph.D., Executive Director					Telephone - (212)-942-0043 E	xt 133
•	F #5 = 4 ⁴ 1	02/04/2024	Anticipated Recert	02/20/2027		
			Review:	02/28/2027		
,	ork, New York 1003	34				
with Telehealth Designation			PRU:	50985	Certified Capacity:	
ta http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/10	0836 Inwood.pdf				
	ler				Telephone - (315)-734-	9608
			Audiala de al D			
241111807 Renewal	Effective:	12/01/2021	Anticipated Re Review:	11/30/2024		
19 Johnson Park, Utica, New York 13501						
Supportive Living (819)			PRU:	52694	Certified Capacity:	6 and up to 14 beds for childre
						beds for childre
ta <u>http://webapps.oasas.ny.gov/legal/CertApp/Dire</u>	ctory/documents/1	1807 JCTODO.pdf				
d Children's Services, Inc.						
21290 Jeffery Brenner, CEO					Telephone - (212)-632-4502	
18th Floor, 463 Seventh Avenue , New York,NY	10018					
240612402 Establishment	Effective:	07/18/2023	Anticipated Recert Review:	06/30/2024		
1007 Quentin Road Brooklyn, New York 11223						
Outpatient Service (822) with Telehealth Designation			PRU:	53786	Certified Capacity:	
-						
ta http://webapps.oasas.ny.gov/legal/CertApp/Direr	ctory/documents/12	2402 Jewish.pdf				
eill Medical College of Cornell University						
					Telephone - (212)-746-5917	
43750 Mr. Gerard Ilaria, Executive Director						
43750 Mr. Gerard Ilaria, Executive Director Department of Public Health Programs Administ	tration, Room 3-305	5, 25th, 641 Lexington	Avenue, New York,NY Anticipated Recert			
	4th Floor 51 East 25th Street New York, New Yor Outpatient Service (822) with Telehealth Designation and Ancillary Withd ata http://webapps.oasas.ny.gov/legal/CertApp/Dire 250411882 Amendment 1st Floor 5-7 West Cross Street Hawthorne, New Outpatient Service (822) with Telehealth Designation and Ancillary Withd ata http://webapps.oasas.ny.gov/legal/CertApp/Dire es, Inc. 31470 Charles Corliss Ph.D., Executive Director 651 Academy Street, New York,NY 10034 270210836 Renewal 2nd and 3rd Floors 651 Academy Street New Yor Outpatient Service (822) with Telehealth Designation ata http://webapps.oasas.ny.gov/legal/CertApp/Dire a Johnson Park Center 48430 RevDr Maria AScates D.D., CEO/Found P.O. Box 160, P.O. Box 160, Utica,NY 13503 241111807 Renewal 19 Johnson Park, Utica, New York 13501 Supportive Living (819) ata http://webapps.oasas.ny.gov/legal/CertApp/Dire d Children's Services, Inc. 21290 Jeffery Brenner, CEO 18th Floor, 463 Seventh Avenue , New York, NY 240612402 Establishment 1007 Quentin Road Brooklyn, New York 11223 Outpatient Service (822) with Telehealth Designation	4th Floor 51 East 25th Street New York, New York 10010 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services Ata http://webapps.casas.nv.gov/legal/CertApp/Directory/documents/10 250411882 Amendment 1st Floor 5-7 West Cross Street Hawthorne, New York 10532 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services ata http://webapps.casas.nv.gov/legal/CertApp/Directory/documents/11 es, Inc. 31470 Charles Corliss Ph.D., Executive Director 651 Academy Street, New York,NY 10034 270210836 Renewal Effective: 2nd and 3rd Floors 651 Academy Street New York, New York 1003 Outpatient Service (822) with Telehealth Designation ata http://webapps.casas.nv.gov/legal/CertApp/Directory/documents/11 a Johnson Park Center 48430 RevDr Maria AScates D.D., CEO/Founder P.O. Box 160, P.O. Box 160, Utica,NY 13503 241111807 Renewal 241111807 Renewal Effective: 19 Johnson Park, Utica, New York 13501 Supportive Living (819) ata http://webapps.casas.nv.gov/legal/CertApp/Directory/documents/11 ata http://webapps.casas.nv.gov/legal/CertApp/Directory/d	4th Floor 51 East 25th Street New York, New York 10010 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services 1ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10833_InterC.pdf 250411882_Amendment 1st Floor 5-7 West Cross Street Hawthome, New York 10532 Outpatient Service (22) with Telehealth Designation and Ancillary Withdrawal Services Ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11882_InterC.pdf es, Inc. 31470 Charles Cortiss Ph.D., Executive Director 651 Academy Street, New York, NY 10034 270210836 Renewal Effective: 270210836 Renewal Effective: 03/01/2024 2nd and 3rd Floors 651 Academy Street New York, New York 10034 Outpatient Service (822) with Telehealth Designation alonson Park Center 48430 RevDr Maria AScates D.D., CEO/Founder P.O. Box 160, P.O. Box 160, Utica, NY 13503 241111807 Renewal Effective: 12/01/2021 19 Johnson Park, Utica, New York 13501 Supportive Living (819) supportive Living (819) 118 http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11807_JCTODO.pdf d Children'	4th Floor 51 East 25th Street New York, New York 10010 PRU: vith Telehealth Designation and Ancillary Withdrawal Services PRU: ata http://webaops.cassa.nv.acv/legal/CertApp/Directory/documents/10833_InterC.pdf 250411882_Amendment Effective: 1st Floor 5-7 West Cross Street Hawthome, New York 10532 PRU: vith Telehealth Designation and Ancillary Withdrawal Services PRU: ata http://webaops.cassa.nv.acv/legal/CertApp/Directory/documents/11882_InterC.pdf es, inc. 31470 Charles Cortiss Ph.D., Executive Director 651 Academy Street, New York, NY 10034 270210836_Renewal Effective: 03/01/2024 270210836_Renewal Effective: 03/01/2024 4a http://webaops.cassa.nv.acv/legal/CertApp/Directory/documents/19836_Inwood.pdf ata http://webaops.cassa.nv.acv/legal/CertApp/Directory/documents/19836_Inwood.pdf ata http://webaops.cassa.nv.acv/legal/CertApp/Directory/documents/19836_Inwood.pdf ata 		

Program Location:	9th Floor, 56 West 45th Street, New York, New York 10036			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	6098	Certified Capacity:
Program Name:	Midtown Center for Treatment and Research			

Additional Location(s) At:

- 6th Floor Room 650 53 West 23rd Street New York NY 10011

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11059_Joanan.pdf

Provider Number:	45580 Mr Robert Degiarde, Executive Director					Telephone - (212)-226-6263		
Administrative Office:	233 Lafayette Street, New York,NY 10012							
Certificate Number:	260511804 Renewal	Effective:	06/01/2023	Anticipated Recert Review:	05/31/2026			
Program Location:	1st & 2nd Floors 233-235 Lafayette Street New	York, New York 1	0012					
Service Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	52692	Certified Capacity:	600 Capacity Lifted	

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11804 Lafaye.pdf

Larchmont-Mamaroneck Provider Number:	51980 Mark Levy Ph.D., Executive Director					Telephone - (914)-698-7549
Administrative Office:	234 Stanley Avenue, Mamaroneck,NY 1054	3				
Certificate Number:	230212314 Establishment	Effective:	03/03/2022	Anticipated Recert Review:	02/28/2023	
Program Location:	234 Stanley Avenue Mamaroneck, New Yor	k 10543				
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90897	Certified Capacity:
Program Name:	Larchmont-Mamaroneck Community Couns	elina Center				

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12314 Larchm.pdf

LaSalle School						
Provider Number: Administrative Office:	12400 Mr. David CWallace, Chief Executive C 391 Western Avenue, Albany,NY 12203	Officer				Telephone - (518)-242-4731 Ext 218
Certificate Number:	220812276 Establishment	Effective:	09/23/2021	Anticipated Recert Review:	08/31/2022	
Program Location:	391 Western Avenue Albany, New York 1220	3				
Service Type:	Other Licensed Practitioners			PRU:	53588	Certified Capacity:
Program Name:						
Service Type:	Community Psychiatric Support & Treatment	(CPST)		PRU:	53590	Certified Capacity:
Program Name:						
Service Type:	Psychosocial Rehabilitation (PSR)			PRU:	53589	Certified Capacity:
Program Name:						

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12276 LaSall.pdf

Certificate Number:	240110842 Renewal	OMH Host	Effective:	02/01/2021	Anticipated Recert Review:	01/31/2024
Program Location:	Admin. Building, Burke Hall	, Hanner Chapel, Cultural Center, Gym, Cafeteria, & Lobby Conf	erence, 391 Western Av	venue, Rooms 101, 204, 20	5 & 206, Albany, New	York 12203
Service Type:	Outpatient Service (822)		PRU:	5469	Certified Capacity:	
Program Name:						

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10842 LaSall.pdf

Lesbian and Gay Commu	nity Services Center Inc.							
Provider Number:	31450 Ms. Glennda Testone, Executive Director					Telephone - (212)-620-7310		
Administrative Office:	208 West 13th Street, New York,NY 10011							
Certificate Number:	230211972 Renewal	Effective:	03/01/2020	Anticipated Recer Review:	t _{02/28/2023}			
Program Location:	Annex, 208 West 13th Street, New York, New Yo	nex, 208 West 13th Street, New York, New York 10011						
Service Type:	Prevention Counseling			PRU:	90778	Certified Capacity:		
Program Name:								
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Direc	ctory/documents/	11972 Lesbia.pdf					
Certificate Number:	260311628 Amendment			Effective:	05/03/2023	Anticipated Recert 03/31/2026 Review:		
Program Location:	1st Floor, 208 West 13th Street, New York, New	York 10011						
Service Type:	Outpatient Service (822)			PRU:	52109	Certified Capacity:		

Program Name:	Center CARE Recovery			
Service Type:	Outpatient Service (822) with Telehealth, Adolescent Services and LGBTQ-Affirming Designations	PRU:	52950	Certified Capacity:
Program Name:	Center CARE Recovery			

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11628 Lesbia.pdf

Drovidor Number	very, Inc. 34200 Adrienne Ma	arcus Ph.D., Executive Directo					Telephone (014) 000	3 0101 Ev4 400
Provider Number: Administrative Office:	2875 Route 35, Kat		ſ				Telephone - (914)-666	5-0191 EXt 100
diministrative Office.	2075 Roule 55, Rai							
ertificate Number:	231011862	Conditional Certificate	Effective:	11/01/2022	Anticipated Recert Review:	10/31/2023		
Program Location: Service Type:	3 Corporate Drive P Opioid Treatment P with Telehealth Des	Peekskill, New York 10566 Program (822) signation			PRU:	52801	Certified Capacity:	235
Program Name:								
Compliance Performance Da	ata <u>http://webapps.oasas</u>	s.ny.gov/legal/CertApp/Directo	ry/documents/1186	2 Lexing.pdf				
Certificate Number:	231111794 Renew	wal			Effective:	12/01/2020	Anticipated Recert Review:	11/30/2023
Program Location:	Suite D 706 Executi	ive Boulevard, Valley Cottage	New York 10989					
Service Type:	Opioid Treatment P with Telehealth Des				PRU:	52646	Certified Capacity:	250 Capacity Lifte
Program Name:	Rockland Medicatio	on Assisted Treatment Program	n					
Compliance Performance Da	ata <u>http://webapps.oasas</u>	s.ny.gov/legal/CertApp/Directo	ory/documents/1179	4 Lexing.pdf				
Certificate Number:	240511461 Renew				Effective:	06/01/2021	Anticipated Recert Review:	05/31/2024
Program Location:	-	e Place New Rochelle, New Yo	ork 10801					
Service Type:	Outpatient Service (with Telehealth and	(822) I Problem Gambling Designati	ons		PRU:	50386	Certified Capacity:	
Program Name:	Outpotiont D-L-L'	tation Sonvice (822)						
Service Type:	Outpatient Rehabilit with Telehealth and	tation Service (822) I Problem Gambling Designati	ons		PRU:	51940	Certified Capacity:	
Program Name:								
Compliance Performance Da	ata <u>http://webapps.oasas</u>	s.ny.gov/legal/CertApp/Directo	ry/documents/1146	1 Lexing.pdf				
Certificate Number:	240712407 Amer	ndment			Effective:	02/06/2024	Anticipated Recert Review:	07/31/2024
Program Location:		ontebello, New York 10901						
Service Type:	Community Resider				PRU:	53866	Certified Capacity:	16
Program Name:	Men's Residential P	Program						
Compliance Performance Da	ata <u>http://webapps.oasas</u>	s.ny.gov/legal/CertApp/Directo	ry/documents/1240	7 Lexing.pdf				
					Effective:	11/14/2023	Anticipated Recert Review:	10/31/2024
Certificate Number:	241012416 Est	tablishment						
Program Location:		Haverstraw, New York 10927			PRU:	53889	Certified Capacity:	12
Certificate Number: Program Location: Service Type: Elements:	74 Hudson Avenue	Haverstraw, New York 10927 (820)	Reintegration	Congregate	PRU: Scattered	53889	Certified Capacity:	12
Program Location: Service Type:	74 Hudson Avenue Residential Services	Haverstraw, New York 10927 is (820) n Rehabilitation 🖌	Reintegration	Congregate		53889	Certified Capacity:	12
Program Location: Service Type: Elements: Program Name:	74 Hudson Avenue Residential Services Stabilization Lexington Center fo	Haverstraw, New York 10927 is (820) n Rehabilitation 🖌				53889	Certified Capacity:	12
Program Location: Service Type: Elements: Program Name:	74 Hudson Avenue Residential Services Stabilization Lexington Center fo	Haverstraw, New York 10927 (820) Rehabilitation Recovery, Inc. s.ny.gov/legal/CertApp/Director				53889 01/17/2023	Certified Capacity: Anticipated Recert Review:	12 03/31/2025
Program Location: Service Type: Elements: Program Name: Compliance Performance D: Certificate Number:	74 Hudson Avenue Residential Services Stabilization Lexington Center fo ata http://webapps.oasas 250311340 Amer	Haverstraw, New York 10927 (820) Rehabilitation Recovery, Inc. s.ny.gov/legal/CertApp/Director	rv/documents/1241		Scattered		Anticipated Recert	
Program Location: Service Type: Elements: Program Name: Compliance Performance Da	74 Hudson Avenue Residential Services Stabilization Lexington Center fo ata http://webapps.oasas 250311340 Amer 41 Page Park Drive Outpatient Service (Haverstraw, New York 10927 s (820) n Rehabilitation recovery, Inc. s.nv.gov/legal/CertApp/Director ndment Poughkeepsie, New York 120	rv/documents/12411		Scattered		Anticipated Recert	
Program Location: Service Type: Elements: Program Name: Compliance Performance Da Certificate Number: Program Location: Service Type: Program Name:	74 Hudson Avenue Residential Services Stabilization Lexington Center for ata http://webapps.oasas 250311340 Amer 41 Page Park Drive Outpatient Service (with Telehealth and	Haverstraw, New York 10927 (820) n Rehabilitation recovery, Inc. s.nv.gov/legal/CertApp/Director ndment Poughkeepsie, New York 120 (822) Adolescent Services Designa	rv/documents/12411		Scattered Effective:	01/17/2023	Anticipated Recert Review:	
Program Location: Service Type: Elements: Program Name: Compliance Performance Da Compliance Performance Da Compliance Performance Da Certificate Number: Program Location: Service Type: Program Name: Service Type:	74 Hudson Avenue Residential Services Stabilization Lexington Center fo ata http://webapps.oasas 250311340 Amer 41 Page Park Drive Outpatient Service (Haverstraw, New York 10927 s (820) n Rehabilitation recovery, Inc. s.nv.qov/legal/CertApp/Director ndment Poughkeepsie, New York 120 (822) Adolescent Services Designation tation Service (822)	rv/documents/12411		Scattered Effective:	01/17/2023	Anticipated Recert Review:	03/31/2025
Program Location: Service Type: Elements: Program Name: Compliance Performance Da Compliance Performance Da Compliance Performance Da Compliance Performance Da Compliance Performance Da Program Name: Program Name:	74 Hudson Avenue Residential Services Stabilization Lexington Center fo ata <u>http://webapps.oasas</u> 250311340 Amer 41 Page Park Drive Outpatient Service (with Telehealth and Outpatient Rehabilit	Haverstraw, New York 10927 s (820) n Rehabilitation recovery, Inc. s.nv.qov/legal/CertApp/Director ndment Poughkeepsie, New York 120 (822) Adolescent Services Designation tation Service (822)	rv/documents/12411		Scattered Effective: PRU:	01/17/2023 50577	Anticipated Recert Review: Certified Capacity:	03/31/2025
Program Location: Service Type: Elements: Program Name: Compliance Performance Da Compliance Performance Da Compliance Performance Da Certificate Number: Program Location: Service Type: Program Name: Service Type:	74 Hudson Avenue Residential Services Stabilization Lexington Center fo ata http://webapps.oasas 250311340 Amer 41 Page Park Drive Outpatient Service (with Telehealth and Outpatient Rehabilit with Telehealth Des	Haverstraw, New York 10927 s (820) n Rehabilitation recovery, Inc. s.nv.gov/legal/CertApp/Director ndment Poughkeepsie, New York 120 (822) I Adolescent Services Designation signation 2545 Y 12522	rv/documents/12411		Scattered Effective: PRU:	01/17/2023 50577	Anticipated Recert Review: Certified Capacity:	03/31/2025
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Service Type:	Outpatient Service (822)	PRU:	52586	Certified Capacity:	
Program Name:	with Telehealth Designation				
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11755 Lexing.pdf				
Certificate Number:	250411883 Renewal	Effective:	05/01/2022	Anticipated Recert Review:	04/30/2025
Program Location:	3 Corporate Drive Peekskill, New York 10566				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52800	Certified Capacity:	
Program Name:	LCR Peekskill Clinic				
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11883_Lexing.pdf				
Certificate Number:	260211477 Amendment	Effective:	08/02/2023	Anticipated Recert Review:	02/28/2026
Program Location:	Suite 200, 41 Page Park Drive Poughkeepsie, New York 12603				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	391	Certified Capacity:	300 Capacity Lifted
Program Name: Additional Location(s) At: - Suite 2 26 Hamilton Avenue - 7 Dover Village Plaza Dove	e Monticello NY 12701				
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11477 Lexing.pdf				
Certificate Number:	260211641 Renewal	Effective:	03/01/2023	Anticipated Recert Review:	02/28/2026
Program Location:	Suite 111 , 100 Route 59 Airmont, New York 10952				
Service Type:	Outpatient Service (822) with Telehealth and Problem Gambling Designations	PRU:	52137	Certified Capacity:	
Program Name:					
Service Type:	Outpatient Rehabilitation Service (822) with Telehealth and Problem Gambling Designations	PRU:	52140	Certified Capacity:	
Program Name:					
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11641_Lexing.pdf				
Certificate Number:	260211727 Renewal	Effective:	03/01/2023	Anticipated Recert Review:	02/28/2026
Program Location:	Samsondale Shopping Plaza 45 South Route 9W West Haverstraw, New York 10993				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52154	Certified Capacity:	
Program Name:					
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11727 Lexing.pdf				
Certificate Number:	260710575 Renewal	Effective:	08/01/2023	Anticipated Recert Review:	07/31/2026
Program Location:	24 Smith Avenue Mount Kisco, New York 10549				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	50818	Certified Capacity:	
Program Name:	Mount Kisco Clinic				
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10575_Lexing.pdf				
Certificate Number:	260712342 Renewal	Effective:	08/01/2023	Anticipated Recert Review:	07/31/2026
Program Location:	100 Sullivan Avenue Ferndale, New York 12734				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	53737	Certified Capacity:	
Program Name:	Liberty Clinic				
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12342_Lexing.pdf				
Certificate Number:	261111341 Renewal	Effective:	12/01/2023	Anticipated Recert Review:	11/30/2026
Program Location:	Summerlin Plaza, Suites 201-204, 942 Route 376 Wappingers Falls, New York 12590				
Service Type: Program Name:	Outpatient Service (822) with Telehealth Designation	PRU:	51777	Certified Capacity:	
-					
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/11341_Lexing.pdf				
Liberty Resources, Inc.					
Provider Number: Administrative Office:	50660 Carl Coyle, Chief Executive Officer 6723 Towpath Road, East Syracuse,NY 13057			Telephone - (315)-425-1004	
Certificate Number:	231010205 Renewal Effective: 11/01/2021	Anticipated Recert	10/31/2023		

Program Location:	239 Broad Street, Oneida, New York 13421	2211	54004	
Service Type: Program Name:	Supportive Living (819) The Next Step Apartment Program	PRU:	51601	Certified Capacity: 30
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10205 Libert.pdf			
Certificate Number:	240310206 Renewal	Effective:	04/01/2022	Anticipated Recert 03/31/2024 Review:
Program Location:	239 Broad Street, Oneida, New York 13421			
Service Type:	Community Residential (819)	PRU:	51121	Certified Capacity: 18
Program Name:				
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10206_Libert.pdf			
Certificate Number:	270112206 Renewal OMH	Effective:	02/01/2024	Anticipated Recert 01/31/2027
	Host		02/01/2021	Review:
Program Location:	1045 James Street Syracuse, New York 13203			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	53457	Certified Capacity:
Program Name:	Liberty Resources Integrated Health Care			
Compliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12206 Libert.pdf			
LITC BH LLC Provider Number:	53460 Daniel Schaffer, CEO			
Administrative Office:	100 W. Nicholai Street, Hicksville,NY 11801			
Certificate Number:	241012415 Establishment Effective: 11/01/2023	Anticipated Rece	rt 10/31/2024	
Program Location:	100 W. Nicholai Street Hicksville, New York 11801	Review:		
Service Type:	Outpatient Service (822)	PRU:	53847	Certified Capacity:
Program Name:	with Telehealth Designation and Ancillary Withdrawal Services	110.	00011	contined oupdoidy.
Service Type:	Outpatient Rehabilitation Service (822)	PRU:	53848	Certified Capacity:
Program Name:	with Telehealth Designation and Ancillary Withdrawal Services	110.	33040	Certified Capacity.
Program Name.				
Compliance Performance Da				
	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12415_LITCBH.pdf			
	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12415 LITCBH.pdf			
Long Beach Reach, Inc. Provider Number:	190 Joseph Smith Ph.D., Executive Director			Telephone - (516)-889-2332
Long Beach Reach, Inc.				Telephone - (516)-889-2332
Long Beach Reach, Inc. Provider Number:	190 Joseph Smith Ph.D., Executive Director	Anticipated Rece	rt 03/31/2025	Telephone - (516)-889-2332
Long Beach Reach, Inc. Provider Number: Administrative Office:	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach,NY 11561	Anticipated Rece Review:	rt 03/31/2025	Telephone - (516)-889-2332
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number:	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822)	Anticipated Rece Review: PRU:	rt 03/31/2025 7051	
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location:	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach,NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561	Review:		Telephone - (516)-889-2332 Certified Capacity:
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822)	Review:		
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At:	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822) with Telehealth Designation	Review:		
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 2nd Floor 165 East Park Ar - 225 Main Street Port Wash	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822) with Telehealth Designation	Review:		
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 2nd Floor 165 East Park At - 225 Main Street Port Wash - Suite 106 340 Dogwood At	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822) with Telehealth Designation	Review:		
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 2nd Floor 165 East Park Ar - 225 Main Street Port Wash - Suite 106 340 Dogwood Av Compliance Performance Da	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822) with Telehealth Designation venue Long Beach NY 11561 ington NY 11050 renue Franklin Square NY 11010 ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10851 LongBe.pdf	Review:		
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 2nd Floor 165 East Park Ar - 225 Main Street Port Wash - Suite 106 340 Dogwood Av Compliance Performance Da	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822) with Telehealth Designation venue Long Beach NY 11561 ington NY 11050 renue Franklin Square NY 11010 ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10851 LongBe.pdf covery, Inc.	Review:		Certified Capacity:
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 2nd Floor 165 East Park Ar - 225 Main Street Port Wash - Suite 106 340 Dogwood Av Compliance Performance Da	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822) with Telehealth Designation venue Long Beach NY 11561 ington NY 11050 renue Franklin Square NY 11010 ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10851 LongBe.pdf	Review:		
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Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 2nd Floor 165 East Park At - 225 Main Street Port Wash - 2016 Toto 165 East Park At - 225 Main Street Port Wash - Suite 106 340 Dogwood At Compliance Performance Dat Long Island Center for Rea Provider Number: Administrative Office:	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822) with Telehealth Designation venue Long Beach NY 11561 ington NY 11050 venue Franklin Square NY 11010 ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10851 LongBe.pdf covery, Inc. 25850 Shawn Hamilton, Chief Executive Officer 314 West Montauk Highway, Hampton Bays,NY 11946 240411373 Renewal Effective: 05/01/2021	Review:	7051	Certified Capacity:
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 2nd Floor 165 East Park A - 225 Main Street Port Wash - Suite 106 340 Dogwood Av Compliance Performance Da Long Island Center for Ree Provider Number: Administrative Office:	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822) with Telehealth Designation venue Long Beach NY 11561 ington NY 11050 venue Franklin Square NY 11010 ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10851 LongBe.pdf covery, Inc. 25850 Shawn Hamilton, Chief Executive Officer 314 West Montauk Highway, Hampton Bays,NY 11946	Review: PRU: Anticipated Rece	7051	Certified Capacity:
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 2nd Floor 165 East Park At - 225 Main Street Port Wash - 201 Floor 165 East Park At - 225 Main Street Port Wash - 201 Floor 165 East Park At - 201 F	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822) with Telehealth Designation venue Long Beach NY 11561	Review: PRU: Anticipated Rece Review:	7051 rt 04/30/2024	Certified Capacity: Telephone - (631)-728-3100
Long Beach Reach, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - 2nd Floor 165 East Park Ar - 225 Main Street Port Wash - 201 Floor 165 East Park Ar - 225 Main Street Port Wash - Suite 106 340 Dogwood Av Compliance Performance Da Long Island Center for Rea Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	190 Joseph Smith Ph.D., Executive Director 2-12 West Park Avenue, Long Beach, NY 11561 250310851 Renewal Effective: 04/01/2023 2nd & 3rd Floors 2-12 West Park Avenue Long Beach, New York 11561 Outpatient Service (822) with Telehealth Designation venue Long Beach NY 11561	Review: PRU: Anticipated Rece Review:	7051 rt 04/30/2024	Certified Capacity: Telephone - (631)-728-3100
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neviden Norrebas	Center, Inc.					Telephone (740) 000 0 000	Eval 440
Provider Number: Administrative Office:	16190 Ms. Elaine Lederer, Executive Director Suite 222, 2nd Floor, 91-31 Queens Boulevar		73			Telephone - (718)-896-3400	Ext 118
ertificate Number:	240410852 Renewal OMH Host	Effective:	05/01/2021	Anticipated Recert Review:	04/30/2024		
rogram Location:	2nd Floor, 91-31 Queens Boulevard, Elmhurs	st, New York 11373		Review.			
ervice Type:	Outpatient Service (822)	·, · · · ·		PRU:	50330	Certified Capacity:	
rogram Name:	with Telehealth Designation						
ompliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/D	irectory/documents/	10852 Longls.pdf				
he Lower East Side Servi	ce Center Inc						
rovider Number:	23720 Valerie CWalters, President and Chie	ef Executive Officer				Telephone - (212)-56	6-7719
dministrative Office:	Suite 305, 80 Maiden Lane, New York, NY 1	0038					
ertificate Number:	210511062 Amendment	Effective	: 07/10/2020	Anticipated Re Review:	ocert 05/31/2021		
rogram Location: ervice Type:	4th - 7th Floors, 46 East Broadway, New Yo Outpatient Service (822)	rk, New York 10002					
	with Telehealth Designation			PRU:	7294	Certified Capacity:	
rogram Name:							
ompliance Performance Da	ata http://webapps.oasas.nv.qov/legal/CertApp/D	irectory/documents/	11062 LowerE.pdf				
ertificate Number:	230810361 Conditional Certifica	ate		Effective:	09/01/2022	Anticipated Recert Review:	08/31/2023
rogram Location:	46 East Broadway (4th & 5th Floors), 62 East	st Broadway (1st & 2	2nd Floors), New Yor	k, New York 10002			
ervice Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	646	Certified Capacity:	380
rogram Name:	Clinic III						
ompliance Performance Da	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/D</u>	irectory/documents/	10361 LowerE.pdf				
ertificate Number:	230910362 Conditional Certifica	ate		Effective:	10/01/2022	Anticipated Recert Review:	09/30/2023
rogram Location:	7 Gouverneur Slip East, New York, New Yor Residential Opioid Treatment Program (822						
ervice Type:	[for PRU #52063 only] with Telehealth Desig			PRU:	311	Certified Capacity:	100
rogram Name: ervice Type:	Residential Opioid Treatment Program (822)		0011	2000		40
	[for PRU #52063 only] with Telehealth Desig			PRU:	3096	Certified Capacity:	43
rogram Name: service Type:	Residential Opioid Treatment Program (822	N N N N N N N N N N N N N N N N N N N					10
	[for PRU #52063 only] with Telehealth Desig			PRU:	52063	Certified Capacity:	and up to 8 bec for children
rogram Name:							
ompliance Performance Da	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/D</u>	irectory/documents/	10362 LowerE.pdf				
ertificate Number:	240810360 Conditional Certifica	ate		Effective:	09/01/2023	Anticipated Recert Review:	08/31/2024
rogram Location:	1st, 2nd, 4th and 5th Floors, 46 East Broady	vay, New York, New	York 10002				
ervice Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	644	Certified Capacity:	490
rogram Name:							
compliance Performance Da	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/D</u>	irectory/documents/	10360 LowerE.pdf				
SCA Group, Inc. as Spon	sor, BestSelf Behavioral Health, Inc. as Opera	tor					
Provider Number: Administrative Office:	50250 Ms. Elizabeth Woike-Ganga, Preside Suite 300, 255 Delaware Avenue, Buffalo,N		e Officer			Telephone - (716)-84	2-0440
				Anticipated Re	ecert		
ertificate Number:	230412311 Establishment	Effective	: 05/01/2022	Review:	04/30/2023		
rogram Location: ervice Type:	920 Harlem Road West Seneca, New York Residential Rehabilitation Services for Youth			PRU:	53614	Certified Capacity:	47
rogram Name:	Renaissance Addiction Services, Inc. (RASI	. ,		-		· · · · · · · · · · · · · · · · · · ·	
ompliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/D	irectory/documents/	12311 LSCAGr.pdf				
ertificate Number:	230412312 Establishment			Effective:	05/01/2022	Anticipated Recert Review:	04/30/2023
rogram Location:	920 Harlem Road West Seneca, New York	14224					
ervice Type:	Residential Services (820)			PRU:	53615	Certified Capacity:	15

Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Promise House	-			
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12312_LSCAGr.pdf				
Certificate Number:	230412313 Establishment	Effective:	05/01/2022	Anticipated Recert Review:	04/30/2023
Program Location: Service Type:	920 Harlem Road West Seneca, New York 14224 Residential Services (820)	PRU:	53613	Certified Capacity:	15
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Palmerton Place				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12313_LSCAGr.pdf				
Certificate Number:	231012191 Renewal	Effective:	11/01/2021	Anticipated Recert Review:	10/31/2023
Program Location:	1st & 2nd Floors 232-262 Hempstead Avenue Buffalo, New York 14215				
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53458	Certified Capacity:	22 and up to 30 beds for children
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	The Lighthouse -Women's Residential Treatment Program				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12191_LSCAGr.pdf				
Certificate Number:	250212081 Renewal OMH Host	Effective:	01/26/2023	Anticipated Recert Review:	02/28/2025
Program Location:	3176 Abbott Road Orchard Park, New York 14127				
Service Type:	Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services	PRU:	53769	Certified Capacity:	
Program Name:	Abbott Corners Addiction Services				
Additional Location(s) At: - 2101 Spruce Street North Co	llins NY 14111				
O D-f D-t-					
	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12081_LSCAGr.pdf				
Certificate Number:	250212083 Amendment OMH Host	Effective:	01/17/2023	Anticipated Recert Review:	02/28/2025
Program Location: Service Type:	1st and 2nd Floors, 951-955 Niagara Street, Buffalo, New York 14213 Outpatient Service (822)				
	with Telehealth and Problem Gambling Designations, and Ancillary Withdrawal Services	PRU:	53768	Certified Capacity:	
Program Name: Additional Location(s) At:	Lower West Side Addictions Services				
- 2nd Floor 254 Franklin Street	Buffalo NY 14202				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12083_LSCAGr.pdf				
Certificate Number:	250712162 Renewal	Effective:	08/01/2022	Anticipated Recert Review:	07/31/2025
Program Location:	3176 Abbott Road Orchard Park, New York 14127				
Service Type:	Opioid Treatment Program (822)	PRU:	53276	Certified Capacity:	99 Capacity Lifted
Program Name:	Abbott Corners Addiction Services OTP				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12162_LSCAGr.pdf				
Medical Arts Sanitarium, Inc.					
Provider Number: Administrative Office:	81770 Mr. Thomas Puzo, President 159-05 Union Turnpike, Fresh Meadows,NY 11366			Telephone - (718)-906-6700	
d/b/a Cornerstone of Rhineb					
Certificate Number:	221111438 Renewal Effective: 12/01/2019	Anticipated Recert Review:	11/01/2022		
Program Location: Service Type:	Rhinebeck Lodge, Building 1, Ground Floor, 500 Milan Hollow Road, Rhinebeck, New York Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) with Telehealth Designation: for adults - with the use of methadone [up to 3 of these beds, in Room #114, may be used for the provision of inpatient rehabilitation services, as needed.]	12572 PRU:	7163	Certified Capacity: 6	
Program Name:	Cornerstone of Rhinebeck, NY				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11438 Medica.pdf				

				Austicia de el De cont
Certificate Number:	250110241 Amendment	Effective:	07/25/2023	Anticipated Recert 01/31/2025 Review:
Program Location: Service Type:	2nd Floors, Basement, 1st & 159-05 Union Turnpike Fresh Meadows, New York 11366 Inpatient Rehabilitation Service (818) with Telehealth Designation: for adults – with the use of methadone [up to 60 of these beds may be used for the provision of medically supervised inpatient withdrawal & stabilization services, as needed]	PRU:	51379	Certified Capacity: 60
Program Name:				
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10241 Medica.pdf			
d/b/a Cornerstone of Medica	I Arts Center			
Certificate Number:	250211440 Amendment	Effective:	07/25/2023	Anticipated Recert 02/28/2025 Review:
Program Location:	4th Floors, Basement, 3rd & 159-05 Union Turnpike Fresh Meadows, New York 11366			
Service Type:	Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) with Telehealth Designation: for adults - with the use of methadone [up to 116 of these beds may be used for the provision of inpatient rehabilitation services, as needed]	PRU:	9	Certified Capacity: 116
Program Name:				
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11440 Medica.pdf			
d/b/a Cornerstone of Rhineb	eck			
Certificate Number:	250310239 Amendment	Effective:	07/25/2023	Anticipated Recert 03/31/2025
Program Location:	Rhinebeck Lodge, Building 1 2nd Floor 500 Milan Hollow Road Rhinebeck, New York 12	2572		
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation: for adults - with the use of methadone [up to 13 of these beds, in Rm 114-117, may be used for the provision of medically supervised inpatient withdrawal & stabilization services, as needed.]	PRU:	50486	Certified Capacity: 93
Program Name:	Cornerstone of Rhinebeck, NY			
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10239 Medica.pdf			
Mental Health America of Du	itchess County Inc			
Provider Number:	14020 Mr. Andrew O'Grady, CEO			Telephone - (845)-473-2500 Ext 1304
Administrative Office:	253 Mansion Street, Poughkeepsie,NY 12601			
Certificate Number:	231212361 Establishment Effective: 01/18/2023	Anticipated Recent Review:	t 12/31/2023	
Program Location:	230 Church Street Poughkeepsie, New York 12601	2011	50004	
Service Type:	Residential Services (820)	PRU:	53681	Certified Capacity: 24
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered		
Program Name:	Bolger House			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12361_Mental.pdf			
Certificate Number:	231212362 Establishment	Effective:	01/18/2023	Anticipated Recert 12/31/2023
Program Location:	Route 376, 2103 New Hackensack Road Poughkeepsie, New York 12603			
Service Type:	Residential Services (820)	PRU:	53680	Certified Capacity: 12
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered		
Program Name:	Dowling House			
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12362_Mental.pdf			
Certificate Number:	231212366 Establishment	Effective:	01/18/2023	Anticipated Recert 12/31/2023 Review:
Program Location: Service Type:	24 West Cottage Road Poughkeepsie, New York 12601 Residential Services (820)	PRU:	53682	Certified Capacity: 24
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered		
Program Name:	Florence Manor			
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12366 Mental.pdf			
Mandal Harlith Area	Follow and Mantenanan Count's a la			
	24020 Me. Janine Dukeman, Executive Director			Telephone (519) 763 5333
Provider Number: Administrative Office:	24020 Ms. Janine Dykeman, Executive Director 307-309 Meadow Street, Johnstown,NY 12095			Telephone - (518)-762-5332
		Anticipated R	ecert doint loss	
Certificate Number:	231211773 Renewal Effective: 01/01/2022	Review:	12/31/2023	
Program Location: Service Type:	26 Phillips Street, Amsterdam, New York 12010		_	12
	Community Residential (819)	PRU:	52620	Certified Capacity: and up to 6 beds for chil

Lighthouse

Mental Health Association	n of Westchester County, Inc.					
Provider Number:	14220 Charlotte Ostman LCSW-R, Chief E	xecutive Officer				Telephone - (914)-345-5900 Ext 7509
Administrative Office:	Suite 501, 580 White Plains Road, Tarryto	wn,NY 10591				
Certificate Number:	240312375 Establishment	Effective:	04/10/2023	Anticipated Recert Review:	03/31/2024	
Program Location:	360 Mamaroneck Avenue White Plains, No	ew York 10605				
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	53674	Certified Capacity:
Program Name:						
Compliance Performance D	oata http://webapps.oasas.ny.gov/legal/CertApp	o/Directory/documents/	12375 Mental.pdf			
lental Health Providers of	of Western Queens, Inc.					
Provider Number:	16140 James TMcQuade Ph.D., Executive	Director				Telephone - (718)-898-5085
Administrative Office:	2nd Floor, 40-23 62nd Street, Woodside, N	Y 11377				
Certificate Number:	240312041 Amendment	Effective:	08/10/2021	Anticipated Recert Review:	03/31/2024	
Program Location:	Suite 2A, 2nd Floor, 37-08 91st Street, Jac	kson Heights, New Yo	rk 11372			
ervice Type:	Prevention Counseling with Telehealth Designation			PRU:	90863	Certified Capacity:
rogram Name:						
Compliance Performance D	oata http://webapps.oasas.ny.gov/legal/CertApp	p/Directory/documents/	12041 Mental.pdf			
Certificate Number:	240610867 Renewal			Effective:	07/01/2022	Anticipated Recert 06/30/2024 Review:
Program Location:	4th Floor, 62-07 Woodside Avenue, Wood	side, New York 11377				
ervice Type:	Outpatient Service (822) with Telehealth Designation			PRU:	51264	Certified Capacity:
Program Name:	-					
Compliance Performance D	oata <u>http://webapps.oasas.nv.gov/legal/CertApp</u>	D/Directory/documents/	10867 Mental.pdf			
Mental Health Services - I	Erie County South East Corporation V d/b/a	Spectrum Human Ser	vices			
Provider Number:	50240 Mr. Bruce CNisbet, Chief Executive	Officer				Telephone - (716)-662-2040
Administrative Office:	227 Thorn Avenue, P.O. Box 631, Orchard	I Park,NY 14127				
Certificate Number:	250110870 Amendment OMH Host	Effective:	01/20/2023	Anticipated Recert Review:	01/31/2025	
Program Location:	2412 Seneca Street Buffalo, New York 142	210				
Service Type:	Integrated Outpatient Services - MH			PRU:		Certified Capacity:
rogram Name:	South Buffalo Counseling Center					
ervice Type:	Outpatient Service (822) with Telehealth Designation			PRU:	53780	Certified Capacity:
rogram Name:	South Buffalo Counseling Center					
Compliance Performance D	Data http://webapps.oasas.ny.gov/legal/CertAp	D/Directory/documents/	10870 Mental.pdf			
Certificate Number:	250110871 Amendment OMH Host			Effective:	01/17/2023	Anticipated Recert 01/31/2025 Review:
Duo uuo uu Loootionu	326 Orchard Park Road West Seneca, Ne	w York 14224				
Program Location:						

 Program Location:
 326 Orchard Park Road West Seneca, New York 14224

 Service Type:
 Integrated Outpatient Services - MH with Telehealth Designation
 PRU:
 Certified Capacity:

 Program Name:
 Service Type:
 Outpatient Service (822) with Telehealth Designation
 PRU:
 53779
 Certified Capacity:

 Program Name:
 Frogram Name:
 Program Name:
 Service Type:
 Outpatient Service (822) with Telehealth Designation
 PRU:
 53779
 Certified Capacity:

Additional Location(s) At:

- 27 Franklin Street Springville NY 14141

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10871_Mental.pdf

Certificate Number:	250111522 Amendment OMH Host	Effective:	01/17/2023	Anticipated Recert 01/31/2025 Review:
Program Location:	1280 Main Street Buffalo, New York 14209			
Service Type:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:
Program Name:	New Alternatives			
Service Type:	Outpatient Service (822) [with ancillary withdrawal services] with Telehealth Designation	PRU:	53778	Certified Capacity:

Program N	ame
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ame: New Alternatives

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11522_Mental.pdf

Certificate Number:	250111751 Amendment OMH Host	Effective:	01/26/2023	Anticipated Recert 01/31/2025 Review:
Program Location: Service Type:	34 North Main Street Warsaw, New York 14569 Integrated Outpatient Services - MH	PRU:		Certified Capacity:
Program Name: Service Type:	Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services	PRU:	53772	Certified Capacity:
Program Name:				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11751 Mental.pdf			
Mercy Medical Center				
Provider Number: Administrative Office:	85030 Joseph Manopella, CEO/President 1000 North Village Avenue, Rockville Centre,NY 11570			Telephone - (516)-705-1100
Certificate Number:	240110608 Amendment OMH Effective: 08/10/2021 Host	Anticipated Recert Review:	01/31/2024	
Program Location: Service Type: Program Name:	506 Stewart Avenue, Garden City, New York 11530 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services] Mercy Hospital Family Counseling Services	PRU:	50360	Certified Capacity:
-	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10608_MercyM.pdf			
Certificate Number:	250212244 Renewal	Effective:	03/01/2023	Anticipated Recert 02/28/2025
Program Location:	95 Pine Street Freeport, New York 11520			
Service Type: Elements:	Residential Services (820)	PRU:	53525	Certified Capacity: 22
Program Name:	Mercy Hall			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12244_MercyM.pdf			
Certificate Number:	250612246 Renewal	Effective:	07/01/2023	Anticipated Recert 06/30/2025 Review:
Program Location: Service Type:	150 Buffalo Avenue Freeport, New York 11520 Residential Services (820)	PRU:	53527	Certified Capacity: 30
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered		
Program Name:	New Hope			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12246_MercvM.pdf			
Certificate Number:	260512245 Renewal	Effective:	06/01/2023	Anticipated Recert 05/31/2026 Review:
Program Location: Service Type:	526 Greengrove Avenue Uniondale, New York 11553 Residential Services (820)	PRU:	53526	Certified Capacity: 22
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered		
Program Name:	Recovery House			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12245_MercvM.pdf			
Metropolitan Center for Ment	al Health			
Provider Number: Administrative Office:	16130 Mr. Robert Basile, Executive Director 160 West 86th Street, New York,NY 10024			Telephone - (212)-362-8755
		Anticipated Recert	01/21/2025	
Certificate Number: Program Location:	250111330 Renewal Effective: 02/01/2023 Basement 1090 St. Nicholas Avenue New York, New York 10032	Review:	0 113 112023	
Service Type:	Outpatient Service (822)	PRU:	51729	Certified Capacity:
Program Name:	with Telehealth Designation Families and Individuals in Recovery (FAIR)			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11330_Metrop.pdf			
Metropolitan Community Ser	vices Inc. d/b/a Journeys			
Provider Number:	49320 Rabbi Sinai Halberstam, CEO			Telephone - (718)-704-0200
Administrative Office:	1049 38th Street, Brooklyn,NY 11219			

Certificate Number:	250611996 Renewal Effective: 07/01/2023	Anticipated Recert 06/30/2025 Review:	
Program Location: Service Type:	1049 38th Street Brooklyn, New York 11219 Outpatient Service (822) with Telehealth Designation	PRU : 52957	Certified Capacity:
Program Name:			
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11996 Metrop.pdl	[
Mid-Erie Mental Health Se	rvices, Inc. d/b/a Endeavor Health Services		
Provider Number: Administrative Office:	50230 Ms. Elizabeth Mauro, Executive Director Suite 400, 1st Floor, 1526 Walden Avenue, Cheektowaga,NY 14225		Telephone - (716)-895-6700 Ext 4051
Certificate Number:	250310875 Amendment OMH Effective: 01/17/2023	Anticipated Recert 03/31/2025 Review:	
Program Location: Service Type: Program Name:	Suite 400 , 1526 Walden Avenue Cheektowaga, New York 14225 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services	PRU: 53767	Certified Capacity:
Additional Location(s) At: Baker Victory Services Re 463 William Street Buffalo	sidential Treatment Facility-Admin. Bldg. 1st Floor Conference Room/Counseling Office		
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10875 MidEri.pdf		
Certificate Number:	250310876 Amendment OMH Host	Effective: 01/26/2023	Anticipated Recert 03/31/2025 Review:
Program Location: Service Type:	2nd Floor, 1131 Broadway, Buffalo, New York 14212 Outpatient Service (822) with Telehealth Designation	PRU: 53777	Certified Capacity:
Program Name:			
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10876 MidEri.pdf		
MIH Experience, LTD.	10720 Formanda Taurana M.D. Formatika Disastar		Telephone (040) 000 0000
Provider Number: Administrative Office:	48730 Fernando Taveras M.D., Executive Director 1st Floor, 4580 Broadway, New York,NY 10040		Telephone - (212)-928-2020
Certificate Number:	240511982 Renewal Effective: 06/01/2022	Anticipated Recert 05/31/2024 Review:	
Program Location: Service Type:	1st Floor 4580 Broadway New York, New York 10040 Outpatient Service (822)		
Program Name:	with Telehealth Designation [with ancillary withdrawal]	PRU : 52945	Certified Capacity:
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11982 MIHExp.pc	<u>if</u>	
Montefiore Health System	, Inc. as Sponsor Montefiore Mount Vernon Hospital as Operator		
Provider Number: Administrative Office:	80000 Ms. Jaccel Kouns, Executive Director/V.P. of Clinical Services Montefiore Mount Vernon Hospital as Operator, Building #111, 12 N 7th Avenue, M	ount Vernon,NY 10550	Telephone - (914)-631-6100
Certificate Number:	250411813 Renewal Deemed Effective: 05/01/2022	Anticipated Recert 04/30/2025 Review:	
Program Location:			
Service Type:	3rd Floor 3 South Sixth Avenue Mount Vernon, New York 10550 Opioid Treatment Program (822) with Telehealth Designation	PRU: 52719	Certified Capacity: 400
Service Type:	Opioid Treatment Program (822)		Certified Capacity: 400
Service Type: Program Name:	Opioid Treatment Program (822)	PRU: 52719	Certified Capacity: 400
Service Type: Program Name: Compliance Performance D Montefiore Medical Cente Provider Number:	Opioid Treatment Program (822) with Telehealth Designation ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11813_Montef.pdf</u>	PRU: 52719	Certified Capacity: 400 Telephone - (718)-920-4131
Service Type: Program Name: Compliance Performance D Montefiore Medical Center Provider Number: Administrative Office:	Opioid Treatment Program (822) with Telehealth Designation ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11813_Montef.pdf</u> r 85420 Philip OOzuah MD, PhD, President and CEO	PRU: 52719	Telephone - (718)-920-4131
Service Type: Program Name: Compliance Performance D Montefiore Medical Center Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	Opioid Treatment Program (822) with Telehealth Designation ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 Montef.pdf 85420 Philip OOzuah MD, PhD, President and CEO 111 E. 210th Street , Bronx,NY 10467	PRU: 52719	Telephone - (718)-920-4131
Service Type: Program Name: Compliance Performance D Montefiore Medical Center Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	Opioid Treatment Program (822) with Telehealth Designation ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 Montef.pdf ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 ata <a 11813"="" certapp="" directory="" documents="" href="http://webapps.oasas.nv.gov/legal-nv.</td><td>PRU: 52719 18 Anticipated Recert
Review: 02/28/201 PRU: 52788</td><td>Telephone - (718)-920-4131
9</td></tr><tr><td>Service Type:
Program Name:
Compliance Performance D
Montefiore Medical Center
Provider Number:
Administrative Office:
Certificate Number:
Program Location:
Service Type:
Program Name:</td><td>Opioid Treatment Program (822)
with Telehealth Designation ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 Montef.pdf ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11813 ata		

Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	420	Certified Capacity:	700 Capacity Lifted
Program Name:					
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10454_Montef.pdf				
Certificate Number:	240610455 Renewal Deemed	Effective:	06/12/2021	Anticipated Recert Review:	06/12/2024
Program Location: Service Type:	1st Floor, 3550 Jerome Avenue, Bronx, New York 10467 Opioid Treatment Program (822)				350
	with Telehealth Designation	PRU:	327	Certified Capacity:	Capacity Lifted
Program Name:					
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10455_Montef.pdf				
Certificate Number:	240611677 Renewal Deemed	Effective:	06/12/2021	Anticipated Recert Review:	06/12/2024
Program Location: Service Type:	1st & 2nd Floors, 4401 Bronx Boulevard, Bronx, New York 10470 Outpatient Service (822)	DDU.	50040		
Program Name:	with Telehealth Designation Wakefield Recovery Center	PRU:	52212	Certified Capacity:	
-					
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11677_Montef.pdf				
Certificate Number:	240611871 Renewal Deemed	Effective:	06/12/2021	Anticipated Recert Review:	06/12/2024
Program Location: Service Type:	804 East 138th Street Bronx, New York 10454 Opioid Treatment Program (822)	PRU:	52790	Certified Capacity:	1080
Program Name:	with Telehealth Designation	PRU:	52790	Certified Capacity:	Capacity Lifted
-					
	<u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11871_Montef.pdf</u>			Anticipated Recert	
Certificate Number:	240611873 Renewal Deemed	Effective:	06/12/2021	Review:	06/12/2024
Program Location: Service Type:	1510 Waters Place, Bronx, New York 10461 Opioid Treatment Program (822)	PRU:	52786	Certified Capacity:	995
Program Name:	with Telehealth Designation Wellness Center at Waters Place		02100	connoù capachy:	Capacity Lifted
Service Type:	Opioid Medical Maintenance (822) with Telehealth Designation	PRU:	52789	Certified Capacity:	Capacity Lifted
Program Name:	Wellness Center at Waters Place				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11873_Montef.pdf				
Certificate Number:	240611874 Renewal Deemed	Effective:	06/12/2021	Anticipated Recert Review:	06/12/2024
Program Location:	Track Level, 260 East 161st Street, Bronx, New York 10451				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	52791	Certified Capacity:	950
Program Name:	Wellness Center at Melrose				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11874_Montef.pdf				
Certificate Number:	240611875 Amendment Deemed	Effective:	01/18/2023	Anticipated Recert Review:	06/30/2024
Program Location:	1510 Waters Place, Bronx, New York 10461				
Service Type:	Outpatient Service (822) with Telehealth Designation [with adolescent Services Designation]	PRU:	52787	Certified Capacity:	
Program Name: Service Type:	Next Steps North Outpatient Service (822)		50045		
	with Telehealth Designation [with adolescent Services Designation]	PRU:	52915	Certified Capacity:	
Program Name: Additional Location(s) At:	Next Steps North				
- 1200 Waters Place Bronx NY	ý 10461				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11875_Montef.pdf				
Certificate Number:	240611876 Renewal Deemed	Effective:	06/12/2021	Anticipated Recert Review:	06/12/2024
Program Location:	S-Level 260 East 161st Street Bronx, New York 10451				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52792	Certified Capacity:	
Program Name:	Next Steps South				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11876_Montef.pdf				
Certificate Number:	240711462 Renewal Deemed	Effective:	08/01/2021	Anticipated Recert Review:	07/31/2024
Program Location:	3rd Floor, 2058 Jerome Avenue, Bronx, New York 10453				

Service Type: Program Name: Outpatient Service (822) with Telehealth Designation

PRU: 51981

Certified Capacity:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11462_Montef.pdf

Montefiore Nyack Hospital Provider Number: 83100 Mark Geller M.D., President & CEO Administrative Office: 160 North Midland Avenue, Nyack,NY 10960 Certificate Number: 190111415 Establishment Deemed Effective: 02/05/2018 Anticipated Recert Review: 01/31/2019 Program Location: Building B, 3rd Floor, 160 North Midland Avenue, Nyack, New York 10960 PRU: 51031 Service Type: Inpatient Rehabilitation Service (818) with Telehealth Designation PRU: 51031 Program Name: The Recovery Center Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11415 Montef.pdf Certificate Number: 241210257 Renewal Deemed Effective: 12/11/2021	Telephone - (845)-348-2110 Certified Capacity: 20 Anticipated Recert 12/11/2024
Program Location: Building B, 3rd Floor, 160 North Midland Avenue, Nyack, New York 10960 Service Type: Inpatient Rehabilitation Service (818) with Telehealth Designation PRU: 51031 Program Name: The Recovery Center The Recovery Center Strong Program Name: Strong Program Name:	Anticipated Boost
Program Location: Building B, 3rd Floor, 160 North Midland Avenue, Nyack, New York 10960 Service Type: Inpatient Rehabilitation Service (818) with Telehealth Designation PRU: 51031 Program Name: The Recovery Center The Recovery Center 51031 Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11415_Montef.pdf Free Compliance Performance Data	Anticipated Boost
Program Name: The Recovery Center Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11415_Montef.pdf	Anticipated Boost
	Antisipated Bosort
Certificate Number: 241210257 Renewal Deemed Effective: 12/11/2021	Anticipated Report
	Review:
Interference Building B, 3rd Floor, 160 North Midland Avenue, Nyack, New York 10960 Interference Medically Managed Withdrawal & Stabilization Services (816.6) Verture Verture with Department for units the use of methodonol	Certified Capacity: 8
with Telehealth Designation [with the use of methadone]	
compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10257_Montef.pdf	
Certificate Number: 250311065 Renewal Effective: 04/01/2022	Anticipated Recert 03/31/2025
Program Location: The Hub 312 Route 59 Central Nyack, New York 10960	
Service Type: Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services] PRU: 51650	Certified Capacity:
Program Name:	
Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11065_Montef.pdf	
Nount Sinai Hospitals Group, Inc. as Sponsor, Beth Israel Medical Center as Operator Provider Number: 83040 Elizabeth Sellman, President	
rrovider Number: 83040 Elizabeth Sellman, President Administrative Office: First Ave. & 16th Street, New York, NY 10003	
Anticipated Decort	
Review:	
irrogram Location: 45 Rivington Street New York, New York 10002 iervice Type: Outpatient Service (822) with Telehealth Designation	Certified Capacity:
Program Name:	
Service Type: Outpatient Rehabilitation Service (822) with Telehealth Designation 9RU: 53140	Certified Capacity:
Program Name:	
Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12100 MountS.pdf	
Certificate Number: 231212103 Amendment Deemed Effective: 11/29/2023	Anticipated Recert 12/05/2023 Review:
Program Location: 45 Rivington Street New York, New York 10002 Service Type: Inpatient Rehabilitation Service (818) with Telehealth Designation [up to 25 of these beds may be used for the provision of Part PRU: 53136	Certified Capacity: 25
816.6 Medically Managed Withdrawal & Stabilization Services, as needed] Program Name: Stuyvesant Square Chemical Dependency Program	
Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12103_MountS.pdf	
Certificate Number: 240912092 Renewal Deemed Effective: 09/25/2021	Anticipated Recert 09/25/2024 Review:
Program Location: 1st and 2nd Floors, 26 Avenue A, New York, New York 10009 Service Type: Opioid Treatment Program (822) PRU: 53126	Certified Capacity: 400
with Telehealth Designation The control Program Name: MMTP Avenue A Clinic	• •
Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12093_MountS.pdf	
ertificate Number: 240912098 Renewal Deemed Effective: 09/15/2021	Anticipated Recert 09/15/2024 Review:
Program Location: 4th Floor, 103 East 125th Street, New York, New York 10035 Service Type: Opioid Treatment Program (822) With Telebrath Decimation PRU: 53129	Certified Canacity: 600
Program Name: Harlem No. 2	Capacity Life

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Certificate Number:	240912104 Renewal Deemed	Effective:	09/22/2021	Anticipated Recert	09/22/2024
rogram Location:	6th Floor, 140 West 125th Street, New York, New York 10027			Review:	
ervice Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	53130	Certified Capacity:	800
rogram Name:	Clinic 8				
ompliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12104_MountS.pdf				
ertificate Number:	240912105 Renewal Deemed	Effective:	09/15/2021	Anticipated Recert Review:	09/15/2024
Program Location:	8th Floor, 103 East 125th Street, New York, New York 10035			Neview.	
Service Type:	Opioid Treatment Program (822)	PRU:	53128	Certified Capacity:	800
Program Name:	with Telehealth Designation Clinic 1				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12105_MountS.pdf				
Certificate Number:	241012094 Renewal Deemed	Effective:	10/02/2021	Anticipated Recert Review:	10/02/2024
rogram Location:	1st and 2nd Floors, 109-11 Delancey Street, New York, New York 10002			Neview.	
Service Type:	Opioid Treatment Program (822)	PRU:	53125	Certified Capacity:	450
Program Name:	with Telehealth Designation Gouverneur Clinic				Capacity Lifte
rogram Name.					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12094_MountS.pdf				
Certificate Number:	241012096 Renewal Deemed	Effective:	10/06/2021	Anticipated Recert Review:	10/06/2024
Program Location:	2nd Floor, 25 12th Street, Brooklyn, New York 11215				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	53131	Certified Capacity:	600 Capacity Lifte
Program Name:	Vincent P. Dole Clinic				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12096_MountS.pdf				
Certificate Number:	241012099 Renewal Deemed	Effective:	10/27/2021	Anticipated Recert Review:	10/27/2024
Program Location:	2nd Floor, 103 East 125th Street, New York, New York 10035				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	53135	Certified Capacity:	450
Program Name:	Harlem No. 6/7				
Additional Location(s) At:					
3rd Floor 103 East 125th \$	Street New York NY 10035				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12099_MountS.pdf				
Certificate Number:	250212106 Amendment Deemed	Effective:	11/29/2023	Anticipated Recert Review:	02/09/2025
Program Location:	45 Rivington Street New York, New York 10002				
Service Type:	Medically Managed Withdrawal & Stabilization Services (816.6) with Telehealth Designation [with the use of methadone] [up to 26 of these beds may be used for the provision of Part 818 Inpatient Rehabilitation Services, as needed]	PRU:	53138	Certified Capacity:	26
Program Name:					
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12106_MountS.pdf				
Mount Sinai Hospitals Gro	oup, Inc. as Sponsor, The St. Luke's Roosevelt Hospital Center, d/b/a Mount Sinai Morni	ngside as Operato	r		_
Provider Number:	87090 Mr Arthur Gianelli, CEO Mount Sinai St. Luke's Hospital			Telephone - (212)-523-4000	
Administrative Office:	1111 Amsterdam Avenue, New York,NY 10025				
Certificate Number:	220812275 Amendment Effective: 02/03/2022	Anticipated Recer Review:	t 08/31/2022		
Program Location:	1111 Amsterdam Avenue New York, New York 10025				
Service Type: Program Name:	Other Licensed Practitioners CARES (Comprehensive Adolescent Rehabilitation and Education Services)	PRU:	53576	Certified Capacity:	
Service Type:	Psychosocial Rehabilitation (PSR)	PRU:	53577	Certified Capacity:	
Program Name:	CARES (Comprehensive Adolescent Rehabilitation and Education Services)			- -	
Service Type:	Community Psychiatric Support & Treatment (CPST)	PRU:	53616	Certified Capacity:	
Program Name:	CARES (Comprehensive Adolescent Rehabilitation and Education Services)				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12275_MountS.pdf				
Certificate Number:	240712107 Amendment	Effective:	01/27/2023	Anticipated Recert 07/31/ Review:	2024

Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	53143	Certified Capacity:
Program Name:	Outpatient Capilas (922)			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	53144	Certified Capacity:
Program Name: Service Type:	Outpatient Rehabilitation Service (822)	2011	50440	
	with Telehealth Designation	PRU:	53148	Certified Capacity:
Program Name: Additional Location(s) At:				
- 2nd Floor 411 West 114th S	Street New York NY 10025			
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12107 MountS.pdf			
Certificate Number:	241012110 Amendment Deemed	Effective:	01/27/2023	Anticipated Recert 10/16/2024 Review:
Program Location:	Winston Building 9th Floor 1000 Tenth Avenue New York , New York 10019			
Service Type:	Medically Managed Withdrawal & Stabilization Services (816.6) with Telehealth Designation [with the use of methadone] [up to 12 beds may be used for the provision of inpatient rehabilitation service as needed]	PRU:	53141	Certified Capacity: 12
Program Name:	the provision of inpatient reliabilitation service as needed]			
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12110 MountS.pdf			
Certificate Number:	241012111 Amendment Deemed	Effective:	01/27/2023	Anticipated Recert 10/16/2024 Review:
Program Location:	Winston Building 9th Floor 1000 Tenth Avenue New York , New York 10019			
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation [up to 11 beds may be used for the provision of medically managed withdrawal & stabilization services (816.6) as needed]	PRU:	53145	Certified Capacity: 11
Program Name:	Mt. Sinai West IP			
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12111 MountS.pdf			
Certificate Number:	250512109 Renewal	Effective:	06/01/2022	Anticipated Recert 05/31/2025 Review:
Program Location: Service Type:	306 West 102nd Street, New York, New York 10025 Community Residential (819)			
	with Telehealth Designation	PRU:	53146	Certified Capacity: 24
Program Name:	St. Luke's Roosevelt Hospital Halfway House			
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12109 MountS.pdf			
Compliance Performance Da				
Nassau Alternative Advoca Provider Number:	Acy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director			Telephone - (516)-741-3111
Nassau Alternative Advoca Provider Number: Administrative Office:	Acy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park,NY 11040	Anticipated Pocort		Telephone - (516)-741-3111
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number:	Acy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park,NY 11040 250611269 Renewal Effective: 07/01/2022	Anticipated Recent Review:	t 06/30/2025	Telephone - (516)-741-3111
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location:	Acy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040	Review:		
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	Acy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park,NY 11040 250611269 Renewal Effective: 07/01/2022	Anticipated Recert Review: PRU:	t 06/30/2025 51819	Telephone - (516)-741-3111 Certified Capacity:
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location:	Arrow Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822)	Review:		
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	Arrow Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822)	Review:		
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da Nassau County Office of M	Acy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation tta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11269_Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services	Review:		
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da	Acy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11269_Nassau.pdf	Review:		
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Nassau County Office of M Provider Number:	Acy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation tta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11269_Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director	PRU:	51819	
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da Nassau County Office of M Provider Number: Administrative Office:	Attack Attack Attack Attack Attack Attack Attack Attack Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation with Telehealth Designation Attack http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11269 Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director Suite 200, 60 Charles Lindbergh Boulevard, Uniondale,NY 11553 Suite 200, 60 Charles Lindbergh Boulevard, Uniondale,NY 11553	Anticipated Recert Review:	51819 t 02/28/2021	
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Nassau County Office of M Provider Number: Administrative Office: Certificate Number:	Att 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park,NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11269_Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director Suite 200, 60 Charles Lindbergh Boulevard, Uniondale,NY 11553 210210368 Amendment Effective: 07/10/2020	Anticipated Recert Review:	51819 t 02/28/2021	
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Nassau County Office of M Provider Number: Administrative Office: Certificate Number: Program Location:	Incy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park,NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation Ita http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11269 Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director Suite 200, 60 Charles Lindbergh Boulevard, Uniondale,NY 11553 210210368 Amendment Effective: 07/10/2020 Nassau County Medical Center, Building K, 2nd Floors, Basement, 1st & 2201 Hempstea Opioid Treatment Program (822) 0	PRU: PRU: Anticipated Recert Review: ad Turnpike East Mea	51819 t 02/28/2021 dow, New York 11554	Certified Capacity:
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da Nassau County Office of M Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	Incy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park,NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation Ita http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11269 Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director Suite 200, 60 Charles Lindbergh Boulevard, Uniondale,NY 11553 210210368 Amendment Effective: 07/10/2020 Nassau County Medical Center, Building K, 2nd Floors, Basement, 1st & 2201 Hempstea Opioid Treatment Program (822) 0	PRU: PRU: Anticipated Recert Review: ad Turnpike East Mea	51819 t 02/28/2021 dow, New York 11554	Certified Capacity:
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da Nassau County Office of M Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da	Arey Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park,NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11269_Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director Suite 200, 60 Charles Lindbergh Boulevard, Uniondale,NY 11553 210210368_Amendment Effective: 07/10/2020 Nassau County Medical Center, Building K, 2nd Floors, Basement, 1st & 2201 Hempstea Opioid Treatment Program (822) with Telehealth Designation	PRU: PRU: Anticipated Recert Review: ad Turnpike East Mea	51819 t 02/28/2021 dow, New York 11554	Certified Capacity:
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Nassau County Office of M Provider Number: Administrative Office: Certificate Number: Administrative Office: Program Location: Service Type: Program Name: Compliance Performance Data Nassau Health Care Corpo Provider Number:	Incy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation Ita http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11269 Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director Suite 200, 60 Charles Lindbergh Boulevard, Uniondale,NY 11553 210210368 Amendment Effective: 07/10/2020 Nassau County Medical Center, Building K, 2nd Floors, Basement, 1st & 2201 Hempstea Opioid Treatment Program (822) with Telehealth Designation Ita http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10368 Nassau.pdf S020 Mr. Anthony Boutin, Chief Executive Officer 5020 Mr. Anthony Boutin, Chief Executive Officer	PRU: PRU: Anticipated Recert Review: ad Turnpike East Mea	51819 t 02/28/2021 dow, New York 11554	Certified Capacity:
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Nassau County Office of M Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Nassau Health Care Corpo	Incy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation Ittp://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11269 Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director Suite 200, 60 Charles Lindbergh Boulevard, Uniondale,NY 11553 210210368 Amendment Effective: 07/10/2020 Nassau County Medical Center, Building K, 2nd Floors, Basement, 1st & 2201 Hempstea Opioid Treatment Program (822) with Telehealth Designation Ita http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10368 Nassau.pdf	Anticipated Recent Review: ad Tumpike East Mea PRU:	51819 t 02/28/2021 dow, New York 11554 52127	Certified Capacity: Certified Capacity: 650
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Nassau County Office of M Provider Number: Administrative Office: Certificate Number: Administrative Office: Program Location: Service Type: Program Name: Compliance Performance Data Nassau Health Care Corpo Provider Number:	Incy Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation Ita http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11269 Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director Suite 200, 60 Charles Lindbergh Boulevard, Uniondale,NY 11553 210210368 Amendment Effective: 07/10/2020 Nassau County Medical Center, Building K, 2nd Floors, Basement, 1st & 2201 Hempstea Opioid Treatment Program (822) with Telehealth Designation Ita http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10368 Nassau.pdf S020 Mr. Anthony Boutin, Chief Executive Officer 5020 Mr. Anthony Boutin, Chief Executive Officer	PRU: PRU: Anticipated Recert Review: ad Turnpike East Mea	51819 t 02/28/2021 dow, New York 11554 52127	Certified Capacity: Certified Capacity: 650
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Nassau County Office of M Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Nassau Health Care Corpo Provider Number: Administrative Office: Compliance Performance Data Nassau Health Care Corpo Provider Number: Administrative Office: Certificate Number: Administrative Office: Certificate Number: Provider Number: Administrative Office: Certificate Number: Program Location:	Integret Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation Ita http://webapps.casas.nv.gov/legal/CertApp/Directory/documents/11269 Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director Suite 200, 60 Charles Lindbergh Boulevard, Uniondale, NY 11553 210210368 Amendment Effective: 07/10/2020 Nassau County Medical Center, Building K, 2nd Floors, Basement, 1st & 2201 Hempstea Opioid Treatment Program (822) with Telehealth Designation Ita http://webapps.casas.nv.gov/legal/CertApp/Directory/documents/10368 Nassau.pdf Ita http://webapps.casas.nv.gov/legal/CertApp/Directory/documents/10368 Nassau.pdf Ita <a 10368<="" a="" certapp="" directory="" documents="" href="http://webapps.casas.nv.gov/legal/CertApp/Directory/documents/10368 Nassau.pdf Ita Nassau.pdf	Anticipated Recent Review: ad Turnpike East Mear PRU: Anticipated Recent	51819 t 02/28/2021 dow, New York 11554 52127	Certified Capacity:
Nassau Alternative Advoca Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Nassau County Office of M Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Nassau Health Care Corpo Provider Number: Administrative Office: Compliance Performance Data Nassau Health Care Corpo Provider Number: Administrative Office: Cortificate Number: Administrative Office:	Arey Program, Inc. 41400 Mr. Timothy Andrews, Executive Director Suite 102, 151 Herricks Road, Garden City Park, NY 11040 250611269 Renewal Effective: 07/01/2022 Suite 102, 151 Herricks Road, Garden City Park, New York 11040 Outpatient Service (822) with Telehealth Designation Ita http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/11269_Nassau.pdf ental Health, Chemical Dependency and Developmental Disabilities Services 40150 Ms. Omayra Perez, Director Suite 200, 60 Charles Lindbergh Boulevard, Uniondale, NY 11553 210210368 Amendment Effective: 07/10/2020 Nassau County Medical Center, Building K, 2nd Floors, Basement, 1st & 2201 Hempstea Opioid Treatment Program (822) with Telehealth Designation Ita http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10368_Nassau.pdf ration d/b/a Nassau University Medical Hospital 85020 Mr. Anthony Boutin, Chief Executive Officer Building G, 2201 Hempstead Turnpike, East Meadow,NY 11554 241010273 Renewal Deemed Effective: 10/09/2021	Anticipated Recent Review: ad Turnpike East Mear PRU: Anticipated Recent	51819 t 02/28/2021 dow, New York 11554 52127	Certified Capacity:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10273 Nassau.pdf

Certificate Number:	241011615 Renewal Deemed	Effective:	10/09/2021	Anticipated Recert 10/09/2024 Review:
Program Location:	10th Floor, 2201 Hempstead Turnpike, East Meadow, New York 11554			
Service Type:	Inpatient Rehabilitation Service (818)	PRU:	52094	Certified Capacity: 30
Program Name:				

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11615 Nassau.pdf

Provider Number: Administrative Office:	796 Mr. Martin Wangrofsky, Executive Director Suite 203, 813 Quentin Road, Brooklyn,NY 1122	3				Telephone - (718)-787-4412
Certificate Number:	250311977 Renewal	Effective:	04/01/2022	Anticipated Recert Review:	03/31/2025	
Program Location:	Suite 203, 813 Quentin Road, Brooklyn, New Yor	k 11223				
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90739	Certified Capacity:
Program Name:						
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90740	Certified Capacity:
Program Name:						
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90741	Certified Capacity:
Program Name:						
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90742	Certified Capacity:
Program Name:						
ervice Type:	Prevention Counseling with Telehealth Designation			PRU:	90743	Certified Capacity:
Program Name:						
Service Type:	Prevention Counseling with Telehealth Designation			PRU:	90739	Certified Capacity:
Program Name:						
Additional Location(s) At:	-					
 Ezra Academy 5th Floor C Bais Yaakov Academy 12 	oom 303 1125 Avenue N Brooklyn NY 11230 onference Room 119-45 Union Turnpike Forest Hills 13 Elm Avenue Brooklyn NY 11230 2nd Floor Guidance Office 1277 East 14th Street Brc		1			

- The Pathways Study Center Ground Floor 1305 Coney Island Avenue Brooklyn NY 11230
- Beth Jacob of Boro Park Basement 1372 46th Street Brooklyn NY 11219
 Masores Bais Yaakov 1st Floor Guidance Office 1395 Ocean Avenue Brooklyn NY 11230

- Bnos Yaakov of Pupa 1st Floor Guidance Office 1402 40th Street Brooklyn NY 11218
 Beth Jacob Parochial School of the East Side 142 Broome Street New York NY 10002
 Mesivtha Tifereth Jerusalem 1st Floor Guidance Room 145 East Broadway New York NY 10002

- Weshiva of Brooklyn 1st Floor Guidance Ofice 1470 Ocean Parkway Brooklyn NY 11230
 Yeshiva of Brooklyn 1st Floor Guidance Ofice 1470 Ocean Parkway Brooklyn NY 11230
 Bais Chaya Mushka 1505 Carroll Street Brooklyn NY 11213
 Bnow Yisroel School for Girls 1629 E. 15th Street Brooklyn NY 11229
 Prospect Park Elementary School 1st Floor Guidance Office 1795 Ocean Parkway Brooklyn NY 11229
 Mirrer Yeshiva High School 1st Floor Guidance Office 1795 Ocean Parkway Brooklyn NY 11229
- Yeshiva Chasen Sofer Elementary School 1st Floor Guidance Office 1876 50th Street Brooklyn NY 11204
 Yeshiva Toras Emes Kamenitz 4th Floor Library 1904 Avenue N Brooklyn NY 11230
 Bais Yaakov D'Chassidei Gur 1st Floor Social Worker's Office 1975 51st Street Brooklyn NY 11204

- Ahi Ezer Yeshiva 2344 Ocean Parkway Brooklyn NY 11235
- Hebrew Academy of Nassau County 1st Floor Guidance Office 25 Country Drive Plainview NY 11803
 Yeshiva Darchei Torah 257 Beach 17th Street Far Rockaway NY 11691
 Yeshiva Ahavas Torah 2961 Nostrand Avenue Brooklyn NY 11229

Hebrew Academy of Five Towns and Rockaway 1st Floor Guidance Office 33 Washington Avenue Lawrence NY 11559
 Yeshiva Ktana of Manhattan 1st Floor Guidance Office 348 West 89th Street New York NY 10024

- Rabbi Jacob Joseph School 2nd Floor Room #205 3495 Richmond Road Staten Island NY 10306
- Jewish Foundation School 1st Floor Counseling Room 400 Caswell Ave. Staten Island NY 10314
 Yeshiva and Mesivta Torah Vodaath 4th Floor Guidance Office 425 East 9th Street Brooklyn NY 11218

- Torah Academy for Girls Room 308 444 Beach 6th Street Far Rockaway NY 11691
 Tomer Devora School for Girls Tutoring Room B 4500 9th Avenue Brooklyn NY 11220
 Beth Rivka Elementary School 1st Floor Conference Room 470 Lefferts Avenue Brooklyn NY 11225

- Mesivita Chasan Sofer High School 1st Floor Guidance Office 5001 19th Avenue Brooklyn NY 11204
 Yeshiva & Mesivita Torah Temimah Room 401 555 Ocean Parkway Brooklyn NY 11218
 Hebrew Academy of Nassau County 2nd Floor Conference Room 609 Hempstead Avenue West Hempstead NY 11552

- Yeshiva Sha'arei Zion 75-24 Grand Central Parkway Forest Hills NY 11375
 Yeshiva Ketana of Queens 78-15 Parsons Boulevard Flushing NY 11366
 United Lubavitcher Yeshiva 2nd Floor Guidance Office 841 Ocean Parkway Brooklyn NY 11230
- Rabbi Samson Raphael Hirsch School 1st Floor 85-93 Bennett Avenue Brooklyn NY 10033

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11977 Nation.pdf

The Neighborhood Cente Provider Number: Administrative Office:	r, Inc. 11920 Sandra Soroka, Executive Director 624 Elizabeth Street, Utica,NY 13501				Telephone - (315)-272-2600
Certificate Number:	250212420 Establishment	Effective:	03/01/2024	Anticipated Recert 02/28/2025 Review:	
Program Location: Service Type:	628 Mary Street Utica, New York 13501 Outpatient Service (822) with Telehealth Designation			PRU: 53787	Certified Capacity:

Monarch

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12420 TheNei.pdf

Neighborhood Coalition for S	Shelter, Inc.							
Provider Number:	19920 Ms. Ann St	nalof, Executive Director					Telephone - (212)-537-5120	
Administrative Office:	Suite 1301, 50 Bro	oadway, New York,NY 10004						
Certificate Number:	240111623	Conditional Certificate	Effective:	02/01/2023	Anticipated Recert Review:	01/31/2024		
Program Location: Service Type:	Outpatient Service		ew York 10021		PRU:	52103	Certified Capacity:	
Program Name:	with Telehealth De Chance for Chang	-						
Compliance Performance Data	http://webapps.oa	sas.ny.gov/legal/CertApp/Directo	pry/documents/11	623 Neighb.pdf				
Never Alone, Inc.								
Provider Number:	19010 Mr. Patricia	a Mauer, President and Chief Exe	ecutive Officer				Telephone - (845)-339-4272	Ext 114
Administrative Office:	20 Crofts Road, H	lurley,NY 12443						
Certificate Number:	250811630 Am		Effective:	08/28/2023	Anticipated Recert Review:	08/31/2025		
Program Location: Service Type:		urley, New York 12443 pilitation Services for Youth (817))		PRU:	51240	Certified Capacity:	22
Program Name:	with Telehealth De	esignation			TRO.	31240	Certified Capacity.	22
Compliance Performance Data	http://webapps.oa	sas.ny.gov/legal/CertApp/Directo	ory/documents/11	630 NeverA.pdf				
New Day Treatment Center L	LC							
Provider Number:	52770 Lourdes He						Telephone - (347)-222-9933	
Administrative Office:	10-50 Beach 21st	Street, Far Rockaway,NY 11697	1					
Certificate Number:	261112352 Ren		Effective:	12/01/2023	Anticipated Recert Review:	11/30/2026		
Program Location: Service Type:	10-50 Beach 21st Outpatient Service	Street Far Rockaway, New York (822)	c 11691					
	with Telehealth De				PRU:	53750	Certified Capacity:	
Program Name:								
Compliance Performance Data	http://webapps.oa	sas.ny.gov/legal/CertApp/Directo	ory/documents/12	352 NewDay.pdf				
New Hope Manor, Inc.								
Provider Number:	219 Ms. Sarah E	ilbacher, Executive Director					Telephone - (845)-557	-8353 Ext 332
Administrative Office:	35 Hillside Road	, Barryville,NY 12719						
Certificate Number:	250512068 Rei	newal	Effective:	06/01/2022	Anticipated Re Review:	ocert 05/31/2025		
Program Location: Service Type:	1st & 2nd Floors	, 141 South Avenue, Poughkeep	sie, New York 12	601				10
	Residential Servi	ices (820)			PRU:	53064	Certified Capacity:	and up to 3 beds for children
Elements:	Stabilizat	tion Rehabilitation	Reintegration	Congregate	Scattered			
Program Name:								
Compliance Performance Data	http://webapps.oa	sas.ny.gov/legal/CertApp/Directo	ory/documents/12	068 NewHop.pdf				
Certificate Number:	261212047 Rei	newal			Effective:	01/01/2024	Anticipated Recert Review:	12/31/2026
Program Location: Service Type:	35 Hillside Road	Barryville, New York 12719						53
	Residential Servi	ices (820)			PRU:	53065	Certified Capacity:	and up to 12 beds for children
Elements:	Stabilizat	tion 📔 Rehabilitation	Reintegration	Congregate	Scattered			
Program Name:								
Compliance Performance Data	http://webapps.oa	sas.ny.gov/legal/CertApp/Directo	ory/documents/12	047 NewHop.pdf				
The New Horizon Counseling	Center, Inc.							
Provider Number:	-	Lipton, Chief Executive Officer					Telephone - (718)-845-2670	
Administrative Office:	108-19 Rockaway	Boulevard, South Ozone,NY 11	420				·	

Certificate Number:	240411865 Renewal OMH Host	Effective:	05/01/2021	Anticipated Recert Review:	04/30/2024	
Program Location:	50 West Hawthorne Avenue, Valley Stream, New	York 11580				
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	52804	Certified Capacity:
Program Name:						
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/11	865 NewHor.pdf			
The New York and Presbyte	rian Hospital					
Provider Number: Administrative Office:	81170 Steven JCorwin M.D., Chief Executive Offic The Helmsley Medical Tower, 1st Floor, 503 East		York,NY 10021			Telephone - (212)-305-8000
Certificate Number:	240710400 Amendment Deemed	Effective:	07/21/2023	Anticipated Recert Review:	07/28/2024	
Program Location:	The Helmsley Medical Tower, 4th Floor, Conference	ce Room HT- 484	, 1st Floor 503 East 7		New York 10021	
Service Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	331	Certified Capacity: 200
Program Name: Service Type: Program Name:	Opioid Medical Maintenance (822)			PRU:	52205	Certified Capacity:
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10-	400 NewYor.pdf			
d/b/a New York-Presbyteriar	NWestchester Behavioral Health					Antipinated Depart
Certificate Number:	240711414 Amendment Deemed			Effective:	07/20/2022	Anticipated Recert 07/31/2024 Review:
Program Location: Service Type: Program Name:	8 North Unit, 7-8-8A, 2nd Floor, 21 Bloomingdale I Inpatient Rehabilitation Service (818)	Road, White Plain	is, New York 10605	PRU:	50289	Certified Capacity: 14
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	pry/documents/11	414 NewYor.pdf			
New York Center For Living,	Inc					
Provider Number: Administrative Office:	45160 Ms. Pamela Palvich, Chief Executive Office 226 East 52nd Street, New York,NY 10022	۲				Telephone - (212)-712-8800
Certificate Number:	241212029 Renewal	Effective:	01/01/2023	Anticipated Recert Review:	12/31/2024	
Program Location:	224-226 East 52nd Street, New York, New York 10	0022		Neview.		
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	53007	Certified Capacity:
Program Name:						
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/12	029 NewYor.pdf			
New York City Department o						
Provider Number: Administrative Office:	28880 Tremaine Sayles, Executive Director Medical Division NYPD, 15th Floor, 59-17 Junction	n Blvd, Corona,NY	(11368			Telephone - (718)-760-7557
Certificate Number:	240511596 Renewal	Effective:	06/22/2021	Anticipated Recert Review:	05/31/2024	
Program Location: Service Type:	15th Floor 1 Lefrak City Plaza Corona, New York 7 Outpatient Service (822)	11368		PRU:	52068	Certified Capacity:
Program Name:					02000	
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/11	596 NewYor.pdf			
New York City Health + Hos	pitals/South Brooklyn Health					
Provider Number: Administrative Office:	87050 Ms. Svetlana Lipyanskaya, Chief Executive Room 2W6, 2601 Ocean Parkway, Brooklyn,NY 1					Telephone - (718)-616-6020
Certificate Number:	241010558 Amendment Deemed	Effective:	08/21/2023	Anticipated Recert	10/16/2024	
Program Location:	2925 West 19th Street Brooklyn, New York 11224			Review:		
Service Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdra	wal services]		PRU:	50320	Certified Capacity:
Program Name:						
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	558 NewYor.pdf			
-	ospitals Corporation Metropolitan Hospital Cente	ər				
Provider Number: Administrative Office:	81210 Ms. Cristina Contreras, CEO 1901 First Avenue, New York,NY 10029					Telephone - (212)-423-7727
Certificate Number:	241210402 Renewal	Effective:	01/01/2023	Anticipated Recert Review:	12/31/2024	

Program Location:	Psychiatric Pavillion, Room 2M29, 2nd Floor 190	0 2nd Avenue New Y	ork, New York 1002	9			
Service Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	669	Certified Capacity:	300
Program Name:							
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/1040	2 NewYor.pdf				
-	Hospitals Corporation Lincoln Medical and Ment	al Health Center					
Provider Number:	84150 Mr. Christopher Roker, CEO					Telephone - (718)-579-5700	
Administrative Office:	234 East 149th Street, Bronx,NY 10451						
Certificate Number:	261210894 Renewal	Effective: 0	1/01/2024	Anticipated Recert Review:	12/31/2026		
Program Location:	545 East 142nd Street Bronx, New York 10454						
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	6813	Certified Capacity:	
Program Name:	Recovery Center at Belvis Diagnostic & Treatme	ent Center					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/1089	4 NewYor.pdf				
New York City Health and	Hospitals Corporation Bellevue Hospital Center						
Provider Number:	85120 Mr. William Hicks, Chief Executive Officer					Telephone - (212)-562-4132	
Administrative Office:	H Building, NB-ME8, 462 First Avenue, New Yor						
Certificate Number:	231210618 Amendment Deemed	Effective: 0	3/10/2021	Anticipated Recert Review:	12/31/2023		
Program Location:	C & D Building, 2nd Floor, 462 First Avenue, New	w York, New York 100	016				
Service Type:	Outpatient Service (822) [with ancillary withdrawal services] with Teleheal	th Designation		PRU:	51912	Certified Capacity:	
Program Name:							
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Direc	ctory/documents/1061	8 NewYor.pdf				
Certificate Number:	260510442 Renewal Deemed			Effective:	05/06/2023	Anticipated Recert 05/06/2 Review:	026
Program Location:	4th Floor 462 First Avenue New York, New York	10016					
Service Type:	Opioid Treatment Program (822) [with ancillary withdrawal services for up to 40 pa	atients] with Telehealt	h Designation	PRU:	422	Certified Capacity: 400	
Program Name:							
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/1044	2 NewYor.pdf				
New York City Health and	Hospitals Corporation Harlem Hospital Center						
Provider Number:	85130 Georges Leconte, Chief Executive Officer	•				Telephone - (212)-939-1340	
Administrative Office:	Room MLK 2143, 506 Lenox Avenue, New York,	NY 10037,					
Certificate Number:	250710610 Renewal OASAS Host	Effective: 0	8/01/2023	Anticipated Recert Review:	07/31/2025		
Program Location:	Mural Pavilion 5th Floor 506 Lenox Avenue New	York, New York 1003	37				
Service Type:	Outpatient Service (822) with Telehealth Designation and Ancillary Withdr	rawal Services		PRU:	50316	Certified Capacity:	
Program Name:							
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/1061	0 NewYor.pdf				
New York City Health and	Hospitals Corporation Jacobi Medical Center						
Provider Number:	85140 Jordana Bailey, Acting CEO					Telephone - (718)-918-6849	
Administrative Office:	Building 1, Room 159, 1400 Pelham Parkway Sc	outh, Bronx,NY 10461					
Certificate Number:	241110609 Renewal	Effective: 1	2/01/2022	Anticipated Recert Review:	11/30/2024		
Program Location: Service Type:	Jacobi Medical Center, Floor #s 9W & 9N, Buildi Outpatient Service (822)	ng #1, 1400 Pelham F	Parkway South, Bro		54000		
Program Name:	with Telehealth Designation [with ancillary withdr	rawal services]		PRU:	51889	Certified Capacity:	
-	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	ton//documents/4000	Q NowVered				
	Intp://webapps.basas.ny.gov/legal/CertApp/Difec	story/documents/1060	JINEW TOLLUT				
-	Hospitals Corporation Woodhull Medical and Me					Telephone (740) 540 0555	
Provider Number: Administrative Office:	85180 Mr Gregory JCalliste, Chief Executive Offi Administrative Office, 760 Broadway, Brooklyn,N					Telephone - (718)-519-3500	
Certificate Number:	230310898 Amendment Deemed		9/17/2020	Anticipated Recert	03/07/2023		
				Review:			
Program Location:	5th& 9th Floors, 760 Broadway, Brooklyn, New Y	TUIK 11206					

50911

Certified Capacity:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10898 NewYor.pdf

dministrative Office:	100 North Portland Avenue, Brooklyn,NY 11205					
Certificate Number:	250310578 Renewal	Effective:	04/01/2023	Anticipated Re	cert 03/31/2025	
				Review:	03/31/2025	
Program Location: Service Type:	1st & 2nd Floors, Basement, 100 North Portland A Outpatient Service (822)	wenue Brooklyn,	New York 11205			
bervice Type.	with Telehealth Designation [with ancillary withdra	wal services]		PRU:	51910	Certified Capacity:
Program Name:	Alcoholism Treatment Program					
Service Type:	Outpatient Rehabilitation Service (822) with Telehealth Designation			PRU:	53165	Certified Capacity:
Program Name:	Alcoholism Treatment Program					
Additional Location(s) At:						
Administration for Children	's Services 185 Marcy Avenue Brooklyn NY 11211					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	0578 NewYor.pdf			
New York City Health and	Hospitals Corporation Kings County Hospital Cen	ter				
Provider Number:	87030 Mr. Sheldon McLeod, Chief Executive Offic					Telephone - (718)-245-3901
Administrative Office:	B Building, Suite B1137, 451 Clarkson Avenue, Br	ooklyn,NY 11203	3			
Certificate Number:	240310462 Renewal Deemed	Effective:	04/01/2021	Anticipated Re Review:	cert 03/31/2024	
Program Location:	Support Office Building (SOB) 591 Kingston Avenue	ue Brooklyn, Nev	v York 11203			
Service Type:	Opioid Treatment Program (822) with Telehealth Designation [with ancillary withdra	wal services for a	up to 75 patients]	PRU:	920	Certified Capacity: 750
Program Name:						
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	0462 NewYor.pdf			
Certificate Number:	241010574 Amendment Deemed			Effective:	11/07/2022	Anticipated Recert 10/05/2024 Review:
Program Location:	R Building, 2 South Wing, 2nd Floor 410 Winthrop	Street Brooklyn,	New York 11203			
Service Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdra	wal services]		PRU:	51909	Certified Capacity:
Program Name:	Cultivating Dreams Together Outpatient Therapeu					
Service Type:	Outpatient Rehabilitation Service (822)			PRU:	53163	Certified Capacity:
Program Name:	with Telehealth Designation [with ancillary withdra Cultivating Dreams Together Outpatient Therapeu					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	0574 NewYor.pdf			
Now York City Health and	Heapitele Corporation Elmburat Heapitel Conter					
Provider Number:	Hospitals Corporation Elmhurst Hospital Center 87040 Helen Arteaga Landaverde, PhD, MPH, Ch	ief Executive Off	icer			Telephone - (718)-334-1638
Administrative Office:	Annex O, D-8, 79-01 Broadway, Elmhurst,NY 113					·····
Certificate Number:	220910464 Amendment Deemed	Effective:	04/14/2021	Anticipated Re	cert 09/28/2022	
Program Location:	Annex O, 2nd Floor 79-01 Broadway Elmhurst, Ne	w Vork 11373		Review:		
Service Type:	Opioid Treatment Program (822)			PRU:	320	Certified Capacity: 300
	with Telehealth Designation [with ancillary withdra	wal services for u	up to 30 patients]	11.0.	520	Contined Capacity. 300
Program Name:						
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	0464 NewYor.pdf			
Certificate Number:	260310900 Renewal Deemed			Effective:	03/11/2023	Anticipated Recert 03/11/2026 Review:
Program Location:	Building H 3rd Floor 79-01 Broadway Elmhurst, Ne	ew York 11373				
Service Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdra	wal services]		PRU:	50223	Certified Capacity:
Program Name:	Elmhurst Hospital	-				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	0900 NewYor.pdf			
New York City Health and	Hospitals Corporation Queens Hospital Center					
Provider Number:	87060 Mr. Neil Moore, CEO	_				Telephone - (7188)-883-2355
Administrative Office:	N-Building , 82-68 164th Street, Jamaica,NY 1143	2				
				Anticipated Ba	oort	
Certificate Number:	260410621 Renewal Deemed	Effective:	04/01/2023	Review:	cert 04/01/2026	

Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	51908	Certified Capacity:
Program Name:	Comprehensive Chemical Dependency Program	n				
Compliance Performance E	Data http://webapps.oasas.ny.gov/legal/CertApp/Dire	ectory/documents/	10621 NewYor.pdf			
New York Psychotherapy	and Counseling Center					
Provider Number:	15450 Elliott Klein, Chief Executive Officer					Telephone - (718)-553-1100
Administrative Office:	176-20 148th Avenue, Jamaica,NY 11434					
Certificate Number:	241012414 Amendment	Effective:	01/30/2024	Anticipated Recert Review:	10/31/2024	
Program Location:	102 Pilling Street Brooklyn, New York 11207					
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	53883	Certified Capacity:

New York State Office of	Addiction Services and Supports Margaret A. Stut	zman Addictior	n Treatment Center				
Provider Number:	90001 Mr. Robert Chapman, Executive Director					Telephone - (716)-882-490	0 Ext 225
Administrative Office:	360 Forest Avenue, Buffalo,NY 14213						
Certificate Number:	240611385 Amendment	Effective:	01/11/2023	Anticipated Recer Review:	t 06/30/2024		
Program Location:	Building 37, 360 Forest Avenue, Buffalo, New Yo	rk 14213					
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth and Problem Gambling Designati	ons [with the use	e of methadone]	PRU:	50719	Certified Capacity:	33
Brogram Name							

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11385 NewYor.pdf

Provider Number:	90002 Mr. Jason Goldwasser, Director	Telephone - (716)-461-0410 Ext 240					
Administrative Office:	Building 1, Room 146, 1stFloor, 1111 Elm						
Certificate Number:	270211382 Renewal	Effective:	03/01/2024	Anticipated Recert Review:	02/28/2027		
Program Location:	Rochester Psychiatric Center Building 1, 7	st Floor 1732 South Av	enue Rochester, Ne	ew York 14620			
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth and Problem Gambling De	esignations [with the use	e of methadone]	PRU:	50722	Certified Capacity:	44

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11382 NewYor.pdf

Provider Number:	90003 Mr. Andrew Merrill, Director					Telephone - (315)-835-6153	
Administrative Office:	Room 229, 1330 County Road 132, Ovid,NY	14521					
Certificate Number:	240811381 Amendment	Effective:	01/12/2023	Anticipated Recei Review:	t 08/31/2024		
Program Location:	[Mailing Address at], Ovid, New York 14521, 7	1330 County Road 1	32, 7116 County Roa	d 132, Bldg. 112, [Sen	vices Provided at], V	Villard, New York 14588	
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth and Problem Gambling Desig	nations [with the use	e of methadone]	PRU:	50725	Certified Capacity:	30
Program Name:							
	Data http://webapps.oasas.ny.gov/legal/CertApp/Di						
	Addiction Services and Supports McPike Addic 90004 Mr. Stephen McLaughlin, Director					Telephone - (315)-738-4600	
New York State Office of a	Addiction Services and Supports McPike Addic	ction Treatment Ce				Telephone - (315)-738-4600	
New York State Office of	Addiction Services and Supports McPike Addio 90004 Mr. Stephen McLaughlin, Director	ction Treatment Ce		Anticipated Recei Review:	t 08/31/2025	Telephone - (315)-738-4600	
New York State Office of Provider Number: Administrative Office:	Addiction Services and Supports McPike Addic 90004 Mr. Stephen McLaughlin, Director Room B203, 2nd Floor, 1213 Court Street, Ut	ction Treatment Ce	nter	Anticipated Recei Review:	t 08/31/2025	Telephone - (315)-738-4600	_
New York State Office of Provider Number: Administrative Office: Certificate Number:	Addiction Services and Supports McPike Addic 90004 Mr. Stephen McLaughlin, Director Room B203, 2nd Floor, 1213 Court Street, Ut 250811386 Amendment	ction Treatment Ce ica,NY 13502 Effective:	nter 01/27/2023	Anticipated Recei Review: PRU:	t 08/31/2025 50727	Telephone - (315)-738-4600 Certified Capacity:	68

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11386 NewYor.pdf

New York State Office of A	ddiction Services and Supports St. Lav	vrence Addiction Treatme	ent Center		
Provider Number:	Telephone - (315)-393-1180				
Administrative Office:	Hamilton Hall, 1 Chimney Point Drive,	Ogdensburg,NY 13669			
Certificate Number:	240311389 Amendment	Effective:	07/29/2022	Anticipated Recert 03/31/2024	

Program Location: Service Type:	1 Chimney Point Drive, Ogdensburg, New York 1366 Inpatient Rehabilitation Service (818) with Telehealth Designation and Problem Gambling		PRU:	50730	Certified Capacity:	40
Program Name:	methadone]				Continua Capacity.	10
-						
	<u>http://webapps.oasas.nv.gov/legal/CertApp/Directory</u>	y/documents/11369_New for.pd	<u>"</u>			
New York State Office of Ad Provider Number: Administrative Office:	diction Services and Supports Richard C. Ward Ac 90006 Ms. Antonette Whyte-Etere, BATC Director Administration Wing, Building 92 - Suite 12-16, 1st F		lletown,NY 10940		Telephone - (631)-403-3650	
Certificate Number:	240912157 Amendment	Effective: 08/09/2022	Anticipated Recert Review:	09/30/2024		
Program Location: Service Type:	Building 92, Suites 12-16, 117 Seward Avenue Midd Inpatient Rehabilitation Service (818) with Telehealth and Problem Gambling Designations		PRU:	53495	Certified Capacity:	48
Program Name:						
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory	y/documents/12157 NewYor.pd	<u>lf</u>			
New York State Office of Ad Provider Number:	diction Services and Supports Russell E. Blaisdell 90007 Ms. Alicia ESosa, Director	Addiction Treatment Center			Telephone - (845)-680-7638 Ex	t 7638
Administrative Office:	Building 57, 140 Old Orangeburg Road, Orangeburg	g,NY 10962				
Certificate Number:	241011387 Amendment	Effective: 12/12/2022	Anticipated Recert Review:	10/31/2024		
Program Location: Service Type:	Rockland Psychiatric Center, Building 57, 5th and 6t Inpatient Rehabilitation Service (818)	th Floors 140 Old Orangeburg R	Road Orangeburg, New York	k 10962 50735	Certified Capacity:	52
Program Name:	with Telehealth and Problem Gambling Designations	s [with the use of methadone]	PRU.	50755	Centineu Capacity.	52
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory	y/documents/11387 NewYor.pd	<u>If</u>			
New York State Office of Ad	diction Services and Supports Bronx Addiction Tre	eatment Center				
Provider Number: Administrative Office:	90008 Ms Margaret Walker-Hurst, Director Building #13, Room 205, 2nd Floor, 1500 Waters Pla					
Certificate Number:	250811378 Amendment	Effective: 01/30/2023	Anticipated Recert Review:	08/31/2025		
Program Location: Service Type: Program Name:	Building 13 1500 Waters Place Bronx, New York 104 Inpatient Rehabilitation Service (818) with Telehealth and Problem Gambling Designations Bronx ATC IP		PRU:	50740	Certified Capacity:	38
-	http://webapps.oasas.nv.gov/legal/CertApp/Directory	v/documents/11378 NewYor.pd	lf			
			-			
New York State Office of Ade Provider Number: Administrative Office:	diction Services and Supports Creedmoor Addiction 90009 Ms. Margaret Hurst, Director Building 19, CBU 15, 80-45 Winchester Boulevard, C				Telephone - (718)-264-3755	
Certificate Number:	240312127 Renewal	Effective: 04/01/2021	Anticipated Recert Review:	03/31/2024		
Program Location: Service Type:	Building 19, CBU 15, 80-45 Winchester Boulevard, C Residential Services (820) with Telehealth Designation	Queens Village, New York 1142	7 PRU:	53203	Certified Capacity:	26
Elements:	Stabilization Rehabilitation R	Reintegration Congregat	e Scattered			
Program Name:			_			
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory	y/documents/12127 NewYor.pd	lf			
New York State Office of Ad	diction Services and Supports South Beach Addic	tion Treatment Center				
Provider Number: Administrative Office:	90012 Ms. Nadia Huntley-Smith, Director South Beach Psychiatric Center, Building 3, Room 8	307, 2nd Floor, 777 Seaview Ave	enue, Staten Island,NY 103	05	Telephone - (718)-667-5202	
Certificate Number:	241111388 Amendment	Effective: 08/17/2023	Anticipated Recert Review:	11/30/2024		
Program Location: Service Type:	South Beach Psychiatric Center, Building 3, 777 Se Inpatient Rehabilitation Service (818) with Telehealth and Problem Gambling Designations			50748	Certified Capacity:	30
Program Name:						
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory	v/documents/11388 NewYor.pd	lf			

New York State Office of A	Addiction Services							
Provider Number:	90013 Ms. Elain	e DuBissette, Director					Telephone - (631)-403-36	50
Administrative Office:	Pilgrim Psychiati	ric Center Campus - Buildir	ng 1, 998 Crooked Hill	Road, West Brentwood	3,NY 11717			
Certificate Number:	240911379 Ar	nendment	Effective:	06/24/2022	Anticipated Red Review:	cert 09/30/2024		
rogram Location:	Pilgrim Psychiati	ric Center, Building 1, North	n Wing, 1st and 2nd Fl	oors, 998 Crooked Hill	Road, West Brentv	wood, New York 11717		
ervice Type:		litation Service (818) and Problem Gambling Des	signation, with the use	of methadone	PRU:	50749	Certified Capacity: 51	
Program Name:								
Compliance Performance D	Data <u>http://webapps.o</u>	asas.ny.gov/legal/CertApp/	/Directory/documents/	11379 NewYor.pdf				
Certificate Number:	250211432 Re	newal			Effective:	03/01/2022	Anticipated Recert 02/	28/2025
Program Location:	Pilgrim Psychiati	ric Center, First Floor, North	h Wing, Building 1, 998	8 Crooked Hill Road, W	/est Brentwood, Ne	ew York 11717		
Service Type:	Community Resi with Telehealth [PRU:	50753	Certified Capacity: 42	
Program Name:		Joighalon						
Compliance Performance D	Data <u>http://webapps.o</u>	asas.ny.gov/legal/CertApp.	/Directory/documents/	11432 NewYor.pdf				
ew York State Office of A	Addiction Services	and Supports Kingsboro	Addiction Treatment	t Center				
Provider Number:	90014 Ms. Vibek	ke Velez, Director					Telephone - (718)-453-32	200
Administrative Office:	Main Building, R	oom 206, 2nd Floor, 754 L	exington Avenue, Broo	oklyn,NY 11221				
Certificate Number:	240811383 Ar	nendment	Effective:	07/18/2022	Anticipated Ree Review:	cert 08/31/2024		
Program Location:	754 Lexington A	venue Brooklyn, New York	11221					
Service Type:	with Telehealth I of these beds ma	vised Inpatient Withdrawal Designation [located in the ay be used for the provisior e use of Methadone]	East and West Wing, \$	5th Floor]**Any portion	PRU:	51996	Certified Capacity:	10
Program Name:								
ervice Type:		litation Service (818) and Problem Gambling Des	ignations		PRU:	53442	Certified Capacity:	60
		and i robiern Gambling Dea	signations					
Program Name:	with refericular							
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Program Name: Compliance Performance D)ata <u>http://webapps.o</u>		/Directory/documents/	11383 NewYor.pdf				
Compliance Performance D	Data <u>http://webapps.o</u> Children and Family	/ Services		11383 NewYor.pdf			Telephone - (518)-402-31	08
Compliance Performance D New York State Office of C Provider Number:	Data <u>http://webapps.o</u> Children and Family 28720 Ms. Suza		cting Commissioner				Telephone - (518)-402-31	08
Compliance Performance D New York State Office of C Provider Number: Administrative Office:	Data <u>http://webapps.o</u> Children and Family 28720 Ms. Suza	r Services nne Miles-Gustave Esq., A	cting Commissioner			cert 06/30/2018	Telephone - (518)-402-31	08
Compliance Performance D New York State Office of (Provider Number: Administrative Office: Certificate Number: Program Location:	Data <u>http://webapps.o</u> Children and Family 28720 Ms. Suza Capital View Off 180611788 Brookwood Secu	r Services nne Miles-Gustave Esq., A ice Park, Room 141 North, Special Relssue ure Center, 419 Spookrock	cting Commissioner 52 Washington Street Effective: Road, P.O. Box 265, 4	t, Rensselaer,NY 12144 01/01/2018	Anticipated Red Review: 2513			08
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Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10210 NewYor.pdf

Certificate Number:	250211306 Renewal	Effective:	03/01/2022	Anticipated Recert Review:	02/28/2025
Program Location:	Floors 1-4 944 Bedford Avenue Brooklyn, New York 11205				
Service Type:	Intensive Residential Rehabilitation (819) for women	PRU:	7191	Certified Capacity:	40
Program Name:	Serendipity II - The Madeline Randers Center				
Service Type:	Intensive Residential Rehabilitation (819) for women	PRU:	7191	Certified Capacity:	40
Program Name:	Serendipity II - The Madeline Randers Center				
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11306_NewYor.pdf				
Certificate Number:	250411583 Renewal	Effective:	05/01/2023	Anticipated Recert Review:	04/30/2025
Program Location:	Lower Level, 162-24 Jamaica Avenue, Jamaica, New York 11432				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52057	Certified Capacity:	
Program Name:					

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11583 NewYor.pdf

70150 Ms. Laura Kelemen	, Director					Telephone - (716)-439-7410
Suite #200, 5467 Upper M	ountain Road, Lo	ckport,NY 14094				
250512026 Renewal	OMH Host	Effective:	06/01/2022	Anticipated Recert Review:	05/31/2025	
Trott Access Center, 2nd F	Floor, 1001 11th S	Street, Niagara Falls, N	lew York 14301			
Outpatient Service (822) with Telehealth Designatio	n			PRU:	52984	Certified Capacity:
-	Suite #200, 5467 Upper M 250512026 Renewal Trott Access Center, 2nd F Outpatient Service (822)	250512026 Renewal OMH Host Trott Access Center, 2nd Floor, 1001 11th S	OMH 250512026 OMH Renewal OMH Host Effective: Trott Access Center, 2nd Floor, 1001 11th Street, Niagara Falls, N Outpatient Service (822)	Suite #200, 5467 Upper Mountain Road, Lockport,NY 14094 250512026 Renewal OMH Host Effective: 06/01/2022 Trott Access Center, 2nd Floor, 1001 11th Street, Niagara Falls, New York 14301 Outpatient Service (822)	Suite #200, 5467 Upper Mountain Road, Lockport,NY 14094 250512026 Renewal OMH Host Effective: 06/01/2022 Anticipated Recert Review: Trott Access Center, 2nd Floor, 1001 11th Street, Niagara Falls, New York 14301 Outpatient Service (822) DP11-	OMH Host Effective: 06/01/2022 Anticipated Recert Review: 05/31/2025 Trott Access Center, 2nd Floor, 1001 11th Street, Niagara Falls, New York 14301 Outpatient Service (822) 52984

- Shaw Building 5467 Upper Mountain Road Lockport NY 14094

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12026 Niagar.pdf

Provider Number:	36160 Mr. Robert Ross, President & CEO					Telephone - (518)-891-3310	
Administrative Office:	25 Dies Street, Canton,NY 13617						
Certificate Number:	240210151 Renewal	Effective:	03/01/2022	Anticipated Recer Review:	t _{02/29/2024}		
Program Location:	25 Dies Street, Canton, New York 13617						
Service Type:	Community Residential (819) with Telehealth Designation			PRU:	50499	Certified Capacity:	24
Program Name:	Canton House Community Residential Service						

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10151 NorthC.pdf

42930 Ms. Susana Dobrer, Executive Director					Telephone - (718)-230-8600
763-765 Nostrand Avenue, Brooklyn,NY 11216					
250711459 Renewal	Effective:	08/01/2023	Anticipated Rece Review:	ort 07/31/2025	
763-765 Nostrand Avenue Brooklyn, New York 1	11216				
Outpatient Service (822) with Telehealth Designation			PRU:	51973	Certified Capacity:
	763-765 Nostrand Avenue, Brooklyn,NY 11216 250711459 Renewal 763-765 Nostrand Avenue Brooklyn, New York Outpatient Service (822)	763-765 Nostrand Avenue, Brooklyn,NY 11216 250711459 Renewal Effective: 763-765 Nostrand Avenue Brooklyn, New York 11216 Outpatient Service (822)	763-765 Nostrand Avenue, Brooklyn,NY 11216 250711459 Renewal Effective: 08/01/2023 763-765 Nostrand Avenue Brooklyn, New York 11216 Outpatient Service (822)	763-765 Nostrand Avenue, Brooklyn,NY 11216 250711459 Renewal Effective: 08/01/2023 Anticipated Rece 763-765 Nostrand Avenue Brooklyn, New York 11216 Outpatient Service (822) PRU-	763-765 Nostrand Avenue, Brooklyn,NY 11216 250711459 Renewal Effective: 08/01/2023 Anticipated Recert Review: 07/31/2025 763-765 Nostrand Avenue Brooklyn, New York 11216 01/2023 PRII: 51973

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11459 NorthC.pdf

Provider Number:	21730 Ms. Kathleen Rivera LCSW, Exec	cutive Director/CEO				Telephone - (516)-626-1971 Ext 302
Administrative Office:	480 Old Westbury Road, Roslyn Heights	s,NY 11577				
Certificate Number:	260111497 Renewal	Effective:	02/01/2023	Anticipated Rec Review:	ert _{01/31/2026}	
Program Location:	999 Brush Hollow Road Westbury, New	York 11590				
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	51657	Certified Capacity:
Program Name:						

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11497 NorthS.pdf

38020 Kristi Yerger, President & CEO			Telephone - (716)-282-1228
Suite 2A, 800 Main Street, Niagara Falls,NY 14301			
240312374 Establishment Effective: 04/03/2023	Anticipated Recert	03/31/2024	
2470 Allen Avenue Niagara Falls. New York 14303	Review:		
Residential Services (820)	PRU:	53810	Certified Capacity: 17
Stabilization Rehabilitation Reintegration Congregate	Scattered		
Northpointe Council, Inc. First Step			
a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12374_Northp.pdf			
240412075 Amendment	Effective:	05/31/2023	Anticipated Recert 04/30/2024 Review:
2470 Allen Avenue Niagara Falls, New York 14303			
Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) - [up to up to 7 beds may be used for the provision of Part 820-Residential Services- Stabilization]	PRU:	52971	Certified Capacity: 7
First Step Center			
a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12075 Northp.pdf			
240611250 Amendment	Effective:	11/28/2023	Anticipated Recert 06/30/2024
1001 11th Street Niagara Falls, New York 14301			
Outpatient Service (822) with Telehealth Designation	PRU:	51852	Certified Capacity:
Opioid Treatment Program (822) with Telehealth Designation	PRU:	53892	Certified Capacity: 85
a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11250_Northp.pdf			
241110656 Renewal	Effective:	12/01/2022	Anticipated Recert 11/30/2024 Review:
Lockview Plaza, Suite 201, Second Floor, 41 Main Street, Lockport, New York 14094			
Outpatient Service (822) with Telehealth Designation	PRU:	50083	Certified Capacity:
knort NV 14094			
kport NY 14094			
kport NY 14094 a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf			
 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 			Telephone - (631)-608-5105
a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator			Telephone - (631)-608-5105
 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 	Anticipated Recert Review:	10/31/2024	Telephone - (631)-608-5105
 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville,NY 11701 	Anticipated Recert Review:	10/31/2024	Telephone - (631)-608-5105
a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville,NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818)	Anticipated Recert Review: PRU:	10/31/2024	
a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville,NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701	Review:		Telephone - (631)-608-5105 Certified Capacity: 28
a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically	Review:		
a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically	Review:		
a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically supervised inpatient withdrawal & stabilization service as needed]	Review:		
 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically supervised inpatient withdrawal & stabilization service as needed] a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11424_Northw.pdf</u> 241011489 Renewal Jennings Hall, 2nd Floor, 400 Sunrise Highway, Amityville, New York 11701 	PRU:	50696	Certified Capacity: 28 Anticipated Recert 10/31/2024
 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically supervised inpatient withdrawal & stabilization service as needed] a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11424_Northw.pdf</u> 241011489_Renewal Jennings Hall, 2nd Floor, 400 Sunrise Highway, Amityville, New York 11701 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) 	PRU:	50696	Certified Capacity: 28 Anticipated Recert 10/31/2024
 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically supervised inpatient withdrawal & stabilization service as needed] a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11424_Northw.pdf</u> 241011489 Renewal Jennings Hall, 2nd Floor, 400 Sunrise Highway, Amityville, New York 11701 	PRU: Effective:	50696 11/01/2021	Certified Capacity: 28 Anticipated Recert 10/31/2024 Review:
 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically supervised inpatient withdrawal & stabilization service as needed] a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11424_Northw.pdf</u> 241011489 Renewal Jennings Hall, 2nd Floor, 400 Sunrise Highway, Amityville, New York 11701 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) [With the use of methadone] [Up to 24 of these beds may be used for the provision of 	PRU: Effective:	50696 11/01/2021	Certified Capacity: 28 Anticipated Recert 10/31/2024 Review:
 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically supervised inpatient withdrawal & stabilization service as needed] a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11424_Northw.pdf</u> 241011489 Renewal Jennings Hall, 2nd Floor, 400 Sunrise Highway, Amityville, New York 11701 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) [With the use of methadone] [Up to 24 of these beds may be used for the provision of 	PRU: Effective:	50696 11/01/2021	Certified Capacity: 28 Anticipated Recert 10/31/2024 Review: 24
 a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 8 1980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically supervised inpatient withdrawal & stabilization service as needed] a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11424_Northw.pdf 241011489 Renewal Jennings Hall, 2nd Floor, 400 Sunrise Highway, Amityville, New York 11701 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) [with the use of methadone] [Up to 24 of these beds may be used for the provision of Part 818 inpatient rehabilitation services as needed] 	PRU: Effective:	50696 11/01/2021	Certified Capacity: 28 Anticipated Recert 10/31/2024 Review:
 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> s Sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically supervised inpatient withdrawal & stabilization service as needed] a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11424_Northw.pdf</u> 241011489_Renewal Jennings Hall, 2nd Floor, 400 Sunrise Highway, Amityville, New York 11701 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) [With the use of methadone] [Up to 24 of these beds may be used for the provision of Part 818 inpatient rehabilitation services as needed] a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11489_Northw.pdf</u> 250610634_Renewal Carone Hall, Basement and First Floor , 400 Sunrise Highway Amityville, New York 1170 	PRU: PRU: Effective: PRU: Effective:	50696 11/01/2021 50695	Certified Capacity: 28 Anticipated Recert 10/31/2024 Certified Capacity: 24 Anticipated Recert 06/30/2024
 a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10656_Northp.pdf</u> sponsor The Long Island Home d/b/a South Oaks Hospital as Operator 81980 Mr Michael Scarpelli, Executive Director 400 Sunrise Highway, Amityville, NY 11701 241011424 Renewal Effective: 11/01/2021 Jennings Hall, 1st Floor, 400 Sunrise Highway, Amityville, New York 11701 Inpatient Rehabilitation Service (818) [Up to 28 of these beds may be used for the provision of Part 816.7 medically supervised inpatient withdrawal & stabilization service as needed] a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11424_Northw.pdf</u> 241011489 Renewal Jennings Hall, 2nd Floor, 400 Sunrise Highway, Amityville, New York 11701 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) [With the use of methadone] [Up to 24 of these beds may be used for the provision of Part 818 inpatient rehabilitation services as needed] a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11489_Northw.pdf</u> 250610634_Renewal 	PRU: PRU: Effective: PRU: Effective:	50696 11/01/2021 50695	Certified Capacity: 28 Anticipated Recert 10/31/2024 Certified Capacity: 24 Anticipated Recert 06/30/2024
t	240312374 Establishment Effective: 04/03/2023 2470 Allen Avenue Niagara Falls, New York 14303 Residential Services (820) Image: Stabilization Rehabilitation Reintegration Congregate Northpointe Council, Inc. First Step ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12374_Northp.pdf 240412075 Amendment 2470 Allen Avenue Niagara Falls, New York 14303 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) - [up to up to 7 beds may be used for the provision of Part 820-Residential Services-Stabilization] First Step Center ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12075_Northp.pdf 240611250 Amendment 1001 11th Street Niagara Falls, New York 14301 Outpatient Service (822) with Telehealth Designation Opioid Treatment Program (822) with Telehealth Designation Appiolity Service (822) with Telehealth Designation Appiolity Second Floor, 41 Main Street, Lockport, New York 14094 Outpatient Service (822)	240312374 Establishment Effective: 04/03/2023 Anticipated Recent Review: 2470 Allen Avenue Niagara Falls, New York 14303 Residential Services (820) PRU:	240312374 Establishment Effective: 04/03/2023 Anticipated Recert Review: 03/31/2024 2470 Allen Avenue Niagara Falls, New York 14303 Reintegration Congregate Scattered Northpointe Council, Inc. First Step Reintegration Congregate Scattered Northpointe Council, Inc. First Step Effective: 05/31/2023 12 http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12374 Northp.pdf 240412075 Amendment Effective: 05/31/2023 2470 Allen Avenue Niagara Falls, New York 14303 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) PRU: 52971 - Up to pt to 7 beds may be used for the provision of Part 820-Residential Services- Stabilization] PRU: 52971 First Step Center 11/28/2023 PRU: 51852 1001 11th Street Niagara Falls, New York 14301 Outpatient Service (822) PRU: 53892 Vith Telehealth Designation PRU: 53892 53892 12 http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/1250 Northp.pdf 24061250 240611250 Amendment Effective: 11/28/2023 1001 11th Street Niagara Falls, New

dministrative Office:	701 North Broadway, Sleepy Hollow,NY 10591			
ertificate Number:	251210597 Renewal Deemed Effective: 12/17/2022	Anticipated Rec Review:	ert 12/17/2025	
ogram Location: ervice Type:	22 Rockledge Avenue, Ossining, New York 10562 Outpatient Service (822)		54000	
	with Telehealth Designation	PRU:	51620	Certified Capacity:
ogram Name: ervice Type:	Outpatient Rehabilitation Service (822) with Telehealth Designation	PRU:	51941	Certified Capacity:
ogram Name:				
ompliance Performance [ata http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10597_Northw.pdf			
ertificate Number:	251211392 Renewal Deemed	Effective:	12/16/2022	Anticipated Recert 12/16/2025 Review:
rogram Location:	2nd Floor (South Wing) 701 North Broadway Sleepy Hollow, New York 10591			
ervice Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation	PRU:	51617	Certified Capacity: 22
ogram Name:	Behavioral Rehabilitation Unit			
ompliance Performance [ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11392_Northw.pdf			
orthwell Healthcare, Inc	. as Sponsor, John T. Mather Hospital of Port Jefferson, New York, Inc. as Operator			
rovider Number:	83220 Mr. Kevin McGeachy, President			Telephone - (631)-473-1320 Ext 421
dministrative Office:	75 North Country Road, Port Jefferson,NY 11777			
ertificate Number:	240810840 Amendment Effective: 05/26/2022	Anticipated Rec Review:	cert 08/31/2024	
ogram Location:	1st Floor 100 Highlands Boulevard Port Jefferson, New York 11777			
ervice Type:	Outpatient Service (822) with Telehealth Designation and with Problem Gambling Designation	PRU:	50023	Certified Capacity:
ogram Name:	Mather Outpatient Chemical Dependence Program			
ompliance Performance [Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10840 Northw.pdf			
	as Sponsor, Staten Island University Hospital as Operator			Telephone - (718)-226-9761
	85200 Brahim Ardolic M.D., Executive Director 475 Seaview Avenue, Staten Island,NY 10305			
rovider Number: dministrative Office: ertificate Number:		Anticipated Rec	ert 11/30/2024	
dministrative Office: ertificate Number:	475 Seaview Avenue, Staten Island, NY 10305	Anticipated Rec Review:	ert 11/30/2024	
dministrative Office: ertificate Number: rogram Location:	475 Seaview Avenue, Staten Island, NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822)	Anticipated Rec Review: PRU:	51422	Certified Capacity:
dministrative Office: ertificate Number: rogram Location: ervice Type:	475 Seaview Avenue, Staten Island, NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305	Review:		
dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name:	475 Seaview Avenue, Staten Island, NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822)	Review:		
dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I	475 Seaview Avenue, Staten Island,NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) 000000000000000000000000000000000000	Review:		Certified Capacity: Anticipated Recert 12/31/2024
dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I ertificate Number:	475 Seaview Avenue, Staten Island,NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) 004 with Telehealth Designation and Ancillary Withdrawal Services 004 004 Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11027 Northw.pdf	PRU:	51422	Certified Capacity:
dministrative Office: ertificate Number: ervice Type: rogram Name: ompliance Performance I ertificate Number: rogram Location:	475 Seaview Avenue, Staten Island,NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) 000000000000000000000000000000000000	PRU:	51422	Certified Capacity: Anticipated Recert 12/31/2024
dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I ertificate Number: rogram Location: ervice Type:	475 Seaview Avenue, Staten Island, NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) 000000000000000000000000000000000000	PRU: Effective:	51422 01/01/2023	Certified Capacity: Anticipated Recert 12/31/2024 Review:
dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I ertificate Number: rogram Location: ervice Type: rogram Name:	475 Seaview Avenue, Staten Island,NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) 000000000000000000000000000000000000	PRU: Effective:	51422 01/01/2023	Certified Capacity: Anticipated Recert 12/31/2024 Review:
dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I	475 Seaview Avenue, Staten Island,NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) 000000000000000000000000000000000000	PRU: Effective:	51422 01/01/2023	Certified Capacity: Anticipated Recert 12/31/2024 Review: 220 Anticipated Recert 08/31/2025
dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I ertificate Number: ervice Type: rogram Name: ompliance Performance I ertificate Number:	475 Seaview Avenue, Staten Island,NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) 000000000000000000000000000000000000	PRU: Effective: PRU:	51422 01/01/2023 944	Certified Capacity: Anticipated Recert 12/31/2024 Review: 12/31/2024 Certified Capacity: 220
dministrative Office: ertificate Number: erogram Location: ervice Type: erogram Name: compliance Performance I ertificate Number: ervice Type: erogram Name: compliance Performance I ertificate Number: erogram Name: compliance Performance I ertificate Number: erogram Location:	475 Seaview Avenue, Staten Island,NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) 000000000000000000000000000000000000	PRU: Effective: PRU:	51422 01/01/2023 944	Certified Capacity: Anticipated Recert 12/31/2024 Review: 220 Anticipated Recert 08/31/2025
dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: compliance Performance I ertificate Number: rogram Name: compliance Performance I ertificate Number: rogram Location: ertificate Number: rogram Location: ervice Type:	475 Seaview Avenue, Staten Island, NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) 000000000000000000000000000000000000	PRU: Effective: PRU: Effective:	51422 01/01/2023 944 09/01/2022	Certified Capacity: Anticipated Recert 12/31/2024 Certified Capacity: 220 Certified Capacity: 220 Anticipated Recert Review: 08/31/2025
dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I ertificate Number: rogram Location: ervice Type: rogram Location: ervice Type: rogram Name:	475 Seaview Avenue, Staten Island,NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) 000000000000000000000000000000000000	PRU: Effective: PRU: Effective:	51422 01/01/2023 944 09/01/2022	Certified Capacity: Anticipated Recert 12/31/2024 Certified Capacity: 220 Certified Capacity: 220 Anticipated Recert Review: 08/31/2025
dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance I ertificate Number: rogram Location: ervice Type: rogram Location: ervice Type: rogram Location:	475 Seaview Avenue, Staten Island, NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services Data http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/11027_Northw.odf 241210446 Renewal 111 Water Street, Staten Island, New York 10304 Opioid Treatment Program (822) with Telehealth Designation Data http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10446_Northw.pdf 250810449 Renewal 1st Floor 567 250810449 Renewal 1st Floor 567 Opioid Treatment Program (822) with Telehealth Designation	PRU: Effective: PRU: Effective:	51422 01/01/2023 944 09/01/2022	Certified Capacity: Anticipated Recert Review: 12/31/2024 Certified Capacity: 220 Anticipated Recert Review: 08/31/2025 Certified Capacity: 400 Anticipated Recert 08/31/2025
dministrative Office: ertificate Number: eogram Location: ervice Type: eogram Name: ertificate Number: ervice Type: ervice Type: eogram Name: ervificate Number: ervice Type: ervificate Number: ervice Type: ervice	475 Seaview Avenue, Staten Island, NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11027. Northw.pdf 241210446 Renewal 111 Water Street, Staten Island, New York 10304 Opioid Treatment Program (822) with Telehealth Designation Vata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10446. Northw.pdf 250810449 Renewal 1st Floor 567 East 105th Street Brooklyn, New York 11236 Opioid Treatment Program (822) with Telehealth Designation	PRU: PRU: Effective: PRU: PRU: PRU: Effective: PRU:	51422 01/01/2023 944 09/01/2022 7150	Certified Capacity: Anticipated Recert Review: 12/31/2024 Certified Capacity: 220 Anticipated Recert Review: 08/31/2025 Certified Capacity: 400
Iministrative Office: ertificate Number: ogram Location: ervice Type: ogram Name: ompliance Performance I ertificate Number: ogram Name: ogram Name: ogram Location: ervice Type: ogram Location: ervice Type: ogram Location: ervice Type: ogram Location: ervice Type: ogram Name: ervice Type: ervice Type:	475 Seaview Avenue, Staten Island, NY 10305 241111027 Amendment Effective: 07/10/2023 450 Seaview Avenue Staten Island, New York 10305 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11027_Northw.pdf 241210446 Renewal 111 Water Street, Staten Island, New York 10304 Opioid Treatment Program (822) with Telehealth Designation Vata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10446_Northw.pdf 250810449 Renewal 1st Floor 567 East 105th Street Brooklyn, New York 11236 Opioid Treatment Program (822) with Telehealth Designation Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10446_Northw.pdf 250810449 Renewal 1st Floor 567 East 105th Street Brooklyn, New York 11236 Opioid Treatment Program (822) with Telehealth Designation Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10449_Northw.pdf Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10449_Northw.pdf Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10449_Northw.pdf <td< td=""><td>PRU: PRU: Effective: PRU: PRU: PRU: Effective: PRU:</td><td>51422 01/01/2023 944 09/01/2022 7150</td><td>Certified Capacity: Anticipated Recert Review: 12/31/2024 Certified Capacity: 220 Anticipated Recert Review: 08/31/2025 Certified Capacity: 400 Anticipated Recert 08/31/2025</td></td<>	PRU: PRU: Effective: PRU: PRU: PRU: Effective: PRU:	51422 01/01/2023 944 09/01/2022 7150	Certified Capacity: Anticipated Recert Review: 12/31/2024 Certified Capacity: 220 Anticipated Recert Review: 08/31/2025 Certified Capacity: 400 Anticipated Recert 08/31/2025

	as Sponsor, Long Island Jewish Medical Center a	s Operator					
Provider Number: Administrative Office:	85210 Michael Scarpelli, Executive Director ACP Suite 2309, 75-59 263rd Street, Glen Oaks	NY 11004				Telephone - (718)-47	0-4887
Certificate Number:	240510639 Conditional Certificate	Effective:	06/01/2023	Anticipated Re Review:	ocert 05/31/2024		
Program Location:	2nd Floor, 1600 Central Avenue, Far Rockaway,	New York 11691					
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50021	Certified Capacity:	
Program Name:							
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/106	39 Northw.pdf				
Certificate Number:	250310450 Renewal			Effective:	04/01/2023	Anticipated Recert Review:	03/31/2025
Program Location:	(Clinic) 75-59 263rd Street, 1st Floor, Glen Oaks	, NY 11004-1150 (Billing) 270-05 76th	Avenue New Hyde Par	k, New York 11040	Neview.	
ervice Type:	Opioid Treatment Program (822) with Telehealth Designation [with ancillary withd	rawal services for u	n to 38 patients]	PRU:	307	Certified Capacity:	375 Capacity Lift
rogram Name:			, <u>,</u>				Capacity Life
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/104	50 Northw.pdf				
ertificate Number:	250310855 Renewal			Effective:	04/01/2023	Anticipated Recert Review:	03/31/2025
Program Location:	(Clinic) 75-59 263rd Street, Basement, Glen Oal	ks, New York 11004	4-1150 (Billing) 270-	05 76th Avenue New H	yde Park, New York 110		
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	3089	Certified Capacity:	
Program Name:	č						
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/108	355 Northw.pdf				
ertificate Number:	251210557 Renewal			Effective:	01/01/2023	Anticipated Recert Review:	12/31/2025
rogram Location:	1st Floor Suite 160 and 2nd Floor 600 Hempster	ad Turnpike West H	lempstead, New Yo	rk 11552			
ervice Type:	Outpatient Service (822) with Telehealth Designation			PRU:	431	Certified Capacity:	
rogram Name:	Project Outreach						
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/105	557 Northw.pdf				
Certificate Number:	260710858 Renewal			Effective:	08/01/2023	Anticipated Recert Review:	07/31/2026
Program Location:	711 Stewart Avenue Garden City, New York 115	30					
ervice Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50064	Certified Capacity:	
Program Name:	Garden City Treatment Center						
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/108	358 Northw.pdf				
YU Langone Health Syste	em as Sponsor, Long Island Community Hospital	at NYU Langone I	lealth as Operator				
Provider Number:	85340 Dr Marc Adler, Senior Vice President and	Chief of Operations				Telephone - (631)-654-7180	
Administrative Office:	101 Hospital Road, Patchogue,NY 11772						
Certificate Number:	260910679 Renewal	Effective:	10/01/2023	Anticipated Recert Review:	09/30/2026		
Program Location:	550 Montauk Highway Shirley, New York 11967						
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50101	Certified Capacity:	
rogram Name:	Memorial Hospital Medical Center Outpatient Che	mical Dependency	Services				
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/106	79 NYULan.pdf				
Cean Recovery East, LLC	C d/b/a Ascendant New York						
Provider Number: Administrative Office:	49900 Mr. Tzvi Heber, CEO 113 East 60th Street, New York,NY 10022					Telephone - (818)-267-0704	
		Fff = +4k	44/04/0001	Anticipated Recert	10/01/0001		
Certificate Number:	241012243 Renewal	Effective:	11/01/2021	Review:	10/31/2024		
Program Location: Service Type:	5th & 6th Floors 113 East 60th Street New York, I Inpatient Rehabilitation Service (818)	New York 10022		PRU:	53520	Certified Capacity: 3	
Program Name:	Ascendant NY					- crance oupdoily.	
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/122	243 OceanR.pdf				
	250512126 Amendment			Effective:	09/07/2023	Anticipated Recert 05/31/	2025
Certificate Number:							

Program Location: Service Type: Program Name:	Floors 1-6 113 East 60th Street New York, New York 10022 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) with Telehealth Designation [up to 12 of these beds may be used for the provision of inpatient rehabilitation services, as needed]	PRU:	53204	Certified Capacity: 15	
Compliance Performance Date					
	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12126_OceanR.pdf		10/00/0000	Anticipated Recert 05/31/	
Certificate Number:	260512220 Amendment 210 East 58th Street New York, New York 10022	Effective:	10/09/2023	Review:	2026
Program Location: Service Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services]	PRU:	53264	Certified Capacity:	
Program Name:					
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12220_OceanR.pdf				
Oceanside Counseling Cent	er, Inc.				
Provider Number:	11500 Ms Teresa Maguire, Director			Telephone - (516)-766-6283	Ext 14
Administrative Office:	71 Homecrest Court, Oceanside,NY 11572	Antipingtod Docor			
Certificate Number:	251010910 Renewal Effective: 11/01/2022	Anticipated Recer Review:	t 10/31/2025		
Program Location: Service Type:	School Building 6 2nd Floor 71 Homecrest Court Oceanside, New York 11572 Outpatient Service (822) with Telehealth Designation	PRU:	6438	Certified Capacity:	
Program Name:					
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10910 Oceans.pdf				
Odyssey House, Inc.					
Provider Number: Administrative Office:	19400 Peter Provet Ph.D., President and Chief Executive Officer 17th Floor, 120 Wall Street, New York,NY 10005			Telephone - (212)-36	1-1617
Certificate Number:	231212356 Establishment Effective: 01/01/2023	Anticipated R Review:	Recert 12/31/2023		
Program Location: Service Type:	George Rosenfeld Center for Recovery 13 Hell Gate Circle Ward's Island, New York 100 Residential Services (820)		53465	Certified Capacity:	97
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Odyssey Ward's Island	_			
Service Type:	Residential Services (820)	PRU:	53466	Certified Capacity:	74 and up to 44 beds for children
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Odyssey Ward's Island				
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12356_Odysse.pdf				
Certificate Number:	240612395 Establishment	Effective:	06/30/2023	Anticipated Recert Review:	06/30/2024
Program Location:	1328 Clinton Avenue, 1322, 1326 & Bronx, New York 10456			Neview.	
Service Type:	Residential Services (820)	PRU:	53846	Certified Capacity:	57 and up to 14 beds for children
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Odyssey House Family ReEntry				
Compliance Performance Data	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12395_Odysse.pdf				
Certificate Number:	241211460 Renewal	Effective:	01/01/2022	Anticipated Recert Review:	12/31/2024
Program Location: Service Type:	Suite 301, 3rd Floor, 953 Southern Boulevard, Bronx, New York 10459 Outpatient Service (822) with Teleboath Designation	PRU:	7392	Certified Capacity:	
Program Name:	with Telehealth Designation				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11460_Odysse.pdf				
Certificate Number:	250110053 Renewal	Effective:	02/01/2022	Anticipated Recert Review:	01/31/2025
Program Location: Service Type: Program Name:	Basement, 1st-4th Floors, 309-311 East 6th Street, New York, New York 10003 Intensive Residential Rehabilitation (819)	PRU:	957	Certified Capacity:	60

compliance renormance Da	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10053_Odysse.pdf</u>			
Certificate Number:	250211582 Renewal	Effective:	03/01/2022	Anticipated Recert 02/28/203 Review:
rogram Location: ervice Type: rogram Name:	1264 Lafayette Avenue, Bronx, New York 10474 Intensive Residential Rehabilitation (819)	PRU:	52056	Certified Capacity: 16
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11582_Odysse.pdf			
Certificate Number:	250310052 Renewal	Effective:	04/01/2022	Anticipated Recert 03/31/202 Review:
Program Location:	219-233 East 121st Street, New York, New York 10035		0017	
Service Type: Program Name:	Intensive Residential Rehabilitation (819) Odyssey Manor	PRU:	6817	Certified Capacity: 196
-	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10052_Odysse.pdf			
Dhel Children's Home & Fa	mily Services Inc			
Provider Number:	19210 David Mandel, CEO			Telephone - (718)-686-3202
Administrative Office:	1268 East 14th Street, Brooklyn,NY 11230			
Certificate Number:	230712329 Amendment OMH Host Effective: 03/16/2023	Anticipated Recert Review:	07/31/2023	
Program Location:	1st Floor 1268 East 14th Street Brooklyn, New York 11230			
Service Type: Program Name:	Outpatient Service (822) [with ancillary withdrawal services]	PRU:	53710	Certified Capacity:
Program Name:				
Compliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12329_OhelCh.pdf			
Onondaga-Cortland-Madiso				
Provider Number: Administrative Office:	36380 Mr. Phil Grome, Assistant Superintendent for Administration 110 Elwood Davis Road, Syracuse,NY 13121			Telephone - (315)-433-2614
Certificate Number:	220612014 Renewal Effective: 07/01/2019	Anticipated Recert Review:	06/30/2022	
Program Location:	Administrative Site Only: 110 Elwood Davis Road Syracuse, New York 13121			
Service Type: Program Name:	Prevention Counseling	PRU:	90696	Certified Capacity:
St. Margaret's School 200 F Blessed Sacrament School Immaculate Conception Sct St. Rose of Lima School 41 St. Mary's Academy 49 Syr Bishop Grimes JHS 6653 K Bishop Ludden 815 Fav Ro.	031 Bellevue Avenue Syracuse NY 13207 Roxboro Road Mattydale NY 13211 3129 James Street Syracuse NY 13206 hool 400 Salt Springs Road Fayetteville NY 13066 1 South Main Street North Syracuse NY 13212 racuse Street Baldwinsville NY 13027 firkville Road East Syracuse NY 13057 yad Syracuse NY 13219 I 923 North McBride Street Syracuse NY 13208			
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12014_Ononda.pdf			
Osborne Treatment Service				
Provider Number: Administrative Office:	1879 Ms. Elizabeth Gaynes, President/CEO 809 Westchester Avenue, Bronx,NY 10455			Telephone - (718)-707-2600
Certificate Number:	240511272 Renewal Effective: 06/01/2021	Anticipated Recert Review:	05/31/2024	
Program Location:	Basement, 1st-3rd Floors, 809 Westchester Avenue, Bronx, New York 10455			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	7323	Certified Capacity:
Program Name:				
Compliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11272_Osborn.pdf			
	ties, Inc.			T-lashara (045) 500 (747 5 + 1647
Oswego County Opportuni	40660 Ma Diana Cooper Currier Eventities Director			Telephone - (315)-598-4717 Ext 1017
Oswego County Opportuni Provider Number: Administrative Office:	40660 Ms. Diane Cooper-Currier, Executive Director 239 Oneida Street, Fulton,NY 13069			
Provider Number:		Anticipated Recert	01/31/2024	
Provider Number: Administrative Office:	239 Oneida Street, Fulton,NY 13069	Anticipated Recert Review:	01/31/2024	
Provider Number: Administrative Office: Certificate Number:	239 Oneida Street, Fulton,NY 13069 240112371 Establishment Effective: 02/13/2023	Anticipated Recert Review: PRU:	01/31/2024 53707	Certified Capacity: 16
Provider Number: Administrative Office: Certificate Number: Program Location:	239 Oneida Street, Fulton,NY 13069 240112371 Establishment Effective: 02/13/2023 53 Hall Road Hannibal, New York 13074	Review:		Certified Capacity: 16

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10053 Odysse.pdf

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12371_Oswego.pdf

Certificate Number:	250110186 Renewal	Effective:	02/01/2022	Anticipated Recert Review:	01/31/2025
Program Location:	239 Oneida Street, RECORDS ONLY are located at:, Fulton, New York 13069-1228, 5				
Service Type:	Supportive Living (819)	Certified Capacity:	10		
Program Name:	Arbor House Supportive Living Program				

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10186_Oswego.pdf

Provider Number:	70120 Jeannette Pavlus, Director					Telephone - (607)-433-2343
Administrative Office:	3rd Floor, 242 Main Street, Oneonta,NY 138	320				
Certificate Number:	251110917 Renewal	Effective:	12/01/2022	Anticipated Recert Review:	11/30/2025	
Program Location:	Otsego County Satellite Office Building, 2nd	Floor, 242 Main Stree	et, Oneonta, New Yor	k 13820		
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50325	Certified Capacity:
Program Name:	Otsego County Community Services Chemic	cal Dependencies Clin	nic			

- 140 County Highway 33W Cooperstown NY 13326

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10917 Otsego.pdf

Provider Number:	82150 Ms. Kathryn Connerton, Chief	Executive Officer				Telephone - (607)-798-5334
Administrative Office:	169 Riverside Drive, Binghamton,NY	13905				
Certificate Number:	210211968 Renewal	Effective:	03/01/2019	Anticipated Recer Review:	t 02/28/2021	
Program Location:	Administrative Site Only:, 184 Court	Street, Binghamton, New Yor	rk 13901			
Service Type:	Prevention Counseling			PRU:	90733	Certified Capacity:
Program Name:						
Additional Location(s) At						

- Maine-Endwell Middle School 1st Floor Room #142 1119 Farm To Market Road Endwell NY 13760 - Windsor High School Upper Level Guidance Office 1191 Route 79 Windsor NY 13865

Broome-Tioga BOCES East Learning Center (Columbus) 2nd Floor Room 200B 164 Hawley Street Binghamton NY 13901
 Deposit High School 1st Floor Guidance Office 171 2nd Street Deposit NY 13754
 Chenango Valley High School 2nd Floor Guidance Office 221 Chenango Bridge Road Binghamton NY 13901

Binghamton High School 3rd Floor Room A307 31 Main Street Binghamton NY 13905
 Leslie F. Distin Education Center BOCES 435 Glenwood Road Binghamton NY 13905
 Johnson City Middle School Room 111D 601 Columbia Drive Johnson City NY 13790

Seton Catholic Central High School Main Level Guidance Office 70 Seminary Avenue Binghamton NY 13905
 Maine-Endwell High School 1st Floor Room 116.3 750 Farm to Market Road Endwell NY 13760

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11968 OurLad.pdf

Provider Number:	31360 Debra Pantin, President/CEO					Telephone - (718)-847-9233
Administrative Office:	117-11 Myrtle Avenue, Richmond Hill,NY 1	1418				
Certificate Number:	230212300 Establishment	Effective:	03/08/2022	Anticipated Recert Review:	02/28/2023	
Program Location:	117-11 Myrtle Avenue Richmond Hill, New					
Service Type:	Community Psychiatric Support & Treatment	nt (CPST)		PRU:	53625	Certified Capacity:
Program Name:						
Service Type:	Other Licensed Practitioners			PRU:	53626	Certified Capacity:
Program Name:						
Service Type:	Psychosocial Rehabilitation (PSR)			PRU:	53627	Certified Capacity:
Program Name:						

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12300_Outrea.pdf

Certificate Number:	231112076 Establishment	Effective:	12/13/2022	Anticipated Recert Review:	11/30/2023
Program Location:	Pilgrim Psychiatric Center, Building #5, 1st and 2nd Floors 998 Crooked Hill Road Brei	ntwood, New York 11717			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	53093	Certified Capacity:	
Program Name:					
Service Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	53654	Certified Capacity:	200 Capacity Lifted
Program Name:					

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12076 Outrea.pdf

Certificate Number:	240212031 Renewal	Effective:	03/01/2021	Anticipated Recert Review:	02/29/2024
Program Location: Service Type: Program Name:	and Basement, 1st-3rd Floors, 16-14 Weirfield Street, Ridgewood, New York 11385 Residential Rehabilitation Services for Youth (817)	PRU:	53003	Certified Capacity:	30
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12031_Outrea.pdf				
Certificate Number:	240810563 Renewal	Effective:	09/01/2021	Anticipated Recert Review:	08/31/2024
Program Location: Service Type:	Basement, 1st and 2nd Floors, 117-11 Myrtle Avenue, Richmond Hill, New York 11418 Outpatient Service (822) with Telehealth Designation	PRU:	7210	Certified Capacity:	
Program Name:	The Outreach Project				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10563_Outrea.pdf				
Certificate Number:	240812221 Renewal	Effective:	09/01/2021	Anticipated Recert Review:	08/31/2024
Program Location: Service Type:	Building #4 400 Crooked Hill Road Brentwood, New York 11717 Residential Services (820)	PRU:	53263	Certified Capacity:	25
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:	Outreach's Recovery Residence for Women				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12221_Outrea.pdf				
Certificate Number:	240912032 Renewal	Effective:	10/01/2021	Anticipated Recert Review:	09/30/2024
Program Location: Service Type: Program Name:	400 Crooked Hill Road, Brentwood, New York 11717 Residential Rehabilitation Services for Youth (817)	PRU:	53002	Certified Capacity:	45
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10093_Outrea.pdf				
Certificate Number:	250210561 Renewal	Effective:	03/01/2023	Anticipated Recert Review:	02/28/2025
Program Location: Service Type:	Unit C and D, 1st Floor 11 Farber Drive Bellport, New York 11713 Outpatient Service (822) with Telehealth and Adolescent Services Designation	PRU:	6594	Certified Capacity:	
Program Name: Service Type:	Outreach Project - Bellport Outpatient Rehabilitation Service (822) with Telehealth Designation	PRU:	6635	Certified Capacity:	
Program Name: Additional Location(s) At:	Outreach Project - Bellport				
 Longwood High School 100 Lo Eastern Suffolk BOCES-Bellpo OTI Building 1st Floor Office #3 	ngwood Road Middle Island NY 11953 rt Academic Center 350 Martha Avenue Bellport NY 11713 2 and Conference Room #2 400 Crooked Hill Road Brentwood NY 11717 525 Convent Road Syosset NY 11791				
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10561_Outrea.pdf				
Certificate Number:	251212219 Renewal	Effective:	01/01/2024	Anticipated Recert Review:	12/31/2025
Program Location: Service Type:	27A Washington Place Roosevelt, New York 11575 Outpatient Service (822)	2211	50.400		
Program Name:	with Telehealth Designation Outreach's REACT Center	PRU:	53483	Certified Capacity:	
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12219_Outrea.pdf				
Certificate Number:	260111790 Renewal	Effective:	02/01/2023	Anticipated Recert Review:	01/31/2026
Program Location: Service Type:	452 Suffolk Avenue, Brentwood, New York 11717 Outpatient Service (822)	PRU:	52648	Certified Capacity:	
Program Name:	with Telehealth Designation	1.00.	32040	Certified Capacity.	
	kman Clinic - Building #47 998 Crooked Hill Road Brentwood NY 11717 ding #56 Western Suffolk Clinic - Building #56 998 Crooked Hill Road Brentwood NY 11717				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11790_Outrea.pdf				
Certificate Number:	260312264 Renewal	Effective:	04/01/2023	Anticipated Recert Review:	03/31/2026
Program Location: Service Type:	Pilgrim Psychiatric Center, Building #5, 1st and 2nd Floors 998 Crooked Hill Road Brentwood Residential Services (820)	New York 11717 PRU:	53558	Certified Capacity:	36
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12264_Outrea.pdf

Certificate Number:	260411273 Renewal	Effective:	05/01/2023	Anticipated Recert 04/30/2026 Review:
Program Location:	2nd Floor 960 Manhattan Avenue Brooklyn, New York 11222			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51847	Certified Capacity:
Program Namo:				

Program Name:

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11273 Outrea.pdf

Provider Number:	47080 Oana Radu, Chief Operating Office	r				Telephone - (866)-481-2547
Administrative Office:	213 West 35th Street, New York,NY 1001	В				
Certificate Number:	250211691 Amendment	Effective:	10/06/2023	Anticipated Recert Review:	02/28/2025	
Program Location:	1215-1217 Stratford Avenue Bronx, New Y	fork 10472				
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	52233	Certified Capacity:
Program Name:						
Additional Location(s) At						

- Suite 500 213 West 35th Street New York NY 10001

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11691_PACPro.pdf

	1898 David Ockert Ph.D., Executive Director					Telephone - (212)-779-9207
Provider Number:						1 elephone - (212)-779-9207
Administrative Office:	6th Floor, 145 East 32nd Street, New York, NY 1001	6				
Certificate Number:	240910500 Renewal	Effective:	10/01/2021	Anticipated Rec Review:	ert 09/30/2024	
Program Location:	6th Floor, 145 East 32nd Street, New York, New Yor	rk 10016				
Service Type:	Medically Supervised Outpatient Withdrawal & Stabi [without the use of methadone]	ilization (816.8)	PRU:	8020	Certified Capacity: 25
Program Name:						
Compliance Performance F	Data http://webapps.oasas.nv.gov/legal/CertApp/Directory	v/documente/1	0500 Parall odf			
		y/documents/ n				
Certificate Number:	250910920 Renewal			Effective:	10/01/2022	Anticipated Recert 09/30/2025 Review:
Program Location:	6th Floor, 145 East 32nd Street, New York, New Yor	rk 10016				
Service Type:	Outpatient Service (822)			PRU:	5513	Certified Capacity:
controc Type.	with Telehealth Designation [with ancillary withdrawa	al services]				
Program Name:	with Telehealth Designation [with ancillary withdrawa	al services]				
Program Name:			0020 Parall odf			
Program Name:	with Telehealth Designation [with ancillary withdrawa		0920 Parall.pdf			
Program Name: Compliance Performance D	Data http://webapps.oasas.nv.gov/legal/CertApp/Directory		0920 Parall.pdf			
Program Name: Compliance Performance D Pearl Street Counseling C	Data http://webapps.oasas.nv.gov/legal/CertApp/Directory		0920 Parall.pdf			Telephone - (518)-462-4320
Program Name: Compliance Performance D Pearl Street Counseling C Provider Number:	Data http://webapps.oasas.nv.qov/leqal/CertApp/Directory		0920 Parall.pdf			Telephone - (518)-462-4320
Program Name:	Data http://webapps.oasas.nv.gov/legal/CertApp/Directory Center, Inc. 651 Mr. Guy Kuperman, Executive Director 1st Floor, 109 State Street, Albany,NY 12207		0920 Parall.pdf 07/01/2019	Anticipated Rec Review:	ert 06/30/2021	Telephone - (518)-462-4320

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11525 PearlS.pdf

Outpatient Service (822)

with Telehealth Designation

Pesach Tikvah-Hope Development, Inc.								
Provider Number:	21890 Ethan Kahn,	Telephone - (084)-822-3804 Ext 9177501478						
Administrative Office:	926 Bedford Avenu	ue, Brooklyn,NY 11205						
Certificate Number:	240612403 Es	stablishment	Effective:	07/25/2023	Anticipated Recert Review:	06/30/2024		
Program Location: Service Type:	926 Bedford Avenu Outpatient Service	ue Brooklyn, New York 11205 : (822)			PRU:	53708	Certified Capacity:	
Program Name:	22.42	()						

PRU:

1694

Certified Capacity:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12403 Pesach.pdf

Phoenix Houses of Long Island, Inc.

Service Type:

Program Name:

Provider Number: Administrative Office:	50570 Ms. Ann Marie Foster, President and CEO 34-11 Vernon Boulevard, Long Island City,NY 11106				Telephone - (718)-726	-8484
ertificate Number:	240111310 Renewal Effective:	02/01/2022	Anticipated Recert Review:	01/31/2024		
ogram Location: ervice Type:	95 Industrial Road, Wainscott, New York 11975 Intensive Residential Rehabilitation (819)		PRU:	6298	Certified Capacity:	45
rogram Name:	with Telehealth Designatioin Phoenix House Academy of Long Island		110.	0200	contined oupdoidy.	
ompliance Performance D	bata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/1	1310 Phoeni.pdf				
ertificate Number:	240412080 Conditional Certificate		Effective:	05/01/2023	Anticipated Recert Review:	04/30/2024
rogram Location: ervice Type:	Basement, 1st-5th Floors, 34-25 Vernon Boulevard, Long Island C Residential Services (820) with Telehealth Designation	ity, New York 11106	B PRU:	53073	Certified Capacity:	190
ements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration	Congregate	Scattered			
ogram Name:						
ompliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/1	2080 Phoeni.pdf				
ertificate Number:	240512155 Renewal		Effective:	06/01/2021	Anticipated Recert Review:	05/31/2024
rogram Location: ervice Type:	153, 153A, and 161 Lake Shore Road Lake Ronkonkoma, New Yo Residential Services (820) with Telehealth Designation	ork 11779	PRU:	53273	Certified Capacity:	96
lements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration	Congregate	Scattered			
rogram Name:	Phoenix House - Lake Ronkonkoma					
ompliance Performance D	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/1	2155 Phoeni.pdf				
ertificate Number:	250111308 Renewal		Effective:	02/01/2022	Anticipated Recert Review:	01/31/2025
ogram Location: ervice Type:	220 Veterans Memorial Highway, Hauppauge, New York 11788 Intensive Residential Rehabilitation (819)		PRU:	2013	Certified Capacity:	65
rogram Name:	with Telehealth Designation Phoenix House Hauppauge Center					
ompliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/1	1308 Phoeni.pdf				
ertificate Number:	250812184 Renewal		Effective:	09/01/2022	Anticipated Recert Review:	08/31/2025
rogram Location: ervice Type:	1st Floor 34-11 Vernon Boulevard Long Island City, New York 111 Outpatient Service (822) with Telehealth Designation	06	PRU:	53318	Certified Capacity:	
rogram Name:	Parkside Outpatient Program					
ompliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/1	2184 Phoeni.pdf				
ertificate Number:	251011778 Renewal		Effective:	11/01/2023	Anticipated Recert Review:	10/31/2025
rogram Location: ervice Type:	287 Springs-Fireplace Road, East Hampton, New York 11937 Outpatient Service (822)		PRU:	52627	Certified Capacity:	
rogram Name:	with Telehealth Designation East Hampton Outpatient Services		FRU.	52021	Certined Capacity.	
ompliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/1	1778 Phoeni.pdf				
ostgraduate Center for M	Vental Health					
rovider Number:	18270 Mr. Jacob Barak, CEO				Telephone - (212)-899	-5500 Ext 20
dministrative Office:	158 East 35th Street, New York,NY 10016					
ertificate Number:	220512190 Conditional OASAS Effective: Certificate Host	06/01/2021	Anticipated Recert Review:	05/31/2022		
ogram Location: ervice Type:	8th Floor 1775 Grand Concourse Bronx, New York 10453 Outpatient Service (822) with Telehealth Designation		PRU:	53437	Certified Capacity:	
rogram Name:	Bronx Recovery Support Center					
ervice Type: rogram Name:	Integrated Outpatient Services - MH Bronx Recovery Support Center		PRU:		Certified Capacity:	
-						
monance Performance D	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/1	2190 Postar.pdf				

Provider Number:	38040 Ms. Robin Mann, Executive Director					Telephone - (716)-831-2298
Administrative Office:	1625 Hertel Avenue, Buffalo,NY 14216					
Certificate Number:	240912001 Renewal	Effective:	10/01/2021	Anticipated Recert Review:	09/30/2024	
Program Location:	1st Floor, 1625 Hertel Avenue, Buffalo, New York	14216				
Service Type:	Prevention Counseling			PRU:	90711	Certified Capacity:
Program Name:	Student Assistance Prevention Counseling Program	m				
Additional Location(s) At:	amaghira Stragt Buffala NV 14212					
- McKinley High School Room 2 - School # 19 - Native American Enterprise Charter School 1st Bennett High School 2885 Ma Riverside Institute of Technolo Lackawanna High/Middle Sch - School #66 - North Park Midd	ampshire Street Buffalo NY 14213 210 1500 Elmwood Avenue Buffalo NY 14207 n Magnet 2nd Floor Room 210 238 Ontario Street E Floor Social Worker's Office 275 Oak Street Buffal in Street Buffalo NY 14214 gog Room 131 51 Ontario Street Buffalo NY 14215 ool Guidance Office 550 Martin Road Lackawanna le Academy Guidance Office 780 Parkside Avenue mpton Avenue Buffalo NY 14211	o NY 14203 NY 14218	6			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directo	pry/documents/12	001 ErieCo.pdf			
Professional Counseling Service	vices, Inc.					
Provider Number:	49850 Ms Kristin Botwinick, CEO					Telephone - (315)-488-1641
Administrative Office:	Medical Center West, Suite #118, 1st Floor, 5700	West Genesee St	reet, Camillus,NY 130	31		
Cartificata Number	240912121 Renewal	Effective:	10/01/2022	Anticipated Recert	00/20/2024	
Certificate Number:				Review:	09/30/2024	
Program Location:	Medical Center West, Suite #118, 1st Floor 5700 V	Vest Genesee Str	reet Camillus, New Yor	k 13031		
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	53177	Certified Capacity:
Program Name:	0					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directc	prv/documents/12	121 Profes pdf			
Project Hospitality, Inc.						
Provider Number:	19900 Ms. Jaclyn Stoll, Interim Executive Director					Telephone - (718)-448-1544 Ext 110
Administrative Office:	100 Park Avenue, Staten Island,NY 10302					
Certificate Number:	240812148 Renewal	Effective:	09/01/2021	Anticipated Recert Review:	08/31/2024	
Program Location:	Bayley Seton Campus 1st Floor - F Wing, 75 Vand	lerbilt Avenue, Sta	aten Island, New York	10304		
Service Type:	Residential Services (820)			PRU:	53232	Certified Capacity: 20
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered		
Program Name:	PREP					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directc	ory/documents/12	148 Projec.pdf			
Certificate Number:	250810948 Renewal			Effective:	09/01/2023	Anticipated Recert 08/31/2025 Review:
Program Location:	14 Slosson Terrace Staten Island, New York 1030	1				
Service Type:	Outpatient Service (822)			PRU:	51157	Certified Capacity:
Program Name:	with Telehealth Designation					
Additional Location(s) At:	for Children's Services 3rd and 5th Floors 350 St. N	Mark's Place State	an Island NY 10301			
New York Orly / aminiou alon						
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/10	948 Projec.pdf			
Project Renewal, Inc.						
Provider Number:	50470 Mr. Eric Rosenbaum, President & Chief Exe	ecutive Officer				Telephone - (212)-620-0340
Administrative Office:	9th Floor, 200 Varick Street, New York, NY 10014					
Certificate Number:	210112224 Amendment	Effective:	11/19/2020	Anticipated Recert Review:	01/31/2021	
Program Location:	2nd Floor 179 East 116th Street New York, New Y	ork 10029				
Service Type:	Outpatient Service (822)			PRU:	53475	Certified Capacity:
Program Name:	with Telehealth Designation Project Renewal Support and Connection Center					continue capacity.
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/12	224 Projec.pdf			
Certificate Number:	241010949 Conditional Certificate			Effective:	11/01/2023	Anticipated Recert 10/31/2024
Program Location:	1st Floor 8 East Third Street New York, New York	10003				
Service Type:	Outpatient Service (822)			PRU:	50052	Certified Capacity:
Due www. N	with Telehealth Designation					
Program Name:	Project Renewal Chemical Dependence Outpatien	it Clinic				

						Anticipated Becert	
Certificate Number:	260712323 Renewal			Effective:	08/01/2023	Anticipated Recert (Review:	07/31/2026
Program Location: Service Type:	2nd, 3rd and 4th Floors, 8 East Third Street, New Y Residential Services (820)	'ork, New York 1	10003	PRU:	53666	Certified Capacity: 6	60
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered			
Program Name:							
Compliance Performance Data	a http://webapps.oasas.nv.gov/legal/CertApp/Director	ry/documents/					
Putnam Family and Commu	nity Services, Inc. d/b/a CoveCare Center						
Provider Number:	27700 Eric Toth, Chief Executive Officer					Telephone - (845)-225-	-2700 Ext 246
Administrative Office:	1808 Route 6, Carmel,NY 10512						
Certificate Number:	260510952 Renewal	Effective:	06/01/2023	Anticipated Recert Review:	05/31/2026		
Program Location:	1808 Route Six Carmel, New York 10512						
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50422	Certified Capacity:	
Program Name:	Chemical Dependency Treatment Services						
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Director	ry/documents/10	0952 Putnam.pdf				
Q.S.A. Services Incorporate	d d/b/a The PAC Program of Queens						
Provider Number:	44510 kevin Ross, CEO/President					Telephone - (917)-903-	-7445
Administrative Office:	11th Floor, 15 West 39th Street, New York,NY 100	18					
Certificate Number:	240511491 Amendment	Effective:	05/03/2022	Anticipated Recert Review:	05/31/2024		
Program Location:	40-6 Warren Street Elmhurst, New York 11373						
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	51997	Certified Capacity:	
Program Name:	The PAC Program						
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Director	ry/documents/11	1491 QSASer.pdf				
The REACH Project, Inc.							7000
The REACH Project, Inc. Provider Number: Administrative Office:	51440 Samantha Stevenson, Director of operations 1001 W. Seneca Street, Ithaca,NY 14850	3				Telephone - (607)-273-	-7000
Provider Number: Administrative Office: Certificate Number:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal	Effective:	05/01/2022	Anticipated Recert Review:	04/30/2025	Telephone - (607)-273-	-7000
Provider Number: Administrative Office: Certificate Number: Program Location:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York	Effective:	05/01/2022	Review:			-7000
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal	Effective: 14850	05/01/2022	Anticipated Recert Review: PRU:	04/30/2025 53498	Telephone - (607)-273- Certified Capacity:	-7000
Provider Number: Administrative Office: Certificate Number: Program Location:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822)	Effective: 14850	05/01/2022	Review:			-7000
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822)	Effective: 14850 val services]		Review:			-7000
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc.	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw	Effective: 14850 val services]		Review:		Certified Capacity:	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw http://webapps.oasas.ny.gov/legal/CertApp/Director	Effective: 14850 val services]		Review:			
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc.	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw	Effective: 14850 val services]		PRU:	53498	Certified Capacity:	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number: Administrative Office: Certificate Number:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw http://webapps.oasas.ny.gov/legal/CertApp/Director 19660 Michael Cannaday, Executive Director 4th Floor, 31-75 23rd Street , Astoria,NY 11102 250611685 Amendment	Effective: 14850 /al services] ry/documents/12 Effective:		Review:	53498	Certified Capacity:	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number: Administrative Office: Certificate Number: Program Location:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw http://webapps.oasas.ny.gov/legal/CertApp/Director 19660 Michael Cannaday, Executive Director 4th Floor, 31-75 23rd Street , Astoria,NY 11102 250611685 Amendment 4th Floor 31-75 23rd Street Astoria, New York 1110	Effective: 14850 /al services] ry/documents/12 Effective:	2234 TheREA.pdf	PRU: PRU: Anticipated Recert Review:	53498 06/30/2025	Certified Capacity: Telephone - (212)-281-	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number: Administrative Office: Certificate Number:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw http://webapps.oasas.ny.gov/legal/CertApp/Director 19660 Michael Cannaday, Executive Director 4th Floor, 31-75 23rd Street , Astoria,NY 11102 250611685 Amendment	Effective: 14850 /al services] ry/documents/12 Effective:	2234 TheREA.pdf	PRU:	53498	Certified Capacity:	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw a http://webapps.oasas.ny.gov/legal/CertApp/Director 4th Floor, 31-75 23rd Street , Astoria,NY 11102 250611685 Amendment 4th Floor 31-75 23rd Street Astoria, New York 1110 Outpatient Service (822) with Telehealth Designation	Effective: 14850 /al services] ry/documents/12 Effective:	2234 TheREA.pdf	PRU: PRU: Anticipated Recert Review:	53498 06/30/2025	Certified Capacity: Telephone - (212)-281-	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw a http://webapps.oasas.ny.gov/legal/CertApp/Director 4th Floor, 31-75 23rd Street , Astoria,NY 11102 250611685 Amendment 4th Floor 31-75 23rd Street Astoria, New York 1110 Outpatient Service (822)	Effective: 14850 /al services] ry/documents/12 Effective:	2234 TheREA.pdf	PRU: PRU: Anticipated Recert Review:	53498 06/30/2025	Certified Capacity: Telephone - (212)-281-	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw a http://webapps.oasas.ny.gov/legal/CertApp/Director 4th Floor, 31-75 23rd Street , Astoria,NY 11102 250611685 Amendment 4th Floor 31-75 23rd Street Astoria, New York 1110 Outpatient Service (822) with Telehealth Designation Outpatient Service (822) with Telehealth Designation	Effective: 14850 /al services] ry/documents/12 Effective:	2234 TheREA.pdf	Anticipated Recert Review: PRU:	53498 06/30/2025 52219	Certified Capacity: Telephone - (212)-281- Certified Capacity:	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name: Additional Location(s) At: - 1st Floor 8-13 Astoria Bouley	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw a http://webapps.oasas.ny.gov/legal/CertApp/Director 4th Floor, 31-75 23rd Street , Astoria,NY 11102 250611685 Amendment 4th Floor 31-75 23rd Street Astoria, New York 1110 Outpatient Service (822) with Telehealth Designation Outpatient Service (822) with Telehealth Designation	Effective: 14850 val services] ry/documents/12 Effective: 06	2234 TheREA.pdf 02/28/2024	Anticipated Recert Review: PRU:	53498 06/30/2025 52219	Certified Capacity: Telephone - (212)-281- Certified Capacity:	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name: Additional Location(s) At: - 1st Floor 8-13 Astoria Bouley	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw a http://webapps.oasas.ny.gov/legal/CertApp/Director 4th Floor, 31-75 23rd Street , Astoria,NY 11102 250611685 Amendment 4th Floor 31-75 23rd Street Astoria, New York 1110 Outpatient Service (822) with Telehealth Designation Outpatient Service (822) with Telehealth Designation Astoria NY 11102	Effective: 14850 val services] ry/documents/12 Effective: 06	2234 TheREA.pdf 02/28/2024	Anticipated Recert Review: PRU:	53498 06/30/2025 52219	Certified Capacity: Telephone - (212)-281- Certified Capacity: Certified Capacity:	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name: Additional Location(s) At: - 1st Floor 8-13 Astoria Bouley Compliance Performance Data	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw a http://webapps.oasas.ny.gov/legal/CertApp/Director 4th Floor, 31-75 23rd Street , Astoria,NY 11102 250611685 Amendment 4th Floor 31-75 23rd Street Astoria, New York 1110 Outpatient Service (822) with Telehealth Designation Outpatient Service (822) with Telehealth Designation Astoria NY 11102 a http://webapps.oasas.ny.gov/legal/CertApp/Director	Effective: 14850 val services] ry/documents/12 Effective: 06	2234 TheREA.pdf 02/28/2024	PRU: PRU: Anticipated Recert Review: PRU: PRU:	53498 06/30/2025 52219 52219	Certified Capacity: Telephone - (212)-281- Certified Capacity: Certified Capacity:	-6004
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data Reality House, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name: Additional Location(s) At: - 1st Floor 8-13 Astoria Bouley Compliance Performance Data	1001 W. Seneca Street, Ithaca,NY 14850 250412234 Renewal 1st Floor 1001 W. Seneca Street Ithaca, New York Outpatient Service (822) with Telehealth Designation [with ancillary withdraw a http://webapps.oasas.ny.gov/legal/CertApp/Director 4th Floor, 31-75 23rd Street , Astoria,NY 11102 250611685 Amendment 4th Floor 31-75 23rd Street Astoria, New York 1110 Outpatient Service (822) with Telehealth Designation Outpatient Service (822) with Telehealth Designation Astoria NY 11102 a http://webapps.oasas.ny.gov/legal/CertApp/Director	Effective: 14850 val services] ry/documents/12 Effective: 06	2234 TheREA.pdf 02/28/2024	PRU: PRU: Anticipated Recert Review: PRU: PRU:	53498 06/30/2025 52219 52219	Certified Capacity: Telephone - (212)-281- Certified Capacity: Certified Capacity:	-6004

Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate

Program Name: RHI Community and Veterans Behavioral Health Care

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12324_Realit.pdf

Realization Center, Inc.						
Provider Number:	27270 Kristi Makris LMHC, Chief Executive Officer				Telephone - (212)-627-9600	
Administrative Office:	7th Floor, 19 Union Square West, New York, NY 10003					
Certificate Number:	240810955 Renewal Effective:	: 09/01/2022	Anticipated Recert Review:	08/31/2024		
Program Location:	7th Floor, 19 Union Square West, New York, New York 10003	3				
Service Type:	Outpatient Service (822) [with ancillary withdrawal services] with Telehealth Designatio	ın	PRU:	7073	Certified Capacity:	
Program Name:	Realization Center Clinic					
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/docume	nts/10955 Realiz.pdf				
Certificate Number:	250111350 Renewal		Effective:	02/01/2023	Anticipated Recert 01/31/2 Review:	2025
Program Location:	2nd Floor, 175 Remsen Street, Brooklyn, New York 11201					
Service Type:	Outpatient Service (822) [with ancillary withdrawal services] with Telehealth Designatio	'n	PRU:	7393	Certified Capacity:	
Program Name:	[
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/docume	nts/11350 Realiz.pdf				
•	state New York, Inc. as Sponsor, East House Corporation as	s Operator				
Provider Number: Administrative Office:	50410 Lindsay Gozzi-Theobald, President & CEO Suite 200, 259 Monroe Avenue, Rochester,NY 14607				Telephone - (585)-238	3-4800 Ext 4811
Certificate Number:	231012344 Establishment Effect	tive: 11/22/2022	Anticipated Re Review:	ecert 10/31/2023		
Program Location:	109 Dartmouth Street Rochester, New York 14607					
Service Type:	Residential Services (820) with Telehealth Designation		PRU:	53757	Certified Capacity:	12
Elements:	Stabilization Rehabilitation V Reintegra	ation 🖌 Congregate	Scattered			
Program Name:	Hirst House					
Compliance Performance Da	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/docume	<u>nts/</u>				
Certificate Number:	231012345 Establishment		Effective:	11/22/2022	Anticipated Recert Review:	10/31/2023
Program Location: Service Type:	561 Mount Hope Avenue Rochester, New York 14620 Residential Services (820) with Telehealth Designation		PRU:	53756	Certified Capacity:	14
Elements:	Stabilization Rehabilitation V Reintegra	ation 🖌 Congregate	Scattered			
Program Name:	Crossroads I, Hanson House					
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/docume	nts/12345 Recove.pdf				
Certificate Number:	231012346 Establishment		Effective:	11/22/2022	Anticipated Recert Review:	10/31/2023
Program Location:	50 Browncroft Boulevard Rochester, New York 14609					
Service Type:	Residential Services (820) with Telehealth Designation		PRU:	53755	Certified Capacity:	12
Elements:	Stabilization Rehabilitation Reintegra	ation 🖌 Congregate	Scattered			
Program Name:	Browncroft House					
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/docume	nts/12346 Recove.pdf				
Certificate Number:	231012347 Establishment		Effective:	11/22/2022	Anticipated Recert Review:	10/31/2023
Program Location: Service Type:	1st and 2nd Floors, Basement 407 Frederick Douglass Stree Residential Services (820) with Telehealth Designation	et Rochester, New York 1460	08 PRU:	53754	Certified Capacity:	16
Elements:	Stabilization Rehabilitation Reintegra	ation 🖌 Congregate	Scattered			
Program Name:	Crossroads III, Cody House					
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/docume	nts/12347 Recove.pdf				

Scattered

Certificate Number:	231110191 Amendment	Effective:	08/01/2022	Anticipated Recert 11/30/2023
		Ellective.	08/01/2023	Review:
Program Location: Service Type:	259 Monroe Avenue Rochester, New York 14607 Supportive Living (819)	PRU:	51260	72 Certified Capacity: and up to 12 be
Program Name:	with Telehealth Designation Crossroads Apartment Program			for children
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10191_Recove.pdf			
Recovery Center of Niaga				
Provider Number:	52050 Zevi Friedman, CEO/Owner			Telephone - (332)-242-5810
Administrative Office:	2600 William Street, Newfane,NY 14108			
Certificate Number:	260712350 Amendment Effective: 12/21/2023	Anticipated Recert Review:	07/31/2026	
Program Location:	2600 William Street Newfane, New York 14108			
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation	PRU:	53665	Certified Capacity: 79
Program Name:				
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12350_Recove.pdf			
Certificate Number:	260712351 Amendment	Effective:	12/21/2023	Anticipated Recert 07/31/2026
Program Location:	2600 William Street Newfane, New York 14108			
Service Type:	Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7)	PRU:	53758	Certified Capacity: 21
Program Name:	with Telehealth Designation			
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12351_Recove.pdf			
tegional Economic Comn Provider Number:	nunity Action Program, Inc. 34070 Mr. Charles Quinn, Chief Executive Officer			Telephone - (845)-421-6243
dministrative Office:	40 Smith Street, Middletown,NY 10940			Telephone - (643)-421-0243
ertificate Number:	240210116 Renewal Effective: 03/01/2022	Anticipated Recert Review:	02/29/2024	
rogram Location:	Basement,, 1st & 2nd Floors, 127 Hickory Hill Road, Newburgh, New York 12550			
Service Type:	Community Residential (819)	PRU:	50196	Certified Capacity: 24
Program Name:	RECAP - New Life Halfway House			
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10116_Region.pdf			
ertificate Number:	240611223 Renewal	Effective:	07/01/2021	Anticipated Recert 06/30/2024
Program Location:	1st Floor, 40-48 Smith Street, Middletown, New York 10940			
Service Type:	Outpatient Rehabilitation Service (822)	PRU:	50990	Certified Capacity:
Program Name:				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11223 Region.pdf			
Rego Park Counseling LL				
Provider Number: Administrative Office:	51310 Mr Emanuil Kalendarev, Owner 1st Floor, 6336 99th Street, Rego Park,NY 11374			Telephone - (718)-496-3834
ertificate Number:	240312223 Amendment OASAS Effective: 10/05/2023	Anticipated Recert	03/31/2024	
	Host	Review:		
rogram Location: ervice Type:	1st Floor 6336 99th Street Rego Park, New York 11374 Outpatient Service (822)	PRU:	53489	Certified Capacity:
	with Telehealth Designation	FNU.	00400	Sertineu Capacity.
Program Name: Service Type:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:
Program Name:				Continiou Capacity.
ompliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12223 RegoPa.pdf			
Rehabilitation Support Ser	rvices, Inc.			
Provider Number:	14370 Mr. William DeVita, Executive Director			Telephone - (518)-464-1511
dministrative Office:	5172 Western Turnpike, Altamont,NY 12009			· · · · ·
Certificate Number:	230512320 Establishment Effective: 06/01/2022	Anticipated Recert Review:	05/31/2023	
rogram Location:	Basement, 1st, 2nd & 3rd Floors, 11 Overbaugh Street, Saugerties, New York 12477	NEVICW.		
ervice Type:	Residential Services (820)	PRU:	53658	Certified Capacity: 18

Elements:	Stabilization		Rehabilitation	1	Reintegration	~	Congregate		Scattered
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Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12320 Rehabi.pdf

Release Recovery Centers	, LLC								
Provider Number:	53670 Laura Sorte, Executive Director					Telephone - (914)-261-8121			
Administrative Office:	Suite 400, 4th Floor, 3020 Westchester Avenue,	Suite 400, 4th Floor, 3020 Westchester Avenue, Purchase,NY 10577							
Certificate Number:	250112418 Amendment	Effective:	03/08/2024	Anticipated Recei Review:	t 01/31/2025				
Program Location:	Suite 400, 4th Floor 3020 Westchester Avenue F	Purchase, New Yo	ork 10577						
Service Type:	Outpatient Service (822)			PRU:	53863	Certified Capacity:			
Program Name:									
Service Type:	Outpatient Rehabilitation Service (822)			PRU:	53898	Certified Capacity:			
Program Name:									

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12418 Releas.pdf

Provider Number:	70300 Ms. Katherine Alonge-Coons, C	ommissioner				Telephone - (518)-270-2807				
Administrative Office:	County Office Building, 3rd Floor, 1600	7th Avenue, Troy,NY 1218								
Certificate Number:	230312013 Renewal	Effective:	04/01/2020	Anticipated Recert Review:	03/31/2023					
Program Location:	Ned Pattison Rensselaer County Gove	led Pattison Rensselaer County Government Center, 3rd Floor, 1600 7th Avenue, Troy, New York 12180								
Service Type:	Prevention Counseling			PRU:	90821	Certified Capacity:				
Program Name:	Unified Services									
Additional Location(s) At:										
	46 Cattle Dead Averill Ded: NV 12010									
Averill Park High School 1	17400 Route 22 Cherry Plain NY 12018									

- Algonquin Middle School 1st Floor Room 402 333 NY Highway 351 Averille Park NY 12018 - Goff Middle School Office 35 Gilligan Road East Greenbush NY 12061 - Columbia High School 962 Luther Road East Greenbush NY 12061

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12013 Rensse.pdf

Renwick Recovery, Inc.								
Provider Number: Administrative Office:		enick PFata, Executive Director Newburgh,NY 12550					Telephone - (845)-569-0775	
Certificate Number:	181210335	Special Relssue	Effective:	01/01/2018	Anticipated Recei Review:	^{rt} 12/31/2018		
Program Location: Service Type: Program Name:	131 Mill Street, Supportive Livir	Newburgh, New York 12550 ng (819)			PRU:	51584	Certified Capacity:	40

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10335 Renwic.pdf

The Rescue Mission of Utica	. N.Y.						
Provider Number: Administrative Office:	36280 Wendy Goetz, Executive Director 293 Genesee Street, Utica,NY 13501					Telephone - (315)-735-1645 Ext	2101
Certificate Number:	251212078 Renewal	Effective:	01/01/2023	Anticipated Recert Review:	12/31/2025		
Program Location:	210 Lansing Street Utica, New York 13501						
Service Type:	Residential Services (820)			PRU:	53101	Certified Capacity:	25
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered			

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12078 TheRes.pdf

Resource Recovery Cente	er of Orange County, LLC					
Provider Number:	50790 Mr. Jose Delgado, Chief Executive Officer					Telephone - (845)-209-3500 Ext 7011
Administrative Office:	68 Crystal Run Road, Middletown,NY 10941					
Certificate Number:	250812181 Renewal	Effective:	09/01/2023	Anticipated Recert Review:	08/31/2025	
Program Location:	1st & 2nd Floors 68 Crystal Run Road Middletow	n, New York 109	41			
Service Type:	Inpatient Rehabilitation Service (818)			PRU:	53323	Certified Capacity: 50
Program Name:						

Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12181 Resour.pdf			
Certificate Number:	260812182 Renewal	Effective:	09/01/2023	Anticipated Recert 08/31/2026 Review:
Program Location: Service Type:	1st Floor 68 Crystal Run Road Middletown, New York 10941 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) [up to 22 of these beds may be used for the provision of Part 818 inpatient rehabilitation services, as needed]	n PRU:	53351	Certified Capacity: 24
Program Name:				
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12182_Resour.pdf			
The Resource Training Ce				
Provider Number: Administrative Office:	46430 Ms. Ann Marie Perrotto, President/CEO 4521 Arthur Kill Road, Staten Island,NY 10309			Telephone - (929)-295-1266 Ext 32
d/b/a Christopher's Reaso				
Certificate Number:	260912144 Renewal Effective: 10/01/2023	Anticipated Recert	09/30/2026	
Program Location:	3rd Floor 4521 Arthur Kill Road Staten Island, New York 10309	Review:	00/00/2020	
Service Type:	Outpatient Service (822)	PRU:	53241	Certified Capacity:
Program Name:	with Telehealth Designation [with ancillary withdrawal services]	PRO.	55241	Centined Capacity.
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12144 Resour.pdf			
Restorative Management	Corp.			
Provider Number: Administrative Office:	1617 Mr. Jeffrey Spitz, Executive Director 7 Railroad Avenue, Middletown,NY 10940			Telephone - (845)-342-5941
Certificate Number:	251011702 Renewal Effective: 11/01/2022	Anticipated Recert Review:	10/31/2025	
Program Location:	Suite #108, 123 Pike Street Port Jervis, New York 12771			
Service Type:	Outpatient Service (822) with Telehealth and Problem Gambling Designations	PRU:	52245	Certified Capacity:
Program Name:				
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11702_Restor.pdf			
Certificate Number:	251210960 Renewal	Effective:	01/01/2023	Anticipated Recert 12/31/2025 Review:
Program Location: Service Type:	Floor 2, 7 Railroad Avenue, Middletown, New York 10940 Outpatient Service (822) with Telehealth and Problem Gambling Designations	PRU:	6377	Certified Capacity:
Program Name:				
Additional Location(s) At: Jefferson Prof Plaza Phase	e II Suite 2 64 Jefferson Street Monticello NY 12701			
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10960 Restor.pdf			
Certificate Number:	260310961 Renewal	Effective:	04/01/2023	Anticipated Recert 03/31/2026 Review:
Program Location:	172-178 Liberty Street Newburgh, New York 12550			
Service Type:	Outpatient Service (822) with Telehealth and Program Gambling Designations	PRU:	7265	Certified Capacity:
Program Name:				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10961 Restor.pdf			
RevCore Recovery Center Provider Number:	of Manhattan, LLC 49130 Mr. Avraham Schick, Executive Director/CEO			Telephone - (718)-514-6007
Administrative Office:	3th Floor, 15 2nd Avenue , Brooklyn,NY 11215			
Certificate Number:	260511949 Renewal Effective: 06/01/2023	Anticipated Recert Review:	05/31/2026	
Program Location:	4th Floor 394 Broadway New York, New York 10013			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52928	Certified Capacity:
Program Name:				
Additional Location(s) At: Terence Cardinal Cooke H 3rd Floor 15 Second Aven	lealth Care Center (TCC) 4th Floor Suite A-419 1249 5th Avenue New York NY 10029			
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11949 RevCor.pdf			
Certificate Number:	260511950 Renewal	Effective:	06/01/2023	Anticipated Recert 05/31/2026 Review:
	- · · · · · · · · · · · · · · · · · · ·			

Program Location:	3rd & 4th Floors, 37-20 74th Street, Jackson Heights, New York 11372			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52929	Certified Capacity:

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11950_RevCor.pdf

	d/b/a Richmond University Medical Center					
rovider Number:	45720 Mr. Daniel Messina, CEO					Telephone - (718)-818-2400
dministrative Office:	Active Parent Corporation: Bridge Regional Health	n System, Inc., 35	55 Bard Avenue, State	n Island,NY 10310		
ertificate Number:	240711634 Renewal	Effective:	08/01/2021	Anticipated Recert Review:	07/31/2024	
Program Location:	Silberstein Center 2nd Floor 1130 South Avenue	Staten Island, Ne	w York 10314			
Service Type:	Outpatient Service (822) with Problem Gambling and Telehealth Designation	on [with ancillary	withdrawal services]	PRU:	52125	Certified Capacity:
Program Name:	Center for Young Adults					
Service Type:	Outpatient Service (822) with Problem Gambling and Telehealth Designation	on [with ancillary	withdrawal services]	PRU:	53050	Certified Capacity:
Program Name:	Center for Young Adults					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/1	1634 Richmo.pdf			
RISE Housing and Suppo						
Provider Number:	50590 Ms Sybil Newell M.A, Executive Director					Telephone - (518)-587-6193
Administrative Office:	127 Union Street, Saratoga Springs, NY 12866					
Certificate Number:	230212302 Establishment	Effective:	03/21/2022	Anticipated Recert Review:	02/28/2023	
Program Location:	994 Route 67 Ballston Spa, New York 12020				50000	
Service Type:	Residential Services (820)			PRU:	53629	Certified Capacity: 6
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered		
Program Name:	Hedgerow House Apartment Program					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/12	2302 RISEHo.pdf			
Certificate Number:	251112180 Renewal			Effective:	12/01/2022	Anticipated Recert 11/30/2025 Review:
Program Location:	994 Route 67 Ballston Spa, New York 12020					
Service Type:	Residential Services (820)			PRU:	53320	Certified Capacity: 16
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered		
Program Name:	Hedgerow House					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/12	2180 RISEHo.pdf			
RiseBoro Community Par	tnership					
Provider Number:	23470 Mr. Scott Short, Chief Executive Officer					Telephone - (718)-821-0254
Administrative Office:	555 Bushwick Avenue, Brooklyn,NY 11206					
Certificate Number:	240411984 Renewal	Effective:	05/01/2021	Anticipated Recert Review:	04/30/2024	
Program Location:	5th Floor, 1474 Gates Avenue, Brooklyn, New Yor	rk 11237				
Service Type:	Prevention Counseling			PRU:	90769	Certified Capacity:
Program Name						

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11984_RiseBo.pdf

The Riverdale Mental Health	Association In	nc						
Provider Number:			an Ph.D., Executive	Director				Telephone - (718)-796-5300 Ext 145
Administrative Office:	5676 Riverdale	e Avenue, Bror	x,NY 10471					
Certificate Number:	200911355	Amendment	OMH Host	Effective:	09/04/2020	Anticipated Recert Review:	09/30/2020	
Program Location:	Rooms #201 8	& #202, 2nd Flo	or, 5676 Riverdale A	venue, Bronx, Ne	w York 10471			
Service Type:	Outpatient Ser with Telehealth					PRU:	2016	Certified Capacity:
Program Name:								
Certificate Number: Program Location: Service Type:	200911355 Rooms #201 8 Outpatient Ser	Amendment & #202, 2nd Flo vice (822)	OMH Host			Review:	09/30/2020	Certified Capacity:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11355 Riverd.pdf

Riverhead Community Awareness Program, Inc.

Provider Number: 2011 Ms. Felicia Scocozza, Executive Director

Telephone - (631)-727-3722 Ext 102

Certificate Number:	240812222 Renewal	Effective:	09/01/2021	Anticipated Recert Review:	08/31/2024	
Program Location: Service Type:	Administrative Offices, Suite 106 , 518 East Main Prevention Counseling with Telehealth Designation	n Street Riverhead,	New York 11901	PRU:	90638	Certified Capacity:
Program Name:	Riverhead CAP					
Roanoke Elementary Scho Riverhead Middle School 2	y School 1st Floor Room 35 141 Phillips Avenue River ol 2nd Floor Room 208 549 Roanoke Avenue River and Floor Room N-30 600 Harrison Avenue Riverhead d Floor Room 205C 700 Harrison Avenue Riverhead	nead NY 11901 ad NY 11901				
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/12	2222 Riverh.pdf			
The Rochester General Ho	spital					
Provider Number:	85320 Ms. Jill Graziano, Vice President of Beha	vioral Health				Telephone - (585)-368-6931
Administrative Office:	1425 Portland Avenue, Rochester, NY 14621					
Certificate Number:	191111337 Special Relssue Deemed	Effective:	01/01/2018	Anticipated Recert Review:	11/30/2019	
Program Location:	Hart Building, Rooms 70-72, 81-86 & E-7 (Office	s), 1st Floor, 490 E	ast Ridge Road, Roo	oms 19, 22A & B, 78, 80) (Group Space), Roches	ter, New York 14621
Service Type:	Outpatient Service (822) with Telehealth and LGBTQ-Affirming Services [Designations		PRU:	50216	Certified Capacity:
Program Name:	Rochester Mental Health Center					
Compliance Performance Da	ata <u>http://webapps.oasas.nv.qov/legal/CertApp/Dire</u>	ctory/documents/11	337 Roches.pdf			
Rochester Regional Health	as Co-Active Parent and Co-Operator of Cantor	1-Potsdam Hospit	al			
Provider Number:	83110 Jayme Smith, Executive Director Behavio	-				Telephone - (315)-262-4242
Administrative Office:	50 Leroy Street, Potsdam,NY 13676					
Certificate Number:	250311365 Renewal	Effective:	04/01/2022	Anticipated Recert Review:	03/31/2025	
Program Location: Service Type:	20 Cottage Street Potsdam, New York 13676 Inpatient Rehabilitation Service (818)			PRU:	51183	Certified Capacity: 17
Program Name:	Chemical Dependency Services			TRO.	51105	oertined oapacity.
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/11	365 Roches.pdf			
Certificate Number:	250610698 Renewal			Effective:	07/01/2022	Anticipated Recert 06/30/2025
Program Location:	12 Elm Street Potsdam, New York 13676					Review:
Service Type:	Outpatient Service (822)			PRU:	51737	Certified Capacity:
Program Name:	with Telehealth Designation					
-	ata http://webapps.oasas.ny.gov/legal/CertApp/Dire	ctory/documents/10	0698 Roches.pdf			
Rochester Regional Health Provider Number:	as Active Parent and Co-Operator of Gouverne 50540 Mr. Jeremy Slaga, CEO	ur Hospital				Telephone - (315)-261-6006
Administrative Office:	77 West Barney Street, Gouverneur,NY 13642					
Certificate Number:	250412186 Renewal	Effective:	05/01/2022	Anticipated Recert	04/30/2025	
Program Location:	1500 Wing 1st Fl. 2300 Wing 2nd Fl. 77 West Ba			Review:	5.755/2020	
Service Type:	Outpatient Service (822)			PRU:	53281	Certified Capacity:
Program Name:	with Telehealth Designation					
-	ata http://webapps.oasas.ny.gov/legal/CertApp/Dire	ctory/documents/12	186 Roches.pdf			
Rockville Centre Drug and Provider Number:	Alcohol Abuse - CONFIDE, Inc. 78 Wanda Florentino, Executive Director					Telephone - (516)-764-5522
Administrative Office:	Suite H9, 30 Hempstead Avenue, Rockville Cen	tre,NY 11570				. s.ephone - (010)-104-0022
Certificate Number:	260811534 Renewal	Effective:	09/01/2023	Anticipated Recert Review:	08/31/2026	
Program Location:	Suites H-6, H-9 & H-12, Basement 30 Hempstea	d Avenue Rockville	e Centre, New York 1	1570		
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	498	Certified Capacity:
Program Name:						
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/11	534 Rockvi.pdf			
Rome Memorial Hospital, I	nc					

Provider Number: Administrative Office:	81810 Anne Marie Czyz, Chief Executive Offic 1500 North James Street, Rome,NY 13440	cer				Telephone - (315)-338-7021
Certificate Number:	251110962 Renewal	Effective:	12/01/2022	Anticipated Recert Review:	11/30/2025	
Program Location:	Liberty Plaza, 264 West Dominick Street, Rom	ne, New York 13440				
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	51124	Certified Capacity:
Program Name:	Community Recovery Center					
Compliance Performance I	Data <u>http://webapps.oasas.ny.gov/legal/CertApp/Di</u>	rectory/documents/1	0962 RomeMe.pdf			
Ruth M. Mever d/b/a Com	munity Counseling Services of Ronkonkoma					
Provider Number:	12000 Ms. Ruth MMeyer, Executive Director					Telephone - (631)-471-3122
Administrative Office:	Administrative Site, Suite E-14, 3281 Veterans	s Memorial Highway,	Ronkonkoma,NY 1	1779		
Certificate Number:	240411107 Renewal	Effective:	05/01/2022	Anticipated Recert Review:	04/30/2024	
Program Location:	E14, 3281 Veterans Memorial Highway, Ronko	onkoma, New York 1	1779			
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	51223	Certified Capacity:
Program Name:	with reichealth Designation					
Compliance Performance I	Data http://webapps.oasas.ny.gov/legal/CertApp/Dir	rectory/documents/1	1107 RuthMM.pdf			
SAFE FOUNDATION, INC						
Provider Number:	45700 Isaac Dweck, CEO & Founder					Telephone - (866)-569-7233 Ext 315
Administrative Office:	PO Box 230060, Brooklyn,NY 11223					
Certificate Number:	250611635 Renewal	Effective:	07/01/2023	Anticipated Recert Review:	06/30/2025	
Program Location:	255 Avenue W, Brooklyn, New York 11223					
Service Type:	Outpatient Service (822) with Telehealth and Problem Gambling Desigr	nations		PRU:	52129	Certified Capacity:
Program Name:	SAFE Foundation	lations				
Compliance Performance I	Data http://webapps.oasas.ny.gov/legal/CertApp/Dir	rectory/documents/1	1635 SAFEFo.pdf			
Safe Harbor Retreat, LLC Provider Number:	d/b/a The Dunes - East Hampton	Officer				Telephone (221) 204 5405
Administrative Office:	47650 Mr. Joseph McKinsey, Chief Executive 201 Fort Pond Boulevard, East Hampton,NY 1					Telephone - (631)-604-5405
Certificate Number:	241211743 Renewal	Effective:	01/01/2022	Anticipated Recert Review:	12/31/2024	
Program Location:	15 Lohan Court Southampton, New York 1196	8				
Service Type:	Community Residential (819)			PRU:	52571	Certified Capacity: 16
Program Name:	with Telehealth Designation					
Compliance Performance I	Data http://webapps.oasas.nv.gov/legal/CertApp/Dir	rectory/documents/1	1743 SafeHa.pdf			
Certificate Number:	250611815 Renewal			Effective:	07/01/2023	Anticipated Recert 06/30/2025
		Vork 11027				Review:
Program Location: Service Type:	201 Fort Pond Boulevard, East Hampton, New Outpatient Service (822)	, IOIN I 1931			50700	
control i ype.	with Telehealth Designation			PRU:	52720	Certified Capacity:
Program Name:	The Dunes					
Compliance Performance I	Data <u>http://webapps.oasas.nv.gov/legal/CertApp/Di</u>	rectory/documents/1	1815 SafeHa.pdf			
Saint Regis Mohawk Trib	e/ Saint Regis Mohawk Health Services					
Provider Number:	22290 Mr. Michael Cook, Health Services Dire					Telephone - (518)-358-3141
Administrative Office:	Health and Human Services Division, 404 Stat	te Route 37, Akwesa	Isne,NY 13655			
Certificate Number:	240711393 Renewal	Effective:	08/01/2021	Anticipated Recert Review:	07/31/2024	
Program Location:	Partridge House, 25 St. Regis Road, Hogansb	ourg, New York 1365	5			
Service Type:	Inpatient Rehabilitation Service (818)			PRU:	50779	Certified Capacity: 16
Program Name:						
Compliance Performance I	Data <u>http://webapps.oasas.ny.gov/legal/CertApp/Di</u>	rectory/documents/1	1393 SaintR.pdf			
Certificate Number:	260410963 Renewal			Effective:	05/01/2023	Anticipated Recert 04/30/2026 Review:
Program Location:	404 State Route 37 Akwesasne, New York 13	655				
Service Type:	Outpatient Service (822)			PRU:	5266	Certified Capacity:
Program Name:	with Telehealth Designation Alcohol/Chemical Dependency Program					
J	· · · · · · · · · · · · · · · · · · ·					

Compliance Performance Data <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10963_SaintR.pdf</u>

The Salvation Army				
Provider Number:	37020 Major Leo Lloyd, Executive Director			Telephone - (607)-732-0314 Ext 3
Administrative Office:	414 Lake Street, Elmira,NY 14901			
Certificate Number:	240912411 Establishment Effective: 10/23/2023	Anticipated Recert Review:	09/30/2024	
Program Location: Service Type:	401 Division Street Elmira, New York 14901 Residential Services (820)	PRU:	53878	Certified Capacity: 27
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered		
Program Name:	Elmira Citadel			
Compliance Performance Data	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12411 TheSal.pdf			
Samadhi Center Inc.				
Provider Number: Administrative Office:	52640 David McNamara, Executive Director 368 Broadway, Kingston,NY 12401			Telephone - (845)-481-4728
		Anticipated Recert		
Certificate Number:	260912335 Renewal Effective: 10/01/2023	Review:	09/30/2026	
Program Location: Service Type: Program Name:	Suite 204 , 368 Broadway Kingston, New York 12401 Outpatient Service (822)	PRU:	53739	Certified Capacity:
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12335_Samadh.pdf			
Samaritan Daytop Village, In	IC			
Provider Number: Administrative Office:	16890 Mr. Mitchell Netburn, President and CEO Administrative Headquarters, 138-02 Queens Boulevard, Briarwood,NY 11435			Telephone - (718)-206-2000
Certificate Number:	181211750 Special Relssue Effective: 01/01/2018	Anticipated Re Review:	ecert 12/31/2018	
Program Location:	Floors 1 - 3, 751 Briggs Highway, Ellenville, New York 12428			
Service Type: Program Name:	Intensive Residential Rehabilitation (819) Women Veterans Program	PRU:	52579	Certified Capacity: 25
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11750 Samari.pdf			
Certificate Number:	210811278 Amendment OASAS Host	Effective:	08/23/2021	Anticipated Recert 08/31/2021 Review:
Program Location: Service Type:	144-10 Jamaica Avenue Jamaica, New York 11435 Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services]	PRU:	6595	Certified Capacity:
Program Name: Service Type:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:
Program Name: Service Type:	Outpatient Rehabilitation Service (822) with Telehealth Designation	PRU:	53550	Certified Capacity:
Program Name: <u>Additional Location(s) At:</u> - 338 Forbell Street Brooklyn N	NY 11208			
Compliance Performance Data	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11278 Samari.pdf			
Certificate Number:	210811937 Amendment OASAS Host	Effective:	08/23/2021	Anticipated Recert 08/31/2021 Review:
Program Location: Service Type: Program Name:	5th Floor 362 East 148th Street Bronx, New York 10455 Integrated Outpatient Services - MH	PRU:		Certified Capacity:
Service Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services]	PRU:	53774	Certified Capacity:
Program Name:				
Compliance Performance Data	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11937_Samari.pdf			
Certificate Number:	230611956 Establishment OASAS Host	Effective:	07/18/2022	Anticipated Recert 06/30/2023 Review:
Program Location: Service Type:	1st & 2nd Floors 620 Route 303 Blauvelt, New York 10913 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services	PRU:	52930	Certified Capacity:
Program Name:	Rockland Outreach Center			

membrane memb						
	Service Type:		PRU:	53103	Certified Capacity:	
Tragent Reside Reside Outgoin Control Particle State Derified Capacity 73 Tragent Reside Derified Capacity Reside Outgoin Control Reside Outgoin Contro	Program Name:	Rockland Outreach Center				
tarting Type: Bit: Bit:<	Service Type:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:	
mode mode <t< td=""><td>Program Name:</td><td>Rockland Outreach Center</td><td></td><td></td><td></td><td></td></t<>	Program Name:	Rockland Outreach Center				
	Service Type:		PRU:	53657	Certified Capacity:	75
Carefordies Number: 2001 1168 Anerodania One Value Access of humper Number Num	Program Name:					
And end and e	Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11956_Samari.pdf				
Inter Normality Barline Statistics 2015 New York Advances Hunringen Bookston, New York 11740 52831 Cartified Capacity: Warden Type: Unit Youwark Lange Market Statistics FRU: 52831 Cartified Capacity: Warden Type: Unit Youwark Lange Market Advances Lange Market Statistics FRU: 53673 Cartified Capacity: Warden Type: Quart Tealmark Hunrights Statistics FRU: 53673 Cartified Capacity: Warden Type: Quart Tealmark Hunrights Statistics FRU: 53673 Cartified Capacity: Warden Type: Quart Tealmark Hunrights Statistics FRU: 53633 Cartified Capacity: Warden Type: Quart Tealmark Hunrights Statistics FRU: 53633 Cartified Capacity: Warden Type: Quart Tealmark Hunrights Statistics FRU: 53633 Cartified Capacity: Warden Type: Quart Tealmark Hunrights Statistics FRU: 53633 Cartified Capacity: Warden Type: Quart Tealmark Hunrights Statistics FRU: 53633 Cartified Capacity: Warden Type: Quart Tealmark Hunrights Statistics FRU: 53633 Cartified Capacity: Warden Type: Quart Tealmark Hunrights Statistics FRU: 53633 Cartified Capacity: Warden Type:	Certificate Number:	230611058 Amendment OASAS	Effective	07/15/2022	Anticipated Recert	06/30/2023
Tarting Type: Operation Strategy Strat		Host	Enoouver	01110/2022	Review:	00/00/2020
The set of the	-	-				
Normalies Instruction University Services - Mail PRL: Cartified Capacity 175 Normal Network Galoting Training Margines Advantage Weindoweek Services PRL: Solating Capacity 125 Normal Network Training Practice Margines Advantage Weindoweek Services PRL: Solating Capacity 125 Normal Network Training Practice Margines Advantage Methodeweind Services PRL: Solating Capacity 126 Normal Network 2004/2026 Exclusion Netw York 10017 PRL: Solating Capacity Anticipated Reserve 1000/2022 Normal Network 2004/2026 Exclusion Network 10017 PRL: Solating Capacity 1000/2022 Normal Network 2004/2026 Exclusion Network 10017 PRL: Solating Capacity 1001/2022 Normal Network 2014/2026 Exclusion Network 10017 PRL: Solating Capacity 1001/2022 Normal Network 2012/2026 Exclusion Network 10017 PRL: Solating Capacity 1001/2022 Normal Network 2012/2026 Exclusion Network 10017 PRL: Solating Capacity 1001/2022	Service Type:		PRU:	52931	Certified Capacity:	
Program Rune: invited Type: Option Training of Training Regard (R2) with Regard (R2) with Regard Regard (R2)	Program Name:					
gamma Type: Optil Treatment Program (1922) (mit electric budges of the purpose	Service Type:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:	
The Letheredin Designation and Accellary Windcaved Services FRU: 500.0 Current Cupacity Comparison Cupacity Cupa	Program Name:					
The Manufactor Designation and on Unitative Controls Processing Controls </td <td>Service Type:</td> <td>Opioid Treatment Program (822)</td> <td>PRII</td> <td>53673</td> <td>Certified Canacity:</td> <td>125</td>	Service Type:	Opioid Treatment Program (822)	PRII	53673	Certified Canacity:	125
Decisioner Performance Data Interviewal and a service Acade Difference Valor 1993. Search and the Performance Data Interviewal Andia Interviewal Andia Intervi	Program Name	with Telehealth Designation and Ancillary Withdrawal Services	i no.	00070	continea capacity.	Capacity Lifted
Contribute Number: 2001/232 Establishment Effective: 0701/022 Anticipated Recort Review: 0830/2023 Vagram Location: 15 Floor 3005 Vibit Plane Road Brank, New York 10467 PRU: 53453 Certified Capacity: 0 Somplance Performance Data Intro Auchanze cases nr. applicabil Card.co/Dincton/document/12205 Sampland PRU: 53453 Certified Capacity: 1031/2023 Somplance Performance Data Intro Auchanze cases nr. applicabil Revice (B00) PRU: 53460 Certified Capacity: 1031/2023 Somplance Performance Data Intro Auchanze cases nr. applicabil End Revice (B00) PRU: 53460 Certified Capacity: 135 Barnets: Implicabilitation	-					
Anticipate Action A	Compliance Performance Da	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11958_Samari.pdf				
sames pre: Quadrati Service (R2) PBU: S453 Cuttled Capacity Service pre: 20102226 Renewal S1012226 Renewal Millipated Renewal 0310226 Pergeran Location 20102226 Renewal S1012226 Renewal Renewine: S460 Renewine: 0310226 Pergeran Location: 2010226 Renewal S10928 Highways filewilds, New Yoki 15428 Sendendial Services (R20) Solation: Sendendial Services (R20) Solation: Sendendial Services (R20) Solation: Solation: <td>Certificate Number:</td> <td></td> <td>Effective:</td> <td>07/01/2022</td> <td></td> <td>06/30/2023</td>	Certificate Number:		Effective:	07/01/2022		06/30/2023
Program Name: Number of the second of th	Program Location:	1st Floor 3050 White Plains Road Bronx, New York 10467				
Samplance Performance Data jebu/includence outsign / 2010 (226 Renewal 2010) (227 Renewal 2010) (228 Renewal 2010) (238 Renewa	Service Type:	Outpatient Service (822)	PRU:	53453	Certified Capacity:	
Carticlate Number: 231012228 Renewall Effective:: 1101/2021 Anticlapted Recent Review: 1031/2023 Program Location: 75 Briggs Highway Ellerville, New York 12428 Review: PRU: 53460 Certified Capacity: 135 Statistication: Image: Statistication: Image: Review: Review: 53460 Certified Capacity: 135 Statistication: Image: Review: Review: Scattered Scattered Scattered Program Location: Statistication: Rehabilitation: Reintegration: Scattered Scattered Scattered Program Location: Statistication: Rehabilitation: Reintegration: Scattered Scattered Scattered Program Location: Statistication: Review: Scattered Scattered <td< td=""><td>Program Name:</td><td></td><td></td><td></td><td></td><td></td></td<>	Program Name:					
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Barries Type: Residential Services (620) Down : 0.05 seeding: Sector 100 seedin	Certificate Number:	231012226 Renewal	Effective:	11/01/2021		10/31/2023
The mark Mem's Dorm - 105 beds, Women's Dorm - 30 beds) FRO: Goddo Control of Links Control of Links <th< td=""><td>Program Location:</td><td>751 Briggs Highway Ellenville, New York 12428</td><td></td><td></td><td></td><td></td></th<>	Program Location:	751 Briggs Highway Ellenville, New York 12428				
Bennents: Image: Stabilization Image: Rehabilitation Image: Reintegration Image: Congregate Scattered Program Location: Stabilization Stabilization Image: Reintegration Image: Reintegration Stabilization Anticipated Record 10/31/2023 Program Location: Stone Cottage: 15-21 Fox Run data, 88 Fox Hollow Road - Buildings #4, 01, 11, 51 Rhibe-bed; New York 1257: Store Voer: Stone Cottage: 15-21 Fox Run data, 88 Fox Hollow Road - Buildings #4, 01, 11, 51 Rhibe-bed; New York 1257: Store Yorgen Location: Stone Cottage: 15-21 Fox Run data, 88 Fox Hollow Road - Buildings #4, 01, 11, 51 Rhibe-bed; New York 1257: Store Yorgen Name: Stone Cottage: 15-21 Fox Run Road, 88 Fox Hollow Road - Buildings #4, 01, 11, 51 Rhibe-bed; New York 1257: Store Yorgen Name: Stone Cottage: 15-21 Fox Run Road, 88 Fox Hollow Road - Buildings #4, 01, 11, 51 Rhibe-bed; New York 1257: Store Yorgen Name: Stone Cottage: 15-21 Fox Run Road, 100 Fox Hollow Road Rhinebeck, New York 1257: Run Road, 100 Fox Hollow Road Rhinebeck, New York 1257: Run Road, 100 Fox Hollow Road Rhinebeck, New York 1257: Run Road I I Store Run Road, 100 Fox Hollow Road Rhinebeck, New York 1257: Run Road I I Store Run Road, 100 Fox Hollow Road Rhinebeck, New York 1257: Run Road I I Store Run Road, 100 Fox Hollow Road Rhinebeck, New York 1257: Store Tope: Run Raide Program Name: Run Reinder Roe Run	Service Type:		PRU:	53460	Certified Capacity:	135
Program Name: Compliance Performance Datal Intro/Webages.coases my gov/legal/Cef/Agen/Directory/documents/12226_Samati.pdf Effective: 05/16/2023 Anticipated Record: 10.31/2028 Program Location: Stone Cottage: 15:21 Fox Mandment Effective: 05/16/2023 Anticipated Record: 10.31/2028 Program Location: Stone Cottage: 15:21 Fox Mandment Image: Congregate interview Program Name: Stone Cottage: 15:21 Fox Mandment Effective: 05/16/2023 Anticipated Record: 10.31/2028 Program Location: Residential Service S(20) Image: Congregate interview Program SRR Scattered View View 10.01/2028 Program Location: Stone Cottage: 16:21 Fox Mandding 190 Fox Hollow Road Rhinebeck, New York 12572 PRU: 5513 Certified Capacity: 92 Program Location: Stone Cottage: 16:21 Fox Mandding 190 Fox Hollow Road Rhinebeck, New York 12572 PRU: 5513 Certified Capacity: 92 Program Location: Stone Cottage: 16:21 Fox Mandding 190 Fox Hollow Road Rhinebeck, New York 12572 PRU: 5513 Certified Capacity: 92 Program Location: Stone Cottage: 16:21 Fox Mandding Program Certified Capacity: 92 10.01/2022 Anticipated Record 10.01/2022 <td>Floments:</td> <td></td> <td>Scattered</td> <td></td> <td></td> <td></td>	Floments:		Scattered			
Compliance Performance Data Intro //webaaps.cosass.nv.cov/decal/CertAon/Directorv/documents/12226_Samai.pdf Effective: 05/16/2023 Anticipated Recert Review: 10/31/2023 Store Cottage: 15-21 Fox Run Road, 88 Fox Hollow Road - Buildings #4, 10, 11, 15 Ribekek, New York 12572 PRU: 53512 Certified Capacity: 56 Baments: Image: Stabilization Image: Rehabilitation Image: Reintegration Image: Scattered Scattered <td< td=""><td></td><td></td><td>Scallered</td><td></td><td></td><td></td></td<>			Scallered			
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cartificate Number: 2101/2239 Anterformance 2010/2239 Anterformance Review: 1003/2203 Program Location: Stone Cottage: 15-21 Fox Run Road, 88 Fox Hollow Road - Buildings #4, 10, 11, 15 Rhinebeck, New York 12572 53512 Certified Capacity: 56 Elements: Image: Stabilization image: Review: Review: Review: Stabilization image: Review: Review: Fertified Capacity: 56 Compliance Performance Data http://webaops.coasas.nv.gov/legal/CertApp/Directorv/documents/12238 Samari.pdf Stabilization image: Review: Review: 60/16/2023 Anticipated Recert Review: 10/31/2023 Program Name: Stabilization image: Review: Review: Review: 60/16/2023 Anticipated Recert Review: 10/31/2023 Program Location: Stone Cottage: 15-21 Fox Run Road, 190 Fox Hollow Road Rhinebeck, New York 12572 Rul: 53513 Certified Capacity: 92 Program Name: Fox Run Male Program Fertherw: Stabilization image: Review: Review: Review: 10/31/2023 Program Name: Fox Run Male Program Fox Run Male Program Review: 12/31/2023 Program Name: Stabilization (G19) Review: Review: 12/31/2023 Program Name:<	Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12226_Samari.pdf				
Program Location: service Type:Stone Cotage: 15-21 Fox Run Road, 88 Fox Hollow Road - Buildings #4, 0, 11, 15 Rhinbeteet, Residential Services (820)PRU:53512Certified Capacity:56Bennents: rogram Name:Stabilization Residential Services (820)Reintegration 	Certificate Number:	231012238 Amendment	Effective:	05/16/2023		10/31/2023
Service Type:Residential Services (820)PRU:53512Certified Capacity56Elements:Image: Stabilization image: Rehabilitation image: Reintegration image: ScatteredScatteredImage: ScatteredImage: Scattered <t< td=""><td>Program Location:</td><td>Stone Cottage: 15-21 Fox Run Road . 88 Fox Hollow Road - Buildings #4, 10, 11, 15 Rhineb</td><td>eck. New York 12572</td><td></td><td>Notion.</td><td></td></t<>	Program Location:	Stone Cottage: 15-21 Fox Run Road . 88 Fox Hollow Road - Buildings #4, 10, 11, 15 Rhineb	eck. New York 12572		Notion.	
Program Name: Meadow Run Female Program SRR Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Director//documents/12233_Samari.pdf Certificate Number: 231012239_Anendment Effective: 05/16/2023 Anticipated Recert Review: 10/31/2023 Program Location: Stone Cottage: 15-21 Fox Run Road, 190 Fox Hollow Road Rhinebeck, New York 1257: Program Location: PRU: 53513 Certified Capacity: 92 Elements: Image: Stabilization Image: Reintegration Image: Congregate Image: Scattered Scattered 92 Program Name: Fox Run Male Program Image: Reintegration Image: Congregate Image: Scattered 92 Program Location: 3312 Dr. Run Male Program Program Location: Scattered 12/31/2023 Program Location: 1381 Dr. Marin Luther King Jr Blvd, Bronx, New York 10452 PRU: 01/01/2022 Anticipated Recert Review: 12/31/2023 Program Location: 1381 Dr. Marin Luther King Jr Blvd, Bronx, New York 10452 PRU: 3162 Certified Capacity: 60 Program Location: 1381 Dr. Marin Luther King Jr Blvd, Bronx, New York 10453 PRU: 3162 Certified Capacity: 60 Program Name: Compliance Perform	Service Type:			53512	Certified Capacity:	56
Compliance Performance Data http://webapps.casas.nv.gov/legal/CertApp/Directory/documents/12238_Samari.pdf Effective: 05/16/2023 Anticipated Recert Review: 10/31/2023 Program Location: Stone Cottage: 15-21 Fox Run Road , 190 Fox Hollow Road Rhinebeck, New York 12572 PRU: 53513 Certified Capacity: 92 Stervice Type: Residential Services (820) PRI: Socttered >	Elements:	Stabilization V Rehabilitation V Reintegration V Congregate	Scattered			
Certificate Number: 231012239 Amendment Effective: 05/16/2023 Anticipated Recert Review: 10/31/2023 Program Location: Stone Cottage: 15-21 Fox Run Road , 190 Fox Hollow Road Rhinebeck, New York 12572 PRU: 53513 Certified Capacity: 92 Stone Cottage: Stolization Mathicipated Recert New York 12572 PRU: 53513 Certified Capacity: 92 Elements: Mathicipated Recert Fox Run Male Program Program Name: Scattered Sc	Program Name:	Meadow Run Female Program SRR				
Certificate Number: 231012239 Amendment Effective: 05/16/2023 Anticipated Recert Review: 10/31/2023 Program Location: Stone Cottage: 15-21 Fox Run Road , 190 Fox Hollow Road Rhinebeck, New York 12572 PRU: 53513 Certified Capacity: 92 Stone Cottage: Stolization Mathicipated Recert New York 12572 PRU: 53513 Certified Capacity: 92 Elements: Mathicipated Recert Fox Run Male Program Program Name: Scattered Sc	Compliance Performance Da	ta http://webapps.cacas.pu.cov//acal/CettApp/Directop//documents/19229. Samari.pdf				
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Image: Stabilization Image: Rehabilitation Image: Rehabilitation Rehabilitation Rehabilitation Rehabilitation <td>Program Location:</td> <td></td> <td>PRII</td> <td>53513</td> <td>Certified Canacity:</td> <td>92</td>	Program Location:		PRII	53513	Certified Canacity:	92
Program Name: Fox Run Male Program Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12239_Samari.pdf Certificate Number: 231210038 Renewal Program Location: 1381 Dr. Martin Luther King Jr Blvd, Bronx, New York 10452 Service Type: Intensive Residential Rehabilitation (819) Program Name: PRU: 3162 Certified Capacity: 60 Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10038_Samari.pdf Effective: 02/01/2022 Anticipated Recert Review: 12/31/2023 Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10038_Samari.pdf Samari.pdf 01/31/2024					sermon capacity.	-
Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12239_Samari.pdf Certificate Number: 231210038_Renewal Effective: 01/01/2022 Anticipated Recert Review: 12/31/2023 Program Location: 1381 Dr. Martin Luther King Jr Blvd, Bronx, New York 10452 PRU: 3162 Certified Capacity: 60 Program Name: Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10038_Samari.pdf Effective: 02/01/2022 Anticipated Recert Review: 60 Certificate Number: 240111828_Renewal Effective: 02/01/2022 Anticipated Recert Review: 01/31/2024			Scattered			
Certificate Number: 231210038 Renewal Effective: 01/01/2022 Anticipated Recert Review: 12/31/2023 Program Location: 1381 Dr. Martin Luther King Jr Blvd, Bronx, New York 10452 PRU: 3162 Certified Capacity: 60 Service Type: Intensive Residential Rehabilitation (819) PRU: 3162 Certified Capacity: 60 Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10038 Samari.pdf Effective: 02/01/2022 Anticipated Recert Review: 01/31/2024	Program Name:	Fox Run Male Program				
Certificate Number: 240111828 Renewal Effective: 01/01/2022 Review: 12/31/2023 Program Location: 1381 Dr. Martin Luther King Jr Blvd, Bronx, New York 10452 PRU: 3162 Certified Capacity: 60 Program Name: Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10038_Samari.pdf Effective: 02/01/2022 Anticipated Recert Review: 01/31/2024						
Program Location: 1381 Dr. Martin Luther King Jr Blvd, Bronx, New York 10452 PRU: 3162 Certified Capacity: 60 Service Type: Intensive Residential Rehabilitation (819) PRU: 3162 Certified Capacity: 60 Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10038 Samari.pdf Verfied Capacity: 60 Certificate Number: 24011828 Renewal 24011828 Renewal Effective: 02/01/2022 Anticipated Recert Review: 01/31/2024	Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12239 Samari.pdf				
Service Type: Program Name: Intensive Residential Rehabilitation (819) PRU: 3162 Certified Capacity: 60 Program Name: Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10038_Samari.pdf Service: 3162 Certified Capacity: 60 Certificate Number: 240111828 Renewal Effective: 02/01/2022 Anticipated Recert Review: 01/31/2024	Compliance Performance Da		Effective:	01/01/2022		12/31/2023
Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10038_Samari.pdf Certificate Number: 240111828 Renewal Effective: 02/01/2022 Anticipated Recert Review: 01/31/2024		231210038 Renewal	Effective:	01/01/2022		12/31/2023
Certificate Number: 240111828 Renewal Effective: 02/01/2022 Anticipated Recert 01/31/2024 Review: 01/31/2024	Certificate Number: Program Location:	231210038 Renewal 1381 Dr. Martin Luther King Jr Blvd, Bronx, New York 10452			Review:	
Certificate Number: 240111828 Renewal Effective: 02/01/2022 Anticipated Recert 01/31/2024 Review: 01/31/2024	Certificate Number:	231210038 Renewal 1381 Dr. Martin Luther King Jr Blvd, Bronx, New York 10452			Review:	
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	Certificate Number: Program Location: Service Type: Program Name:	231210038 Renewal 1381 Dr. Martin Luther King Jr Blvd, Bronx, New York 10452 Intensive Residential Rehabilitation (819)			Review:	
· · · · · · · · · · · · · · · · · · ·	Certificate Number: Program Location: Service Type: Program Name:	231210038 Renewal 1381 Dr. Martin Luther King Jr Blvd, Bronx, New York 10452 Intensive Residential Rehabilitation (819) ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10038_Samari.pdf	PRU:	3162	Review: Certified Capacity: Anticipated Recert	60

Service Type:	Intensive Residential Rehabilitation (819)	PRU:	52723	Certified Capacity:	36 and up to 30 beds
Program Name:					for children
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11828_Samari.pdf				
Certificate Number:	240211594 Renewal	Effective:	03/01/2022	Anticipated Recert Review:	02/29/2024
Program Location: Service Type: Program Name:	130-15 89th Road, Richmond Hill, New York 11418 Intensive Residential Rehabilitation (819) Richmond Hill Veterans Program	PRU:	52067	Certified Capacity:	50
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11594_Samari.pdf				
Certificate Number:	240212373 Establishment	Effective:	03/06/2023	Anticipated Recert Review:	02/29/2024
Program Location: Service Type:	Basement, 1st-4th Floors 68 West 106th Street New York, New York 10025 Residential Services (820)	PRU:	53761		36
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:	Veritas House				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12373_Samari.pdf				
Certificate Number:	240911915 Renewal	Effective:	10/01/2022	Anticipated Recert Review:	09/30/2024
Program Location: Service Type:	1st Floor 250 Grand Concourse Bronx, New York 10451 Opioid Treatment Program (822) with Telehealth Designation	PRU:	52883	Certified Capacity:	770
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11915_Samari.pdf				
Certificate Number:	241010352 Conditional Certificate	Effective:	11/01/2023	Anticipated Recert Review:	10/31/2024
Program Location: Service Type:	130-20 89th Road Richmond Hill, New York 11418 Opioid Treatment Program (822) [with ancillary withdrawal services]	PRU:	52532	Certified Capacity:	150 Capacity Lifted
Program Name: Service Type:	Opioid Treatment Program (822) [with ancillary withdrawal services]	PRU:	52532	Certified Capacity:	150 Capacity Lifted
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10352_Samari.pdf				
Certificate Number:	241211916 Renewal	Effective:	01/01/2023	Anticipated Recert Review:	12/31/2024
Program Location: Service Type:	1st & 2nd Floors 362 East 148th Street Bronx, New York 10455 Opioid Treatment Program (822) with Telehealth Designation	PRU:	52882	Certified Capacity:	850
Program Name:	Mott Haven OTP				
	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11916_Samari.pdf			Anticipated Booart	
Certificate Number: Program Location:	250112286 Renewal 88-83 Van Wyck Expressway Jamaica, New York 11435	Effective:	02/01/2023	Anticipated Recert Review:	01/31/2025
Service Type:	Residential Services (820)	PRU:	53586	Certified Capacity:	96
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12286_Samari.pdf				
Certificate Number:	250312120 Renewal	Effective:	04/01/2023	Anticipated Recert Review:	03/31/2025
Program Location: Service Type:	767 Ulster Heights Road Ellenville, New York 12428 Residential Services (820)	PRU:	53118	Certified Capacity:	80
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered			
Program Name:					
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12120_Samari.pdf				
Certificate Number:	251011829 Renewal OASAS Host	Effective:	11/01/2023	Anticipated Recert Review:	10/31/2025

Program Location: Service Type:	7th Floor 2090 Adam Clayton Powell, Jr. Blvd. New Integrated Outpatient Services - MH	York, New York 10027	PRU:		Certified Capacity:	
Program Name:					continua dapaony.	
ervice Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdraw	ral services]	PRU:	52724	Certified Capacity:	
rogram Name:						
compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory.	/documents/11829 Samari.pdf				
Certificate Number:	260410040 Renewal		Effective:	05/01/2023	Anticipated Recert Review:	04/30/2026
Program Location: Service Type: Program Name:	(Residence) 327 West 43rd Street, 8th Floor, (Coun Intensive Residential Rehabilitation (819)	iseling), 321 West 44th Street, N	lew York, New York 10036 PRU:	6974	Certified Capacity:	48
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory.	v/documents/10040 Samari.pdf				
Certificate Number:	260612287 Renewal		Effective:	07/01/2023	Anticipated Recert Review:	06/30/2026
Program Location: Service Type:	130-20 89th Road Richmond Hill, New York 11418 Residential Services (820)		PRU:	53515		104
Elements:	Stabilization 🖌 Rehabilitation 🖌	Reintegration 🔽 Congregate	e Scattered			
Program Name:						
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory	v/documents/12287 Samari.pdf				
Certificate Number:	261011960 Renewal OASAS Host		Effective:	11/01/2023	Anticipated Recert Review:	10/31/2026
Program Location: Service Type:	Basement & 1st Floor 1915 Forest Avenue Staten Is Outpatient Service (822) with Telehealth Designation [with ancillary withdraw		PRU:	52771	Certified Capacity:	
Program Name: Service Type: Program Name:	Integrated Outpatient Services - MH		PRU:		Certified Capacity:	
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory	v/documents/11960 Samari.pdf				
Certificate Number:	261211957 Renewal OASAS Host		Effective:	01/01/2024	Anticipated Recert Review:	12/31/2026
Program Location:	900 Arnow Avenue Bronx, New York 10469					
Service Type: Program Name:	Outpatient Service (822) with Telehealth Designation [with ancillary withdraw Bronx Outreach Center	ral services]	PRU:	52769	Certified Capacity:	
Service Type:	Integrated Outpatient Services - MH		PRU:		Certified Capacity:	
Program Name:	Bronx Outreach Center					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory	/documents/11957 Samari.pdf				
Samaritan Medical Center					Telephone - (315)-785-4000	
Provider Number	15920 Mr. Thomas Carman, Chief Executive Officer					
	15920 Mr. Thomas Carman, Chief Executive Officer 830 Washington Street, Watertown,NY 13601					
Administrative Office:	830 Washington Street, Watertown,NY 13601	Effective: 08/01/2022	Anticipated Recert Review:	07/31/2025		
dministrative Office: Sertificate Number: Program Location:	830 Washington Street, Watertown,NY 13601 250710969 Renewal E 1st Floor, 1575 Washington Street, Watertown, New Outpatient Service (822)		Review:		Certified Capacity	
Administrative Office: Certificate Number: Program Location: Service Type:	830 Washington Street, Watertown,NY 13601 250710969 Renewal E 1st Floor, 1575 Washington Street, Watertown, New		Review:	07/31/2025 51705	Certified Capacity:	
Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	830 Washington Street, Watertown,NY 13601 250710969 Renewal E 1st Floor, 1575 Washington Street, Watertown, New Outpatient Service (822) with Telehealth Designation	York 13601	Review:		Certified Capacity:	
Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D	830 Washington Street, Watertown,NY 13601 250710969 Renewal E 1st Floor, 1575 Washington Street, Watertown, New Outpatient Service (822) with Telehealth Designation Samaritan Medical Center Addiction Services ata http://webapps.oasas.ny.gov/legal/CertApp/Directory	York 13601	Review:			
Administrative Office: Certificate Number: Program Location: Program Name: Compliance Performance D Compliance Performance D Compliance Performance D	830 Washington Street, Watertown,NY 13601 250710969 Renewal 1st Floor, 1575 Washington Street, Watertown, New Outpatient Service (822) with Telehealth Designation Samaritan Medical Center Addiction Services ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/ nity Services Board 70840 Michael SPrezioso Ph.D., Commissioner	York 13601	Review:		Certified Capacity: Telephone - (518)-584-9030	Ext 1020
Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D Garatoga County Commun Provider Number: Administrative Office:	830 Washington Street, Watertown,NY 13601 250710969 Renewal 1st Floor, 1575 Washington Street, Watertown, New Outpatient Service (822) with Telehealth Designation Samaritan Medical Center Addiction Services ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/ nity Services Board 70840 Michael SPrezioso Ph.D., Commissioner 135 South Broadway, Saratoga Springs,NY 12866	York 13601 //documents/10969_Samari.pdf	PRU:	51705		Ext 1020
Administrative Office: Certificate Number: Program Location: Program Name: Compliance Performance D Paratoga County Commun Provider Number: Administrative Office: Certificate Number:	830 Washington Street, Watertown,NY 13601 250710969 Renewal 1st Floor, 1575 Washington Street, Watertown, New Outpatient Service (822) with Telehealth Designation Samaritan Medical Center Addiction Services ata http://webapps.oasas.ny.gov/legal/CertApp/Directory nity Services Board 70840 Michael SPrezioso Ph.D., Commissioner 135 South Broadway, Saratoga Springs,NY 12866 250810971 Renewal	York 13601 //documents/10969_Samari.pdf Effective: 09/01/2022	Review:	51705		Ext 1020
Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D Saratoga County Commun Provider Number: Administrative Office: Certificate Number: Program Location:	830 Washington Street, Watertown,NY 13601 250710969 Renewal 1st Floor, 1575 Washington Street, Watertown, New Outpatient Service (822) with Telehealth Designation Samaritan Medical Center Addiction Services ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/ nity Services Board 70840 Michael SPrezioso Ph.D., Commissioner 135 South Broadway, Saratoga Springs,NY 12866	York 13601 //documents/10969_Samari.pdf Effective: 09/01/2022	PRU: PRU: Anticipated Recert Review:	08/31/2025	Telephone - (518)-584-9030	Ext 1020
Provider Number: Administrative Office: Program Location: Service Type: Program Name: Compliance Performance D Baratoga County Commun Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	830 Washington Street, Watertown,NY 13601 250710969 Renewal 1st Floor, 1575 Washington Street, Watertown, New Outpatient Service (822) with Telehealth Designation Samaritan Medical Center Addiction Services ata http://webapps.oasas.nv.gov/legal/CertApp/Directory nity Services Board 70840 Michael SPrezioso Ph.D., Commissioner 135 South Broadway, Saratoga Springs,NY 12866 250810971 Renewal 135 South Broadway Saratoga Springs, New York 12	York 13601 //documents/10969_Samari.pdf Effective: 09/01/2022 2866	PRU: PRU: Anticipated Recert Review:	51705		Ext 1020

87070 Jill VanKuren, President/CEO 1st Floor, 211 Church Street, Saratoga Springs,NY 1	12866				Telephone - (518)-583-8492
250912152 Renewal	Effective:	10/01/2022	Anticipated Recert	09/30/2025	
1st Floor, 24 Hamilton Street, Saratoga Springs, Nev	w York 12866		Neview.		
			DDII.	52260	Cartified Canacity
with Telehealth Designation	licino Drogram		PRU:	53269	Certified Capacity:
	-				
a http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/121	52 Sarato.pdf			
737 Delaware Avenue, Buffalo,NY 14202					Telephone - (716)-454-2311
240312378 Establishment	Effective:	04/17/2023	Anticipated Recert Review:	03/31/2024	
1st Floor 2600 William Street Newfane, New York 14	4108				
Residential Services (820)	_		PRU:	53806	Certified Capacity: 12
Stabilization Rehabilitation R	Reintegration	Congregate	Scattered		
Newfane House of Hope					
a http://webapps.oasas.ny.gov/legal/CertApp/Directory	v/documents/123	78 Saveth.pdf			
2035 Lewis Zuchman, Executive Director	220				Telephone - (212)-289-8030
Suite 301, 345 East 102nd Street, New York,NY 100)29				
230812332 Establishment	Effective:	09/27/2022	Anticipated Recert Review:	08/31/2023	
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rogram Location:	1st & 2nd Floors 37 John Street Amityville, New York 11701			
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eek Counseling, LLC rovider Number:	52820 Josh Greenfeld, CEO			Telephone - (917)-468-5600
dministrative Office:	Bsmt #1, 408 77th Street, Brooklyn,NY 11209			
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Service Type: Program Name: Compliance Performance D Seneca County Communit Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At:	Outpatient Service (822) with Telehealth Designation ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12367_SeekCo.pdf y Services Board 70330 Ms. Margaret Morse, Director of Community Services 31 Thurber Drive, Waterloo,NY 13165 240811986 Renewal Effective: 09/01/2021 31 Thurber Drive Waterloo, New York 13165 Prevention Counseling with Telehealth Designation	Anticipated Recert Review:	08/31/2024	Telephone - (315)-539-1985
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Certificate Number:	241011589 Renewal	Effective:	11/01/2022	Anticipated Recert Review:	10/31/2024		
Program Location: Service Type:	2nd Floor 650 Warren Street Albany, New York 1220 Outpatient Service (822) with Telehealth Designation	08		PRU:	52134	Certified Capacity:	
Program Name:	with reienealth Designation						
Compliance Performance Da	ta <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory</u>	//documents/11	589 Senior.pdf				
Services for the Underserve	ed, Inc. as Sponsor Palladia, Inc. as Operator						
Provider Number: Administrative Office:	39050 Jorge Petit, Chief Executive Officer Palladia, Inc. as Operator, 463 7th Avenue, New Yor	rk NY 10018				Telephone - (917)-408-1600	
Certificate Number:	Host	Effective:	11/01/2019	Anticipated Recert Review:	10/31/2021		
Program Location: Service Type:	2nd Floor, 177-185 East 122nd Street, New York, Ne Outpatient Service (822)	ew fork 10035		PRU:	52857	Certified Capacity:	
Program Namo	with Telehealth Designation [with ancillary withdrawa CTI Harlem	al services]		FRU.	52057	Certified Capacity.	
Program Name: Service Type:	Integrated Outpatient Services - MH			PRU:		Certified Capacity:	
Program Name: Additional Location(s) At:	CTI Harlem						
- 1366 Inwood Avenue Bronx	NY 10452						
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/118	885 Servic.pdf				
Certificate Number:	240212293 Conditional Certificate			Effective:	03/01/2023	Anticipated Recert 02/29/2 Review:	2024
Program Location: Service Type:	Basement-5th Floors 1806-08 Third Avenue New Yo Residential Services (820)	ork, New York 10	0029	PRU:	53609	Certified Capacity: 72	
Elements:	Stabilization Rehabilitation R	eintegration	Congregate	Scattered			
Program Name:		_		_			
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/12	293 Service.pdf				
SES Operating Corp. d/b/a	Harlem East Life Plan						
Provider Number:	550 Stuart RSteiner, President, CEO					Telephone - (212)-876	6-2300 Ext 102
Administrative Office:	2369 Second Avenue, New York, NY 10035						
Certificate Number:	240811292 Renewal	Effective:	09/01/2022	Anticipated Re Review:	ocert 08/31/2024		
Program Location:	2369 Second Avenue, 3rd Floor, 2367 Second Ave	nue, 1st Floor, N	New York, New York	10035			
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	51840	Certified Capacity:	
Program Name:	Harlem East Life Plan (HELP)						
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/112	292 SESOpe.pdf				
Certificate Number:	260510384 Renewal			Effective:	06/01/2023	Anticipated Recert Review:	05/31/2026
Program Location:	1st & 2nd Floors 2369 Second Avenue New York, N	New York 10035	5				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation [with ancillary withdraw	val services for u	up to 50 patients]	PRU:	1474	Certified Capacity:	500 Capacity Lifted
Program Name:							
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/103	384 SESOpe.pdf				
Certificate Number:	260610385 Renewal			Effective:	07/01/2023	Anticipated Recert Review:	06/30/2026
Program Location:	1st & 2nd Floors 2369 Second Avenue New York, N	New York 10035	5				500
Service Type:	Opioid Treatment Program (822) with Telehealth Designation [with ancillary withdraw	val services]		PRU:	1473	Certified Capacity:	500 Capacity Lifted
Program Name:							
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/103	385 SESOpe.pdf				
Seth Benkel MD Queens, Pl	LLC d/b/a Platinum Recovery Center						
Provider Number: Administrative Office:	52170 Seth Benkel, President 1st Floor, 712 Beach 20th Street, Far Rockaway,NY	11691					
Certificate Number:	240912399 Establishment	Effective:	10/10/2023	Anticipated Recert Review:	09/30/2024		
Program Location:	1st Floor 712 Beach 20th Street Far Rockaway, New	v York 11691					
Service Type: Program Name:	Opioid Treatment Program (822) Platinum Recovery Center			PRU:	53881	Certified Capacity:	250

rovider Number:	50550 Max Lindeman Ph.D., Executive Director			Telephone - (212)-564-7631	
dministrative Office:	4th Floor, 566 Seventh Avenue, New York,NY 10018			Telephone - (212)-304-7031	
ertificate Number:	230712160 Renewal Effective: 08/01	/2021 Anticipated Recen	t 07/31/2023		
ogram Location:	4th Floor 566 Seventh Avenue New York, New York 10018	Review:			
ervice Type:	Outpatient Service (822)	PRU:	53293	Certified Capacity:	
rogram Name:	with Telehealth Designation				
ompliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12160_S	hiloh.pdf			
Iver Lake Support Servic	es, Inc.				
rovider Number:	41860 Mr. Avraham Schick, Executive Director			Telephone - (718)-815-3155	
dministrative Office:	201 Forest Avenue, Staten Island,NY 10301				
ertificate Number:	251010987 Renewal Effective: 11/01	/2022 Anticipated Recent Review:	10/31/2025		
rogram Location: ervice Type:	1st & 2nd Floors 201 Forest Avenue Staten Island, New York 10301 Outpatient Service (822)				
ervice rype.	with Telehealth Designation	PRU:	51829	Certified Capacity:	
rogram Name:					
dditional Location(s) At: 1st Floor 797 Brighton Ave	nue Staten Island NY 10301				
ompliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10987 S	ilver.pdf			
isters of Charity Hospital	of Buffalo, New York				
rovider Number:	81820 Aaron Chang, President			Telephone - (716)-862	2-2000
dministrative Office:	2157 Main Street, Buffalo,NY 14214				
ertificate Number:	210610992 Renewal Deemed Effective: 0	07/01/2018 Anticipated R Review:	ecert 06/30/2021		
rogram Location:	1500 Broadway, Buffalo, New York 14212				
ervice Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51564	Certified Capacity:	
rogram Name:	STAR (Substance Treatment and Recovery) St. Vincent				
ompliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10992_S	ister.pdf			
ertificate Number:	240312158 Renewal Deemed	Effective:	04/01/2022	Anticipated Recert Review:	03/31/2024
rogram Location:	1st Floor 210 John Glenn Drive Amherst, New York 14228				
ervice Type:	Opioid Treatment Program (822)	PRU:	53282	Certified Capacity:	250
rogram Name:	with Telehealth Designation Sisters Health Center Amherst				Capacity Lifter
	ta <u>http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12158</u> S			Anticipated Recert	
ertificate Number:	240412385 Establishment	Effective:	05/10/2023	Review:	04/30/2024
rogram Location: ervice Type:	5th Floor 2605 Harlem Road Cheektowaga, New York 14225 Inpatient Rehabilitation Service (818)				
rogram Name:	- 25 beds for men and 15 beds for women	PRU:	53823	Certified Capacity:	40
-	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12385_S	inter adf			
ertificate Number:	240710408 Renewal Deemed	Effective:	08/01/2021	Anticipated Recert	07/31/2024
rogram Location:	158 Holden Street Buffalo, New York 14214	Libouve.	50,0 11202 1	Review:	5 IILULT
ervice Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	409	Certified Capacity:	650 Capacity Lifter
rogram Name:					Capacity Lifted
ompliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10408 S	ister.pdf			
ertificate Number:	240910409 Renewal Deemed	Effective:	09/09/2021	Anticipated Recert Review:	09/09/2024
ogram Location:	1st Floor 435 East Henrietta Road Rochester, New York 14620				
ervice Type:	Opioid Treatment Program (822) with Telehealth Designation	PRU:	6924	Certified Capacity:	250 Capacity Lifted

ertificate Number:	241210988 Renewal Deemed	Effective:	12/18/2021	Anticipated Recert 12/18/2024 Review:
rogram Location:	1st Floor 210 John Glenn Drive Amherst, New York 14228			
ervice Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51018	Certified Capacity:
rogram Name:	Sisters Health Center Amherst			
ompliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/10988_Sister.pdf			
outh Brooklyn Medical A	Administrative Services, Inc.			
rovider Number:	553 Ms. Alexis Bosco, Administrator & Chief Executive Officer			Telephone - (718)-788-2594 Ext 117
dministrative Office:	685 Third Avenue, Brooklyn,NY 11232			
ertificate Number:	221210387 Renewal Effective: 01/01/2020	Anticipated Recert Review:	12/31/2022	
Program Location:	685 3rd Avenue, Brooklyn, New York 11232			
ervice Type: rogram Name:	Opioid Treatment Program (822)	PRU:	1479	Certified Capacity: 450
compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10387_SouthB.pdf			
outh Richmond Hill Reco				
Provider Number:	49820 Mr. John Saith, CEO			Telephone - (929)-499-3420
dministrative Office:	88-08 Liberty Avenue, Ozone Park,NY 11417			
ertificate Number:	250312114 Renewal Effective: 04/01/2023	Anticipated Recert Review:	03/31/2025	
rogram Location:	88-08 Liberty Avenue Ozone Park, New York 11417	NOTION.		
ervice Type:	Outpatient Service (822)	PRU:	53167	Certified Capacity:
rogram Name:	with Telehealth Designation			
compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12114_SouthR.pdf			
ertificate Number:	260812327 Renewal	Effective:	09/01/2023	Anticipated Recert 08/31/2026
rogram Location:	630 Flushing Avenue Brooklyn, New York 11206			
-	630 Flushing Avenue Brooklyn, New York 11206 Outpatient Service (822) with Telehealth Designation	PRU:	53709	Certified Capacity:
Service Type:	Outpatient Service (822)	PRU:	53709	Certified Capacity:
Service Type: Program Name:	Outpatient Service (822)	PRU:	53709	Certified Capacity:
Service Type: Program Name: Compliance Performance D	Outpatient Service (822) with Telehealth Designation	PRU:	53709	Certified Capacity:
rogram Name: Compliance Performance D Sports Foundation, Inc.	Outpatient Service (822) with Telehealth Designation	PRU:	53709	
rogram Name: Compliance Performance D Sports Foundation, Inc. Trovider Number:	Outpatient Service (822) with Telehealth Designation	PRU:	53709	Certified Capacity: Telephone - (718)-665-9585
ervice Type: rogram Name: compliance Performance D sports Foundation, Inc. rovider Number: dministrative Office:	Outpatient Service (822) with Telehealth Designation	Anticipated Recent		
Bervice Type: Program Name: Compliance Performance D Sports Foundation, Inc. Provider Number: Administrative Office: Certificate Number:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327 Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459			
ervice Type: rrogram Name: compliance Performance D ports Foundation, Inc. rrovider Number: dministrative Office: certificate Number: rrogram Location:	Outpatient Service (822) with Telehealth Designation http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12327 Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018	Anticipated Recent		
Service Type: Program Name: Compliance Performance D Sports Foundation, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327_Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975_Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459	Anticipated Recert Review:	06/30/2020	Telephone - (718)-665-9585
Service Type: Program Name: Compliance Performance D Sports Foundation, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327_Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975_Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459	Anticipated Recert Review:	06/30/2020	Telephone - (718)-665-9585
Service Type: Program Name: Compliance Performance D Sports Foundation, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D Spring Hill Wellness New	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327_Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459 Prevention Counseling Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11975_Sports.pdf York, LLC	Anticipated Recert Review:	06/30/2020	Telephone - (718)-665-9585 Certified Capacity:
ervice Type: rogram Name: compliance Performance D ports Foundation, Inc. rovider Number: dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: compliance Performance D pring Hill Wellness New rovider Number:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327 Richard Pata 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459 Prevention Counseling Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11975	Anticipated Recert Review:	06/30/2020	Telephone - (718)-665-9585
ervice Type: rrogram Name: compliance Performance D ports Foundation, Inc. rrovider Number: dministrative Office: certificate Number: rrogram Location: iervice Type: rrogram Name: compliance Performance D ipring Hill Wellness New rrovider Number: dministrative Office:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327_Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459 Prevention Counseling Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11975_Sports.pdf York, LLC 51760 Ms. Samantha Nettleton, CEO	Anticipated Recert Review: PRU: Anticipated Recert	06/30/2020 90748	Telephone - (718)-665-9585 Certified Capacity:
ervice Type: rogram Name: ompliance Performance D ports Foundation, Inc. rovider Number: dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance D pring Hill Wellness New rovider Number: dministrative Office: ertificate Number:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327_Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459 Prevention Counseling Prevention Counseling York, LLC 51760 Ms. Samantha Nettleton, CEO 41-05 Avenue V, Brooklyn,NY 11234	Anticipated Recert Review: PRU:	06/30/2020 90748	Telephone - (718)-665-9585 Certified Capacity:
ervice Type: rogram Name: ompliance Performance D ports Foundation, Inc. rovider Number: dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance D pring Hill Wellness New rovider Number: dministrative Office: ertificate Number: rogram Location:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327. Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459 Prevention Counseling Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11975. Sports.pdf York, LLC 51760 Ms. Samantha Nettleton, CEO 41-05 Avenue V, Brooklyn,NY 11234 250612318 Renewal Effective: 07/01/2023	Anticipated Recert Review: PRU: Anticipated Recert	06/30/2020 90748	Telephone - (718)-665-9585 Certified Capacity:
ervice Type: rogram Name: ompliance Performance D ports Foundation, Inc. rovider Number: dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: ompliance Performance D pring Hill Wellness New rovider Number: dministrative Office: ertificate Number: rogram Location: ervice Type:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327_Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459 Prevention Counseling Prevention Counseling York, LLC 51760 Ms. Samantha Nettleton, CEO 41-05 Avenue V, Brooklyn,NY 11234 250612318 Renewal Effective: 07/01/2023 41-05 Avenue V Brooklyn, New York 11234 Outpatient Service (822)	Anticipated Recert Review: PRU: Anticipated Recert Review:	06/30/2020 90748 06/30/2025	Telephone - (718)-665-9585 Certified Capacity: Telephone - (813)-767-4136
ervice Type: rogram Name: compliance Performance D ports Foundation, Inc. rovider Number: dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: dministrative Office: dministrative Office: ertificate Number: dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Location: ervice Type: rogram Location: ervice Type: rogram Name:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327_Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459 Prevention Counseling Prevention Counseling York, LLC 51760 Ms. Samantha Nettleton, CEO 41-05 Avenue V, Brooklyn,NY 11234 250612318 Renewal Effective: 07/01/2023 41-05 Avenue V Brooklyn, New York 11234 Outpatient Service (822)	Anticipated Recert Review: PRU: Anticipated Recert Review:	06/30/2020 90748 06/30/2025	Telephone - (718)-665-9585 Certified Capacity: Telephone - (813)-767-4136
ervice Type: rogram Name: compliance Performance D ports Foundation, Inc. rovider Number: dministrative Office: ertificate Number: rogram Location: ervice Type: rogram Name: compliance Performance D pring Hill Wellness New rovider Number: ddministrative Office: Ertificate Number: rogram Location: ervice Type: rogram Location: ervice Type: rogram Name: ervice Type:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327_Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459 Prevention Counseling Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11975_Sports.pdf York, LLC 51760 Ms. Samantha Nettleton, CEO 41-05 Avenue V, Brooklyn, NY 11234 250612318 Renewal Effective: 07/01/2023 41-05 Avenue V Brooklyn, New York 11234 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services Outpatient Rehabilitation Service (822)	Anticipated Recert Review: PRU: Anticipated Recert Review: PRU:	06/30/2020 90748 06/30/2025 53583	Telephone - (718)-665-9585 Certified Capacity: Telephone - (813)-767-4136 Certified Capacity:
Service Type: Program Name: Compliance Performance D Sports Foundation, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D Spring Hill Wellness New Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name: Service Type: Program Name: Program Name:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327_Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459 Prevention Counseling Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11975_Sports.pdf York, LLC 51760 Ms. Samantha Nettleton, CEO 41-05 Avenue V, Brooklyn, NY 11234 250612318 Renewal Effective: 07/01/2023 41-05 Avenue V Brooklyn, New York 11234 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services Outpatient Rehabilitation Service (822)	Anticipated Recert Review: PRU: Anticipated Recert Review: PRU:	06/30/2020 90748 06/30/2025 53583	Telephone - (718)-665-9585 Certified Capacity: Telephone - (813)-767-4136 Certified Capacity:
Sports Foundation, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance D Spring Hill Wellness New Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Service Type: Program Name:	Outpatient Service (822) with Telehealth Designation Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12327_Richmo.pdf 1613 Akinshey XDorsett, Executive Director 871 Westchester Avenue, Bronx,NY 10459 200611975 Renewal Effective: 07/01/2018 Basement, 1st Floor Lobby, 871 Westchester Avenue, Bronx, New York 10459 Prevention Counseling Pata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11975_Sports.pdf York, LLC 51760 Ms. Samantha Nettleton, CEO 41-05 Avenue V, Brooklyn, NY 11234 250612318 Renewal Effective: 07/01/2023 41-05 Avenue V Brooklyn, New York 11234 Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services Outpatient Rehabilitation Service (822) with Telehealth Designation and Ancillary Withdrawal Services	Anticipated Recert Review: PRU: Anticipated Recert Review: PRU:	06/30/2020 90748 06/30/2025 53583	Telephone - (718)-665-9585 Certified Capacity: Telephone - (813)-767-4136 Certified Capacity:
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Barriss Type: Optic: Desc: Desc: <thdesc:< th=""> Desc: <thdesc:< th=""></thdesc:<></thdesc:<>	Program Location: 4035 Third Avenue Brow, New York 10453 Service Type: Quid Treatment Program (322) PRU: Program Name: Effective: Program Name Compliance Performance Data <u>Intr</u> /Ivebaces asses my anvitability and provide provide and provide and provide and provide and provide and p	cert 11/30/2023	
with Tradewattin Designation Proc. Onco. Contract Departing on the contract Designation on the designation	ctt with Telehealth Designation FRC. Program Name: 2000 Plance Performance Data http://sebagoa.casas.nv.gov/soat/CertAgeDirectory/documentar/1940.588m.ndf Certificate Number: 2000 Plance Verformance Data http://sebagoa.casas.nv.gov/soat/CertAgeDirectory/documentar/1997.588m.ndf Certificate Number: 2009 Plance Verformance Data http://sebagoa.casas.nv.gov/soat/CertAgeDirectory/documentar/1997.588m.ndf Certificate Number: 2699 Pla24 Reneval Effective: Program Name: Compliance Performance Data http://sebagoa.casas.nv.gov/soat/CertAgeDirectory/documentar/1997.588m.ndf Certificate Number: 2510 Pla06 Reneval Effective: Program Name: Compliance Performance Data http://sebagoa.casas.nv.gov/soat/CertAgeDirectory/documentar/1993.588m.ndf Effective: Program Name: Compliance Performance Data http://sebagoa.casas.nv.gov/soat/CertAgeDirectory/documentar/1998.588m.ndf St. Charles Hospital, Port Jafferson, New York PRU: Program Name: Compliance Performance Data 		
Configures Performance Data Into Aveabable Configure (Configure Aveabable Configure Av	Compliance Performance Data Effective: Program Location: 20 fillion; 4411-451 Tind Avenue, Bronx, New York 10457 Service Type: Outpatient Service (rg2) with Telehealth Designation Program Location: 20 5990234 Renewal Effective: Program Location: 20 59910234 Renewal Effective: Program Location: 20 59910234 Renewal Effective: Program Location: 20 59910234 Renewal Effective: Program Location: Main Building, 4th Faor, 4422 Tind Avenue, Bronx, New York 10457 Service Type: Main Building, 4th Faor, 4422 Tind Avenue, Bronx, New York 10457 Service Type: Main Building, 4th Faor, 4422 Tind Avenue, Bronx, New York 10457 Service Type: Main Building, 4th Faor, 4422 Tind Avenue, Bronx, New York 10457 Service Type: Difference Data http://webaoo.acas.nv.gov/togul/CertApo/Directorvidocumentar/10234_SIBam.pdf Certificate Number: 251010406 Renewal Stabilization Program Location: 4th Stabilization Evence (Aboo Directorvidocumentar/10234_SIBam.pdf Certificate Number: 251010406 Renewal More Service Type: Opioid Treatment Program (82) with Telehealth Designation (With Telehealth Designation Program (82) with Telehealth Designation Program Name: Compliance Performance Data http://webaoo.acas.nv.gov/togul/CertApo/Directorvidocumentar/10406_SIBam.pdf Provider Number: 2010406 Renewal Designation Program Name: Compliance Performance Data http://webaoo.acas.nv.gov/togul/CertApo/Directorvidocumentar/10406_SIBam.pdf Provider Number: 2010406 Renewal Designation Program Name: Compliance Performance Data http://webaoo.acas.nv.gov/togul/CertApo/Directorvidocumentar/10406_SIBam.pdf Provider Number	6962	Certified Capacity: 660
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(adolescent) [with the use of methadone]	(adolescent) [with the use of methadone] Program Name: Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11844_StChar.pdf St. Christopher's Inn, Inc. Provider Number: 25360 James Schiller Ph.D., Executive Director Administrative Office: 21 Franciscan Way, Garrison,NY 10524 Pffective: 01/01/2021 Anticipated Received Anticipated Received Anticipated Received Anticipated Received	E0760	Contified Connection 4
Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11844_StChar.pdf	St. Christopher's Inn, Inc. Provider Number: 25360 James Schiller Ph.D., Executive Director Administrative Office: 21 Franciscan Way, Garrison,NY 10524 Certificate Number: 231212183 Renewal Effective: 01/01/2021	52162	сегиней сарасиу: 4
	Provider Number: 25360 James Schiller Ph.D., Executive Director Administrative Office: 21 Franciscan Way, Garrison,NY 10524 Certificate Number: 231212183 Renewal Effective: 01/01/2021		
St Christopher's Inn Inc	Provider Number: 25360 James Schiller Ph.D., Executive Director Administrative Office: 21 Franciscan Way, Garrison,NY 10524 Certificate Number: 231212183 Renewal Effective: 01/01/2021		
	Certificate Number: 231212183 Renewal Effective: 01/01/2021 Anticipated Rec		Telephone - (845)-335-1009
	Certificate Number: 231212183 Renewal Effective: 01/01/2021 Anticipated Rec		
Certificate Number: 231212183 Renewal Effective: 01/01/2021 Anticipated Recert 12/31/2023 Review:	Review:	cert 12/31/2023	
Program Location: 13 Longview Avenue White Plains, New York 10605	Program Location: 13 Longview Avenue White Plains, New York 10605 Service Type: Residential Services (820)		Certified Capacity: 11
Service Type: Residential Services (820) PRU: 53324 Certified Capacity: 11	Elements: Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate Scattered	53324	
	Program Name: Brothers Christopher House	53324	

Compliance Performance	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12183 StChr	<u>1.pdf</u>			
Certificate Number:	240710564 Renewal	Effective:	08/01/2021	Anticipated Recert Review:	07/31/2024
Program Location:	21 Franciscan Way, Garrison, New York 10524				
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51663	Certified Capacity:	
Program Name:					
Service Type:	Outpatient Rehabilitation Service (822) with Telehealth Designation	PRU:	51900	Certified Capacity:	
Program Name:					
Compliance Performance	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10564_StChr	<u>i.pdf</u>			
Certificate Number:	240811243 Renewal	Effective:	09/01/2021	Anticipated Recert Review:	08/31/2024
Program Location:	21 Franciscan Way, Garrison, New York 10524				
Service Type:	Medically Supervised Outpatient Withdrawal & Stabilization (816.8) [without the use of methadone]	PRU:	8053	Certified Capacity:	10
Program Name:	St. Christopher's Inn				
Compliance Performance	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11243 StChr	<u>i.pdf</u>			
Certificate Number:	250612321 Renewal	Effective:	07/01/2023	Anticipated Recert Review:	06/30/2025
Program Location:	21 Franciscan Way Garrison, New York 10524				
Service Type:	Residential Services (820)	PRU:	53656	Certified Capacity:	142
Elements:	Stabilization 🔽 Rehabilitation 🦳 Reintegration 🦲 Cong	regate Scattered			
Program Name:					
Compliance Performance	Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12321 StChr	<u>i.pdf</u>			
St. John's Riverside Hos	spital, Inc.				
Provider Number:	87150 Mr. Ronald JCorti, President and CEO			Telephone - (9	914)-964-4221

Administrative Office:	Andrus Pavilion, 967 North Broadway, Yonkers,NY 1	0701					
Certificate Number:	240411281 Renewal	Effective:	05/01/2022	Anticipated Recert Review:	04/30/2024		
Program Location:	2nd Floor, 2 Park Avenue, Yonkers, New York 10703	3					
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	51378	Certified Capacity:	
Program Name:	New Focus Center						
Service Type:	Outpatient Rehabilitation Service (822) with Telehealth Designation			PRU:	51945	Certified Capacity:	
Program Name:	New Focus Center						
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/o	documents/1128	1 StJohn.pdf				
Certificate Number:	240611284 Amendment			Effective:	02/29/2024	Anticipated Recert Review:	06/30/2024
Program Location:	1st Floor 20 East First Street Mount Vernon, New Yo	rk 10550					
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50638	Certified Capacity:	
Program Name:	-						
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/d	documents/1128	4 StJohn.pdf				
Certificate Number:	240711283 Renewal			Effective:	08/01/2021	Anticipated Recert Review:	07/31/2024
Program Location:	1st Floor, 30 Manhattan Avenue, White Plains, New	York 10607					
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	51687	Certified Capacity:	
Program Name:	Greenburgh ATS						
Service Type:	Outpatient Rehabilitation Service (822) with Telehealth Designation			PRU:	51944	Certified Capacity:	
Program Name:	Greenburgh ATS						
Additional Location(s) At:							
- Westhab-Coachman Famil	y Center 1-1/2 Main Mezzanine 123 East Post Road Whit	e Plains NY 106	01				
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/d	documents/1128	<u>3 StJohn.pdf</u>				
Certificate Number:	250411401 Renewal			Effective:	05/01/2022	Anticipated Recert Review:	04/30/2025
Program Location:	3rd Floor, West Wing, 5th Floor, North Wing, 3rd Floo	or, East Wing, 2	Park Avenue, Yonkers	s, New York 10703			
Service Type:	Inpatient Rehabilitation Service (818)			PRU:	51609	Certified Capacity:	69
Program Name:							

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Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11401	StJohn.pdf	

Certificate Number:	250511247 Amendment	Effective:	12/19/2023	Anticipated Recert Review:	05/31/2025
Program Location:	North Wing 3rd & 6th Floors North 2 Park Avenue Yonkers, New York 10703				
Service Type:	Medically Managed Withdrawal & Stabilization Services (816.6) [up to 7 of these beds may be used for the provision of Part 818 Inpatient Rehabilitation services, as needed] - with the use of methadone	PRU:	50820	Certified Capacity:	72
Program Name:					
C C	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11247_StJohn.pdf 261011245 Renewal	Effective:	11/01/2023	Anticipated Recert Review:	10/31/2026
Compliance Performance D		Effective:	11/01/2023		10/31/2026
Compliance Performance D	261011245 Renewal	Effective: PRU:	11/01/2023 401		10/31/2026 400 Capacity Lif

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11245 StJohn.pdf

St. Josephs Hospital, Yonk	(ers						
Provider Number: Administrative Office:	81050 Michael JSpicer, President & CEO 127 South Broadway, Yonkers,NY 10701					Telephone - (914)-37	8-7485
	127 Godal Broadway, Tolikers, NT 10701			Antipin start Darast			
Certificate Number:	240112134 Renewal	Effective:	02/01/2021	Anticipated Recert Review:	01/31/2024		
Program Location: Service Type:	18 Spring Street, Port Chester, New York 10573 Residential Services (820)			PRU:	53228	Certified Capacity:	20
Elements:	Stabilization Rehabilitation	Reintegration	Congregate	Scattered			
Program Name:	Sr. Anne Mary Regan Residence						
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/12134	StJose.pdf				
Certificate Number:	241010399 Renewal Deemed			Effective:	10/20/2021	Anticipated Recert Review:	10/20/2024
Program Location:	1st Floor, 317 South Broadway, Yonkers, New York	x 10705					
Service Type: Program Name:	Opioid Treatment Program (822)			PRU:	400	Certified Capacity:	500
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/10399	StJose.pdf				
Certificate Number:	241010633 Renewal Deemed			Effective:	10/20/2021	Anticipated Recert Review:	10/20/2024
Program Location:	2nd Floor, 317 South Broadway, Yonkers, New Yor	k 10705					
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50874	Certified Capacity:	
Program Name:	Positive Directions						
Service Type:	Outpatient Rehabilitation Service (822) with Telehealth Designation			PRU:	51938	Certified Capacity:	
Program Name:	Positive Directions						
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/10633	3 StJose.pdf				
Certificate Number:	241011733 Renewal Deemed			Effective:	10/20/2021	Anticipated Recert Review:	10/20/2024
Program Location:	3rd & 4th Floors, 175-20 Hillside Avenue, Jamaica,	New York 11432					
Service Type:	Opioid Treatment Program (822)			PRU:	52569	Certified Capacity:	800 Capacity Lifted
Program Name:	Queens Opioid Treatment Clinic						
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory	//documents/11733	<u>StJose.pdf</u>				
Certificate Number:	241011736 Renewal Deemed			Effective:	10/20/2021	Anticipated Recert Review:	10/20/2024
Program Location:	211-221 Powell Street Brooklyn, New York 11212						
Service Type:	Opioid Treatment Program (822)			PRU:	52566	Certified Capacity:	450 Capacity Lifted
Program Name:	Powell Clinic						
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory	/documents/11736	StJose.pdf				
Certificate Number:	241011737 Renewal Deemed			Effective:	10/21/2021	Anticipated Recert Review:	10/20/2024
Program Location:	The Maxwell Institute Alcoholism Outpatient Clinic R	Program, 1st Floor,	, 92 Yonkers Avenue, 7	uckahoe, New York 10	0707		
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	52563	Certified Capacity:	
Program Name:	č						

Compliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11737 StJose.pdf				
Certificate Number:	241011738 Renewal Deemed	Effective:	10/20/2021	Anticipated Recert Review:	10/20/2024
Program Location:	1st and 2nd Floor, 480 Alabama Avenue, Brooklyn, New York 11207				
Service Type:	Opioid Treatment Program (822)	PRU:	52570	Certified Capacity:	700 Capacity Lifted
Program Name:	Alabama Clinic				
compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11738_StJose.pdf				
certificate Number:	241011741 Amendment Deemed	Effective:	04/03/2023	Anticipated Recert Review:	10/20/2024
rogram Location:	Spellman Building Ground Floor & 1st Floor 275 North Street Harrison, New York 10528				
ervice Type:	Outpatient Service (822) with Telehealth and Adolescent Services Designations	PRU:	52564	Certified Capacity:	
rogram Name:					
ervice Type:	Outpatient Rehabilitation Service (822) with Telehealth Designation	PRU:	52565	Certified Capacity:	
rogram Name:					
ompliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11741 StJose.pdf				
ertificate Number:	241011742 Renewal Deemed	Effective:	10/23/2021	Anticipated Recert Review:	10/23/2024
rogram Location:	Spellman Building 1st Floor 275 North Street Harrison, New York 10528		_		
ervice Type: rogram Name:	Inpatient Rehabilitation Service (818)	PRU:	52559	Certified Capacity:	30
rogram Name.					
ompliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11742_StJose.pdf				
ertificate Number:	250211835 Renewal	Effective:	03/01/2022	Anticipated Recert Review:	02/28/2025
rogram Location:	1st Floor, 132 Pearl Street, Port Chester, New York 10573				
ervice Type:	Outpatient Service (822) with Telehealth Designation	PRU:	52746	Certified Capacity:	
Program Name:					
Program Name: Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11835_StJose.pdf				
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Compliance Performance Dat it. Joseph's Rehabilitation provider Number:	Center, Inc. 35160 Zachary Randolph, Associate Vice President of Operations			Telephone - (518)-891-3801	_
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Compliance Performance Dat it. Joseph's Rehabilitation rovider Number: Idministrative Office: /b/a St. Joseph's Addiction	Center, Inc. 35160 Zachary Randolph, Associate Vice President of Operations 159 Glenwood Drive, Saranac Lake,NY 12983 Treatment and Recovery Centers	Anticipated Recert	10/31/2023	Telephone - (518)-891-3801	_
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386 River Road Lake Placid
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386 River Road Lake Placid
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Compliance Performance Data St. Joseph's Rehabilitation Provider Number: Administrative Office: //b/a St. Joseph's Addiction Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: 386 River Road Lake Placid Compliance Performance Data Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data //b/a St. Joseph's Addiction Certificate Number: Program Location: Service Type: Program Location: Service Type: Program Location: Service Type: Program Location: Service Type: Program Name: Compliance Performance Data //b/a St. Joseph's Addiction Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Data	Center, Inc. 35160 Zachary Randolph, Associate Vice President of Operations 159 Glenwood Drive, Saranac Lake, NY 12983 1 Treatment and Recovery Centers 231011003 Amendment Effective: 01/18/2023 50 John Munn Road Saranac Lake, New York 12983 Outpatient Service (822) with Telehealth, Problem Gambling and Adolescent Services Designations. Robert R. Reiss Community Services Center NY 12946 a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11003_SLJose.pdf 231112271 Conditional Certificate 50 John Munn Road Saranac Lake, New York 12983 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) Robert R. Reiss Community Services Center a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12271_SLJose.pdf 1 Treatment and Recovery Centers 231210131 Renewal 7 Fallkill Place, Poughkeepsie, New York 12601 Supportive Living (819) a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10131_SLJose.pdf	PRU: Effective: PRU: Effective:	50171 12/01/2022 53570 01/01/2022	Certified Capacity: Anticipated Recert 11/30/2 Review: 10 Certified Capacity: 10 Anticipated Recert 12/31/2	2023

	Outpatient Service (822) with Telehealth and Problem Gambling Designations	PRU:	50170	Certified Capacity:
Program Name:	war reichealth and robion benoing besignations			
ompliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11004_SLJose.pdf			
/b/a Rose Hill				
ertificate Number:	240212067 Amendment	Effective:	01/20/2024	Anticipated Recert 02/29/2024 Review:
rogram Location:	100 County Route 43 Massena, New York 13662			
ervice Type:	Residential Rehabilitation Services for Youth (817) with Telehealth and LGBTQ-Affirming Services Designations	PRU:	53063	Certified Capacity: 12
ogram Name:	Rose Hill			
ompliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12067_StJose.pdf			
b/a St. Joseph's Addictic	on Treatment and Recovery Centers			
ertificate Number:	240512052 Renewal	Effective:	06/01/2021	Anticipated Recert 05/31/2024 Review:
rogram Location:	Floors 1-2, 444 Kiwassa Lake Road, Saranac Lake, New York 12983			
ervice Type:	Residential Services (820) with Telehealth Designation	PRU:	53046	Certified Capacity: 25
ements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered		
ogram Name:	Col. C. David Merkel, MD Veterans Residential Program			
mpliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12052_StJose.pdf			
o/a St. Joseph's Addictic	on Treatment and Recovery Centers			
ertificate Number:	240710130 Renewal	Effective:	02/16/2022	Anticipated Recert 07/31/2024
ogram Location:	Building #1, and Family Building, 1st, 2nd & 3rd Floors, 159 Glenwood Drive Saranac L	ake, New York 12983		Neview.
rvice Type:	Inpatient Rehabilitation Service (818)	PRU:	50169	Certified Capacity: 67
ogram Name:	with Telehealth Designation Chemical Dependence Rehabilitation			
ompliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10130 StJose.pdf			
b/a St. Joseph's Addictic	on Treatment and Recovery Centers			
ertificate Number:	250611005 Renewal	Effective:	07/01/2023	Anticipated Recert 06/30/2025 Review:
ogram Location:	1st & 2nd Floors 50 Montcalm Street Ticonderoga, New York 12883			
ervice Type:	Outpatient Service (822) with Telehealth and Problem Gambling Designations	PRU:	50173	Certified Capacity:
	with refereatin and Froblem Gambling Designations			
ogram Name:	Ticonderoga Chemical Dependence Outpatient Clinic			
rogram Name: dditional Location(s) At:	Ticonderoga Chemical Dependence Outpatient Clinic			
ogram Name: Iditional Location(s) At:	Ticonderoga Chemical Dependence Outpatient Clinic			
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March 11, 2024

Provider Number:

15480 Roman Pabis Ph.D., Executive Director

Telephone - (212)-982-3470 Ext 124

Administrative Office:	57 St. Mark's Place, New York, NY 10003			
Certificate Number:	210611011 Amendment OMH Effective: 08/03/2020 Host	Anticipated Recert Review:	06/30/2021	
rogram Location: ervice Type:	1st, 2nd and 3rd Floors, 57 St. Mark's Place, New York, New York 10003 Outpatient Service (822)	PRU:	51582	Certified Capacity:
rogram Name:	with Telehealth Designation			
ompliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11011 StMark.pdf			
t. Mary's Healthcare rovider Number:	85350 Mr. Jeffery Methven, CEO			Telephone - (518)-841-7101
Administrative Office:	427 Guy Park Avenue, Amsterdam,NY 12010			Telephone - (318)-641-7101
ertificate Number:	250811404 Renewal Effective: 09/01/2023	Anticipated R Review:	ecert 08/31/2025	
rogram Location: ervice Type:	2nd Floor 4988 State Highway 30 Amsterdam, New York 12010 Inpatient Rehabilitation Service (818)			
	[with the use of methadone]	PRU:	51257	Certified Capacity: 14
rogram Name:				
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11404 StMary.pdf			
Certificate Number:	261211434 Renewal	Effective:	01/01/2024	Anticipated Recert 12/31/2026 Review:
Program Location: Service Type:	4th Floor 4988 State Highway 30 Amsterdam, New York 12010 Opioid Treatment Program (822)			100
	with Telehealth Designation [with ancillary withdrawal services for up to 10 patients]	PRU:	7404	Certified Capacity: Capacity Lifte
Program Name: Service Type:	Outpatient Service (822)	PRU:	53618	Certified Capacity:
rogram Name:	with Telehealth Designation [with ancillary withdrawal services]		00010	continue expering.
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	s, as Sponsor, St. Peter's Hospital of the City of Albany, as Operator 83060 Mr. Jim Jeffreys, Interim Senior Director			Telephone - (518)-452-6700
Provider Number:	as Sponsor, St. Peter's Hospital of the City of Albany, as Operator 83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084			Telephone - (518)-452-6700
Provider Number: Administrative Office:	83060 Mr. Jim Jeffreys, Interim Senior Director	Anticipated Recert Review:	08/31/2023	Telephone - (518)-452-6700
rovider Number: Idministrative Office: Sertificate Number: Irogram Location:	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment Effective: 09/01/2022 64 Second Avenue Albany, New York 12202		08/31/2023	Telephone - (518)-452-6700
Provider Number: Administrative Office: Certificate Number: Program Location:	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment Effective: 09/01/2022		08/31/2023 53712	Telephone - (518)-452-6700 Certified Capacity: 22
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment Effective: 09/01/2022 64 Second Avenue Albany, New York 12202 Residential Services (820)	Review:	00/31/2023	
Provider Number: Administrative Office: Certificate Number: Program Location: Bervice Type: Elements:	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment Effective: 09/01/2022 64 Second Avenue Albany, New York 12202 Residential Services (820) with Telehealth Designation	Review: PRU:	00/31/2023	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Elements: Program Name:	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment Effective: 09/01/2022 64 Second Avenue Albany, New York 12202 Residential Services (820) with Telehealth Designation Stabilization Rehabilitation Year Congregate	Review: PRU:	00/31/2023	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Elements: Program Name:	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment Effective: 09/01/2022 64 Second Avenue Albany, New York 12202 Residential Services (820) with Telehealth Designation Stabilization Rehabilitation Image: Reintegration SPARC Halfway House	Review: PRU:	00/31/2023	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Elements: Program Name: Compliance Performance Date Certificate Number: Program Location:	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment 230812333 Establishment 64 Second Avenue Albany, New York 12202 Residential Services (820) with Telehealth Designation Image: Stabilization Image: Stabilization Image: SPARC Halfway House ata http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12333 Stabilishment 240412388 Establishment 4th Floor 1300 Massachusetts Avenue Troy, New York 12180	Review: PRU: Scattered	05/15/2023	Certified Capacity: 22 Anticipated Recert 04/30/2024 Review:
rovider Number: dministrative Office: ertificate Number: rogram Location: ervice Type: lements: rogram Name: compliance Performance Data ertificate Number: rogram Location: ervice Type:	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment Effective: 09/01/2022 64 Second Avenue Albany, New York 12202 Residential Services (820) with Telehealth Designation Image: Stabilization Image: Sparc Halfway House ata http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12333 Stabilishment	Review: PRU: Scattered	53712	Certified Capacity: 22 Anticipated Recert 04/30/2024
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Clements: Program Name: Compliance Performance Date Certificate Number: Program Location: Service Type: Program Name:	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment Effective: 09/01/2022 64 Second Avenue Albany, New York 12202 Residential Services (820) with Telehealth Designation Image: Stabilization Stabilization Rehabilitation Image: SPARC Halfway House ata http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12333 Stabilishment 4th Floor 1300 Massachusetts Avenue Troy, New York 12180 Inpatient Rehabilitation Service (818)	Review: PRU: Scattered	05/15/2023	Certified Capacity: 22 Anticipated Recert 04/30/2024 Review:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Elements: Program Name: Compliance Performance Date Certificate Number: Program Location: Service Type: Program Name:	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment 230812333 Establishment 230812333 Establishment 64 Second Avenue Albany, New York 12202 Residential Services (820) with Telehealth Designation Image: Stabilization Image: Space Halfway House ata http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12333 Stabilishment 4th Floor 1300 Matient Rehabilitation Service (818) St. Peter's Hospital - SPARC	Review: PRU: Scattered	05/15/2023	Certified Capacity: 22 Anticipated Recert 04/30/2024 Certified Capacity: 20 Anticipated Recert 02/12/2025
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Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Elements: Program Name: Compliance Performance Date Certificate Number: Program Location: Service Type: Program Location: Service Type: Program Location: Service Type: Program Name: Compliance Performance Date Certificate Number: Program Name: Compliance Performance Date Program Name: Compliance Performance Date Compliance Perfo	83060 Mr. Jim Jeffreys, Interim Senior Director 3 Mercycare Lane, Guilderland,NY 12084 230812333 Establishment Effective: 09/01/2022 64 Second Avenue Albany, New York 12202 Residential Services (820) with Telehealth Designation	Review: PRU: Scattered Effective: PRU: PRU: Effective: Effective: Effective:	05/11/2023 53712 05/15/2023 53821 02/12/2022 50227 02/12/2022	Certified Capacity: 22 Anticipated Recert 04/30/2024 Certified Capacity: 20 Anticipated Recert 02/12/2025 Certified Capacity: 18 Certified Recert 02/12/2025 Certified Capacity: 18 Anticipated Recert 02/12/2025 Certified Capacity: 18
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Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10569 StPete.pdf			
Certificate Number:	250211018 Renewal Deemed	Effective:	02/12/2022	Anticipated Recert 02/12/2025 Review:
Program Location: Service Type:	55 Mohawk Street Cohoes, New York 12047 Outpatient Service (822)	PRU:	50000	Cartified Canacity
Program Name:	with Telehealth Designation [with ancillary withdrawal] SPARC	FRU.	50230	Certified Capacity:
Compliance Performance Da	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11018 StPete.pdf			
Certificate Number:	250211429 Renewal Deemed	Effective:	02/12/2022	Anticipated Recert 02/12/2025
Program Location:	1st Floor, 2925 Hamburg Street, Rotterdam, New York 12303			Review:
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	51810	Certified Capacity:
Program Name:				
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11429_StPete.pdf			
Certificate Number:	250211430 Amendment Deemed	Effective:	11/29/2023	Anticipated Recert 02/12/2025 Review:
Program Location:	125 High Rock Avenue Saratoga Springs, New York 12866			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	50928	Certified Capacity:
Program Name:	Ū.			
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11430 StPete.pdf			
Certificate Number:	250211431 Renewal Deemed	Effective:	02/12/2022	Anticipated Recert 02/12/2025 Review:
Program Location:	636 New Loudon Road, Latham, New York 12110			
Service Type:	Outpatient Service (822) with Telehealth Designation	PRU:	50927	Certified Capacity:
Program Name:	-			
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11431_StPete.pdf			
Certificate Number:	250211463 Renewal Deemed	Effective:	02/12/2022	Anticipated Recert 02/12/2025 Review:
Program Location: Service Type:	1st & 2nd Floors, 3 Mercycare Lane, Guilderland, New York 12084 Inpatient Rehabilitation Service (818)			
Program Name:	with Telehealth Designation	PRU:	51039	Certified Capacity: 40
Frogram Name.	SPARC Inpatient Rehabilitation Program			
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11463 StPete.pdf			
Certificate Number:	251112116 Renewal Deemed	Effective:	12/01/2022	Anticipated Recert 11/30/2025 Review:
Program Location:	Gabrilove Pavilion/Nolan Riddle, 6th Floor, 315 South Manning Boulevard, Albany, New Y	York 12208		
Service Type:	Medically Supervised Outpatient Withdrawal & Stabilization (816.8) with Telehealth Designation	PRU:	53157	Certified Capacity: 45
Program Name:	St. Peter's Hospital Detox			
Compliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12116 StPete.pdf			
START Treatment & Recov	ery Centers, Inc.			
Provider Number:	47570 Jonnel CDoris, Chief Executive Officer			Telephone - (718)-260-2945 Ext 2945
Administrative Office:	937 Fulton Street, Brooklyn,NY 11238			
Certificate Number:	240810355 Amendment Effective: 09/05/2023	Anticipated F Review:	Recert 08/31/2024	
Program Location: Service Type:	1st & 2nd Floors 2191 Third Avenue New York, New York 10035 Opioid Treatment Program (822)			385
	with Telehealth Designation and Ancillary Withdrawal Services	PRU:	77	Certified Capacity: Capacity Lifted
Program Name:	Third Horizon Clinic			
Compliance Performance Da	ta <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10355_STARTT.pdf</u>			Antipipated Percent
Certificate Number:	241110358 Renewal	Effective:	12/01/2022	Anticipated Recert 11/30/2024 Review:
Program Location: Service Type:	2nd and 3rd Floors, 937 Fulton Street, Brooklyn, New York 11238 Opioid Treatment Program (822)			500
	with Telehealth Designation and Ancillary Withdrawal Services	PRU:	7	Certified Capacity: Capacity Lifted
Program Name:	Fort Greene Clinic			
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10358 STARTT.pdf			
Certificate Number:	250210357 Renewal	Effective:	03/01/2023	Anticipated Recert 02/28/2025 Review:

Program Location: Service Type:	1st Floor, 494 Dumont Avenue, Brooklyn, New York 11207 Opioid Treatment Program (822) with Telehealth Designation and Ancillary Withdrawal Services	PRU:	78	Certified Capacity:	500
Program Name:	East New York Clinic				
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10357_STARTT.pdf				
Certificate Number:	250211563 Renewal	Effective:	03/01/2023	Anticipated Recert Review:	02/28/2025
Program Location:	Basement, 4th and 5th Floors, 119-121 West 124th Street, New York, New York 10027				
Service Type:	Opioid Treatment Program (822) with Telehealth Designation and Ancillary Withdrawal Services	PRU:	6	Certified Capacity:	300
Program Name:	Starting Point Clinic				
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11563_STARTT.pdf				
Certificate Number:	250410356 Amendment	Effective:	09/05/2023	Anticipated Recert Review:	04/30/2025
Program Location: Service Type:	2nd and 3rd Floors 2406 Amsterdam Avenue New York, New York 10033 Opioid Treatment Program (822)				350
	with Telehealth Designation and Ancillary Withdrawal Services	PRU:	1302	Certified Capacity:	Capacity Lifted
Program Name:					
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10356_STARTT.pdf				
Certificate Number:	250611564 Renewal	Effective:	07/01/2023	Anticipated Recert Review:	06/30/2025
Program Location: Service Type:	Basement, 2nd and 3rd Floors,119-121 West 124th Street New York, New York 10027 Opioid Treatment Program (822)		<u>,</u>	• ••• • •	
Program Name:	with Telehealth Designation and Ancillary Withdrawal Services Kaleidoscope Clinic	PRU:	8	Certified Capacity:	300
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11564_STARTT.pdf				
Certificate Number:	250811572 Renewal	Effective:	09/01/2023	Anticipated Recert	08/31/2025
Program Location:	6th Floor 119-121 West 124th Street New York, New York 10027	Enective.	09/01/2023	Review:	08/31/2023
Service Type:	Outpatient Service (822)	PRU:	52059	Certified Capacity:	
Program Name:	with Telehealth Designation and Ancillary Withdrawal Services REACH Program				
Compliance Performance D	ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11572_STARTT.pdf				
Certificate Number:	260510353 Renewal	Effective:	06/01/2023	Anticipated Recert Review:	05/31/2026
Program Location:	1149-55 Myrtle Avenue, Brooklyn, New York 11206			Review.	
Service Type:	Opioid Treatment Program (822) with Telehealth Designation and Ancillary Withdrawal Services	PRU:	80	Certified Capacity:	500 Capacity Lifted
Program Name:	ARTC Bushwick MMTP				
Compliance Defermence D					
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10353_STARTT.pdf				
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State University of New Yo Provider Number:	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions			Telephone - (716)-887-2566	_
State University of New Yo Provider Number:	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203			Telephone - (716)-887-2566	_
State University of New Yo Provider Number: Administrative Office: Certificate Number:	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203 250511025 Renewal Effective: 06/01/2023	Anticipated Recert Review:	05/31/2025	Telephone - (716)-887-2566	_
State University of New Yo Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203 250511025 Renewal Effective: 06/01/2023 Research Institute on Addictions, 1st and 2nd Floors, 1021 Main Street, Buffalo, New York 1	Review:	05/31/2025 52735	Telephone - (716)-887-2566	
State University of New Yo Provider Number: Administrative Office: Certificate Number: Program Location: Service Type:	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203 250511025 Renewal Effective: 06/01/2023 Research Institute on Addictions, 1st and 2nd Floors, 1021 Main Street, Buffalo, New York 1	14203			_
State University of New Yo Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203 250511025 Renewal Effective: 06/01/2023 Research Institute on Addictions, 1st and 2nd Floors, 1021 Main Street, Buffalo, New York Chemical Dependency Specialized Services (824)	14203			
State University of New Yo Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da	Sork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203 250511025 Renewal Effective: 06/01/2023 F Research Institute on Addictions, 1st and 2nd Floors, 1021 Main Street, Buffalo, New York Chemical Dependency Specialized Services (824) F University at Buffalo's Addiction Treatment Services F	14203			
State University of New Yo Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da Steuben County Alcoholis Provider Number:	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203 250511025 Renewal Effective: 06/01/2023 # Research Institute on Addictions, 1st and 2nd Floors, 1021 Main Street, Buffalo, New York Chemical Dependency Specialized Services (824) # University at Buffalo's Addiction Treatment Services ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11025 StateU.pdf ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11025 StateU.pdf ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11025 StateU.pdf	14203			
State University of New Yo Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da Steuben County Alcoholis Provider Number: Administrative Office:	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203 250511025 Renewal Effective: 06/01/2023 # Research Institute on Addictions, 1st and 2nd Floors, 1021 Main Street, Buffalo, New York Chemical Dependency Specialized Services (824) # University at Buffalo's Addiction Treatment Services ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11025 StateU.pdf im and Substance Abuse Services 70640 Henry Chapman Psy.D., Director 115 Liberty Street, Bath,NY 14810	REVIEW: 14203 PRU:	52735	Certified Capacity:	
State University of New Yo Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da Steuben County Alcoholis Provider Number: Administrative Office: Certificate Number:	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203 250511025 Renewal Effective: 06/01/2023 # Research Institute on Addictions, 1st and 2nd Floors, 1021 Main Street, Buffalo, New York Chemical Dependency Specialized Services (824) F University at Buffalo's Addiction Treatment Services F ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11025 StateU.pdf sm and Substance Abuse Services 70640 Henry Chapman Psy.D., Director 115 Liberty Street, Bath,NY 14810 240311031 Renewal Effective: 04/01/2021 #	14203	52735	Certified Capacity:	
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State University of New Yo Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203 250511025 Renewal Effective: 06/01/2023 # Research Institute on Addictions, 1st and 2nd Floors, 1021 Main Street, Buffalo, New York 1 Chemical Dependency Specialized Services (824) # University at Buffalo's Addiction Treatment Services # # # ata http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11025 StateU.pdf # im and Substance Abuse Services 70640 Henry Chapman Psy.D., Director # 115 Liberty Street, Bath,NY 14810 Effective: 04/01/2021 # 240311031 Renewal Effective: 04/01/2021 # 114 Chestnut Street, Corning, New York 14830 Outputient Services (920) #	Anticipated Recert	52735	Certified Capacity:	
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State University of New Yo Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da Steuben County Alcoholis Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	ork at Buffalo 30560 Kenneth Leonard Ph.D., Director, Research Institute on Addictions Research Institute on Addictions, 1021 Main Street, Buffalo,NY 14203 250511025 Renewal Effective: 06/01/2023 Research Institute on Addictions, 1st and 2nd Floors, 1021 Main Street, Buffalo, New York 1 Chemical Dependency Specialized Services (824) F University at Buffalo's Addiction Treatment Services F ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11025 StateU.pdf Imand Substance Abuse Services 70640 Henry Chapman Psy.D., Director 115 Liberty Street, Bath,NY 14810 Effective: 04/01/2021 240311031 Renewal Effective: 04/01/2021 114 Chestnut Street, Corning, New York 14830 Outpatient Service (822) with Telehealth Designation ata http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11031_Steube.pdf	Anticipated Recert Review:	03/31/2024	Certified Capacity: Telephone - (607)-664-2156	2024

	4th Floor, 115 Liberty Street, Bath, New York 14810						
ervice Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50913	Certified Capacity:	
rogram Name:							
ompliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	cuments/11030	Steube.pdf				
ertificate Number:	250711658 Renewal			Effective:	08/01/2022	Anticipated Recert 07/31/	2025
rogram Location:	1st Floor, 7454 Seneca Road, Hornell, New York 14843						
ervice Type:	Outpatient Service (822)			PRU:	52186	Certified Capacity:	
rogram Name:	with Telehealth Designation						
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	cuments/11658	Steube.pdf				
trong Memorial Hospital							
rovider Number:	87080 Patrick ISeche, Chief Administrative Officer					Telephone - (585)-27	6-7651
dministrative Office:	Box PSYC, 300 Crittenden Blvd, Rochester,NY 14642						
ertificate Number:	240910465 Renewal Deemed E	Effective:	09/04/2021	Anticipated Re Review:	cert 09/03/2024		
rogram Location:	2613 West Henrietta Road Rochester, New York 14623	3					
ervice Type:	Opioid Treatment Program (822) with Telehealth Designation [with ancillary withdrawal s	ervices for up to	50 patients]	PRU:	665	Certified Capacity:	500 Capacity Lifted
rogram Name:							
ervice Type:	Opioid Medical Maintenance (822)			PRU:	7365	Certified Capacity:	
rogram Name:							
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	cuments/10465	Strong.pdf				
ertificate Number:	240911095 Renewal OASAS HostDeemed			Effective:	09/04/2021	Anticipated Recert Review:	09/04/2024
rogram Location:	Suite C & D , 2613 West Henrietta Road Rochester, Ne	w York 14623					
ervice Type:	Integrated Outpatient Services - MH			PRU:		Certified Capacity:	
rogram Name:	AYA (Adolescents/Young Adults)						
ervice Type:	Outpatient Service (822) withTelehealth Designation [with ancillary withdrawal se	ervices]		PRU:	53781	Certified Capacity:	
rogram Name:	AYA (Adolescents/Young Adults)						
ervice Type:	Outpatient Service (822) withTelehealth Designation [with ancillary withdrawal se	anvices		PRU:	53782	Certified Capacity:	
rogram Name:	AYA (Adolescents/Young Adults)						
Compliance Performance Dat	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/doc	cuments/11095	Strong.pdf				
tudent Assistance Service	s Corporation						
rovider Number:	34310 Ms. Ellen RMorehouse, Executive Director					Telephone - (914)-332-1300	
dministrative Office:	1st Floor, 660 White Plains Road, Tarrytown,NY 10591						
ertificate Number:	250411978 Renewal Effect	ctive: 05/	01/2022	Anticipated Recert Review:	04/30/2025		
rogram Location:	1st Floor, 660 White Plains Road, Tarrytown, New York	10591					
ervice Type:	Prevention Counseling with Telehealth Designation			PRU:	90672	Certified Capacity:	
rogram Name:	Student Assistance Services						
dditional Location(s) At:	onnard Place Yonkers NY 10703						

- Roosevelt High School 631 Tuckahoe Road Yonkers NY 10710
 Blue Mountain Middle School 7 Furnace Woods Road Cortlandt Manor NY 10567
 Horace Greeley High School D Building 70 Roaring Brook Road Chappaqua NY 10514
 Ardsley Middle School 700 Ashford Avenue Ardsley NY 10502
 Blindbrook High School 840 King Street Rye Brook NY 10573
 Hoadfield Hudge High School Abary Bord Bord Monteson NY 10549

- Hendrick Hudson High School Albany Post Road Montrose NY 10548
 Somers High School Route 139 LincoIndale NY 10540
 Fox Lane High School South Bedford Road Bedford NY 10506
- Alexander Hamilton Junior/Senior High School South Goodwin Avenue Elmsford NY 10523

Compliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11978 Studen.pdf

Provider Number:	2185 Ms. Traci Ploufe, Executive Director					Telephone - (518)-585-7424 Ext 101
Administrative Office:	173 Lord Howe Street, Ticonderoga,NY 12883					
Certificate Number:	240312007 Amendment	Effective:	02/15/2022	Anticipated Recer Review:	t 03/31/2024	
Program Location:	173 Lord Howe Street, Ticonderoga, New York	12883				
ervice Type:	Prevention Counseling			PRU:	90642	Certified Capacity:
rogram Name:						
dditional Location(s) At						

Willsboro Central School 1st Floor Room E127 29 School Lane Willsboro NY 12996
 Moriah Central School Elementary Wing 2nd Floor Room 218 and 413 39 Viking Lane Port Henry NY 12974

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12007 Substa.pdf

29070 Mr Yehoshua Greenfeld, CEO					Telephone - (718)-538-6112
Suite #5, Ground Floor, 139 West 168th	Street , Bronx,NY 10452				
241011032 Amendment	Effective:	07/18/2023	Anticipated Recert Review:	10/31/2024	
Suite #5, Ground Floor 139 West 168th	Street Bronx, New York 1	0452			
Outpatient Service (822) with Telehealth Designation			PRU:	51788	Certified Capacity:
	Suite #5, Ground Floor, 139 West 168th 241011032 Amendment Suite #5, Ground Floor 139 West 168th Outpatient Service (822)	Suite #5, Ground Floor, 139 West 168th Street , Bronx,NY 10452 241011032 Amendment Effective: Suite #5, Ground Floor 139 West 168th Street Bronx, New York 1 Outpatient Service (822)	Suite #5, Ground Floor, 139 West 168th Street , Bronx,NY 10452 241011032 Amendment Effective: 07/18/2023 Suite #5, Ground Floor 139 West 168th Street Bronx, New York 10452 000000000000000000000000000000000000	Suite #5, Ground Floor, 139 West 168th Street , Bronx,NY 10452 241011032 Amendment Effective: 07/18/2023 Anticipated Recert Review: Suite #5, Ground Floor 139 West 168th Street Bronx, New York 10452 Outpatient Service (822) PRII:	Suite #5, Ground Floor, 139 West 168th Street , Bronx,NY 10452 241011032 Amendment Effective: 07/18/2023 Anticipated Recert Review: 10/31/2024 Suite #5, Ground Floor 139 West 168th Street Bronx, New York 10452 0/18/2023 PRII: 51788

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11032_Succes.pdf

Provider Number:	70370 Ms. Cari FBesserman, Director of Comr	munity Mental Hygi	ene Services			Telephone - (631)-85	3-8532
Administrative Office:	William J. Lindsay Complex - Bldg C016, 725	Veterans Memorial	Highway, P.O. Box 6	100, Hauppauge,NY 117	788		
Certificate Number:	210910395 Amendment	Effective:	09/09/2020	Anticipated Recert Review:	09/30/2021		
Program Location:	William J. Lindsay Complex Building 151 725	Veterans Memorial	Highway Smithtown,	New York 11787			
Service Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	201	Certified Capacity:	300
Program Name:							
Compliance Performance I	Data <u>http://webapps.oasas.ny.gov/legal/CertApp/Dir</u>	rectory/documents/	10395 Suffol.pdf				
Certificate Number:	211010393 Amendment			Effective:	09/09/2020	Anticipated Recert Review:	10/31/202
Program Location:	2nd Floor, 300 Center Drive, Riverhead, New	York 11901					
<u> </u>	Opioid Treatment Program (822)			PRU:	6731	Certified Capacity:	275
Service Type:	with Telehealth Designation						
Service Type: Program Name:		es					
Program Name:	with Telehealth Designation		10393 Suffol.pdf				
Program Name:	with Telehealth Designation Division of Community Mental Hygiene Service		10393 Suffol.pdf	Effective:	09/09/2020	Anticipated Recert Review:	03/31/2023
Program Name: Compliance Performance I	with Telehealth Designation Division of Community Mental Hygiene Service Data <u>http://webapps.oasas.nv.gov/legal/CertApp/Dir</u>	rectory/documents/	10393_Suffol.pdf		09/09/2020		03/31/2023
Program Name: Compliance Performance I Certificate Number:	with Telehealth Designation Division of Community Mental Hygiene Service Data <u>http://webapps.oasas.ny.gov/legal/CertApp/Dir</u> 230310392 Amendment	rectory/documents/	10393 Suffol.pdf		09/09/2020 3097		03/31/2023
Program Name: Compliance Performance I Certificate Number: Program Location:	with Telehealth Designation Division of Community Mental Hygiene Service Data <u>http://webapps.oasas.nv.gov/legal/CertApp/Dir</u> 230310392 Amendment 200 Wireless Boulevard, Hauppauge, New Yor Opioid Treatment Program (822)	rectory/documents/	10393 Suffol.pdf	Effective:		Review:	
Program Name: Compliance Performance I Certificate Number: Program Location: Service Type: Program Name:	with Telehealth Designation Division of Community Mental Hygiene Service Data <u>http://webapps.oasas.nv.gov/legal/CertApp/Dir</u> 230310392 Amendment 200 Wireless Boulevard, Hauppauge, New Yor Opioid Treatment Program (822)	rectory/documents/ rk 11788		Effective:		Review:	
Program Name: Compliance Performance I Certificate Number: Program Location: Service Type: Program Name:	with Telehealth Designation Division of Community Mental Hygiene Service Data http://webapps.oasas.nv.gov/legal/CertApp/Dir 230310392 Amendment 200 Wireless Boulevard, Hauppauge, New Yor Opioid Treatment Program (822) with Telepratice Designation	rectory/documents/ rk 11788		Effective:		Review:	300
Program Name: Compliance Performance I Certificate Number: Program Location: Service Type: Program Name: Compliance Performance I Certificate Number:	with Telehealth Designation Division of Community Mental Hygiene Service Data http://webapps.oasas.nv.gov/legal/CertApp/Dir 230310392 Amendment 200 Wireless Boulevard, Hauppauge, New Yor Opioid Treatment Program (822) with Telepratice Designation	rectory/documents/ rk 11788 rectory/documents/		Effective: PRU:	3097	Review: Certified Capacity: Anticipated Recert	300
Program Name: Compliance Performance I Certificate Number: Program Location: Service Type: Program Name: Compliance Performance I	with Telehealth Designation Division of Community Mental Hygiene Service Data http://webapps.oasas.nv.qov/legal/CertApp/Dir 230310392 Amendment 200 Wireless Boulevard, Hauppauge, New Yor Opioid Treatment Program (822) with Telepratice Designation Data http://webapps.oasas.nv.gov/legal/CertApp/Dir 250710394 Renewal	rectory/documents/ rk 11788 rectory/documents/		Effective: PRU:	3097	Review: Certified Capacity: Anticipated Recert Review:	

Surfpoint Recovery, LLC						
Provider Number:	51930 Ami Mittledorf, Executive Dire					Telephone - (347)-409-7850
Administrative Office:	2316 Surf Avenue, Brooklyn,NY 112	24				
Certificate Number:	260912330 Amendment	Effective	: 10/23/2023	Anticipated Recert Review:	09/30/2026	
Program Location:	Floor 2,3, and 4 2316 Surf Avenue E	Brooklyn, New York 1122	4			
Service Type:	Inpatient Rehabilitation Service (81)			PRU:	53675	Certified Capacity: 104
Program Name:	with Telehealth Designation (with the					
Compliance Performance Da	ata <u>http://webapps.oasas.ny.gov/legal/C</u>	ertApp/Directory/docume	ents/12330 SurfPo.pdf			
Certificate Number:	260912331 Amendment			Effective:	10/23/2023	Anticipated Recert 09/30/2026 Review:
Program Location:	Floors 2, 3 and 4 2316 Surf Avenue	Brooklyn, New York 112	24			
Service Type:	Medically Supervised Inpatient With		rvices (816.7)	PRU:	53684	Certified Capacity: 52
Program Name:	with Telehealth Designation [with the	e use of Methadonej				
Compliance Performance Da	ata <u>http://webapps.oasas.ny.gov/legal/C</u>	ertApp/Directory/docume	ents/12331 SurfPo.pdf			
Syracuse Community Hea	th Center. Inc.					
Provider Number:	36260 Mr. Mark Hall, CEO					Telephone - (315)-476-7921
Administrative Office:	819 South Salina Street, Syracuse,	NY 13202				
Certificate Number:	260611039 Renewal	Effective	: 07/01/2023	Anticipated Recert Review:	06/30/2026	
Program Location:	1st Floor 819 South Salina Street Sy	vracuse, New York 13202	2			
Service Type:	Outpatient Service (822)			PRU:	50934	Certified Capacity:
Program Name:	with Telehealth Designation					
Compliance Performance Da	ata http://webapps.oasas.nv.gov/legal/C	ertApp/Directory/docume	ents/11039 Syracu.pdf			
Syracuse Recovery Servic	es. I I C					
Provider Number:	47230 Ms. Lisa JForshee, Director					Telephone - (315)-282-5351
Administrative Office:	319 East Water Street, Syracuse,N	13202				
Certificate Number:	250811710 Renewal	Effective	: 09/01/2022	Anticipated Recert Review:	08/31/2025	
Program Location:	319 East Water Street, Syracuse, N	ew York 13202				
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	52520	Certified Capacity:
Program Name:	with relencatin Designation					
Additional Location(s) At: 180 Genesee Street Aubur Euclid Med Bldg 1st Floor	n NY 13021 Suite 5 6 Euclid Avenue Cortland NY 13	045				
Compliance Performance Da	ata <u>http://webapps.oasas.ny.gov/legal/C</u>	ertApp/Directory/docume	ents/11710 Syracu.pdf			
T.R.I. Center, Inc.						
Provider Number:	16350 Mr. Jose Gonzalez, Presiden					Telephone - (212)-268-8830
Administrative Office:	20 W 37th Street, New York,NY 100	18				
Certificate Number:	231111465 Conditional Certificate	Effective	: 12/01/2022	Anticipated Recert Review:	11/30/2023	
Program Location:	11th Floor 175 Remsen Street Brook	klyn, New York 11201				
Service Type:	Outpatient Service (822)			PRU:	6402	Certified Capacity:
Program Name:	with Telehealth Designation					
Compliance Performance Da	ata <u>http://webapps.oasas.ny.gov/legal/C</u>	ertApp/Directory/docume	ents/11465 TRICen.pdf			
Certificate Number:	250611041 Renewal			Effective:	07/01/2023	Anticipated Recert 06/30/2025 Review:
Program Location:	20 W 37th Street New York, New Yo	ork 10018				
Service Type:	Outpatient Service (822)			PRU:	6015	Certified Capacity:
Program Namo:	with Telehealth Designation					
Program Name: Service Type:	Outpatient Rehabilitation Service (82	22)		PRU:	51959	Cartified Canacity
Program Name:	with Telehealth Designation			FRU:	01909	Certified Capacity:
-		ort App/Director (1	opto/110.11 TDIO 1			
	ata http://webapps.oasas.ny.gov/legal/C	enApp/Directory/docume	ents/11041_ERICen.pdf			

Certificate Number:	261211466 Renewal			Effective:	01/01/2024	Anticipated Recert 12/31/2026 Review:
Program Location:	Suite 415-423 , 2488 Grand Concourse Bronx, Ne	w York 10458				Notice.
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	6134	Certified Capacity:
Program Name:						
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directo	ory/documents/1	1466 TRICen.pdf			
Tempo Group, Inc.						
Provider Number: Administrative Office:	313 Ms. Cindy Wolff, Executive Director 112 Franklin Place, Woodmere,NY 11598					Telephone - (516)-374-3671
Certificate Number:	220712294 Renewal	Effective:	08/01/2019	Anticipated Rec Review:	cert 07/31/2022	
Program Location:	112 Franklin Place Woodmere, New York 11598					
Service Type:	Prevention Counseling			PRU:	90583	Certified Capacity:
Program Name: Additional Location(s) At:	Woodmere Clinic					
 Sanford H. Calhoun High S Merrick Middle School 1st F Grand Avenue Middle School Wellington C. Mepham Higl 	ok Road North Merrick NY 11566 School 1st Floor Room 113 1786 State Street Merrick I Floor Social Worker's Office 1870 Merrick Avenue Me sol 1st Floor Room 127 2301 Grand Avenue Bellmore h School 1st Floor Social Worker's Office 2401 Camp ool 1st Floor Room 131 3000 Bellmore Avenue Bellm	rrick NY 11566 NY 11710 Avenue Bellmor	e NY 11710			
Compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Directo	pry/documents/12	2294 TempoG.pdf			
Certificate Number: Program Location:	250711043 Renewal 112 Franklin Place Woodmere, New York 11598			Effective:	08/01/2023	Anticipated Recert 07/31/2025 Review:
Service Type:	Outpatient Service (822)			DDU	7000	Contribut Comparison
··· /F	with Telehealth Designation			PRU:	7066	Certified Capacity:
Program Name:	Woodmere Clinic					
Additional Location(s) At: - 1st Floor 1260 Meadowbrod - 23 Willis Avenue Syosset N	ok Road North Merrick NY 11566 NY 11791					
Tioga County Community : Provider Number: Administrative Office:	Services Board 70510 Ms Lori Morgan, Director of Community Ser 1062 State Route 38, P.O. Box 177, Owego,NY 13					Telephone - (607)-689-8139
Certificate Number:	250311080 Renewal	Effective:	04/01/2022	Anticipated Rec Review:	cert 03/31/2025	
Program Location:	1st Floor 1062 NYS Route 38 Owego, New York 1	3827				
Service Type:	Outpatient Service (822)			PRU:	554	Certified Capacity:
Program Name:	with Telehealth Designation Tioga County Alcohol & Drug Services			i ko.	004	
Compliance Performance Da						
	ata http://webapps.oasas.ny.gov/legal/CertApp/Directo	pry/documents/1	1080 TiogaC.pdf			
Town of Babylon	ata http://webapps.oasas.ny.gov/legal/CertApp/Directo	<u>pry/documents/1</u>	1080 TiogaC.pdf			
-	ata http://webapps.oasas.nv.gov/legal/CertApp/Directo 372 Mr. Joseph Olmedo, Director	pry/documents/1	1080 TiogaC.pdf			Telephone - (631)-422-7676
Provider Number:						
Provider Number: Administrative Office:	372 Mr. Joseph Olmedo, Director			Anticipated Rec Review:	2 ert 12/31/2023	
Provider Number: Administrative Office: Certificate Number:	372 Mr. Joseph Olmedo, Director Babylon Town Hall, 1st Floor, 200 East Sunrise Hi	ighway, Lindenhu Effective:	urst,NY 11757	Anticipated Rec Review:	sert 12/31/2023	
Provider Number: Administrative Office: Certificate Number: Program Location:	372 Mr. Joseph Olmedo, Director Babylon Town Hall, 1st Floor, 200 East Sunrise Hi 231211544 Renewal	ighway, Lindenhu Effective: 3	urst,NY 11757	Anticipated Rec Review: PRU:	cert 12/31/2023 560	
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	372 Mr. Joseph Olmedo, Director Babylon Town Hall, 1st Floor, 200 East Sunrise Hi 231211544 Renewal 281 Phelps Lane , North Babylon, New York 1170 Outpatient Service (822)	ighway, Lindenhu Effective: 3	urst,NY 11757	Review:		Telephone - (631)-422-7676
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At:	372 Mr. Joseph Olmedo, Director Babylon Town Hall, 1st Floor, 200 East Sunrise Hi 231211544 Renewal 281 Phelps Lane , North Babylon, New York 1170 Outpatient Service (822)	ighway, Lindenhu Effective: 3 wal services]	urst,NY 11757	Review:		Telephone - (631)-422-7676
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - Lindenhurst High School Ad	 372 Mr. Joseph Olmedo, Director Babylon Town Hall, 1st Floor, 200 East Sunrise Hi 231211544 Renewal 281 Phelps Lane, North Babylon, New York 1170 Outpatient Service (822) with Telehealth Designation [with ancillary withdrated in the second se	ighway, Lindenhu Effective: 3 wal services] NY 11757	urst,NY 11757 01/01/2021	Review:		Telephone - (631)-422-7676
Compliance Performance Da	372 Mr. Joseph Olmedo, Director Babylon Town Hall, 1st Floor, 200 East Sunrise Hi 231211544 Renewal 281 Phelps Lane , North Babylon, New York 1170 Outpatient Service (822) with Telehealth Designation [with ancillary withdrar dult Education Suite 300 Charles Street Lindenhurst N ata	ighway, Lindenhu Effective: 3 wal services] NY 11757	urst,NY 11757 01/01/2021	Review:		Telephone - (631)-422-7676 Certified Capacity:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - Lindenhurst High School Ac Compliance Performance Da	372 Mr. Joseph Olmedo, Director Babylon Town Hall, 1st Floor, 200 East Sunrise Hi 231211544 Renewal 281 Phelps Lane , North Babylon, New York 1170 Outpatient Service (822) with Telehealth Designation [with ancillary withdra dult Education Suite 300 Charles Street Lindenhurst N	ighway, Lindenhu Effective: 3 wal services] NY 11757	urst,NY 11757 01/01/2021	Review:		Telephone - (631)-422-7676
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - Lindenhurst High School Ad Compliance Performance Da Town of Smithtown Provider Number: Administrative Office:	372 Mr. Joseph Olmedo, Director Babylon Town Hall, 1st Floor, 200 East Sunrise Hi 231211544 Renewal 281 Phelps Lane , North Babylon, New York 1170 Outpatient Service (822) with Telehealth Designation [with ancillary withdra dult Education Suite 300 Charles Street Lindenhurst N ata http://webapps.oasas.ny.gov/legal/CertApp/Director	ighway, Lindenhu Effective: 3 wal services] NY 11757	urst,NY 11757 01/01/2021	Review:	560	Telephone - (631)-422-7676 Certified Capacity:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - Lindenhurst High School Ac Compliance Performance Da Town of Smithtown Provider Number: Administrative Office: Certificate Number:	372 Mr. Joseph Olmedo, Director Babylon Town Hall, 1st Floor, 200 East Sunrise Hi 231211544 Renewal 281 Phelps Lane , North Babylon, New York 1170 Outpatient Service (822) with Telehealth Designation [with ancillary withdra dult Education Suite 300 Charles Street Lindenhurst N ata http://webapps.oasas.nv.gov/legal/CertApp/Director 667 Joseph Bieniewicz, Director 161 East Main Street, Smithtown,NY 11787	ighway, Lindenhu Effective: 3 wal services] NY 11757 pry/documents/1: Effective:	urst,NY 11757 01/01/2021 1544 Townof.pdf	Review: PRU:	560	Telephone - (631)-422-7676 Certified Capacity:
Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Additional Location(s) At: - Lindenhurst High School Ac Compliance Performance Da Town of Smithtown Provider Number:	372 Mr. Joseph Olmedo, Director Babylon Town Hall, 1st Floor, 200 East Sunrise Hi 231211544 Renewal 281 Phelps Lane , North Babylon, New York 1170 Outpatient Service (822) with Telehealth Designation [with ancillary withdrat dult Education Suite 300 Charles Street Lindenhurst N ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Director</u> 667 Joseph Bieniewicz, Director 161 East Main Street, Smithtown,NY 11787 220711084 Amendment	ighway, Lindenhu Effective: 3 wal services] NY 11757 pry/documents/1: Effective:	urst,NY 11757 01/01/2021 1544 Townof.pdf	Review: PRU:	560	Telephone - (631)-422-7676 Certified Capacity:

Additional Location(s) At:

Commack High School 1
 Change Aller Commack NY 11725
 Hauppauge High School Room #144 500 Lincoln Boulevard Hauppauge NY 11788

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11084 Townof.pdf

Region, Inc.							
-	er				Telephone - (518)-44	9-5155 Ext 1	116
240212146 Renewal	Effective:	03/01/2021	Anticipated Recert Review:	02/29/2024			
76-82 2nd Street, Albany, New York 12210 Residential Services (820)			PRU:	53244	Certified Capacity:		20
Stabilization Rehabilitation	Reintegration	Congregate	Scattered				
http://webapps.oasas.ny.gov/legal/CertApp/Director	v/documents/12	146 Trinit.pdf					
50670 Mr. Edward Rebenwurzel, Managing Partner 2, 309 West Park Avenue, Long Beach,NY 11561	r				Telephone - (516)-85	4-5400	
200112168 Establishment	Effective:	02/01/2019	Anticipated Recert Review:	01/31/2020			
2nd Floor 309 West Park Avenue Long Beach, Nev Opioid Treatment Program (822)	v York 11561		PRU:	53303	Certified Capacity:		25
http://webapps.oasas.ny.gov/legal/CertApp/Director	ry/documents/12	168 Triump.pdf					
32611 Cathy LPalm, Executive Director P.O. Box 1116, Tully,NY 13159					Telephone - (315)-69	6-6114	
250610102 Renewal	Effective:	07/01/2023	Anticipated Recert Review:	06/30/2025			
5821 State Route 80 Tully, New York 13159 Medically Supervised Inpatient Withdrawal & Stabil The Tully Hill Corporation	ization Services	(816.7)	PRU:	8050	Certified Capacity:	8	
http://webapps.oasas.ny.gov/legal/CertApp/Director	ry/documents/10	102 TullyH.pdf					
250611418 Renewal			Effective:	07/01/2023	Anticipated Recert Review:	06/30/2025	5
5821 State Route 80 Tully, New York 13159							
Inpatient Rehabilitation Service (818) The Tully Hill Corporation			PRU:	51062	Certified Capacity:	42	
http://webapps.oasas.ny.gov/legal/CertApp/Director	ry/documents/11	418 TullyH.pdf					
260411073 Renewal			Effective:	05/01/2023	Anticipated Recert Review:	04/30/2026	6
5821 State Route 80 Tully, New York 13159 Outpatient Service (822)							
	al services]		PRU:	51660	Certified Capacity:		
http://webapps.oasas.ny.gov/legal/CertApp/Director	ry/documents/11	073 TullyH.pdf					
ces, Inc.							
35010 Ms. Karen O'Brien, Chief Administrator					Telephone - (518)-75	1-2083	
	Effective	10/16/2023	Anticipated Recert	05/31/2024			
			Review:	00/01/2024			
Prevention Counseling			PRU:	90675	Certified Capacity:		
waa reieneaan Designaauun							
http://webapps.oasas.ny.gov/legal/CertApp/Director	ry/documents/11	981 TwinCo.pdf					
240912412 Amendment			Effective:	03/07/2024	Anticipated Recert Review:	09/30/2024	
	24440 Mr. Harris Oberlander, Chief Executive Offic 15 Trinity Place, Albany, NY 12202 240212146 Renewal 76-82 2nd Street, Albany, New York 12210 Residential Services (820) Stabilization Rehabilitation IIII 11tb://webapps.oasas.ny.gov/legal/CertApp/Director 50670 Mr. Edward Rebenwurzel, Managing Partner 2, 309 West Park Avenue, Long Beach, NY 11561 200112168 Establishment 2nd Floor 309 West Park Avenue Long Beach, New Opioid Treatment Program (822) http://webapps.oasas.ny.gov/legal/CertApp/Director P.O. Box 1116, Tully,NY 13159 250610102 Renewal 5821 State Route 80 Tully, New York 13159 Medically Supervised Inpatient Withdrawal & Stabil The Tully Hill Corporation http://webapps.oasas.ny.gov/legal/CertApp/Director 250611418 Renewal 5821 State Route 80 Tully, New York 13159 Inpatient Rehabilitation Service (818) The Tully Hill Corporation http://webapps.oasas.ny.gov/legal/CertApp/Director 260411073 Renewal 5821 State Route 80 Tully, New York 13159 Inpatient Rehabilitation Service (818) The Tully Hill Corporation http://webapps.oasas.ny.gov/legal/CertApp/Director 260411073 Renewal 5821 State Route 80 Tully, New York 13159 Outpatient Service (822) with Telehealth Designation [with ancillary withdraw The Tully Hill Corporation http://webapps.oasas.ny.gov/legal/CertApp/Director 260411073 Renewal 5821 State Route 80 Tully, New York 13159 Outpatient Service (822) with Telehealth Designation [with ancillary withdraw The Tully Hill Corporation http://webapps.oasas.ny.gov/legal/CertApp/Director 260411073 Renewal 5821 State Route 80 Tully, New York 13159 Outpatient Service (822) with Telehealth Designation [with ancillary withdraw The Tully Hill Corporation [with ancillary withdraw] Soutpat Amendment Administrative Si	24440 Mr. Harris Oberlander, Chief Executive Officer 15 Trinity Place, Albany,NY 12202 240212146 Renewal Effective: 76-82 2nd Street, Albany, New York 12210 Residential Services (820) Stabilization Rehabilitation Reintegration 50670 Mr. Edward Rebenwurzel, Managing Partner 2, 309 West Park Avenue, Long Beach,NY 11561 200112168 Establishment Effective: 2nd Floor 309 West Park Avenue Long Beach, New York 11561 Opioid Treatment Program (822) http://webaops.oasas.nv.gov/legal/CertApp/Directory/documents/12 32611 Cathy LPalm, Executive Director P.O. Box 1116, Tully,NY 13159 250610102 Renewal Effective: 5821 State Route 80 Tully, New York 13159 Medically Supervised Inpatient Withdrawal & Stabilization Services The Tully Hill Corporation http://webaops.oasas.nv.gov/legal/CertApp/Directory/documents/12 250611418 Renewal 5821 State Route 80 Tully, New York 13159 Inpatient Rehabilitation Service (818) The Tully Hill Corporation http://webaops.oasas.nv.gov/legal/CertApp/Directory/documents/11 260411073 Renewal 5821 State Route 80 Tully, New York 13159 Inpatient Rehabilitation Service (818) The Tully Hill Corporation http://webaops.oasas.nv.gov/legal/CertApp/Directory/documents/11 260411073 Renewal 5821 State Route 80 Tully, New York 13159 Outpatient Service (822) with Telehealth Designation [with anciliary withdrawal services] The Tully Hill Corporation http://webaops.oasas.nv.gov/legal/CertApp/Directory/documents/11 260411073 Renewal 5821 State Route 80 Tully, New York 13159 Outpatient Service (822) with Telehealth Designation [with anciliary withdrawal services] The Tully Hill Corporation http://webaops.oasas.nv.gov/legal/CertApp/Directory/documents/11 240511981 Amendment Effective: Administrative Site Only 428 W. Main Street Catskill, New York 124 Prevention Courseling with Telehealth Designation	24440 Mr. Harris Oberlander, Chief Executive Officer 15 Trinity Piace, Albany, NY 12202 240212146 Renewal Effective: 03/01/2021 76-82 Ad Street, Albany, New York 12210 Residential Services (820) Stabilization Rehabilitation R	2440 Mr. Haris Oberlander, Chef Executive Officer 15 Trinity Place, Abamy, NY 12202 240212148 Renewal Effective: 03/01/2021 Anticipated Recert Review: Abamy, New York 12210 Residential Services (820) PRU: Stabilization Rehabilitation Relation Relation Relation Recert Attricipated Recert 2. 300 West Park Avenue, Long Beach, NW York 12146 Trinit off 200112108 Establishment Effective: 02/01/2019 Anticipated Recert Review: 200112108 Establishment Effective: 02/01/2019 Anticipated Recert Review: 20112108 Establishment Effective: 02/01/2019 PRU: 2016 Treatment Program (822) PRU: 2020112108 Establishment Effective: 02/01/2019 Anticipated Recert Review: 2020112108 Establishment Effective: 07/01/2023 Anticipated Recert Review: 2020112108 Establishment Effective: 07/01/2023 Anticipated Recert Review: 20201102 Renewal Effective: 07/01/2023 Anticipated Recert Review: 20201102 Renewal Effective: 07/01/2023 Anticipated Recert Review: 20201102 Renewal Effective: 07/01/2023 Anticipated Recert 20201102 Renewal Effective: 07/01/2023 Anticipated Recert 20201103 Renewal Effective: 07/01/2023 Anticipated Recert 20201103 Renewal Effective: 07/01/2023 Anticipated Recert 20201103 Renewal Effective: 2021 State Rocke 80 Tully, New York 13159 PRU: 2021 State Rocke 80 Tully, New York 13159 202013 Rene Rocke 80 Tully, New York 13159 202013 Renewal Service (131) The Tully Hill Corporation http://webacps.ocass.nv.cov/legal/CertApo/Director/documents/11107 TullyH adf 20211073 Renewal 2021 State Rocke 80 Tully, New York 13159 202013 Renewal Service (223) White Teinbest Designation (with ancillary withdrawal services) The Tully Hill Corporation http://weba	2440 M. Harris Oberlander, Chef Executive Officer 15 Trainly Place, Abany, NY 12202 240212146 Renewal Residential Services (820) FRU: 0229/2024 Residential Services (820) FRU: 0229/2024 Review: 0229/2024 PRU: 0229/2024 PRU: 0229/2024 Stabilization Rebalitation Profile Renewal Profile Profil	2444 0K. Haris Oberlander, Ciniel Exaculties Officer Telephone - (918)-44 15 Trindy Place, Abarry, NY 1220 Effective: 0.001/0201 Anticipated Recent Review: 0.2029/024 78-82 2012 MB Remeal Effective:: 0.001/0201 PRU: 53244 Certified Capacity: 78-82 2012 MB Remeal Reintegration Image Reintegration Image Congregate Scattered Certified Capacity: 78-82 2012 MB Rehemization Reintegration Image Congregate Scattered Certified Capacity: 78-82 2012 MB Rehemization Reintegration Image Congregate Scattered Telephone - (918)-44 20011216 Establishment Effective: 0201/2019 Anticipated Recent Review: 01/31/2020 Certified Capacity: 20011216 Establishment Effective: 0201/2019 Anticipated Recent Review: 0500 0002025 Certified Capacity: 20011216 Reveal Effective: 07/01/2023 Anticipated Recent Review: 0500 0002025 Certified Capacity: 20011216 Reveal Effective: 07/01/2023 Anticipated Recent Review: 0500 0002025 Certified Capacity: 20011021 Reveal Effective: 07/01/2023 Anticipated Recent Revi	2444 04. Hum Continute; Child Escudie Office Telephone - (813)-449-515 Ect 24222424 Renot Street Effective: 0.0012021 Anticipated Recent Review: 022/802044 708 22 Rd Street, Marry, NY 1220 PRU: 5224 Certified Capacity: 108 Street, Marry, NY 1220 PRU: 5224 Certified Capacity: 108 Street, Marry, NY 1220 PRU: 5224 Certified Capacity: 108 Street, Marry, NY 1220 PRU: 5224 Certified Capacity: 108 Street, Marry, NY 1220 PRU: 5224 Certified Capacity: 108 Street, Marry, NY 1220 PRU: 5224 Certified Capacity: 109 The Reveal (Neternorate), Marry Rev Not. 1301 PRU: 5333 Certified Capacity: 200112165 Establehman Effective: 02012021 Anticipated Recent PRU: 53333 Certified Capacity: 20112165 Establehman Effective: 02012023 Anticipated Recent PRU: 53333 Certified Capacity: 202112165 Effective: 07012023 Anticipated Recent PRU: 60302025 Effective: 00302025 202112165 Effective: 07012023 Anticipated Recent PRU: 60302025 Effective: 00302025 202112165 Effective: 07012023 Anticipated

Program Location: Service Type: Program Name: <u>Additional Location(s) At:</u>	350 Power Avenue Hudson, New York 12534 Prevention Counseling	PRU:	90900	Certified Capacity:
	1st Floor Room 140D 123 Main Street Germantown NY 12534 1st Floor/Main Office 73 County Route 11A Craryville NY 12521			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12412 TwinCo.pdf			
Certificate Number:	250611087 Renewal	Effective:	07/01/2023	Anticipated Recert 06/30/2025 Review:
Program Location: Service Type:	1st Floor 428 West Main Street Catskill, New York 12414 Outpatient Service (822) with Telehealth Designation	PRU:	6865	Certified Capacity:
Program Name:				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11087 TwinCo.pdf			
Certificate Number:	260312316 Renewal	Effective:	04/01/2023	Anticipated Recert 03/31/2026 Review:
Program Location: Service Type:	437-441 Columbia Street Hudson, New York 12534 Residential Services (820) with Telehealth Designation	PRU:	53636	Certified Capacity: 13
Elements:	Stabilization Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered		
Program Name:	Red Door Residential			
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12316_TwinCo.pdf			
Certificate Number:	260412317 Renewal	Effective:	05/01/2023	Anticipated Recert 04/30/2026 Review:
Program Location: Service Type:	Grade Level 428 West Main Street Catskill, New York 12414 Residential Services (820) and up to 6 beds for children [with Telehealth Designation]	PRU:	53635	Certified Capacity: 12
Elements:	Stabilization Rehabilitation Y Reintegration Congregate	Scattered		
Program Name:	Riverside Residential			
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12317 TwinCo.pdf			
Certificate Number:	260611088 Renewal	Effective:	07/01/2023	Anticipated Recert 06/30/2026 Review:
Program Location: Service Type:	350 Power Avenue Hudson, New York 12534 Outpatient Service (822) with Telehealth Designation	PRU:	50146	Certified Capacity:
Program Name:				
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11088_TwinCo.pdf			
UConnectCare, Inc. Provider Number: Administrative Office:	38100 Mr. John Bennett, Chief Executive Officer 430 East Main Street, Batavia,NY 14020			Telephone - (585)-343-1124
Certificate Number:	240810797 Amendment Effective: 10/23/2023	Anticipated R Review:	Recert 08/31/2024	
Program Location: Service Type:	1st Floor & Basement 249 East Avenue & 166 McKinstry Street Albion, New York 14411 Outpatient Service (822) with Problem Gambling and Telehealth Designations	PRU:	51798	Certified Capacity:
Program Name: Service Type:	Genesee Council Clinic Opioid Treatment Program (822) with Telehealth Designation	PRU:	53865	Certified Capacity: 50 Capacity Lifted
Program Name:	Genesee Council Clinic			
Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10797 Genese.pdf			
Certificate Number:	240812386 Amendment	Effective:	10/23/2023	Anticipated Recert 08/31/2024 Review:
Program Location: Service Type:	424 East Main Street Batavia, New York 14020 Residential Services (820)	PRU:	53862	Certified Capacity: 21
Elements:	Stabilization Rehabilitation Reintegration Congregate	Scattered		
Program Name:	Atwater			
Compliance Performance Data	http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12386 Genese.pdf			
Certificate Number:	241010795 Amendment	Effective:	10/23/2023	Anticipated Recert 10/31/2024 Review:

Program Location: Service Type: Program Name:	430 East Main Street Batavia, New York 14020 Outpatient Service (822) with Problem Gambling and Telehealth Designations Genesee Council Clinic	PRU:	50546	Certified Capacity:
Service Type:	Opioid Treatment Program (822) with Problem Gambling and Telehealth Designations	PRU:	53610	Certified Capacity: 150 Capacity Lifted
Program Name:	Genesee Council Clinic			
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10795 Genese.pdf			
Certificate Number:	260212295 Amendment	Effective:	11/13/2023	Anticipated Recert 02/28/2026 Review:
Program Location: Service Type:	424 E. Main St. Batavia, New York 14020 Medically Supervised Inpatient Withdrawal & Stabilization Services (816.7) [up to 10 of these beds may be used for the provision of Part 820 Residential Services, as needed]	PRU:	53600	Certified Capacity: 16
Program Name:				
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12295_Genese.pdf			
Certificate Number:	260910168 Renewal	Effective:	10/01/2023	Anticipated Recert 09/30/2026 Review:
Program Location: Service Type: Program Name:	2nd Floor 430 East Main Street Batavia, New York 14020 Supportive Living (819)	PRU:	51739	Certified Capacity: 24
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10168 Genese.pdf			
Under Angel's Wings Reco Provider Number:	52500 Monika Siergiej, CEO/President			Telephone - (917)-620-0105
Administrative Office:	5411 2nd Avenue , Brooklyn,NY 11220	Anticipated Recert		
Certificate Number: Program Location:	1st Floor 5411 2nd Avenue Brooklyn, New York 11220	Review:	11/30/2025	
Service Type: Program Name:	with Telehealth Designation and Ancillary Withdrawal Services	PRU:	53732	Certified Capacity:
Compliance Performance Da	ta http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12340 UnderA.pdf			
Compliance Performance Da Unitas Therapeutic Commu Provider Number: Administrative Office:				Telephone - (718)-589-0551 Ext 1005
Unitas Therapeutic Commu Provider Number:	Inity, Inc. 1537 Ian SAmritt Ph.D., Executive Director Suite L630, 1201 Lafayette Avenue, Bronx,NY 10474 220811980 Renewal Effective: 09/01/2019	Anticipated Recert Review:	08/31/2022	Telephone - (718)-589-0551 Ext 1005
Unitas Therapeutic Commu Provider Number: Administrative Office:	Inity, Inc. 1537 Ian SAmritt Ph.D., Executive Director Suite L630, 1201 Lafayette Avenue, Bronx,NY 10474 220811980 Renewal Effective: 09/01/2019	Anticipated Recert Review: PRU:	08/31/2022 90746	Telephone - (718)-589-0551 Ext 1005 Certified Capacity:
Unitas Therapeutic Commu Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	Inity, Inc. 1537 Ian SAmritt Ph.D., Executive Director Suite L630, 1201 Lafayette Avenue, Bronx,NY 10474 220811980 Renewal Effective: 09/01/2019	Review:		
Unitas Therapeutic Commu Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da	Inity, Inc. 1537 Ian SAmritt Ph.D., Executive Director Suite L630, 1201 Lafayette Avenue, Bronx,NY 10474 220811980 Renewal Effective: 09/01/2019 Suite L630 , 1201 Lafayette Avenue Bronx, New York 10471 Prevention Counseling F Ita http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11980 Unitas.pdf	Review:		
Unitas Therapeutic Commu Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	Inity, Inc. 1537 Ian SAmritt Ph.D., Executive Director Suite L630, 1201 Lafayette Avenue, Bronx,NY 10474 220811980 Renewal Effective: 09/01/2019 Suite L630 , 1201 Lafayette Avenue Bronx, New York 10471 Prevention Counseling F Ita http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11980 Unitas.pdf	Review:		
Unitas Therapeutic Commu Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da United Activities Unlimited Provider Number:	Inity, Inc. 1537 Ian SAmritt Ph.D., Executive Director Suite L630, 1201 Lafayette Avenue, Bronx,NY 10474 220811980 Renewal Effective: 09/01/2019 Suite L630, 1201 Lafayette Avenue Bronx, New York 10471 Prevention Counseling Ita http://webapps.casas.ny.gov/legal/CertApp/Directory/documents/11980_Unitas.pdf Inc. 1786 Steven Matteo, Chief Executive Officer 1200 South Ave, Staten Island,NY 10314 240312033_Amendment	Review: PRU:	90746	Certified Capacity:
Unitas Therapeutic Commu Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da United Activities Unlimited Provider Number: Administrative Office: Certificate Number: Program Location:	Inity, Inc. 1537 Ian SAmritt Ph.D., Executive Director Suite L630, 1201 Lafayette Avenue, Bronx,NY 10474 220811980 Renewal Effective: 09/01/2019 Suite L630 , 1201 Lafayette Avenue Bronx, New York 10471 Prevention Counseling Ita http://webapps.casas.ny.gov/legal/CertApp/Directory/documents/11980 Unitas.pdf Inc. 1786 Steven Matteo, Chief Executive Officer 1200 South Ave, Staten Island,NY 10314 240312033 Amendment Effective: 05/01/2022 Administrative Site Only: 1200 South Ave. Staten Island, New York 10314	Review: PRU: Anticipated Recert Review:	90746	Certified Capacity: Telephone - (917)-975-5541
Unitas Therapeutic Commu Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da United Activities Unlimited Provider Number: Administrative Office:	Inity, Inc. 1537 Ian SAmritt Ph.D., Executive Director Suite L630, 1201 Lafayette Avenue, Bronx,NY 10474 220811980 Renewal Effective: 09/01/2019 Suite L630 , 1201 Lafayette Avenue Bronx, New York 10471 Prevention Counseling Ita http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11980 Unitas.pdf Inc. 1786 Steven Matteo, Chief Executive Officer 1200 South Ave, Staten Island,NY 10314 240312033 Amendment Effective: 05/01/2022 Administrative Site Only: 1200 South Ave. Staten Island, New York 10314	Review: PRU:	90746	Certified Capacity:

Jnited Health Services Ho	• •						
rovider Number:	85330 Mr. John JCarrigg, President and CEO					Telephone - (60	7)-762-2263
Administrative Office:	10-42 Mitchell Avenue, Binghamton, NY 1390	3					
ertificate Number:	250511094 Renewal	Effective:	06/01/2022	Anticipated Re Review:	cert 05/31/2025		
Program Location:	Binghamton General Hospital, 2nd Floor, 10-4	12 Mitchell Avenue, Bin	nghamton, New Yor	k 13903			
ervice Type:	Outpatient Service (822) with Telehealth Designation			PRU:	50599	Certified Capac	city:
Program Name:	New Horizons Chemical Dependency Treatme	ent Center					
compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Din	ectory/documents/110	94 United.pdf				
Certificate Number:	250711421 Renewal Deemed			Effective:	07/02/2022	Anticipated Re Review:	cert 07/02/2025
Program Location:	Binghamton General Hospital, Memorial 4, 10	-42 Mitchell Avenue, B	Binghamton, New Y	ork 13903			
ervice Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation			PRU:	50598	Certified Capac	:ity: 20
rogram Name:	New Horizons Chemical Dependency Treatme	ent Center					
compliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Dir	ectory/documents/1142	21 United.pdf				
ertificate Number:	261110451 Renewal			Effective:	12/01/2023	Anticipated Re Review:	cert 11/30/2026
rogram Location:	Binghamton General Hospital Ground Level 1	0-42 Mitchell Avenue E	Binghamton, New Y	ork 13903			
ervice Type:	Opioid Treatment Program (822) with Telehealth Designation			PRU:	691	Certified Capac	tity: 150 Capacity Lift
rogram Name:							Capabily Life
ompliance Performance D	ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Din</u>	ectory/documents/1045	51 United.pdf				
Inited Memorial Medical C	`enter						
rovider Number:	82230 Ms. Mandy Teeter, Vice President, Roch	hester Regional Health	-Behavioral Health				
dministrative Office:	127 North Street, Batavia,NY 14020	U					
ertificate Number:	231011857 Amendment	Effective:	03/13/2023	Anticipated Recert	10/03/2023		
rogram Location:	2nd Floor, 16 Bank Street, Batavia, New York	14020		Review:			
ervice Type:	Inpatient Rehabilitation Service (818)						
				PRU:	50957	Certified Canacity	22
Program Name	with Telehealth and LGBTQ-Affirming Services	Designations		PRU:	50957	Certified Capacity:	22
Program Name:		Designations		PRU:	50957	Certified Capacity:	22
-	with Telehealth and LGBTQ-Affirming Services	-	57 United.pdf	PRU:	50957	Certified Capacity:	22
Compliance Performance D	with Telehealth and LGBTQ-Affirming Services Hope Haven ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Dir</u>	-	57 United.pdf	PRU:	50957	Certified Capacity:	22
Compliance Performance Darbon Da	with Telehealth and LGBTQ-Affirming Services Hope Haven ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Dir</u>	ectory/documents/118		PRU:	50957	Certified Capacity: Telephone - (585)-368-	
ompliance Performance D he Unity Hospital of Roci rovider Number:	with Telehealth and LGBTQ-Affirming Services Hope Haven ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Dir</u>	ectory/documents/118	-Behavioral Health				
Compliance Performance Date The Unity Hospital of Rock Provider Number: Administrative Office:	with Telehealth and LGBTQ-Affirming Services Hope Haven ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Dir</u> nester 83250 Ms. Mandy Teeter, Vice President, Roch	ectory/documents/118 nester Regional Health ake Avenue, Rocheste	-Behavioral Health	PRU: Anticipated Recert Review:			
ompliance Performance Da he Unity Hospital of Rock rovider Number: dministrative Office:	with Telehealth and LGBTQ-Affirming Services Hope Haven ata <u>http://webapps.oasas.ny.gov/legal/CertApp/Dir</u> nester 83250 Ms. Mandy Teeter, Vice President, Roct Evelyn Brandon Health Center, 3rd Floor, 81 L	ectory/documents/118 nester Regional Health ake Avenue, Rocheste Effective:	-Behavioral Health r,NY 14608 09/10/2020	Anticipated Recert			
Compliance Performance Da The Unity Hospital of Rock Provider Number: Administrative Office: Certificate Number: Program Location:	with Telehealth and LGBTQ-Affirming Services Hope Haven ata http://webapps.oasas.ny.gov/legal/CertApp/Dir hester 83250 Ms. Mandy Teeter, Vice President, Roct Evelyn Brandon Health Center, 3rd Floor, 81 L 210510517 Amendment Chemical Dependency Building, 1565 Long Po Medically Supervised Outpatient Withdrawal & [without the use of methadone] with Telehealth	ectory/documents/1188 nester Regional Health ake Avenue, Rocheste Effective: (nd Road, Rochester, N Stabilization (816.8)	-Behavioral Health r,NY 14608 09/10/2020 Jew York 14626	Anticipated Recert			6989
Compliance Performance Da the Unity Hospital of Rock rovider Number: ddministrative Office: Eertificate Number: rrogram Location: iervice Type:	with Telehealth and LGBTQ-Affirming Services Hope Haven ata http://webapps.oasas.ny.gov/legal/CertApp/Dir tester 83250 Ms. Mandy Teeter, Vice President, Rock Evelyn Brandon Health Center, 3rd Floor, 81 L 210510517 Amendment Chemical Dependency Building, 1565 Long Po Medically Supervised Outpatient Withdrawal &	ectory/documents/1188 nester Regional Health ake Avenue, Rocheste Effective: (nd Road, Rochester, N Stabilization (816.8)	-Behavioral Health r,NY 14608 09/10/2020 Jew York 14626	Anticipated Recert Review:	05/12/2021	Telephone - (585)-368-	6989
Compliance Performance Da The Unity Hospital of Rock Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	with Telehealth and LGBTQ-Affirming Services Hope Haven ata http://webapps.oasas.ny.gov/legal/CertApp/Dir hester 83250 Ms. Mandy Teeter, Vice President, Roct Evelyn Brandon Health Center, 3rd Floor, 81 L 210510517 Amendment Chemical Dependency Building, 1565 Long Po Medically Supervised Outpatient Withdrawal & [without the use of methadone] with Telehealth Designation	ectory/documents/118 nester Regional Health ake Avenue, Rocheste Effective: Ind Road, Rochester, N Stabilization (816.8) and LGBTQ-Affirming	-Behavioral Health r,NY 14608 09/10/2020 Jew York 14626 Services	Anticipated Recert Review:	05/12/2021	Telephone - (585)-368-	6989
Compliance Performance Da The Unity Hospital of Rock Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Da	with Telehealth and LGBTQ-Affirming Services Hope Haven ata http://webapps.oasas.ny.gov/legal/CertApp/Dir nester 83250 Ms. Mandy Teeter, Vice President, Roct Evelyn Brandon Health Center, 3rd Floor, 81 L 210510517 Amendment Chemical Dependency Building, 1565 Long Po Medically Supervised Outpatient Withdrawal & [without the use of methadone] with Telehealth Designation	ectory/documents/118 nester Regional Health ake Avenue, Rocheste Effective: Ind Road, Rochester, N Stabilization (816.8) and LGBTQ-Affirming	-Behavioral Health r,NY 14608 09/10/2020 Jew York 14626 Services	Anticipated Recert Review: PRU:	05/12/2021 8043	Telephone - (585)-368- Certified Capacity: 9	6989
Compliance Performance Date The Unity Hospital of Rock Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Date Certificate Number:	with Telehealth and LGBTQ-Affirming Services Hope Haven ata http://webapps.oasas.ny.gov/legal/CertApp/Dir ester 83250 Ms. Mandy Teeter, Vice President, Rock Evelyn Brandon Health Center, 3rd Floor, 81 L 210510517 Amendment Chemical Dependency Building, 1565 Long Po Medically Supervised Outpatient Withdrawal & [without the use of methadone] with Telehealth Designation ata http://webapps.oasas.ny.gov/legal/CertApp/Dir 210511391 Amendment	ectory/documents/1188 nester Regional Health ake Avenue, Rocheste Effective: (Ind Road, Rochester, N Stabilization (816.8) and LGBTQ-Affirming ectory/documents/105	-Behavioral Health r,NY 14608 09/10/2020 New York 14626 Services 17 UnityH.pdf	Anticipated Recert Review:	05/12/2021	Telephone - (585)-368- Certified Capacity: 6	6989
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Program Location: Service Type:	Chemical Dependency Building, 1565 Long Pond Road, Rochester, New York 14626 Outpatient Service (822)	PRU:	50762	Certified Capacity:
Program Name:	with Telehealth and LGBTQ-Affirming Services Designations	TRO.	30702	Contined Capacity.
ogram Hame.				
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10921 UnityH.pdf			
Certificate Number:	230210923 Renewal	Effective:	03/01/2020	Anticipated Recert 02/28/2023 Review:
Program Location: Service Type:	2nd Floor, 81 Lake Avenue, Rochester, New York 14608 Outpatient Service (822)			
	with Telehealth and LGBTQ-Affirming Services Designations	PRU:	51607	Certified Capacity:
Program Name:				
Compliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10923_UnitvH.pdf			
Unity House of Covera Cov	ntu lua			
Unity House of Cayuga Cou Provider Number:	23570 Elizabeth Smith, Chief Executive Officer			Telephone - (315)-253-6227 Ext 320
Administrative Office:	Suite 14, 217 Genesee Street, Auburn,NY 13021			
Certificate Number:	240612394 Amendment Effective: 12/29/2023	Anticipated R	Recert 06/30/2024	
Program Location:	58 Osborne Street Auburn, New York 13021	Review:		
Service Type:	Residential Services (820)	PRU:	53816	18 Certified Capacity: and up to 6 beds
			00010	Certified Capacity: and up to 6 beds for children
Elements:	Stabilization Rehabilitation V Reintegration Congregate	Scattered		
Program Name:	Unity House Scatter-Site RRi	-		
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12394 UnityH.pdf			
Certificate Number:	260512328 Renewal	Effective:	06/01/2023	Anticipated Recert 05/31/2026 Review:
Program Location:	58 Osborne Street Auburn, New York 13021			
Service Type:	Residential Services (820)	PRU:	53667	Certified Capacity: 16
Elements:	Stabilization Rehabilitation Y Reintegration Congregate	Scattered		
Program Name:	Grace House			
Compliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/			
University Hospital - Stony	Brook Eastern Long Island Hospital			
Provider Number: Administrative Office:	81310 Ms. Carol Gomes, Interim Chief Executive Officer Room 221, Level 4, 101 Nicolls Road, Stony Brook,NY 11794			Telephone - (631)-444-2701
		Anticipated Pecor	•	
Certificate Number:	241110227 Renewal Deemed Effective: 11/18/2021	Anticipated Recer Review:	11/18/2024	
Program Location: Service Type:	2nd Floor 201 Manor Place Greenport, New York 11944 Medically Managed Withdrawal & Stabilization Services (816.6)	PRU:	51661	Certified Capacity: 10
Program Name:	Quannacut Detoxification Unit at Stony Brook Eastern Long Island Hospital		0.001	
Compliance Performance Dat				
	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/10227 StonyB.pdf			
Certificate Number:				Austiclusted De 1
Program Location:	241111053 Renewal Deemed	Effective:	11/18/2021	Anticipated Recert 11/18/2024 Review:
-	905 East Main Street Riverhead, New York 11901			Review:
Service Type:	905 East Main Street Riverhead, New York 11901 Outpatient Service (822) with Telehealth Designation	Effective: PRU:	11/18/2021 51122	Anticipated Recert 11/18/2024 Review: Certified Capacity:
-	905 East Main Street Riverhead, New York 11901 Outpatient Service (822)			Review:
Service Type: Program Name:	905 East Main Street Riverhead, New York 11901 Outpatient Service (822) with Telehealth Designation			Certified Capacity:
Service Type: Program Name:	905 East Main Street Riverhead, New York 11901 Outpatient Service (822) with Telehealth Designation Stony Brook Medicine - Quannacut Outpatient Services			Review:
Service Type: Program Name: Compliance Performance Dat Certificate Number: Program Location:	905 East Main Street Riverhead, New York 11901 Outpatient Service (822) with Telehealth Designation Stony Brook Medicine - Quannacut Outpatient Services a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11053_Univer.pdf</u> 241111411 Renewal Deemed 2nd Floor 201 Manor Place Greenport, New York 11944	PRU: Effective:	51122 11/18/2021	Certified Capacity: Anticipated Recert 11/18/2024 Review:
Service Type: Program Name: Compliance Performance Dat Certificate Number: Program Location: Service Type:	905 East Main Street Riverhead, New York 11901 Outpatient Service (822) with Telehealth Designation Stony Brook Medicine - Quannacut Outpatient Services a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11053_Univer.pdf</u> 241111411_Renewal Deemed 2nd Floor 201 Manor Place Greenport, New York 11944 Inpatient Rehabilitation Service (818)	PRU:	51122	Certified Capacity: Anticipated Recert 11/18/2024
Service Type: Program Name: Compliance Performance Dat Certificate Number: Program Location:	905 East Main Street Riverhead, New York 11901 Outpatient Service (822) with Telehealth Designation Stony Brook Medicine - Quannacut Outpatient Services a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11053_Univer.pdf</u> 241111411 Renewal Deemed 2nd Floor 201 Manor Place Greenport, New York 11944	PRU: Effective:	51122 11/18/2021	Certified Capacity: Anticipated Recert 11/18/2024 Review:
Service Type: Program Name: Compliance Performance Dat Certificate Number: Program Location: Service Type: Program Name:	905 East Main Street Riverhead, New York 11901 Outpatient Service (822) with Telehealth Designation Stony Brook Medicine - Quannacut Outpatient Services a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11053_Univer.pdf</u> 241111411_Renewal Deemed 2nd Floor 201 Manor Place Greenport, New York 11944 Inpatient Rehabilitation Service (818)	PRU: Effective:	51122 11/18/2021	Certified Capacity: Anticipated Recert 11/18/2024 Review:
Service Type: Program Name: Compliance Performance Dat Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat	905 East Main Street Riverhead, New York 11901 Outpatient Service (822) with Telehealth Designation Stony Brook Medicine - Quannacut Outpatient Services a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11053 Univer.pdf</u> 241111411 Renewal Deemed 2nd Floor 201 Manor Place Greenport, New York 11944 Inpatient Rehabilitation Service (818) Quannacut Inpatient Services at Stony Brook Eastern Long Island Hospital a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11411 Univer.pdf</u>	PRU: Effective:	51122 11/18/2021	Certified Capacity: Anticipated Recert 11/18/2024 Review:
Service Type: Program Name: Compliance Performance Dat Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat	905 East Main Street Riverhead, New York 11901 Outpatient Service (822) with Telehealth Designation Stony Brook Medicine - Quannacut Outpatient Services a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11053_Univer.pdf 241111411_Renewal Deemed 2nd Floor 201 Manor Place Greenport, New York 11944 Inpatient Rehabilitation Service (818) Quannacut Inpatient Services at Stony Brook Eastern Long Island Hospital	PRU: Effective:	51122 11/18/2021	Certified Capacity: Anticipated Recert 11/18/2024 Review:
Service Type: Program Name: Compliance Performance Dat Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat UPMC Chautauqua Services	905 East Main Street Riverhead, New York 11901 Outpatient Service (822) with Telehealth Designation Stony Brook Medicine - Quannacut Outpatient Services a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11053_Univer.pdf</u> 241111411 Renewal Deemed 2nd Floor 201 Manor Place Greenport, New York 11944 Inpatient Rehabilitation Service (818) Quannacut Inpatient Services at Stony Brook Eastern Long Island Hospital a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11411_Univer.pdf</u> a <u>http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/11411_Univer.pdf</u>	PRU: Effective:	51122 11/18/2021	Certified Capacity: Anticipated Recert 11/18/2024 Review: Certified Capacity: 20

Certificate Number:	240712054 Renewal Deemed Effective:	07/31/2021	Anticipated Recert Review:	07/31/2024	
Program Location:	2M Main Floor, 51 Glasgow Avenue, Jamestown, New York 1470	01			
Service Type:	Outpatient Service (822) with Telehealth Designation [with ancillary withdrawal services]		PRU:	53048	Certified Capacity:
Program Name: Additional Location(s) At:	UPMC Chautauqua WCA OP				
- 306 Central Avenue Dunkirk	NY 14048				
Compliance Performance Dat	a http://webapps.casas.ny.gov/legal/CertApp/Directory/documents/	12054 UPMCCh.pdf			
Certificate Number:	240712055 Renewal Deemed		Effective:	07/31/2021	Anticipated Recert 07/31/2024 Review:
Program Location: Service Type: Program Name:	4th Floor, 207 Foote Avenue, Jamestown, New York 14701 Inpatient Rehabilitation Service (818)		PRU:	53049	Certified Capacity: 15
Compliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/	12055 UPMCCH.pdf			
Certificate Number:	250412204 Renewal		Effective:	05/01/2023	Anticipated Recert 04/30/2025
Program Location:	4th Floor Main 51 Glasgow Avenue Jamestown, New York 14701				
Service Type:	Residential Services (820)		PRU:	53338	Certified Capacity: 20
Elements:	Stabilization Rehabilitation Reintegration	Congregate	Scattered		
Program Name:	UPMC Behavioral Health Wellness Center				
Compliance Performance Dat	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/	12204 UPMCCh.pdf			
Upper Manhattan Mental He	alth Center, Inc.				
Provider Number:	70490 Mr. Thomas Haggerty Jr., Executive Director				Telephone - (212)-694-9200
Administrative Office:	1727 Amsterdam Avenue, New York,NY 10031				
Certificate Number:	240511097 Renewal Effective:	06/01/2022	Anticipated Recert Review:	05/31/2024	
Program Location:	3rd Floor, 1727 Amsterdam Avenue, New York, New York 10031 Outpatient Service (822)				
Service Type:	with Telehealth Designation [with ancillary withdrawal services]		PRU:	50962	Certified Capacity:
Program Name:	Alcoholism & Substance Abuse Treatment Program				
Compliance Performance Dat					
	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/	11097 UpperM.pdf			
Certificate Number:	a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/ 241210213 Amendment	11097 UpperM.pdf	Effective:	10/17/2022	Anticipated Recert 12/31/2024 Review:
Certificate Number: Program Location:	241210213 Amendment 168 East 107th Street New York, New York 10029	<u>11097 UpperM.pdf</u>			Review:
Certificate Number: Program Location: Service Type:	241210213 Amendment	11097 UpperM.pdr	Effective: PRU:	10/17/2022 51809	
Certificate Number: Program Location:	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819)	<u>11097 UpperM.pdr</u>			Review:
Certificate Number: Program Location: Service Type: Program Name:	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819)				Review:
Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819) with Telehealth Designation				Review: Certified Capacity: 20
Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819) with Telehealth Designation				Review:
Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Upstate Cerebral Palsy, Inc. Provider Number:	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819) with Telehealth Designation a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/ 40640 Geno DeCondo, Executive Director			51809	Review: Certified Capacity: 20
Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Upstate Cerebral Palsy, Inc. Provider Number: Administrative Office: Certificate Number: Program Location:	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819) with Telehealth Designation a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/ 40640 Geno DeCondo, Executive Director 125 Business Park Dr., Utica,NY 13502 250312322 Renewal 1002 Oswego Street Utica, New York 13502	10213 UpperM.pdf	PRU: Anticipated Recert Review:	03/31/2025	Review: Certified Capacity: 20 Telephone - (315)-724-6907
Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Upstate Cerebral Palsy, Inc. Provider Number: Administrative Office: Certificate Number:	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819) with Telehealth Designation a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/ 40640 Geno DeCondo, Executive Director 125 Business Park Dr., Utica,NY 13502 250312322 Renewal	10213 UpperM.pdf	PRU:	51809	Review: Certified Capacity: 20
Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Upstate Cerebral Palsy, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819) with Telehealth Designation a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/ 40640 Geno DeCondo, Executive Director 125 Business Park Dr., Utica,NY 13502 250312322 Renewal 1002 Oswego Street Utica, New York 13502	<u>10213_UpperM.pdf</u> 04/01/2023	PRU: Anticipated Recert Review:	03/31/2025	Review: Certified Capacity: 20 Telephone - (315)-724-6907
Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Upstate Cerebral Palsy, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name:	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819) with Telehealth Designation a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/ 40640 Geno DeCondo, Executive Director 125 Business Park Dr., Utica,NY 13502 250312322 Renewal 1002 Oswego Street Utica, New York 13502 Outpatient Service (822) Outpatient Service (822)	<u>10213_UpperM.pdf</u> 04/01/2023	PRU: Anticipated Recert Review:	03/31/2025	Review: Certified Capacity: 20 Telephone - (315)-724-6907
Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dati Upstate Cerebral Palsy, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dati Urban Recovery House LLCC Provider Number:	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819) with Telehealth Designation a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/ 40640 Geno DeCondo, Executive Director 125 Business Park Dr., Utica,NY 13502 250312322 Renewal Effective: 1002 Oswego Street Utica, New York 13502 Outpatient Service (822) a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/ 50560 Mr. Zevi Friedman, CEO	<u>10213_UpperM.pdf</u> 04/01/2023	PRU: Anticipated Recert Review:	03/31/2025	Review: Certified Capacity: 20 Telephone - (315)-724-6907
Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Upstate Cerebral Palsy, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Urban Recovery House LLC Provider Number: Administrative Office:	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819) with Telehealth Designation a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/ 40640 Geno DeCondo, Executive Director 125 Business Park Dr., Utica,NY 13502 250312322 Renewal 1002 Oswego Street Utica, New York 13502 Outpatient Service (822) a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/ 50560 Mr. Zevi Friedman, CEO 411 Van Brunt Street, Brooklyn,NY 11231	10213_UpperM.pdf 04/01/2023 12322_Upstat.pdf	PRU: Anticipated Recert Review: PRU:	51809 03/31/2025 53585	Review: 120112024 Certified Capacity: 20 Certified Capacity:
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Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Upstate Cerebral Palsy, Inc. Provider Number: Administrative Office: Certificate Number: Program Location: Service Type: Program Name: Compliance Performance Dat Urban Recovery House LLC Provider Number: Administrative Office:	241210213 Amendment 168 East 107th Street New York, New York 10029 Community Residential (819) with Telehealth Designation a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/ 40640 Geno DeCondo, Executive Director 125 Business Park Dr., Utica,NY 13502 250312322 Renewal 1002 Oswego Street Utica, New York 13502 Outpatient Service (822) a http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/ 50560 Mr. Zevi Friedman, CEO 411 Van Brunt Street, Brooklyn,NY 11231	10213 UpperM.pdf 04/01/2023 12322 Upstat.pdf 03/06/2024	PRU: Anticipated Recert Review: PRU: Anticipated Recert Review:	51809 03/31/2025 53585 11/30/2025	Review: LEGUZOLA Certified Capacity: 20 Certified Capacity: Certified Capacity:
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Program Location:	1st - 5th Floors 411 Van Brunt Street Brooklyn, New York 11231			
Service Type:	Inpatient Rehabilitation Service (818) with Telehealth Designation	PRU:	53294	Certified Capacity: 62

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12163 UrbanR.pdf

Provider Number:	44120 Mr. Paul Henderson, Executive Direct	or				Telephone - (718)-653-1117
Administrative Office:	1080 East Gun Hill Road, Bronx,NY 10469					
Certificate Number:	240711484 Amendment	Effective:	07/07/2022	Anticipated Recert Review:	07/31/2024	
Program Location:	1st & 2nd Floors, 1080 East Gun Hill Road, I	Bronx, New York 104	69			
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	51992	Certified Capacity:
Program Name:						
Additional Location(s) At						

- 1st and 2nd Floors 2639 Atlantic Avenue Brooklyn NY 11207

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11484_VERTEX.pdf

Villa of Hope						
Provider Number: Administrative Office:	37220 Carrie Carl, President / CEO 3300 Dewey Avenue, Rochester,NY 14616					Telephone - (585)-865-1550 Ext 102
Certificate Number:	220412265 Establishment	Effective:	05/17/2021	Anticipated Rec Review:	cert 04/30/2022	
Program Location:	3300 Dewey Avenue Rochester, New York 1461	6				
Service Type:	Community Psychiatric Support & Treatment (CF	PST)		PRU:	53552	Certified Capacity:
Program Name:				PRU:	50550	
Service Type: Program Name:	Psychosocial Rehabilitation (PSR)			PRU:	53553	Certified Capacity:
Service Type:	Family Peer Support and Services			PRU:	53554	Certified Capacity:
Program Name:						
Service Type:	Youth Peer Support and Training			PRU:	53555	Certified Capacity:
Program Name:						
Service Type:	Other Licensed Practitioners			PRU:	53556	Certified Capacity:
Program Name:						
Compliance Performance	Data http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/1	12265 Villao.pdf			
Certificate Number:	230911629 Renewal			Effective:	10/01/2021	Anticipated Recert 09/30/2023 Review:
Program Location:	Life Residence 3300 Dewey Avenue Rochester,	New York 14616				
Service Type:	Residential Rehabilitation Services for Youth (81 with Telehealth Designation	7)		PRU:	4856	Certified Capacity: 14
Program Name:	Life Program					
Compliance Performance I	Data http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/1	11629 Villao.pdf			
Certificate Number:	231012296 Conditional Certificate			Effective:	05/01/2023	Anticipated Recert 10/31/2023 Review:
Program Location:	3300 Dewey Avenue Rochester, New York 1461	6				
Service Type:	Medically Supervised Inpatient Withdrawal & Sta	bilization Service	s (816.7)	PRU:	53611	Certified Capacity: 18
Program Name:	Living Hope Detox					
Compliance Performance I	Data http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/1	12296 Villao.pdf			
Certificate Number:	250311362 Amendment OMH Host			Effective:	01/24/2023	Anticipated Recert 03/31/2025 Review:
Program Location:	Building J, Room 202, 2nd Floor, 1099 Jay Stree	et, Rochester, Nev	w York 14611			
Service Type:	Outpatient Service (822) with Telehealth and Adolescent Services Design	ations		PRU:	51886	Certified Capacity:
Program Name:						
Compliance Performance I	Data http://webapps.oasas.ny.gov/legal/CertApp/Direc	ctory/documents/1	11362 Villao.pdf			
Village of Haverstraw Dru	g Abuse Prevention Council					
Provider Number:	1779 Ms. Marion EBreland, Executive Director					Telephone - (845)-429-5731 Ext 11
Administrative Office:	Haverstraw Center, 50 West Broad Street, Have	rstraw,NY 10927				
Certificate Number:	240911965 Renewal	Effective:	10/01/2021	Anticipated Red Review:	cert 09/30/2024	

Village of Haverstraw Youth and Family/Community Center, 50 West Broad Street, Haverstraw, New York 10927 Program Location:

Service Type:	Prevention Couns	seling				PRU: 90	633	Certified Capacity:
Program Name:	Village of Havers	traw Drug Abuse Pre	evention Couns	eling				
Compliance Performance I			rtApp/Directory	//documents/119	65 Villag.pdf			
Vocational Instruction Pr	oject Community Sei	rvices, Inc.						
Provider Number:	325 Ms. Debbia	n Fletcher-Blake, Ch	ief Executive C	Officer				Telephone - (718)-583-5150 Ext 8650
Administrative Office:	6th Floor, 770 E	ast 176th Street, Bro	onx,NY 10460					
Certificate Number:	200511287	Conditional Certificate	OASAS Host	Effective:	10/15/2019	Anticipated Rece Review:	rt _{05/31/2020}	

Program Location: Service Type:	4th Floor 770 East 176th Street Bronx, New York 10460 Integrated Outpatient Services - PC	PRU:		Certified Capacity:	
Program Name: Service Type:	Integrated Outpatient Services - MH	PRU:		Certified Capacity:	
Program Name: Service Type:	Outpatient Service (822)	PRU:	53773	Certified Capacity:	
Program Name:	with Telehealth Designation [with ancillary withdrawal services]				
Compliance Performance Dat	a http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/11287_Vocati.pdf				
Certificate Number:	201110366 Amendment OASAS Host	Effective:	10/15/2019	Anticipated Recert Review:	11/30/2020
Certificate Number: Program Location:		Effective:	10/15/2019		11/30/2020
	Host	Effective: PRU:	10/15/2019		11/30/2020
Program Location:	1st & 3rd Floors 770 East 176th Street Bronx, New York 10460		10/15/2019	Review:	11/30/2020
Program Location: Service Type:	1st & 3rd Floors 770 East 176th Street Bronx, New York 10460		10/15/2019	Review:	11/30/2020
Program Location: Service Type: Program Name:	1st & 3rd Floors 770 East 176th Street Bronx, New York 10460 Integrated Outpatient Services - PC	PRU:	10/15/2019	Review: Certified Capacity:	11/30/2020
Program Location: Service Type: Program Name: Service Type:	1st & 3rd Floors 770 East 176th Street Bronx, New York 10460 Integrated Outpatient Services - PC	PRU:	10/15/2019 670	Review: Certified Capacity: Certified Capacity:	11/30/2020 1000 Capacity Lifted

Compliance Performance Data	http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10366	Vocati.pdf
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Certificate Number:	241012045 Renewal	Effective:	11/01/2021	Anticipated Recert Review:	10/31/2024
Program Location:	716 Fairmount Place, Bronx, New York 10457				
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53043	Certified Capacity:	40
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12045 Vocati.pdf

Certificate Number:	241112046 Renewal	Effective:	12/01/2021	Anticipated Recert Review:	11/30/2024
Program Location:	764 East 176th Street, Bronx, New York 10460				
Service Type:	Residential Services (820) with Telehealth Designation	PRU:	53042	Certified Capacity:	80
Elements:	Stabilization 🖌 Rehabilitation 🖌 Reintegration 🖌 Congregate	Scattered			

Program Name:

Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/12046 Vocati.pdf

Volunteers of America - Gre	ater New York, Inc	2.								
Provider Number:	22790 Myung Lee	e, President and Chief Ex	ecutive Officer				Telephone - (212)-873-2600			
Administrative Office:	9th Floor, 135 We	est 50th Street, New York	,NY 10020							
Certificate Number:	240110066	Conditional Certificate Effective: 02/01/2023 Anticipated Recert Review: 01/31/2024								
Program Location:	395 Webster Ave	5 Webster Avenue, New Rochelle, New York 10801								
Service Type:	Community Resid	dential (819)			PRU:	51043	Certified Capacity:	17		
Program Name:	Crossroads									
Compliance Performance Dat	a http://webapps.oa	asas.ny.gov/legal/CertAp	D/Directory/documents/1	10066 Volunt.pdf						
Wayne County Community	Services Board									
Provider Number:	70540 Mr. James	540 Mr. James MHaitz LCSW-R, Director of Community Services Telephone - (315)-946-5722								
Administrative Office:	1519 Nye Road, I	19 Nye Road, Lyons,NY 14489								

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Certificate Number: 240712022 Amendment OASAS Host Effective: 0.3012024 Anticipated Recent Review: 07312024 Program Location: 2nd Floor 11 Route 111 Smithlow, New York 11787 Outpatient Gravice (22) (Mit ancillary withdrawal) and Tesheath and Phoblem Cantilling Designations PRU: 52976 Certified Capacity: Program Name: Addiction Recovery Services (ARS) PRU: 52976 Certified Capacity: Program Name: Addiction Recovery Services (ARS) PRU: 0.3012024 Anticipated Recent Review: 0.0312025 Program Name: Addiction Recovery Services (ARS) PRU: 0.3012024 Anticipated Recent Review: 0.0312022 Program Name: 200312023 Amendment NASAS Host PRU: 0.3012024 Anticipated Recent Review: 0.0312025 Program Name: 200312023 Amendment NASAS Host PRU: 0.3012024 Anticipated Recent Review: 0.0312025 Program Name: Bernite Trap: Impated Outpated Recent Review: 0.03012024 Anticipated Recent Review: 0.03012024 Anticipated Recent Review: 0.03012025 Program Name: Bernite Trap: Outpated Review: PRU: 0.3012024 Review: 0.03012025 Program Name: Bernite Trap: Program Name: PRU	Program Name: Service Type: Program Name:	Integrated Outpatient Services - MH		PRU:		Certified Capacity:
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Barnice Type: Outpatient Service (R2): With and University With draw and Technetals and Problem Gambing Designations Program Name: PRU: 52076 Cariting Capacity: Program Name: Addicin Recovery Services (ARS) PRU: Cariting Capacity: Cariting Capacity: Program Name: Addicin Recovery Services (ARS) PRU: Cariting Capacity: Cariting Capacity: Program Name: Addicin Recovery Services (ARS) Service Type: Service Type: Cariting Capacity: Cariting Capacity: Cariting Capacity: The Type: Sold 2023 Amendment Back Service Type: Sold 2023 Amendment Sold 2023 Program Location: Room #6.6.3 and 64, 1st Floor 56 Hoteon Drive Huntington. New York 11743 FRU: Sold 2024 Aminipath Recovery Sold 2023 Program Name: Service Type: Volusitient Service (Service - MPU PRU: Sold 2024 Aminipath Recovery Sold 2024 Aminipath Recovery Sold 2025 Program Name: Integrated Outpatient Service (Service Capacity: PRU: Sold 2024 Aminipath Recovery Sold 2024	Certificate Number:			Effective:	03/01/2024	
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Certificate Number: 250312023 Amendment OASAS Host Effective: 0.301/2024 Anticipated Recert Review: 0.301/2025 Program Location: Reom #s 6, 63 and 64, 1st Floor 55 Horizon Drive Huntington, New York 11743 Bervice Type: 0.301/2024 Anticipated Recert Review: 0.301/2025 Program Name: Uptation Envice (22) (with ancilary with/arwal] and Telehealth and Problem Gambling Designations PRU: 52977 Certified Capacity: Program Name: Integrated Outpatient Services - MH PRU: Certified Capacity: Certified Capacity: Sorvice Type: Integrated Outpatient Services - MH PRU: Certified Capacity: Certified Capacity: Compliance Performance Data http://webagos.ossas.nv.gov/legal/CarAceoDirectorv/documents/12023_PSCHIn.pdf Melliness in Inwood LLC Telephone - (314)-755-9545 Telephone - (314)-755-9545 Administrative Office: 148 Post Avenue, New York, New York 10034 Anticipated Recert Review: 12/31/2024 Service Type: Outpatient Service (22) with Telehealth Designation PRU: 53824 Certified Capacity: Program Name: Compliance Performance Data <a 12413_wellne.pdf"="" certapp="" directorv="" documents="" href="http://webagos.ossas.nv.gov/legal/CarAceoDirectorv/documents/12/13</td><td>- 2nd Floor 3600 Route 112 (</td><td>Coram NY 11727</td><td></td><td></td><td></td><td></td></tr><tr><td>Verificate Number: 2001/202* Net frequencies Contribution Review: 0033/2023 Program Location: Room #5 6, 63 and 64, 1st Floor 55 Horizon Drive Huntington, New York 11743 FRU: 52977 Certified Capacity: Program Name: Compliance Performance Data Integrated Outpatient Service (22) PRU: 52977 Certified Capacity: Program Name: Service Type: Integrated Outpatient Service (24) PRU: Certified Capacity: Program Name: Status Junctual Main Junctual Junct</td><td>Compliance Performance Da</td><td>ta http://webapps.oasas.ny.gov/legal/CertApp/Direc</td><td>tory/documents/12022_PSCHIn.pdf</td><td></td><td></td><td></td></tr><tr><td>Service Type: Outpatient Service (822)
[with ancillary withdrawal] and Telehealth and Problem Gambling Designations PRU: 52977 Certified Capacity: Program Name: Integrated Outpatient Services - MH PRU: 52977 Certified Capacity: Compliance Performance Data
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Review: Telephone - (914)-755-9545 Certified Number: 53410 Elizabeth Urena, CEO Telephone - (914)-755-9545 Telephone - (914)-755-9545 Certified Number: 241212413 Establishment Effective: 01/10/2024 Anticipated Recent
Review: 12/31/2024 Program Name: 241212413 Establishment Effective: 01/10/2024 Anticipated Recent
Review: 12/31/2024 Program Name: 241212413 Establishment Effective: 01/10/2024 Anticipated Recent
Review: 12/31/2024 Program Name: 24121413 Establishment Effective: 01/10/2024 Anticipated Recent
Review: 12/31/2024 Program Name: 24121413 Stablishment/Review/Ork/New York 10004 Telephone - (212)-643-8811 Exi 200 Compliance Performance Data
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Program Name: Inlegrated Outpatient Services - MH PRU: Cartified Capacity: Compliance Performance Det // the //webapps.casas.nv.gov/legal/CertApp/Director//documents/12023.PSCHIn det // Service Type: Service Type: Telephone - (91/2)- Service Type: Provider Number: 5310 Elizabeth Urens, CEO Telephone - (91/2)- Service Type: Telephone - (91/2)- Service Type: Provider Number: 5410 Elizabeth Urens, CEO Anticipated Recert Review: 1/0/2024 Service Type: 241212413 Establishment Effective: 01/0/2024 Anticipated Recert Review: 1/0/2024 From Size Type: Size Type:</td><td>Program Location:
Service Type:</td><td>Outpatient Service (822)</td><td>0</td><td>PRU:</td><td>52977</td><td>Certified Capacity:</td></tr><tr><td>Program Name: Compliance Performance Data Ittp://webaops.oaaas.nv.gov/legal/CertApp/Directory/documents/12023_PSCHIn.pdf Wellness in Inwood LLC Provider Number: 53410 Elizabeth Urena, CEO Administrative Office: 148 Post Avenue, New York, NY 10034 Anticipated Recert
Roview: Telephone - (914)-755-9545 Service Type: 0 41212413 Establishment Effective: 01/10/2024 Anticipated Recert
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Service Type: Ditypient Service (922)
with Telehealth Designation PRU: 53824 Certified Capacity: Provider Number: 29520 MS. Lydia Schorn Silverman, President Telephone - (212)-643-8811 Ext 300 Certificate Number: 29520 MS. Lydia Schorn Silverman, President Presider Number: 29520 MS. Lydia Schorn Silverman, President Service Type: Opioid Treatment Program (822)
win Telephone)</td><td>Program Name:</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Wellness In Inwood LLC Telephone - (914)-755-9545 Administrative Office: 148 Post Avenue , New York , NY 10034 Telephone - (914)-755-9545 Certificate Number: 241212413 Establishment Effective: 01/10/2024 Anticipated Recert
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Capacity Lifted Service Type: Opioid Treatment Program (822)
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Program Name:</td><td>Integrated Outpatient Services - MH</td><td></td><td>PRU:</td><td></td><td>Certified Capacity:</td></tr><tr><td>Provider Number: 53410 Elizabeth Urena, CEO Telephone - (914)-755-9545 Administrative Office: 148 Post Avenue , New York, NY 10034 Anticipated Recert Review: 12/31/2024 Amticipated Capacity: Program Location: 1st Floor 148 Post Avenue New York, New York 10034 PRU: 53824 Certified Capacity: Program Location: 1st Floor 148 Post Avenue New York, New York 10034 PRU: 53824 Certified Capacity: Program Name: Vertified Service (B22) West Midtown Management Kervice (B22) Effective: 01/10/2024 Anticipated Recert Review: 12/31/2024 Compliance Performance Data Intro://webapos.oasas.nv.gov/legal/CertAgo/Directory/documents/12413. Wellne.pdf PRU: 53824 Certified Capacity: West Midtown Management Kervice: 29520 Ms. Lydia Schorr Silverman, President Effective: 06/28/2023 Anticipated Recert Review: 05/31/2024 Provider Number: 240510365 Amendment Effective: 06/28/2023 Anticipated Recert Review: 05/31/2024 Program Location: Rooms 615-617, Floors 1-6 311 West 35th Street New York, New York 10001 PRU: 1483 Certified Capacity: 1000
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Compliance Performance Data http://webapps.oasas.ny.gov/legal/CertApp/Directory/documents/10365_WestMi.pdf

	Provider Number: Administrative Office:	81410 Michael Doyle MD, Executive Director HealthAlliance Hospital Mary's Avenue Campus	s as Operator, 105	Mary's Avenue, King	gston,NY 12401		Telephone - (845)-334-2750
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Price Type: Medically Managed Withdrawal & Stabilization Services (816.6) PRU: 52761 Certified Capacity: 10 omplance Performance Data http://webapps.caases.nv.gov/legal/CertApo/Directorv/documents/11843 Westch.pdf restchester Jewish Commer: 14590 Seth Diamond, Chief Executive Officer Telephone - (914)-761-0600 Ext 22 dministrative Office: 845 North Broadway, White Plains, NY 10603 Anticipatel Recert 04/30/2024 ertifiede Number: 141 North Central Avenue Hartsdale, New York 10530 PRU: 53661 Certified Capacity: rogram Name: 0Utpatient Service (822) with Telehealth Designation and Ancilary Withdrawal Services PRU: 53661 Certified Capacity: rogram Name: 0Utpatient Service (822) with Telehealth Designation and Ancilary Withdrawal Services PRU: 53661 Telephone - (585)-473-1500 Ext 21: omplance Performance Det B ittr://webapos.casas.nv.gov/legal/CertApio/Directorv/documents/12380 Westch.pdf Telephone - (585)-473-1500 Ext 21: omplance Performance Det B ittr://webapos.casas.nv.gov/legal/CertApio/Directorv/documents/12380 Westch.pdf Telephone - (585)-473-1500 Ext 21: rogram Name: dittribut Service (822) with Service (822) Telephone - (585)-473-1500 Ext 21: o	ertificate Number:	251111843 Renewal			Effective:	12/01/2022	Anticipated Recert 11/30/2025 Review:
restchester Jewish Community Services rovider Number: 14590 Seth Diamond, Chief Executive Officer dministrative Office: 845 North Broadway, White Plains,NY 10603 ertificate Number: 240412380 Establishment OMH Host Effective: 05/01/2023 Anticipated Recert Review: 04/30/2024 rogram Location: 141 North Central Avenue Hartsdale, New York 10530 ervice Type: Outpatient Service (322) with Telehealth Designation and Ancillary Withdrawal Services PRU: 53661 Certified Capacity: rogram Location(s) At: 4th Floor 11 West Prospect Avenue Mount Vernon NY 10550 ompliance Performance Data Telephone - (585)-473-1500 Ext 21: dministrative Office: Building B, Suite B-60, 919 Westfall Road, Rochester,NY 14618 Telephone - (585)-473-1500 Ext 21: ertificate Number: 240311105 Conditional Certificate Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 rogram Location: Building B, Suite B-60, 919 Westfall Road, Rochester, New York 14618 PRU: 51102 Certified Capacity:	ervice Type:			sie, New York 1260		52761	Certified Capacity: 10
rovider Number: 14590 Seth Diamond, Chief Executive Officer Telephone - (914)-761-0600 Ext 22 dministrative Office: 845 North Broadway, White Plains, NY 10603 Anticipated Recert Review: 04/30/2024 ertificate Number: 240412380 Establishment OMH Host Effective: 05/01/2023 Anticipated Recert Review: 04/30/2024 orgam Location: 141 North Central Avenue Hartsdale, New York 10530 PRU: 53661 Certified Capacity: orgam Name: Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services PRU: 53661 Certified Capacity: ompliance Performance Data Intro//webapos.casas.nv.gov/legal/CertApp/Directory/documents/12380 Westch Ddf Telephone - (585)-473-1500 Ext 212 rovider Number: 85059 Mr. Charles Montante, President Telephone - (585)-473-1500 Ext 212 ordiding B, Suite B-60, 919 Westfall Road, Rochester, NY 14618 Certificate Review: 03/31/2024 ertificate Number: 240311105 Conditional Certificate Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 rogam Location: Building B, Suite 60, 919 Westfall Road, Rochester, New York 14618 Fffective: 04/01/2023 Anticipated Recert Review: 03/31/2024	ompliance Performance Da	ata http://webapps.oasas.ny.gov/legal/CertApp/Dire	ectory/documents/	11843 Westch.pdf			
rovider Number: 14590 Seth Diamond, Chief Executive Officer Telephone - (914)-761-0600 Ext 22 dministrative Office: 845 North Broadway, White Plains, NY 10603 Anticipated Recert Review: 04/30/2024 ertificate Number: 240412380 Establishment OMH Host Effective: 05/01/2023 Anticipated Recert Review: 04/30/2024 orgam Location: 141 North Central Avenue Hartsdale, New York 10530 PRU: 53661 Certified Capacity: orgam Name: Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services PRU: 53661 Certified Capacity: ompliance Performance Data Intro//webapos.casas.nv.gov/legal/CertApp/Directory/documents/12380 Westch Ddf Telephone - (585)-473-1500 Ext 212 rovider Number: 85059 Mr. Charles Montante, President Telephone - (585)-473-1500 Ext 212 ordiding B, Suite B-60, 919 Westfall Road, Rochester, NY 14618 Certificate Review: 03/31/2024 ertificate Number: 240311105 Conditional Certificate Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 rogam Location: Building B, Suite 60, 919 Westfall Road, Rochester, New York 14618 Fffective: 04/01/2023 Anticipated Recert Review: 03/31/2024	/estchester Jewish Comr	nunity Services					
ertificate Number: 240412380 Establishment OMH Host Effective: 05/01/2023 Anticipated Recert Review: 04/30/2024 rogram Location: 141 North Central Avenue Hartsdale, New York 10530 PRU: 53661 Certified Capacity: ervice Type: Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services PRU: 53661 Certified Capacity: orgram Name: dditional Location(s) At: Host Effective: 04/01/2024 Pru: 53661 Certified Capacity: ompliance Performance Data Inttp://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12380 Westch.pdf Telephone - (585)-473-1500 Ext 213 dministrative Office: Building B, Suite B-60, 919 Westfall Road, Rochester,NY 14618 Anticipated Recert Review: 03/31/2024 ertificate Number: 240311105 Conditional Certificate Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 rogram Location: Building B, Suite 60, 1st Floor, 919 Westfall Road, Rochester, New York 14618 PRU: 51102 Certified Capacity:	Provider Number:	-					Telephone - (914)-761-0600 Ext 221
Host Review: rogram Location: 141 North Central Avenue Hartsdale, New York 10530 PRU: 53661 Certified Capacity: ervice Type: Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services PRU: 53661 Certified Capacity: rogram Name: dditional Location(s) At: Hitp://webapps.oasas.nv.aov/legal/CertApp/Directory/documents/12380 Westch.pdf dditional Location(s) At: Hitp://webapps.oasas.nv.aov/legal/CertApp/Directory/documents/12380 Westch.pdf rogram Name: Hitp://webapps.oasas.nv.aov/legal/CertApp/Directory/documents/12380 Westch.pdf rogram Location: Building B, Suite B-60, 919 Westfall Road, Rochester, NY 14618 Telephone - (585)-473-1500 Ext 213 rogram Location: Building B, Suite 60, 1st Floor, 919 Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 ervice Type: Outpatient Service (822) with Telehealth Designation Ffective: 04/01/2023 PRU: 51102 Certified Capacity:	dministrative Office:						
ervice Type: Outpatient Service (822) with Telehealth Designation and Ancillary Withdrawal Services PRU: 53661 Certified Capacity: rogram Name: dditional Location(s) At:	ertificate Number:		Effective:	05/01/2023	Anticipated Recert Review:	04/30/2024	
with Telehealth Designation and Ancillary Withdrawal Services FRU: 53601 Certified Capacity: rogram Name: dditional Location(s) At: 4th Floor 11 West Prospect Avenue Mount Vernon NY 10550 S001 Certified Capacity: ompliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directory/documents/12380 Westch.pdf Telephone - (585)-473-1500 Ext 213 rovider Number: 85059 Mr. Charles Montante, President Telephone - (585)-473-1500 Ext 213 dministrative Office: Building B, Suite B-60, 919 Westfall Road, Rochester, NY 14618 Telephone - (585)-473-1500 Ext 213 ertificate Number: 240311105 Conditional Certificate Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 rogram Location: Building B, Suite 60, 1st Floor, 919 Westfall Road, Rochester, New York 14618 FRU: 51102 Certified Capacity:	rogram Location:	141 North Central Avenue Hartsdale, New York	10530				
dditional Location(s) At: dditional Location(s) At: th Floor 11 West Prospect Avenue Mount Verrion NY 10550 pompliance Performance Data http://webapps.oasas.nv.gov/legal/CertApp/Directorv/documents/12380 restfall Associates, Inc. reovider Number: 85059 Mr. Charles Montante, President Building B, Suite B-60, 919 Telephone - (585)-473-1500 Ext 213 dministrative Office: Building B, Suite B-60, 919 Westfall Road, Rochester, NY 14618 ertificate Number: 240311105 Conditional Certificate Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 rogram Location: Building B, Suite 60, 1st Floor, 919 Westfall Road, Rochester, New York 14618 PRU: 51102 Certified Capacity:	ervice Type:		trawal Services		PRU:	53661	Certified Capacity:
Arestfall Associates, Inc. Telephone - (585)-473-1500 Ext 213 rovider Number: 85059 Mr. Charles Montante, President Telephone - (585)-473-1500 Ext 213 dministrative Office: Building B, Suite B-60, 919 Westfall Road, Rochester, NY 14618 Anticipated Recert Review: 03/31/2024 ertificate Number: 240311105 Conditional Certificate Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 rogram Location: Building B, Suite 60, 1st Floor, 919 Westfall Road, Rochester, New York 14618 03/31/2024 03/31/2024 ervice Type: Outpatient Service (822) with Telehealth Designation PRU: 51102 Certified Capacity:	dditional Location(s) At:						
rovider Number: 85059 Mr. Charles Montante, President Telephone - (585)-473-1500 Ext 213 dministrative Office: Building B, Suite B-60, 919 Westfall Road, Rochester,NY 14618 Anticipated Recert Review: 03/31/2024 ertificate Number: 240311105 Conditional Certificate Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 rogram Location: Building B, Suite 60, 1st Floor, 919 Westfall Road, Rochester, New York 14618 PRU: 51102 Certified Capacity:	ompliance Performance Da	ta http://webapps.oasas.nv.gov/legal/CertApp/Dire	ectory/documents/	12380 Westch.pdf			
rovider Number: 85059 Mr. Charles Montante, President Telephone - (585)-473-1500 Ext 213 dministrative Office: Building B, Suite B-60, 919 Westfall Road, Rochester,NY 14618 Anticipated Recert Review: 03/31/2024 ertificate Number: 240311105 Conditional Certificate Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 rogram Location: Building B, Suite 60, 1st Floor, 919 Westfall Road, Rochester, New York 14618 PRU: 51102 Certified Capacity:	lestfall Associatos Inc						
dministrative Office: Building B, Suite B-60, 919 Westfall Road, Rochester,NY 14618 ertificate Number: 240311105 Conditional Certificate Effective: 04/01/2023 Anticipated Recert Review: 03/31/2024 rogram Location: Building B, Suite 60, 1st Floor, 919 Westfall Road, Rochester, New York 14618 Outpatient Service (822) with Telehealth Designation PRU: 51102 Certified Capacity:		85059 Mr. Charles Montante. President					Telephone - (585)-473-1500 Ext 213
rogram Location: Building B, Suite 60, 1st Floor, 919 Westfall Road, Rochester, New York 14618 ervice Type: Outpatient Service (822) with Telehealth Designation PRU: 51102 Certified Capacity:			hester,NY 14618				
ervice Type: Outpatient Service (822) PRU: 51102 Certified Capacity: with Telehealth Designation	ertificate Number:		Effective:	04/01/2023	Anticipated Recert Review:	03/31/2024	
ervice Type: Outpatient Service (822) PRU: 51102 Certified Capacity: with Telehealth Designation	rogram Location:	Building B, Suite 60, 1st Floor, 919 Westfall Ro	ad, Rochester, Ne	w York 14618			
with Telenealth Designation	-	Outpatient Service (822)			PRU:	51102	Certified Capacity:
	rogram Name:	with Telehealth Designation				-	· · · · · · · · · · · · · · · · · · ·

Whitney M. Young, Jr. Health Center, Inc.

Provider Number: Administrative Office:	35200 Ms. Angela 920 Lark Drive, A	a Doe, Chief Behavioral H Ibany,NY 12207	ealth Officer				Telephone - (518)-59	1-4899
ertificate Number:	230910369	Conditional Certificate	Effective:	10/01/2022	Anticipated Re Review:	ocert 09/30/2023		
rogram Location: ervice Type:	1st & 2nd Floors, Opioid Treatment	10 DeWitt Street, Albany, Program (822)	New York 12207		PRU:	1631	Certified Capacity:	350
Program Name: Service Type: Program Name:	Opioid Medical M	aintenance (822)			PRU:	53011	Certified Capacity:	Capacity Lifter
Compliance Performance Da	ata <u>http://webapps.oas</u>	as.ny.gov/legal/CertApp/l	Directory/documents/1	0369 Whitne.pdf				
Certificate Number:	240610598 Ren	ewal			Effective:	07/01/2022	Anticipated Recert Review:	06/30/2024
Program Location: Service Type: Program Name:	1st Floor 10 DeW Outpatient Service F.A.C.T.S.	itt Street Albany, New Yo e (822)	rk 12207		PRU:	50855	Certified Capacity:	
Compliance Performance Da	ata <u>http://webapps.oas</u>	as.ny.gov/legal/CertApp/l	Directory/documents/1	0598 Whitne.pdf				
Wholeview Wellness, LLC Provider Number: Administrative Office:	50840 Sarah Chur	oct ch Ph.D., CEO/Executive hor, 369 Lexington Avenu		7			Telephone - (212)-204-8430	_
Certificate Number:	260312211 Rene	wal	Effective:	04/01/2023	Anticipated Recert Review:	03/31/2026		
Program Location: Service Type:	Outpatient Service	oor 369 Lexington Avenue (822) signation [with ancillary w		10017	PRU:	53321	Certified Capacity:	
Program Name:								
Compliance Performance Da	ata <u>http://webapps.oas</u>	as.ny.gov/legal/CertApp/l	Directory/documents/1	2211 Wholev.pdf				
Provider Number: Administrative Office:		lulings, Executive Directo , Freeville,NY 13068	r				Telephone - (607)-844-6243	
Certificate Number:	250311566 Rene		Effective:	04/01/2022	Anticipated Recert Review:	03/31/2025		
Program Location: Service Type:	Van Clef Building, Outpatient Service with Telehealth De		U Freeville Road, Free	Wille, New York 13068	PRU:	51772	Certified Capacity:	
Program Name:								
Compliance Performance Da	ata <u>http://webapps.oas</u>	as.ny.gov/legal/CertApp/l	Directory/documents/1	1566 Willia.pdf				
The Young Men's Christiar Provider Number:		g Island, Incorporated y, Executive Director					Telephone - (631)-580-7777	Ext 3104
Administrative Office:	Suite 6, 1150 Porti	on Road, Holtsville,NY 11	742					
Certificate Number:	260211543 Rene		Effective:	03/01/2023	Anticipated Recert Review:	02/28/2026		
Program Location: Service Type:	Outpatient Service	on Road, Holtsville, New (822)	York 11/42		PRU:	1203	Certified Capacity:	
Program Name:	with Telehealth De Family Services	signation			FRU.	1203	Genned Capacity.	
Compliance Performance Da	ata <u>http://webapps.oas</u>	as.ny.gov/legal/CertApp/l	Directory/documents/1	1543 YoungM.pdf				
Young Men's Christian Ass	sociation of Greater I	New York						
Provider Number: Administrative Office:		enberger, President and (, New York,NY 10023	CEO				Telephone - (212)-630-9610	
Certificate Number:	240911970 Rene		Effective:	10/01/2021	Anticipated Recert	09/30/2024		
Program Location: Service Type:	3911 Richmond Av Prevention Counse	renue Staten Island, New lling	York 10312		Review: PRU:	90765	Certified Capacity:	
Program Name: Additional Location(s) At:	with Telehealth De Staten Island Bran	signation ch					Germeu Gapacity.	
- Prevention Counseling 285								
Compliance Performance Da	ata <u>http://webapps.oas</u>	as.ny.gov/legal/CertApp/l	Directory/documents/1	1970 YoungM.pdf				

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Certificate Number:	250811111 Amendment			Effective:	11/06/2023	Anticipated Recert 08/31/2 Review:	025
Program Location:	3911 Richmond Avenue Staten Island, New York	10312					
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	7209	Certified Capacity:	
Program Name:	Staten Island YMCA Counseling Service						
Additional Location(s) At:							
- 1st Floor 285 Vanderbilt Av	venue Staten Island NY 10304						
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/1	<u>1111 YoungM.pdf</u>				
The Young Women's Chris	stian Association of Rochester and Monroe Count	y, N.Y.					
Provider Number:	10940 Ms. Myra Henry, President and Chief Exe	ecutive Officer				Telephone - (585)-368	-2280
Administrative Office:	175 North Clinton Avenue, Rochester, NY 14604						
Certificate Number:	241210008 Renewal	Effective:	01/01/2022	Anticipated Review:	Recert 12/31/2024		
Program Location:	175 North Clinton Avenue, Rochester, New York	14604					
Service Type:	Supportive Living (819) with Telehealth Designation			PRU:	51479	Certified Capacity:	29 and up to 46 beds for childre
Program Name:	Steppingstone Supportive Living						boat for orman
	ata http://webapps.oasas.ny.qov/legal/CertApp/Direct	ory/documents/1	0008 YoungW.pdf				_
Provider Number:	358 Ms. Barbara Rakusin, Executive Director					Telephone - (516)-922-6867	
Administrative Office:	12 Irving Place, Oyster Bay, NY 11771						
Certificate Number:	250611549 Renewal	Effective:	07/01/2022	Anticipated Rece Review:	rt 06/30/2025		
Program Location:	193A South Street Oyster Bay, New York 11771						
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	682	Certified Capacity:	
Program Name:	With Folchedian Debighation						
Compliance Performance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	ory/documents/1	1549 Youtha.pdf				
Youth Environmental Serv	vices, Inc. d/b/a YES Community Counseling Cente	ər					_
Provider Number:	1380 Ms. Adrienne LoPresti, Executive Director					Telephone - (516)-799-3203	
Administrative Office:	Youth Environmental Services, Inc. d/b/a YES Co	mmunity Counse	ling Center, 75 Grand	d Avenue, Massapequ	a,NY 11758		
Certificate Number:	250711229 Renewal	Effective:	08/01/2022	Anticipated Recein Review:	rt 07/31/2025		
Program Location:	75 Grand Avenue Massapequa, New York 11758						
Service Type:	Outpatient Service (822) with Telehealth Designation			PRU:	7115	Certified Capacity:	
Program Name:							
Additional Location(s) At:							
- 2nd Floor 152 Center Lane	e Levittown NY 11756						
Compliance Borformance D	ata http://webapps.oasas.ny.gov/legal/CertApp/Direct	onuldoournente la					

Total Certifications: 899 Total Locations: 1738