

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor



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### Welcome To The Electronic Certificate of Need System

Use this site to find information about pending and closed submissions to establish and/or construct health care facilities and home care agencies or to modify their services. If you are authorized to submit or update CON applications and other submissions on behalf of a facility or home care agency, you may also use this site for those purposes.

Please note that much of the information contained within NYSE-CON is provided by applicants, and much of it is historic information that may no longer be accurate or complete. While all attempts are made to provide accurate, current, and reliable information, the Department of Health recognizes the possibility of human and/or mechanical error and that information captured at a point in time often becomes obsolete. Therefore, the Department of Health, its employees, officers and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

Try These Quick Links To Get Started:

 Create New Submission

 Find your projects

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### Select **Create New Submission**



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### Create New Submission

**Instructions**

We will need to get a starting point for your submission, in order that we may ask you more specific questions later.

New Facility/Agency is to apply to establish and/or construct a new facility, agency, program or hospice.

Change in Ownership/Operator of Existing Facility/Agency is to apply to change or transfer ownership of a facility, agency, program or hospice.

Other Changes to Existing Facility/Agency is for submissions, including but not limited to, certification of new extension clinics, renovating existing sites, adding or deleting services, modifying service area, and construction notices

To cancel this application submission without saving, click [here](#).

What type of submission would you like to create? (Select one)

☐ New Facility/Agency

 ☒ Changes in Ownership/Operator of Existing Facility/Agency

☐ Other Changes to Existing Facility/Agency

Continue

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### Select **Changes in Ownership/Operator of Existing Facility/Agency** and Click **Continue**

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor

The screenshot shows the 'Create New Submission - Facility/Agency Search' page. At the top left is the NYSE-CON logo with the text 'New York State NYSE-CON Electronic Certificate of Need'. At the top right is the user name 'Janet Paloski' and links for 'Home Page' and 'FAQ'. The page has a blue header with 'Projects' and 'My Projects' tabs. The main title is 'Create New Submission - Facility/Agency Search'. Below it is an 'Instructions' section with the following text: 'You have selected Changes in Ownership/Operator of Existing Facility/Agency. Enter either the exact Facility ID or the exact Operating Certificate/License Number, or a combination of Facility Type and Facility/Agency Name. Partial Facility or Agency Name may be entered. To cancel this application submission without saving, click [here](#).' The search form contains a 'Facility Type' dropdown menu, a 'Facility/Agency Name' text box, a 'Facility ID' text box with '32412' entered, and an 'Operating Certificate/License #' text box. There are 'Search' and 'Clear' buttons. The footer contains '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

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### Create New Submission - Facility/Agency Search

**Instructions**  
You have selected Changes in Ownership/Operator of Existing Facility/Agency.  
Enter either the exact Facility ID or the exact Operating Certificate/License Number, or a combination of Facility Type and Facility/Agency Name.  
Partial Facility or Agency Name may be entered.  
To cancel this application submission without saving, click [here](#).

Facility Type:   
Facility/Agency Name:   
Facility ID:   
Operating Certificate/License #:

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You have several options for the Facility/Agency Search. You can enter the Provider Number in the **Facility ID** box and click **Search**.

The screenshot shows the 'Create New Submission - Select Submission Type' page. At the top left is the NYSE-CON logo with the text 'New York State NYSE-CON Electronic Certificate of Need'. At the top right is the user name 'Janet Paloski' and links for 'Home Page' and 'FAQ'. The page has a blue header with 'Projects' and 'My Projects' tabs. The main title is 'Create New Submission - Select Submission Type'. Below it is an 'Instructions' section with the following text: 'You have selected Changes in Ownership/Operator of Existing Facility/Agency for facility Arms Acres, Inc. (32412). Select one submission type and select Continue to proceed. To cancel this application submission without saving, click [here](#).' The form shows 'Current Selection: None' and a section titled '\*Select Submission Type:' with five radio button options: 'Prior Consultation (1A) - Change to Ownership/Operator of Existing Facility Agency', 'Change in Ownership of 10% or More', 'Merger with an Existing OASAS Certified Provider', 'New Sponsor', and 'Transfer of Ownership'. There is a 'Continue' button. The footer contains '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

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Electronic Certificate of Need

Janet Paloski  
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### Create New Submission - Select Submission Type

**Instructions**  
You have selected Changes in Ownership/Operator of Existing Facility/Agency for facility Arms Acres, Inc. (32412).  
Select one submission type and select Continue to proceed.  
To cancel this application submission without saving, click [here](#).

Current Selection: None

**\*Select Submission Type:**

☐ Prior Consultation (1A) - Change to Ownership/Operator of Existing Facility Agency  
☐ Change in Ownership of 10% or More  
☐ Merger with an Existing OASAS Certified Provider  
☐ New Sponsor  
☐ Transfer of Ownership

\* Fields marked with an asterisk (\*) are required for saving information from this screen.

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The provider's name for that ID will show at the top of the screen. Or

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor

The screenshot shows the 'Create New Submission - Facility/Agency Search' page. At the top, there is a header with the New York State NYSE-CON logo, the user name 'Janet Paloski', and links for 'Home Page' and 'FAQ'. Below the header is a navigation bar with 'Projects' and 'My Projects' tabs. The main content area has a blue header with the title 'Create New Submission - Facility/Agency Search'. Underneath is an 'Instructions' section with text: 'You have selected Changes in Ownership/Operator of Existing Facility/Agency. Enter either the exact Facility ID or the exact Operating Certificate/License Number, or a combination of Facility Type and Facility/Agency Name. Partial Facility or Agency Name may be entered. To cancel this application submission without saving, click [here](#).' Below the instructions is a form with the following fields: 'Facility Type' (a dropdown menu showing 'Office of Addiction Services and Supports'), 'Facility/Agency Name' (a text box containing 'Arms Acres'), 'Facility ID' (an empty text box), and 'Operating Certificate/License #' (an empty text box). There are 'Search' and 'Clear' buttons at the bottom of the form. A red oval highlights the 'Facility Type' dropdown and the 'Facility/Agency Name' text box. The footer contains the copyright notice '© 2010 NYS Department of Health - Electronic Certificate of Need System' and a link for 'System Information'.

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Electronic Certificate of Need

Janet Paloski  
Home Page | FAQ

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### Create New Submission - Facility/Agency Search

**Instructions**  
You have selected Changes in Ownership/Operator of Existing Facility/Agency.  
Enter either the exact Facility ID or the exact Operating Certificate/License Number, or a combination of Facility Type and Facility/Agency Name.  
Partial Facility or Agency Name may be entered.  
To cancel this application submission without saving, click [here](#).

Facility Type: Office of Addiction Services and Supports  
Facility/Agency Name: Arms Acres  
Facility ID:  
Operating Certificate/License #:  
Search Clear

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Select a Facility Type of **Office of Addictions Services and Supports** and enter the legal name or partial legal name into the **Facility/Agency Name** and select **Search**.

The screenshot shows the 'Create New Submission - Select Submission Type' page. At the top, there is a header with the New York State NYSE-CON logo, the user name 'Janet Paloski', and links for 'Home Page' and 'FAQ'. Below the header is a navigation bar with 'Projects' and 'My Projects' tabs. The main content area has a blue header with the title 'Create New Submission - Select Submission Type'. Underneath is an 'Instructions' section with text: 'You have selected Changes in Ownership/Operator of Existing Facility/Agency for facility Arms Acres, Inc. (32412). Select one submission type and select Continue to proceed. To cancel this application submission without saving, click [here](#).' Below the instructions is a form with the following fields: 'Current Selection: None', '\*Select Submission Type:' (a section header), and a list of radio button options: 'Prior Consultation (1A) - Change to Ownership/Operator of Existing Facility Agency', 'Change in Ownership of 10% or More', 'Merger with an Existing OASAS Certified Provider', 'New Sponsor', and 'Transfer of Ownership'. There is a 'Continue' button at the bottom of the list. A red oval highlights the text 'Existing Facility/Agency for facility Arms Acres, Inc. (32412)' in the instructions. The footer contains the copyright notice '© 2010 NYS Department of Health - Electronic Certificate of Need System' and a link for 'System Information'.

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**NYSE-CON**  
Electronic Certificate of Need

Janet Paloski  
Home Page | FAQ

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### Create New Submission - Select Submission Type

**Instructions**  
You have selected Changes in Ownership/Operator of Existing Facility/Agency for facility Arms Acres, Inc. (32412).  
Select one submission type and select Continue to proceed.  
To cancel this application submission without saving, click [here](#).

Current Selection: None  
\*Select Submission Type:  
☐ Prior Consultation (1A) - Change to Ownership/Operator of Existing Facility Agency  
☐ Change in Ownership of 10% or More  
☐ Merger with an Existing OASAS Certified Provider  
☐ New Sponsor  
☐ Transfer of Ownership  
Continue

\* Fields marked with an asterisk (\*) are required for saving information from this screen.

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The provider's name for that selection will appear at the top of the screen. Or

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor

The screenshot shows the top of the NYSE-CON system with the logo and user name Janet Paloski. The page title is 'Create New Submission - Facility/Agency Search'. The instructions state: 'You have selected Changes in Ownership/Operator of Existing Facility/Agency. Enter either the exact Facility ID or the exact Operating Certificate/License Number, or a combination of Facility Type and Facility/Agency Name. Partial Facility or Agency Name may be entered. To cancel this application submission without saving, click [here](#).' The form fields are: Facility Type (dropdown), Facility/Agency Name (text), Facility ID (text), and Operating Certificate/License # (text with '10665' entered). There are 'Search' and 'Clear' buttons. The footer shows '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

You can enter the **base operating certificate (last 5 digits)** of one of the programs that is part of this application and select **Search**.

The screenshot shows the 'Create New Submission - Select Submission Type' page. The instructions state: 'You have selected Changes in Ownership/Operator of Existing Facility/Agency for facility Arms Acres, Inc. (32412). Select one submission type and select Continue to proceed. To cancel this application submission without saving, click [here](#).' The form shows 'Current Selection: None' and a list of submission types with radio buttons: 'Prior Consultation (1A) - Change to Ownership/Operator of Existing Facility Agency', 'Change in Ownership of 10% or More', 'Merger with an Existing OASAS Certified Provider', 'New Sponsor', and 'Transfer of Ownership'. There is a 'Continue' button. A note at the bottom states: '\* Fields marked with an asterisk (\*) are required for saving information from this screen.' The footer shows '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

It will show the provider connected with that operating certificate number at the top of the screen.

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor



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**NYSE-CON**  
Electronic Certificate of Need

Janet Paloski  
Home Page | FAQ

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Select **New Sponsor**. Then select **Continue**.



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Electronic Certificate of Need

Janet Paloski  
Home Page | FAQ

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Instructions

If you have other applications in process with OASAS, they will show up on this screen and you can open one of those or create a new submission. We will **Create a New Submission**.

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Fields marked with a dagger (†) are required to proceed with the submission process.

## Create New Submission - Identifying Information

**Instructions**

Fields marked with an asterisk (\*) are required for saving information from this screen.  
Fields marked with a dagger (†) are required to proceed with the submission process.

To cancel this application submission without saving, click [here](#).

**\*Submission Type:** New Sponsor

**†Submission Description:**

This is to add Conifer Park as a sponsor of Arms Acres.

A brief description of this submission.

**Main Site Information**

**\* Facility Type:** Office of Addiction Services and Supports

**\*Provider Name:** Arms Acres, Inc.

**Provider ID:** 32412

**†Street 1:** 75 Seminary Hill Road

**Street 2:**

**†City:** Carmel

**State:** NY

**†Zip Code:** 10512

**\*County:** ALBANY

**Proposed Operator**

**†Name:** Conifer Park, Inc.

**†Street 1:** 79 Glenridge Road

**Street 2:**

**†City:** Glenville

**†State:** New York

**†Zip Code:** 12302

**†County:** SCHENECTADY

**Contact Information**

**†Title:** Director

**†First Name:** Mary

**†Last Name:** Flowers

**†User ID:** tjp48910

**†Account Type:** ☐ NY.gov ID ☒ HCS ID

**†Email:** janet.paloski@oasas.ny.gov

**†Phone:** (518)555-5555

**Fax:**

**†Street 1:** 111 Main Street

**Street 2:**

**†City:** Anytown

**†State:** New York

**†Zip Code:** 12205

Enter the name and contact information for the individual representing the applicant who will act as the primary CON contact for application issues. The primary contact must have an HCS or NY.gov account.

**Alternate Contact Information**

**†First Name:** Rodger

**†Last Name:** Jones

**†Email:** rodger.jones@gmail.com

Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator. The alternate contact must have an HCS or NY.gov ID to access the project record in NYSE-CON.

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The **Main Site Information** will fill-in from the database with the Administrative Address. You must enter the **New Sponsor Information** under the **Proposed Operator** box. Complete the **Contact Information** and the **Alternate Contact Information** and select **Save**.

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor

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The submission identifying information has been saved. Please select the Executive Summary tab to enter project proposal summary and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit", located at the bottom of the screen.

### General Information

General	Executive Summary	Sites	Application	Correspondence	Decision	Contingencies	Access	Summary
---------	-------------------	-------	-------------	----------------	----------	---------------	--------	---------

Application Number:  
Provider Name: Arms Acres, Inc.  
Project Description: This is to add Conifer Park as a sponsor of Arms Acres.  
Submission Type: Application - New Sponsor  
Type Description: This is to add Conifer Park as a sponsor of Arms Acres.  
Project Status:  
Review Level:  
Total Project Cost: \$0.00  
Project Status Date:  
Received Date:  
Initial Review Date:  
Acknowledgment Date:

Main Site Information  
Provider Name: Arms Acres, Inc.  
Administration Address: 75 Seminary Hill Road  
Carmel, NY 10512  
Provider ID: 32412  
Facility Type: Office of Addiction Services and Supports  
County: ALBANY  
Region:  
Current Operator:  
Operating Certificate Number:  
Current Operator County:  
Proposed Operator:  
Conifer Park, Inc.  
79 Glenridge Road  
Glenville, NY 12302  
Proposed Operator County: SCHENECTADY

Contact Information  
Name: Mary Flowers  
Email: janet.paloski@oasas.ny.gov  
Title: Director  
Address: 111 Main Street  
Anytown, NY 12205  
User ID: tip48910  
Phone: (518) 555-5555  
Fax:

Alternate Contact Information  
Name: Rodger Jones  
Email: rodger.jones@gmail.com  
Modify Submit

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**My NYSE-CON Tool Bar**  
Create New Submission

**Selected Projects**  
OASAS 224008 - Arms Acres, Inc.

**Related Projects**  
PRIORCON 223002 - Arms Acres, Inc.  
PRIORCON 223003 - Arms Acres, Inc.  
OASAS 224005 - Arms Acres, Inc.  
OASAS 224006 - Arms Acres, Inc.  
OASAS 224008 - Arms Acres, Inc.

You will receive a message at the top of the screen telling you that the submission identifying information has been saved. At this point in the submission, you can exit out of NYSE-CON and return later to complete the submission if you wish. If you wish to continue at this time, you can select the **Executive Summary** tab to continue.

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor



New York State  
**NYSE-CON**  
Electronic Certificate of Need

Janet Paloski  
[Home Page](#) | [FAQ](#)

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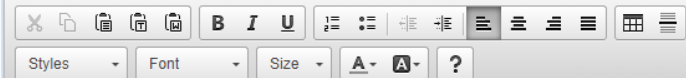
ProjectsMy Projects

### New Submission-Executive Summary

GeneralExecutive SummarySitesApplicationCorrespondenceDecisionContingenciesAccessSummary

Application Number:  
Provider Name:Arms Acres, Inc.  
Project Description:This is to add Conifer Park as a sponsor of Arms Acres.  
Click "Save" to save the changes

†Executive Summary:



StylesFontSizeA A ?

Arms Acres has decided that it is in their best interest to have Conifer Park become their sponsor.

body p

Save

\* The Rich Text features available for the Executive Summary are dependent on browser type and browser version. If you are experiencing any adverse behavior, using another browser is recommended.

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My NYSE-CON Tool Bar  
[Create New Submission](#)

Selected Projects  
OASAS 224008 - Arms Acres, Inc.

Related Projects  
PRIORCON 223002 - Arms Acres, Inc.  
PRIORCON 223003 - Arms Acres, Inc.  
OASAS 224005 - Arms Acres, Inc.  
OASAS 224008 - Arms Acres, Inc.  
OASAS 224008 - Arms Acres, Inc.

Enter the Executive Summary for the project and select **Save**.



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Projects

My Projects


## Executive Summary

[General](#) [Executive Summary](#) [Sites](#) [Application](#) [Correspondence](#) [Decision](#) [Contingencies](#) [Access](#) [Summary](#)

Application Number:

Provider Name: Arms Acres, Inc.

Project Description: This is to add Conifer Park as a sponsor of Arms Acres.

 Print Executive Summary

### †Executive Summary:

Last Modified: 05/13/2022 02:07:24 PM

Arms Acres has decided that it is in their best interest to have Conifer Park become their sponsor.

[Modify](#)

\* The Rich Text features available for the Executive Summary are dependent on browser type and browser version. If you are experiencing any adverse behavior, using another browser is recommended.

### My NYSE-CON Tool Bar

 [Create New Submission](#)

### Selected Projects


OASAS 224008 - Arms Acres, Inc.

### Related Projects

PRIORCON 223002 - Arms Acres, Inc.  
PRIORCON 223003 - Arms Acres, Inc.  
OASAS 224005 - Arms Acres, Inc.  
OASAS 224006 - Arms Acres, Inc.  
OASAS 224008 - Arms Acres, Inc.

Your Executive Summary will be saved. If you need to modify, select the **Modify** button. If you are satisfied with the Executive Summary, you can move on to the **Application** tab. It is not necessary to select the Sites tab as this application effects all the program's sponsorship.

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor



New York State  
**NYSE-CON**  
Electronic Certificate of Need

Janet Paloski  
[Home Page](#) | [FAQ](#)

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ProjectsMy Projects

GeneralExecutive SummarySitesApplicationCorrespondenceDecisionContingenciesAccessSummary

My NYSE-CON Tool Bar

 Create New Submission

Selected Projects


OASAS 224008 - Arms Acres, Inc.

Related Projects

PRIORCON 223002 - Arms Acres, Inc.  
PRIORCON 223003 - Arms Acres, Inc.  
OASAS 224005 - Arms Acres, Inc.  
OASAS 224006 - Arms Acres, Inc.  
OASAS 224008 - Arms Acres, Inc.

The top of the screen will show the required schedules that need to be uploaded. To begin, select **Add Document to Submission**.

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor



New York State  
**NYSE-CON**  
Electronic Certificate of Need

Janet Paloski  
Home Page | FAQ

EVAL

EVAL

EVAL

ProjectsMy Projects

GeneralExecutive SummarySitesApplicationCorrespondenceDecisionContingenciesAccessSummary

My NYSE-CON Tool Bar  
Create New Submission

Selected Projects  
OASAS 224008 - Arms Acres, Inc.

Related Projects  
PRIORCON 223002 - Arms Acres, Inc.  
PRIORCON 223003 - Arms Acres, Inc.  
OASAS 224005 - Arms Acres, Inc.  
OASAS 224006 - Arms Acres, Inc.  
OASAS 224008 - Arms Acres, Inc.

Select the **Document Type** you would like to upload. For this example, we will select Attachment 1A – Prior Consultation Form.

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor



Janet Paloski

[Home Page](#) | [FAQ](#)

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[Projects](#) [My Projects](#)

The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

### New Application Document

[General](#) [Executive Summary](#) [Sites](#) [Application](#) [Correspondence](#) [Decision](#) [Contingencies](#) [Access](#) [Summary](#)

Application Number:

Provider Name: Arms Acres, Inc.

Project Description: This is to add Conifer Park as a sponsor of Arms Acres.

Document Type: Attachment 1A - Certification Proposal Prior Consult Form

Date: 05/13/2022

Description:

File:  No file chosen

#### My NYSE-CON Tool Bar

#### Selected Projects


OASAS 224008 - Arms Acres, Inc.

#### Related Projects

PRIORCON 223002 - Arms Acres, Inc.  
PRIORCON 223003 - Arms Acres, Inc.  
OASAS 224005 - Arms Acres, Inc.  
OASAS 224006 - Arms Acres, Inc.  
OASAS 224008 - Arms Acres, Inc.

You can enter an optional description for the document if you wish. In the case where you are uploading multiple copies of the same document type, a description is required. Next, select the **Choose File** button to navigate to where your saved schedules are on your computer.

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor



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**NYSE-CON**  
Electronic Certificate of Need

Janet Paloski  
[Home Page](#) | [FAQ](#)

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The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

### New Application Document

GeneralExecutive SummarySites**Application**CorrespondenceDecisionContingenciesAccessSummary

Application Number:  
Provider Name:Arms Acres, Inc.  
Project Description:This is to add Conifer Park as a sponsor of Arms Acres.  
Document TypeAttachment 1A - Certification Proposal Prior Consult Form  
Date05/13/2022  
Description  
FileChoose FilePrior Consu...Form 1A.pdf  

Add Document to SubmissionCancel

My NYSE-CON Tool Bar  
Create New Submission

Selected Projects  
OASAS 224008 - Arms Acres, Inc.

Related Projects  
PRIORCON 223002 - Arms Acres, Inc.  
PRIORCON 223003 - Arms Acres, Inc.  
OASAS 224005 - Arms Acres, Inc.  
OASAS 224006 - Arms Acres, Inc.  
OASAS 224008 - Arms Acres, Inc.

Click the **Add Document to Submission** to upload your schedule. Repeat these steps to upload all the required schedules listed in **Red** at the top of the screen.

# Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor

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My Projects

## Application

General

Executive Summary

Sites

Application

Correspondence

Decision

Contingencies

Access

Summary

Application Number:   
 Provider Name: Arms Acres, Inc.   
 Project Description: This is to add Conifer Park as a sponsor of Arms Acres.

[Print Application View](#)

Submitted By:   
 Submitted Date:

Document Type	Filename	Description	Document	Date	
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation Form 1A.pdf		**	05/13/2022	<a href="#">Update</a> <a href="#">Delete</a>
Application Summary	Application Summary.pdf		**	05/13/2022	<a href="#">Update</a> <a href="#">Delete</a>
Application Summary - Attachment 1 - Authorization to Represent Applicant	Attachment 1.docx		**	05/13/2022	<a href="#">Update</a> <a href="#">Delete</a>
Application Summary - Attachment 2 - Authorization of Proposed Action	Attachment 2.docx		**	05/13/2022	<a href="#">Update</a> <a href="#">Delete</a>
▶ Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community		1 Active Documents			
Part I - Entity Information	Part 1 - Entity Information.pdf		**	05/13/2022	<a href="#">Update</a> <a href="#">Delete</a>
▶ Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation		1 Active Documents			
Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services	Attachment 7.docx		**	05/13/2022	<a href="#">Update</a> <a href="#">Delete</a>
▶ Appendix I - Governing Authority Questionnaire		1 Active Documents			
Appendix IV - Character and Competence Applicant Review	Appendix IV - Character and Competence.pdf		**	05/13/2022	<a href="#">Update</a> <a href="#">Delete</a>
▶ Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)		1 Active Documents			

[Add Document to Submission](#)
[Expand All](#)

\*\* DOH cannot guarantee that documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should ensure that their anti-virus software is operating and is up-to-date with the latest anti-virus signature files.

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Selected Projects  
 OASAS 224008 - Arms Acres, Inc.

Related Projects  
 PRIORCON 223002 - Arms Acres, Inc.  
 PRIORCON 223003 - Arms Acres, Inc.  
 OASAS 224005 - Arms Acres, Inc.  
 OASAS 224006 - Arms Acres, Inc.  
 OASAS 224008 - Arms Acres, Inc.

When you have uploaded all the documents, click on the General tab to submit the project.

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor

Electronic Certificate of Need

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Projects
My Projects

### General Information

General
Executive Summary
Sites
Application
Correspondence
Decision
Contingencies
Access
Summary

Application Number: \_\_\_\_\_  
 Provider Name: Arms Acres, Inc.  
 Project Description: This is to add Conifer Park as a sponsor of Arms Acres.  
 Submission Type: Application - New Sponsor  
 Type Description: This is to add Conifer Park as a sponsor of Arms Acres.  
 Project Status: \_\_\_\_\_ Project Status Date: \_\_\_\_\_  
 Review Level: \_\_\_\_\_ Received Date: \_\_\_\_\_  
 Total Project Cost: \$0.00 Initial Review Date: \_\_\_\_\_  
 Acknowledgment Date: \_\_\_\_\_

Main Site Information  
 Provider Name: Arms Acres, Inc.  
 Administration: 75 Seminary Hill Road  
 Address: Carmel, NY 10512  
 Provider ID: 32412  
 Facility Type: Office of Addiction Services and Supports  
 County: ALBANY  
 Region: \_\_\_\_\_  
 Current Operator: \_\_\_\_\_ Operating Certificate Number: \_\_\_\_\_  
 Current Operator County: \_\_\_\_\_  
 Proposed Operator: Conifer Park, Inc.  
 79 Glenridge Road  
 Glenville, NY 12302  
 Proposed Operator County: SCHENECTADY

Contact Information  
 Name: Mary Flowers  
 Email: janet.paloski@oasas.ny.gov  
 Title: Director  
 Address: 111 Main Street  
 Anytown, NY 12205  
 User ID: tjp48910  
 Phone: (518) 555-5555  
 Fax: \_\_\_\_\_

Alternate Contact Information  
 Name: Rodger Jones  
 Email: rodger.jones@gmail.com  
Modify
Submit

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**My NYSE-CON Tool Bar**

Create New Submission

**Selected Projects**

OASAS 224008 - Arms Acres, Inc.

**Related Projects**

PRIORCON 223002 - Arms Acres, Inc.  
 PRIORCON 223003 - Arms Acres, Inc.  
 OASAS 224005 - Arms Acres, Inc.  
 OASAS 224006 - Arms Acres, Inc.  
 OASAS 224008 - Arms Acres, Inc.

Click the **Submit** button to submit the project. If you need to make modifications before submitting, click on the **Modify** button.

Janet Paloski  
[Home Page](#) | [FAQ](#)

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### Confirm Submission

By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this and that the information contained herein and attached hereto is accurate, true, and complete in all material aspects. I understand that my identifying user information and the date and time of this submission will be recorded for future reference. Additionally, please confirm that the email address of the project contact is janet.paloski@oasas.ny.gov. This email address will be used for all project correspondence.

Confirm
Cancel

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Click on **Confirm** to submit.

## Instructions for Changes in Ownership/Operator of Existing Facility/Agency – New Sponsor

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NYSE-CON and the Office of Addiction Services and Supports have received your submission. A notification of receipt will be sent to the contact email address that you have provided. If the contact has not received the confirmation email within the next 24 hours, please send an email to [Certification@oasas.ny.gov](mailto:Certification@oasas.ny.gov) to report the problem.

### General Information

General	Executive Summary	Sites	Application	Correspondence	Decision	Contingencies	Access	Summary
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Application Number: 224009  
Provider Name: Arms Acres, Inc.  
Project Description: This is to add Conifer Park as a sponsor of Arms Acres.  
Submission Type: Application - New Sponsor  
Type Description: This is to add Conifer Park as a sponsor of Arms Acres.  
Project Status: Received  
Project Status Date: 05/13/2022  
Review Level: Received  
Received Date: 05/13/2022  
Total Project Cost: \$0.00  
Initial Review Date:  
Acknowledgment Date:

Main Site Information  
Provider Name: Arms Acres, Inc.  
Administration Address: 75 Seminary Hill Road  
Carmel, NY 10512  
Provider ID: 32412  
Facility Type: Office of Addiction Services and Supports  
County: ALBANY  
Region:  
Current Operator:  
Operating Certificate Number:  
Current Operator County:  
Proposed Operator: Conifer Park, Inc.  
79 Glenridge Road  
Glenville, NY 12302  
Proposed Operator County: SCHENECTADY

Contact Information  
Name: Mary Flowers  
Email: janet.paloski@oasas.ny.gov  
Title: Director  
Address: 111 Main Street  
Anytown, NY 12205  
User ID: tjp48910  
Phone: (518) 555-5555  
Fax:

Alternate Contact Information  
Name: Rodger Jones  
Email: rodger.jones@gmail.com

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Create New Submission

Selected Projects

OASAS 224008 - Arms Acres, Inc.

Related Projects

PRIORCON 223002 - Arms Acres, Inc.  
PRIORCON 223003 - Arms Acres, Inc.  
OASAS 224005 - Arms Acres, Inc.  
OASAS 224006 - Arms Acres, Inc.  
OASAS 224008 - Arms Acres, Inc.

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System Information

You will receive a message at the top of the screen regarding the submission. An **Application Number** will also be assigned.