



# Office of Addiction Services and Supports

New York State

Office of Addiction Services and Supports

1450 Western Avenue

Albany, NY 12203

## AGENDA

February 16, 2022

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The following Certification Applications will be presented to the Behavioral Health Services Advisory Council Project Review Committee.

|  |                                |                |
|--|--------------------------------|----------------|
| Carnegie Hill Institute, Inc.                  | 2021.057– Change in Ownership  | Linda Hefferon |
| Medical Arts Sanitarium, Inc.                  | 2021.043 – Change in Ownership | Linda Hefferon |
| NYU Langone Health System                      | 2021.060 – New Sponsor         | Linda Hefferon |
| Phoenix Houses of Long Island, Inc.            | 2021.028 – Capital Project     | Dena Holmes    |
| Ohel Children’s Home and Family Services, Inc. | 2021.039 – New OASAS Provider  | Michele Woods  |

**NYS Office of Addictions Services and Supports  
Bureau of Certification**

**M E M O R A N D U M**

**TO:** Janet Paloski, Director  
Bureau of Certification

**FROM:** Linda Hefferon

**DATE:** February 1, 2022

**SUBJECT: Application Review**  
Applicant: Carnegie Hill Institute, Inc.  
Application #: 2021-057  
Purpose: Change in Ownership  
Part 822 – Opioid Treatment and Outpatient Programs  
County: New York

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**Project Summary:**

Carnegie Hill Institute, Inc. submitted Certification Application #2021-057 requesting a change in ownership of their Part 822 Opioid Treatment and Outpatient programs located at 116 East 92<sup>nd</sup> Street, New York, New York, Operating Certificates #10383 and #11257, respectively.

Dr. Harvey Karkus and his wife Anna Marie Karkus were co-owners of Carnegie Hill Institute until Dr. Karkus' passing in November of 2017. Upon his passing, Dr. Karkus' shares in Carnegie Hill Institute were transferred to Anna Marie Karkus. Mrs. Karkus will be the sole owner of Carnegie Hill Institute, Inc.

**Need:**

Carnegie Hill offers Buprenorphine as a medication for addiction treatment, in addition to methadone. This is in keeping with the Agency's focus on increasing access to medication assisted treatment options.

In addition, they provide patient-centered treatment for substance use disorder through use of individualized treatment planning, individual and group counseling, and referrals for medical and psychological needs.

They have been serving NYC and the tristate area for over 30 years and currently provide addiction treatment services to more than 340 individuals.

The New York City Department of Health and Mental Hygiene's recommendation in support of this application was received January 10, 2022.

The New York City Regional Office's recommendation in support of this application was received on January 12, 2022.

As this is a change in ownership only, involving the transfer of interest from a deceased husband to his wife, and since there will be no changes in the location or operation of Carnegie Hill Institute, Inc. resulting from this proposed transfer, it was determined by both the Regional Office and the NYC Department of Health and Mental Hygiene that Community Notification was not necessary.

**Character and Competence:**

Carnegie Hill Institute, Inc. has been providing OASAS Certified Part 822 opioid treatment and outpatient services at 116 East 92<sup>nd</sup> Street, New York, New York 10128 since at least 1995.

They are certified to provide Part 822 Opioid Treatment and Outpatient Services at 116 92<sup>nd</sup> Street in New York under Operating Certificates #10383 and #11257. Based on the most recent recertification reviews of this program in November of 2018, the provider received scores indicating substantial compliance resulting in three-year Operating Certificates for each of the services.

Carnegie Hill is certified by the NYS Department of Health as a Diagnostic and Treatment Center. DOH was made aware of this change in ownership in February of 2019 via DOH Certificate of Need #191039. According to DOH, this provider is "statutorily compliant".

They also hold a Joint Commission Certification which is valid through June of 2024, SAMHSA Certification valid through June of 2024, and DEA Certification which is valid through August of 2022.

The Appendix IV – Character and Competence Applicant Review submitted with this Application was reviewed and there are no areas of concern.

Mrs. Karkus will be the sole owner of Carnegie Hill Institute. She has been an Administrator at Carnegie Hill Institute since 1992, became co-owner in 2002, and has been the President and CEO since 2018.

**Overall Financial Condition of Provider:**

A fiscal viability review performed by OASAS' Fiscal Audit and Review Unit found Carnegie Hill Institute, Inc. to be fiscally viable through at least November 30, 2022.

Carnegie Hill Institute, Inc. does not receive funding from OASAS.

**Adequacy:**

As this application is for an existing OASAS Certified provider at an existing approved location, a facility inspection, plan review and SEQR were not required for this review, however, a physical plant inspection was conducted during a routine review in November of 2018 and the space was found to be in compliance with OASAS regulations.

**Compliance:**

There will be no change to the current policies and procedures as a result of this application. Carnegie Hill Institute, Inc. will continue to utilize the policies and procedures that have been previously reviewed and accepted by OASAS.

There will be no change to the current staffing pattern or budget as a result of this application.

**Recommendation:**

OASAS' recommendation is to approve the request by Carnegie Hill Institute, Inc. for a change in ownership of their Part 822 Opioid Treatment and Outpatient programs with the following contingencies:

- Copy of filing receipt from the NYS Department of State as proof that the Amended Certificate of Incorporation including OASAS' required operating language has been filed with them.


**Attachments:** LGU Report



## LOCAL GOVERNMENTAL UNIT REVIEW REPORT

### (Chemical Dependence Services Certification Actions)

|   |  |
|---|--|
| Applicant's Legal Name<br>Carnegie Hill Institute; INC.   | Application No.<br>2021-057  |
| Local Governmental Unit<br>NYC Department of Health and Mental Hygiene  |  |
| <p>In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of chemical dependence (alcoholism and/or substance abuse) services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). By regulation the Local Governmental Unit shall have a reasonable time from its receipt of the application to review and provide its recommendations to the Office. If possible, please do so within 14 days. When completed, please forward this review report to the appropriate OASAS Field Office (FO) and the Certification Bureau. The FO will take your comments and recommendations into account when performing their concurrent review of the proposed action(s). If you require additional time to complete your review, you should contact the Certification Bureau to request an extension. In completing the responses, use additional sheets as necessary. <b>Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application.</b></p> |  |
| <b>1.</b><br><br><b>Consistency of Program Description and Site Location with Local/OASAS Requirements</b>  | <p>In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Provide explanation below.</p> <p>This is not a new Provider or new service. Carnegie Hill Institute Inc. is an existing OASAS Opioid Treatment Program (OTP) in NYC and has been in operation for over 30+ years. This review is a request for a change in ownership from Harvey D. Karkus M.D. (now deceased) transferring 100% stock shares to his wife Anna Marie Karkus. This application was originally submitted and reviewed in 2019 but was withdrawn by the Applicant due to incomplete requested documentation to OASAS in the requested timeframe. The OTP provides Buprenorphine maintenance and is a NYS OOPP.</p> |
| <b>2.</b><br><br><b>Provider Operational Performance</b>  | <p>Is the operational performance of this provider satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable<br/>         Regardless of the answer, provide a description of the operational performance of the provider below.</p> <p>This is not an allocated provider and the Department can only go by the information provided in the application, which appears to indicate that operational performance of this provider is satisfactory.</p>   |
| <b>3.</b><br><br><b>Adequacy of Financial Plans</b>   | <p>Is the financial plan in the proposal adequate and acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br/>         Provide explanation below.</p> <p>This is not an allocated provider and the Department can only look at the information provided in the application. This information appears to be acceptable.</p> <p>Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below.</p>  |
| <b>4.</b><br><br><b>Consistency with Local Plans and Local/Community Needs</b>  | <p>Is the action consistent with local plans and/or does it meet community needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Provide explanation below.</p> <p>Data from the NYC Department of Health and Mental Hygiene reports that overdose death remains at an epidemic level and every 5 hours someone dies of a drug overdose in the NYC. Opioids were involved in more than 80% of all overdose deaths. The applicant operates an opioid treatment program in NYC. In 2018 more than 200 Manhattan residents died from an opioid drug overdose and that figure continues to rise from 2019 exacerbated by the COVID 19 pandemic and the involvement of fentanyl (a drug 50 times more potent than heroin) which is consistent with nationwide trends.</p>   |
| <b>5.</b><br><br><b>Provider Standing in the Community</b>  | <p>Is there any known information regarding the provider's standing in the community? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br/>         Regardless of the answer, provide all known information below or on additional sheets attached to this report.</p> <p>The applicant is an existing licensed OASAS entity and has been serving NYC and the entire tristate area for over 30 years. They have been in their present location since 1984. The applicant provides patient-centered treatment for substance use disorder through use of medication, individualized treatment planning; individual and group counseling; and referrals for medical and psychological needs.</p>   |

|   |  |   |                            |
|---|--|---|----------------------------|
| <p>6.</p> <p><b>Program Location</b></p>                    | <p>In answering this question, the following should be taken into consideration:</p> <ul style="list-style-type: none"> <li>(a) the location is suitable for a Chemical Dependency Treatment Program;</li> <li>(b) the accessibility of public transportation and adequate parking; and</li> <li>(c) any other notable observations.</li> </ul> <p>Please describe your assessment of the circumstances noted.</p> <hr/> <p>Please check one box.</p> <p><input type="checkbox"/> LGU has visited the proposed location. <span style="float: right;">Date of Visit: _____</span></p> <p><input type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability.</p> <p><input checked="" type="checkbox"/> N/A – Please explain, for example, N/A may be appropriate in applications that involve relocation within an existing building. However, factors such as capacity increase, even in an existing building, would not be appropriate for an “N/A” response.</p> <p>N/A. This is a change in ownership application.</p> |   |                            |
| <p>7.</p> <p><b>Current Status of Existing Programs</b></p> | <p>Are you aware of any community issues with other programs operated by this provider, or in the case of relocation, this program’s current location? (i.e., any issues around loitering, public safety, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please describe any issues.</p> <p>There are no known issues to the Department.</p>   |   |                            |
| <p>8.</p> <p><b>Community Response</b></p>                  | <p>Please describe your knowledge of the applicant’s outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize your knowledge of community input, including any existing or likely community concerns, as well as any recommendations.</p> <p>Not applicable as change of stock shares amongst existing owners.</p>   |   |                            |
| <p>9.</p> <p><b>Other Comments</b></p>                      | <p>Provide additional comments.</p> <p>NA</p>  |   |                            |
| <p>10.</p> <p><b>LGU Recommendation</b></p>                 | <p><input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>   | <p>Signature of Authorized LGU Official</p>  | <p>Date</p> <p>12/7/21</p> |

**New York State Office of Addiction Services and Supports  
Bureau of Certification (OASAS)**

**M E M O R A N D U M**

**TO:** Janet Paloski, Director  
Bureau of Certification

**FROM:** Linda Hefferon

**DATE:** January 28, 2022

**SUBJECT: Application Review**

Applicant: Medical Arts Sanitarium, Inc. d/b/a Cornerstone Treatment  
Facilities Network

Application #: 2021-043

Purpose: Change in Ownership

County: Queens County and Dutchess County

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**Project Summary:**

Medical Arts Sanitarium, Inc. d/b/a Cornerstone Treatment Facilities Network (Medical Arts) submitted a Certification Application requesting New York State Office of Addiction Services and Supports' (OASAS) approval for a change in ownership through a 100% stock purchase agreement of their Part 818 Inpatient and Part 816.7 Medically Supervised Inpatient Withdrawal and Stabilization services located at 159-05 Union Turnpike, Fresh Meadows and 500 Milan Hollow Road in Rhinebeck (Operating Certificate #'s 11438, 11440, 10239 and 10241).

Thomas Puzo and Joel Landau are requesting to purchase 100% of the stock in Medical Arts Sanitarium, Inc. d/b/a Cornerstone Treatment Facilities Network. Mr. Puzo is a current owner and will retain 10% of the stock in the corporation, and Mr. Landau will become a new owner, with the purchase of the remaining 90% of the stock.

**Need:**

Since one of Medical Arts' locations is in Rhinebeck (Dutchess County) and the other location is in Fresh Meadows (Queens County), both Dutchess County and Queens County were consulted/notified of this planned change in ownership.

The Dutchess County Executive's Office response to this notification was received on October 15, 2021. They acknowledged that they were notified of this impending change in ownership and recommended that the application move forward.

The Queens Community Board #8 provided a response on October 13, 2021, in which they acknowledged that they had been notified of this impending change in ownership.

The NYC Department of Health and Mental Hygiene recommendation in support of this application was received on January 5, 2022.

The Dutchess County Department of Behavioral and Community Health's recommendation in support of this application was received on December 14, 2021.

OASAS' New York City Regional Office's recommendation in support of this application was received on January 10, 2022.

**Character and Competence:**

Medical Arts has been an OASAS certified provider since at least 1995. They are currently certified to provide Part 818 Inpatient Rehabilitation services, and Part 816.7 Inpatient Withdrawal and Stabilization services – with the use of Methadone at both their Rhinebeck location, as well as their Fresh Meadows location. Each of these four services is operating in either partial or substantial compliance with two and three year terms.

Through this change in ownership application, Thomas Puzo, the current CEO/President and Chairman of the Board, will retain 10% ownership interest in Medical Arts. Mr. Puzo has been with Medical Arts since 1985, first as an Administrator, and in his current positions since 2009 and 2010, respectively.

Joel Landau will become the owner of the remaining 90% ownership interest in Medical Arts.

Mr. Landau currently has partial ownership in two OASAS certified programs, Elev8 Center New York, LLC, and Success Counseling Services.

Elev8 Center New York is certified to provide Part 818 Inpatient services and Part 816.7 Medically Supervised Inpatient Withdrawal and Stabilization services. Mr. Landau has had an ownership interest in Elev8 Center New York, LLC since 2018.

Success Counseling Services is certified to provide Part 822 Outpatient services. Mr. Landau has had an ownership interest in Success Counseling Services since 2019.

Both of these providers are currently in substantial compliance, with three-year Operating Certificates, and are in good standing with OASAS.

Mr. Landau also has ownership interest in five Department of Health licensed Nursing and Rehabilitation Centers. The Department of Health has stated that each of these entities are all currently in good standing with that agency.

In addition, Mr. Landau serves as Chairman of Longevity Health Plan, an Institutional Special Needs Plan/Specialized Medicare Advantage Health Plan which is located in various States.

An August 1, 2016 report by the New York City Comptroller found that in 2015 Mr. Landau, as a principal of the Allure Group, was involved in an effort to pay the City of New York to



remove two deed restrictions from a property that Allure Group owned at 45 Rivington Street in Manhattan's Lower East Side.

These deed restrictions required that this property be used strictly for the purposes of a not-for-profit entity. The Allure Group purchased the property with the understanding of the deed restrictions. They operated a nursing/long term care facility at this location for a short time and then made payment to the City of New York in the amount of \$16 million to have the deed restrictions lifted. The NYC Comptroller's report alleges that Allure Group misled the City by agreeing to continue to operate the nursing/long term care facility from this building after the removal of the deed restrictions. However, soon after the restrictions were lifted, Allure Group sold the property to an investor making a \$72 million profit.

A settlement reached with the NYS Attorney General ordered the Allure Group to pay \$750,000 in fines and expenses, as well as to make major improvements to Greater Harlem Nursing Home, open new healthcare facilities in Brooklyn and Lower East Side and pay an additional \$1.25 Million for Lower East Side Non-Profits.

**Overall Financial Condition of the Provider:**

According to review by OASAS' Fiscal Audit and Review Unit, Medical Arts is fiscally viable through October 31, 2022.

They do not receive OASAS funding.

**Adequacy:**

Medical Arts owns the Fresh Meadows location, therefore, there was no lease to review. The Rhinebeck location is leased. The lease for this property has been reviewed and found to contain the OASAS' required right to re-entry language.

This application is for a change in ownership, only, there will be no changes to the buildings currently occupied by the provider, therefore, a SEQR, floor plan review, nor physical plant inspection were required.

**Compliance:**

There will be no changes to the population served, the number of clients served, or the current staffing as a result of this application.

Medical Arts' previously accepted policies and procedures will continue to be utilized with no changes.

**Continuity of Care:**

Current continuity of care policies/procedures will remain in effect. There will be no changes to current agreements as a result of this change in ownership application.

**Recommendation:**

OASAS' recommendation is to approve the request from Medical Arts Sanitarium, Inc. d/b/a Cornerstone Treatment Facilities Network for a change in ownership of the corporation.


Attachments: LGU recommendations

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS

## LOCAL GOVERNMENTAL UNIT REVIEW REPORT

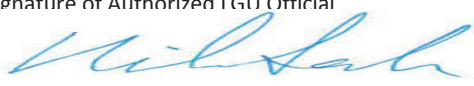
(Addiction Disorder Services Certification Actions)

|   |   |
|---|---|
| Applicant's Legal Name<br>Medical Arts Sanitarium, Inc. d/b/a Cornerstone of Rhinebeck  | Application No.<br>2021-043   |
| Local Governmental Unit<br>Dutchess County Department of Behavioral and Community Health  |   |
| <p>In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of addiction disorder services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). In completing the responses, use additional sheets as necessary. <b>Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application.</b></p> |   |
| <b>1.</b><br><br><b>Consistency of Program Description and Site Location with Local/OASAS Requirements</b>  | In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable    Provide explanation below.  |
| <b>2.</b><br><br><b>Provider Operational Performance</b>  | Is the operational performance of this provider satisfactory? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br>Regardless of the answer, provide a description of the operational performance of the provider below.<br>Corenerstone of RHinebeck has been a provider of in-patient substance use services in Dutchess COuntY and is an integral part of our system of care.  |
| <b>3.</b><br><br><b>Adequacy of Financial Plans</b>   | Is the financial plan in the proposal adequate and acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br>Provide explanation below.<br><br>Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below.   |
| <b>4.</b><br><br><b>Consistency with Local Plans and Local/Community Needs</b>  | Is the action consistent with local plans and/or does it meet community needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Provide explanation below.<br>Dutchess County will continue to benefit under the new ownership as the services will not change.   |
| <b>5.</b><br><br><b>Provider Standing in the Community</b>  | Is there any known information regarding the provider's standing in the community? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br>Regardless of the answer, provide all known information below or on additional sheets attached to this report.<br>Leadership of Cornerstone Rhinebeck participates in Dutchess County Provider's meetings regularly. They also participate in other county initiatives. INdividuals in need of srevice at the Stabilization Center are often referred to Cornerstone for in-patient care. |

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| <p>6.</p> <p><b>Program Location</b></p>                    | <p>In answering this question, the following should be taken into consideration:</p> <ul style="list-style-type: none"> <li>(a) the location is suitable for an Addiction Disorder Treatment Program;</li> <li>(b) the accessibility of public transportation and adequate parking; and</li> <li>(c) any other notable observations.</li> </ul> <p>Please describe your assessment of the circumstances noted.<br/>The location, accessibility and parking will not change under the new ownership agreement.</p> <hr/> <p>Please check one box.</p> <p><input checked="" type="checkbox"/> LGU has visited the proposed location. <span style="float: right;">Date of Visit: <u>2018</u></span></p> <p><input type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability.</p> <p><input type="checkbox"/> N/A – Please explain, for example, N/A may be appropriate in applications that involve relocation within an existing building. However, factors such as capacity increase, even in an existing building, would not be appropriate for an “N/A” response.</p> <p>I visited the site of Cornerstone Rhinebeck several years ago to do a training. I visited the campus and was able to see the facility at that time.</p> |   |                                      |
| <p>7.</p> <p><b>Current Status of Existing Programs</b></p> | <p>Are you aware of any community issues with other programs operated by this provider, or in the case of relocation, this program’s current location? (i.e., any issues around loitering, public safety, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please describe any issues.</p>  |   |                                      |
| <p>8.</p> <p><b>Community Response</b></p>                  | <p>Please describe your knowledge of the applicant’s outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize your knowledge of community input, including any existing or likely community concerns, as well as any recommendations.</p> <p>Leadership of Cornerstone RHinebeck participates in LGU initiatives. We expect this will continue under the new ownership agreement.</p>   |   |                                      |
| <p>9.</p> <p><b>Other Comments</b></p>                      | <p>Provide additional comments.</p>   |   |                                      |
| <p>10.</p> <p><b>LGU Recommendation</b></p>                 | <p><input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>  | <p>Signature of Authorized LGU Official</p> <p></p> | <p>Date</p> <p><u>12/14/2021</u></p> |

**LOCAL GOVERNMENTAL UNIT REVIEW REPORT****(Addiction Disorder Services Certification Actions)**

|   |   |                             |
|---|---|-----------------------------|
| Applicant's Legal Name<br>Medical Arts Sanitarium, Inc. d/b/a Cornerstone of Medical Arts Center  |   | Application No.<br>2021-043 |
| Local Governmental Unit<br>NYC Department of Health and Mental Hygiene  |   |                             |
| <p>In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of addiction disorder services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). In completing the responses, use additional sheets as necessary. <b>Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application.</b></p> |   |                             |
| 1.<br><b>Consistency of Program Description and Site Location with Local/OASAS Requirements</b>   | <p>In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below.</p> <p>Medical Arts Sanitarium, Inc. d/b/a Cornerstone Treatment Facilities Network (CTFN) seeks approval to undergo a change of ownership through a stock purchase agreement where one(1) individual will acquire 100% ownership. CTFN currently provides Part 818 - inpatient rehabilitation services and Part 816.7 - medically supervised inpatient withdrawal and stabilization services, at two (2) locations: 1) 159-05 Union Turnpike, Fresh Meadows (Queen County), New York 11366-1950; and 91 Serenity Hill Road, Rhinebeck (Dutchess County), New York 12572. There will be no change to the services offered.</p> |                             |
| 2.<br><b>Provider Operational Performance</b>   | <p>Is the operational performance of this provider satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable<br/>Regardless of the answer, provide a description of the operational performance of the provider below.</p> <p>This is not an allocated provider and the Department can only go by the information provided on the application. The information appears to indicate that operational performance of this provider would be satisfactory.</p>   |                             |
| 3.<br><b>Adequacy of Financial Plans</b>  | <p>Is the financial plan in the proposal adequate and acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable<br/>Provide explanation below.</p> <p>This is not an allocated provider and the Department can only look at the information provided in the application. This information appears to be acceptable.</p> <p>Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below.</p> <p>N/A</p>   |                             |
| 4.<br><b>Consistency with Local Plans and Local/Community Needs</b>   | <p>Is the action consistent with local plans and/or does it meet community needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>Provide explanation below.</p> <p>The applicant will continue to respond to the Opioid epidemic by providing services to people suffering from Substance Use Disorders. There will be no changes to the sites, services or staffing, including management staffing, as a result of this change in ownership. From 2019 to 2020, rates of overdose death in Queens (+7.4 per 100,000 residents). Overdoses from opioids surged by 57 percent in Dutchess County, according to newly updated data from the state Department of Health. Putnam County also experienced an increase, to 16 fatalities, compared to 12 in 2019.</p>  |                             |
| 5.<br><b>Provider Standing in the Community</b>   | <p>Is there any known information regarding the provider's standing in the community? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable<br/>Regardless of the answer, provide all known information below or on additional sheets attached to this report.</p> <p>The Provider is in good standings in the community. For 40 years Cornerstone Medical Arts Center has been providing substance abuse treatment to adults in the New York area, from detox to aftercare, in a hospital setting. There are no known issues to the DOHMH.</p>   |                             |

|   |   |  |                           |
|---|---|--|---------------------------|
| <p>6.</p> <p><b>Program Location</b></p>                    | <p>In answering this question, the following should be taken into consideration:</p> <ul style="list-style-type: none"> <li>(a) the location is suitable for an Addiction Disorder Treatment Program;</li> <li>(b) the accessibility of public transportation and adequate parking; and</li> <li>(c) any other notable observations.</li> </ul> <p>Please describe your assessment of the circumstances noted.</p> <p>Street parking is available. In addition, the programs are accessible by public buses and subways.</p> <hr/> <p>Please check one box.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> LGU has visited the proposed location.<br/> <input type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability.<br/> <input checked="" type="checkbox"/> N/A – Please explain, for example, N/A may be appropriate in applications that involve relocation within an existing building. However, factors such as capacity increase, even in an existing building, would not be appropriate for an “N/A” response.         </div> <div>Date of Visit: _____</div> </div> <p>There is no change to the existing location. This is an approve OASAS space.</p> |  |                           |
| <p>7.</p> <p><b>Current Status of Existing Programs</b></p> | <p>Are you aware of any community issues with other programs operated by this provider, or in the case of relocation, this program’s current location? (i.e., any issues around loitering, public safety, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please describe any issues.</p> <p>There are no known issues to the DOHMH</p>  |  |                           |
| <p>8.</p> <p><b>Community Response</b></p>                  | <p>Please describe your knowledge of the applicant’s outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize your knowledge of community input, including any existing or likely community concerns, as well as any recommendations.</p> <p>The applicant has provided documentation from the County of Dutchess, Department of Behavioral and Community Health and the local Queens Community Board #8 acknowledging notification of plans to change ownership.</p>   |  |                           |
| <p>9.</p> <p><b>Other Comments</b></p>                      | <p>Provide additional comments.</p> <p>N/A</p>  |  |                           |
| <p>10.</p> <p><b>LGU Recommendation</b></p>                 | <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove   | <p>Signature of Authorized LGU Official</p>  | <p>Date</p> <p>1/5/22</p> |

**New York State Office of Addiction Services and Supports  
Bureau of Certification (OASAS)**

**M E M O R A N D U M**

**TO:** Janet Paloski, Director  
Bureau of Certification

**FROM:** Linda Hefferon

**DATE:** January 28, 2022

**SUBJECT: Application Review**  
Applicant: NYU Langone Health System  
Application #: 2021-060  
Purpose: New Sponsor  
County: Suffolk County

---

**Project Summary:**

NYU Langone Health System submitted a Certification Application requesting the approval of the New York State Office of Addiction Services and Supports (OASAS) to become the Active Parent (Sponsor) of Brookhaven Memorial Hospital Medical Center, Inc. d/b/a Long Island Community Hospital's (Brookhaven-LICH) OASAS certified Part 822 Outpatient service located at 550 Montauk Highway in Shirley, New York, Operating Certificate #10679.

NYU Langone Health System has also submitted a PAR application to the Office of Mental Health for a change in sponsorship.

There is a companion Department of Health Certificate of Need (CON) #212009 for this action. The CON was presented at the November 18, 2021 Public Health and Health Planning Council (PHHPC) Establishment meeting and at the December 9, 2021 full PHHPC meeting. This CON was issued Contingent Approval on December 14, 2021 with the contingencies being OASAS and OMH approval of the change in sponsor applications.

**Need:**

Brookhaven-LICH is a small community hospital with limited resources. The applicant, along with the operator believe the affiliation of these entities will advance the shared charitable missions of the entities to provide high quality, coordinated and cost-effective care and ensure the continued viability of Brookhaven-LICH's clinical services, including the OASAS certified program and the Article 31 inpatient mental health services.

This change in sponsorship will also provide Brookhaven-LICH with access to additional capital and NYU Langone Health System's operational efficiencies and strategies and afford

Brookhaven-LICH's patients seamless access to care not currently available locally, including the expertise and experience of the psychiatrists, psychologists, and administrative staff in NYU Langone Health System's Department of Psychiatry.

The Town of Brookhaven Town Supervisor was notified of this impending change in sponsorship and indicated support in a December 1, 2021 letter.

The Suffolk County Department of Health Services' recommendation in support of this application was received on January 18, 2022.

The Long Island Regional Office's recommendation in support of this application was received on January 28, 2022.

**Character and Competence:**

Brookhaven Memorial Hospital Medical Center, Inc. d/b/a Long Island Community Hospital has been an OASAS certified provider of outpatient substance use disorder services since at least 1995. They are currently in substantial compliance with OASAS regulations with a three-year Operating Certificate.

Brookhaven-LICH's Board of Directors consists of 22 members. Brookhaven-LICH's board will continue to have authorization to approve staffing, policies and procedures and issues related to the day-to-day operations of the hospital and its programs.

NYU Langone Health System is a charitable organization incorporated in 2014. They operate under a Board of Trustees consisting of a Chairman of the Board of Trustees and 55 Trustees.

**Overall Financial Condition of the Provider:**

The provider is a NYS Department of Health Certified hospital and therefore, fiscal viability is determined by the NYS Department of Health.

**Adequacy:**

There will be no changes to the facility or floor plan related to this application, therefore, a floor plan review, facility inspection or SEQR were not required.

**Compliance:**

There will be no changes to current staffing or policies and procedures as a result of this application.

**Continuity of Care:**

All procedures currently in place for referrals to levels of care or services not provided by LICH will remain as they are.

**Recommendation:**



OASAS' recommendation is to approve the request from NYU Langone Health System to become the Sponsor of Brookhaven Memorial Hospital Medical Center d/b/a Long Island Community Hospital with the following contingencies:

- Copy of filing receipt from the NYS Department of State indicating that the Amended Certificate of Incorporation containing the OASAS required language was filed with them.
- Final approval of the DOH CON for this change in sponsor.

Attachments: LGU recommendation, maps

COUNTY OF SUFFOLK



STEVEN BELLONE  
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

GREGSON H. PIGOTT, MD, MPH  
Commissioner

January 18, 2022

NYS Office of Alcoholism & Substance Abuse Services  
1450 Western Avenue  
Albany, NY 12203-3526

Attn: Linda Hefferon  
Bureau of Certification

Dear Ms. Hefferon,

Attached as requested, here is the Local Government Unit Review form PPD-6 Re: Application #2021-060  
NYU Langone Health System Application to Become Sponsor (Active Parent) of Brookhaven Memorial Hospital  
Medical Center d/b/a Long Island Community Hospital.

Should you have any questions, please do not hesitate to contact us at 631-853-8500.

Sincerely,

Cari Faith Besserman, MS, CRC, CASAC-Master  
Director  
Division of Community Mental Hygiene Services  
Suffolk County Department of Health

Cc: Zoraida Diaz  
Patrice Baker  
Sheila Eisenberg, NYU Langone Health

CFB: ge

Enc. LGU (PPD-6 Form)




DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES  
William J. Lindsay County Complex, Bldg. C016  
PO Box 6100, 725 Veterans Memorial Highway, Hauppauge, NY 11788  
(631) 853-8500 | Fax (631) 853-3117

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS

## LOCAL GOVERNMENTAL UNIT REVIEW REPORT

(Addiction Disorder Services Certification Actions)

|   |  |
|---|--|
| Applicant's Legal Name<br>NYU Langone Health System   | Application No.<br>2021-060  |
| Local Governmental Unit<br>Suffolk County Department of Health Services   |  |
| <p>In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of addiction disorder services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). In completing the responses, use additional sheets as necessary. <b>Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application.</b></p> |  |
| Is the program description and site location consistent with local/OASAS requirements?  | <p>In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Provide explanation below.</p> <p>Sponsorship does not impact this area.</p>   |
| Is the operational performance of this provider satisfactory?   | <p>Is the operational performance of this provider satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable<br/>         Regardless of the answer, provide a description of the operational performance of the provider below.<br/>         Indications are direct services will continue under current provider model (LICH/Brookhaven Memorial Hospital) with sponsorship relationship is supporting operational aspects.</p> |
| Is the financial plan in the proposal adequate and acceptable?  | <p>Is the financial plan in the proposal adequate and acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br/>         Provide explanation below.</p> <p>Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below.</p>   |
| Is the action consistent with local plans and/or does it meet community needs?  | <p>Is the action consistent with local plans and/or does it meet community needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Provide explanation below.</p> <p>Brookhaven is a large township which has consistently experienced the highest number of fatal overdoses. Access to care, including MOUD, is a priority need for Suffolk County.</p>   |
| Is there any known information regarding the provider's standing in the community?  | <p>Is there any known information regarding the provider's standing in the community? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br/>         Regardless of the answer, provide all known information below or on additional sheets attached to this report.</p>  |

|  |  |   |
|--|--|---|
|  | <p>In answering this question, the following should be taken into consideration:</p> <ul style="list-style-type: none"> <li>(a) the location is suitable for an Addiction Disorder Treatment Program;</li> <li>(b) the accessibility of public transportation and adequate parking; and</li> <li>(c) any other notable observations.</li> </ul> <p>Please describe your assessment of the circumstances noted.</p> <p>No changes are included as part of the sponsorship application.</p>  |   |
|  | <p>Please check one box.</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> LGU has visited the proposed location.<br/> <input type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability.<br/> <input type="checkbox"/> N/A – Please explain, for example, N/A may be appropriate in applications that involve relocation within an existing building. However, factors such as capacity increase, even in an existing building, would not be appropriate for an “N/A” response.         </div> <div>Date of Visit: <u>multiple</u></div> </div> |   |
|  | <p>Are you aware of any community issues with other programs operated by this provider, or in the case of relocation, this program's current location? (i.e., any issues around loitering, public safety, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please describe any issues.</p>   |   |
|  | <p>Please describe your knowledge of the applicant's outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize your knowledge of community input, including any existing or likely community concerns, as well as any recommendations.</p> <p>It is the understanding of the LGU that the LICH Board has addressed this level. Local provider / communities will not be overtly impacted by sponsorship.</p>  |   |
|  | <p>Provide additional comments.</p> <p>The LGU recognizes the purpose of this sponsorship relationship and anticipates it will serve to strengthen the service models in place, and in process of expanding (ex: peers, MOUD expansion). The LGU understands that active participation in subcommittees/HCS/ work-groups (etc) will continue.</p>  |   |
|  | <p><input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>   | <div> <p>Signature of Authorized LGU Official</p>  </div> <div> <p>Date</p> <p>1/18/22</p> </div> |

**NEW YORK STATE  
OFFICE OF ADDICTION SERVICES AND SUPPORTS  
DIVISION OF QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT**

**Bureau of Certification**

**Full Review Record—Capital Project**

**Summary** – *Phoenix Houses of Long Island, Inc. (PHLI) submitted a Capital Project application for the acquisition for property that is currently leased by PHLI.*

|                             |   |                   |  |
|-----------------------------|---|-------------------|--|
| Certification Application # | 2021.028  | Applicant:        | Phoenix Houses of Long Island, Inc.  |
| Reviewer:                   | Dena Holmes   | Entity Type:      | <input checked="" type="checkbox"/> Not-for-Profit <input type="checkbox"/> Business<br><input type="checkbox"/> Article 28  |
| County:                     | Queens  | Project Address   | 34-25 Vernon Blvd., Long Island City-Residential Services (820) 190 beds<br>34-11 Vernon Blvd, Long Island City-Outpatient Services (822)  |
| Service Type(s)             | Residential and Outpatient Services   | Project Type:     | <input type="checkbox"/> Relocation <input checked="" type="checkbox"/> Current Site<br><input type="checkbox"/> New site- new services<br><input checked="" type="checkbox"/> Acquisition<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Rehabilitation |
| Current Capacity            | No changes  | Proposed Capacity | No changes   |
| Project Phase as of         | <input checked="" type="checkbox"/> Pre-Contract<br><input type="checkbox"/> Design<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Complete | Projected Cost:   | \$20,000,000   |

**Budget Impact** (exclusive of debt service): There are no programmatic budgetary changes resulting from this Project.

**Project Description**

This proposal is for the acquisition and bond financing of properties currently leased by PHLI from Phoenix House Parkside, LLC ( PHP, an arms-length entity). PHLI also intends to make some modest improvements to the properties. This will preserve services in this location for another fifty years with a state aid grant lien.

Approval of this project is recommended during this opioid epidemic to preserve services to the surrounding community for the next 50 years.

**Need:** The continuation of both residential and outpatient services will remain in effect without interruption. Substance use disorders are expected to surge during and after the COVID-19 health crisis, so approval is imperative.

**Character & Competence:** For over 50 years, Phoenix House, the parent company overseeing PHLI, has assisted those struggling with addiction in eleven states. Since 1981, they have provided substance use disorder treatment at this location in Queens. Currently, PHLI holds six OASAS issued Operating Certificates all in good standing with OASAS.

**Overall Financial Condition:** A fiscal viability review was completed by OASAS Fiscal Audit and Review Unit and PHLI was determined to be fiscally viable.

**Adequacy of program, etc.:** There are no changes to programming resulting from this capital project.

**Compliance:** Existing policies and procedures as well as the current staffing plan will remain unchanged.

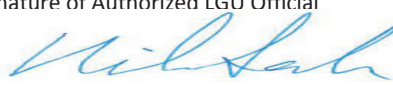
**Continuity of Care:** Services will continue to be provided to patients with continuity of care consistent with treatment and discharge plans.

|  |                  |
|--|------------------|
| <b><u>Recommendations:</u></b>                                 |                  |
| LGU: NYC Department of Health and Mental Hygiene               | January 26, 2022 |
| Regional Office: NYC Regional Office                           | February 1, 2022 |
| Advisory Council:  |                  |
| <b><u>Final Decision:</u> Approval is recommended by OASAS</b> |                  |

Attachment: LGU Recommendation

**LOCAL GOVERNMENTAL UNIT REVIEW REPORT****(Addiction Disorder Services Certification Actions)**

|   |  |
|---|--|
| Applicant's Legal Name<br>Phoenix Houses of Long Island, Inc.   | Application No.<br>2021.028  |
| Local Governmental Unit<br>NYC DOHMH  |  |
| <p>In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of addiction disorder services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). In completing the responses, use additional sheets as necessary. <b>Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application.</b></p> |  |
| <b>1.</b><br><b>Consistency of Program Description and Site Location with Local/OASAS Requirements</b>  | <p>In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below.</p> <p>The applicant, Phoenix Houses of Long Island (PHLI) has a longstanding history providing residential treatment services (Part 820) in their current location and seeks state funding to secure ownership of the facility at 34-25 Vernon Blvd. Long Island City, 11106. PHLI provides medication for addiction treatment including access to buprenorphine, harm reduction education and naloxone. Peer Recovery Coaching is also a model utilized by PHLI.</p>                      |
| <b>2.</b><br><b>Provider Operational Performance</b>  | <p>Is the operational performance of this provider satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable<br/>         Regardless of the answer, provide a description of the operational performance of the provider below.</p> <p>This is not an allocated provider and the Department can only go by the information provided on the application. The information appears to indicate that operational performance of this provider would be satisfactory</p>  |
| <b>3.</b><br><b>Adequacy of Financial Plans</b>   | <p>Is the financial plan in the proposal adequate and acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable<br/>         Provide explanation below.</p> <p>This is not an allocated provider and the Department can only look at the information provided in the application. This information appears to be acceptable.</p> <p>Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below.<br/>         The applicant seeks to secure \$20,000,000.00 of state aid for the capital project.</p>   |
| <b>4.</b><br><b>Consistency with Local Plans and Local/Community Needs</b>  | <p>Is the action consistent with local plans and/or does it meet community needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Provide explanation below.</p> <p>New York City like much of the state continues to face an opioid epidemic. According to New York City Department of Health latest epi data brief published in November 2021, in 2020, residents of Queens had a rate of overdose death 19.9 per 100,000 residents and the third highest number of overdose deaths. PHLI have been a longstanding provider of substance use treatment in the Queens community since 1981 and continues to do so especially during these crucial times.</p>   |
| <b>5.</b><br><b>Provider Standing in the Community</b>  | <p>Is there any known information regarding the provider's standing in the community? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br/>         Regardless of the answer, provide all known information below or on additional sheets attached to this report.</p> <p>The Provider is in good standings in the community. For over 50 years, Phoenix House, the parent company overseeing PHLI, has assisted those struggling with addiction in eleven states. Since 1981, they have provided substance use disorder treatment at this location in Queens. Service recipients are primarily from the five boroughs of New York City as well as adjacent counties, such as Westchester, Nassau, and Suffolk.</p> |

|   |  |  |                            |
|---|--|--|----------------------------|
| <p>6.</p> <p><b>Program Location</b></p>                    | <p>In answering this question, the following should be taken into consideration:</p> <ul style="list-style-type: none"> <li>(a) the location is suitable for an Addiction Disorder Treatment Program;</li> <li>(b) the accessibility of public transportation and adequate parking; and</li> <li>(c) any other notable observations.</li> </ul> <p>Please describe your assessment of the circumstances noted.</p> <p>Street parking is available. In addition, the program is accessible by public buses and subways.</p> <hr/> <p>Please check one box.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> LGU has visited the proposed location.<br/> <input type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability.<br/> <input checked="" type="checkbox"/> N/A – Please explain, for example, N/A may be appropriate in applications that involve relocation within an existing building. However, factors such as capacity increase, even in an existing building, would not be appropriate for an “N/A” response.         </div> <div>Date of Visit: _____</div> </div> <p>The program will remain in its existing OASAS approved space.</p> |  |                            |
| <p>7.</p> <p><b>Current Status of Existing Programs</b></p> | <p>Are you aware of any community issues with other programs operated by this provider, or in the case of relocation, this program’s current location? (i.e., any issues around loitering, public safety, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please describe any issues.</p> <p>There are no known issues to the DOHMH</p>   |  |                            |
| <p>8.</p> <p><b>Community Response</b></p>                  | <p>Please describe your knowledge of the applicant’s outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize your knowledge of community input, including any existing or likely community concerns, as well as any recommendations.</p> <p>The applicant has provided documentation of its outreach efforts and communications with Queens community board #1. The local community board has acknowledged receiving communication of the provider's plan for a capital project which will allow them to refinance, renovate and continue services in this community for at least the next fifty years.</p>   |  |                            |
| <p>9.</p> <p><b>Other Comments</b></p>                      | <p>Provide additional comments.</p> <p>N/A</p>   |  |                            |
| <p>10.</p> <p><b>LGU Recommendation</b></p>                 | <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove  | <p>Signature of Authorized LGU Official</p>  | <p>Date</p> <p>1/26/22</p> |



**New York State Office of Addiction Services and Supports  
Bureau of Certification (OASAS)**

**M E M O R A N D U M**

**TO:** Janet Paloski, Director  
Bureau of Certification

**FROM:** Michele Woods

**DATE:** January 12, 2022

**SUBJECT: Application Review**  
Applicant: Ohel Children's Home and Family Services, Inc.  
Application #: 2021.039  
Purpose: New OASAS Provider – Outpatient Services (822)  
County: Kings

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**Project Summary:**

Ohel Children's Home and Family Services, Inc. (Ohel) submitted a Certification Application requesting New York State Office of Addiction Services and Supports (OASAS) approval to become a new OASAS Provider of Part 822 outpatient treatment services, to be co-located within their Article 31 Office of Mental Health licensed clinic at 1268 East 14<sup>th</sup> Street, Brooklyn.

Ohel will focus on the cultural needs of the heavily populated Jewish communities in the downstate New York City regional area. Substance use disorder services will be available to both Ohel clients who are dually diagnosed with mental health disorders, and to the community at large. Their mission is to provide services that help build lives, strengthen families, homes and communities to face social, developmental and emotional challenges.

Ohel has designed a patient-centered outpatient substance use disorder program that will provide engagement, assessment, stabilization and continuum of care by utilizing Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Dialectical Behavioral Therapy (DBT), Medication Assisted Treatment (MAT) and Twelve Step Facilitation Therapy (TSF).

Treatment will include Screening, Brief Intervention and Referral for Treatment (SBIRT); individual and group counseling; brief treatment; care coordination; collateral services; family and marital counseling; medical services; medication management; HIV/Infectious disease awareness; medication supported treatment; peer support services; aftercare and transitional continuum of care; case management; referral services and community integration.

Hours of operation will be Monday through Thursday 9:00 am – 5:00 pm and Friday 9:00 am – 1:00 pm.

**Need:**

According to the applicant, "It has been established that diagnosis of substance use disorder have been quite often exacerbated by added findings of depression, anxiety or other mental illness that are further compounded by the insularity of the community and associative stigmas attached therein; many are reluctant to seek treatment, and quite often, there is staunch denial as to the presence of problems and an absence of acceptance of traditional treatment approaches."

The New York City Department of Health and Mental Hygiene continues to identify substance use disorder services as a priority as evidenced in their county plan.

The applicant received Community Board 14 support to become a new Part 822 provider on July 12, 2021.

The New York City Department of Health and Mental Hygiene submitted a recommendation to support this application on January 10, 2022, signed by Nilova Saha, Co-Acting Assistant Commissioner and Acting Senior Director for Planning and Programs.

The New York City Regional Office submitted a recommendation to support this application on January 12, 2022 stating, "There is a need for outpatient substance abuse services in the Flatbush area."

**Character and Competence:**

Ohel is a multi-service provider that became established as a not-for-profit corporation more than 50 years ago.

The applicant holds 14 operating certificates from the New York State Office of Mental Health (OMH); 10 operating certificates from the New York Office for Persons with Developmental Disabilities (OPWDD) and one operating certificate from the New York State Office of Children's and Family Services (OCFS) all of which are in good standing.

Ohel's Restated Certificate of Incorporation includes the required OASAS operating language.

The Board of Directors consists of 44 members, 4 of which have experience in the management/oversight of substance use disorder treatment services.

**Overall Financial Condition of the Provider:**

OASAS Fiscal Audit and Review Unit (FARU) reviewed Ohel's fiscal status and determined they are fiscally viable.

The proposed operating budget \$751,429 in revenue and \$751,143 in expenses resulting in a surplus of \$286.00. The provider will accept Medicaid.

**Adequacy:**

Services will be located in a freestanding building currently owned by the applicant. No renovations are necessary and as Ohel will designate specific treatment space for the Part 822 service as required.

The OASAS Facility Evaluation and Inspection Unit (FEIU) reviewed and approved the proposed floor plans as well as completed a State Environmental Quality Review (SEQR). Both were determined to meet FEIU requirements.

A virtual facility inspection was completed by FEIU on November 30, 2021 in which no deficiencies were noted.

**Compliance:**

Policies and procedures have been reviewed for regulatory compliance and are accepted by OASAS.

Ohel's staffing plan meets OASAS regulatory requirements.

**Continuity of Care:**

Approval of this application will allow Ohel to serve not only their own clients with substance use disorders but community members as well. As a CCBHC, Ohel has management agreements in place which allows for continuity of care with patients.


**Recommendation:**

The OASAS recommendation is to approve Ohel Children's Home and Family Services, Inc. to become a new OASAS provider of outpatient services with the following contingencies:

- Verification of the hiring of sufficient staff to meet regulatory requirements
- Filing receipt from the NYS Department of State indicating that the amended Certificate of Incorporation/Articles of Organization, including the OASAS required language, have been filed.

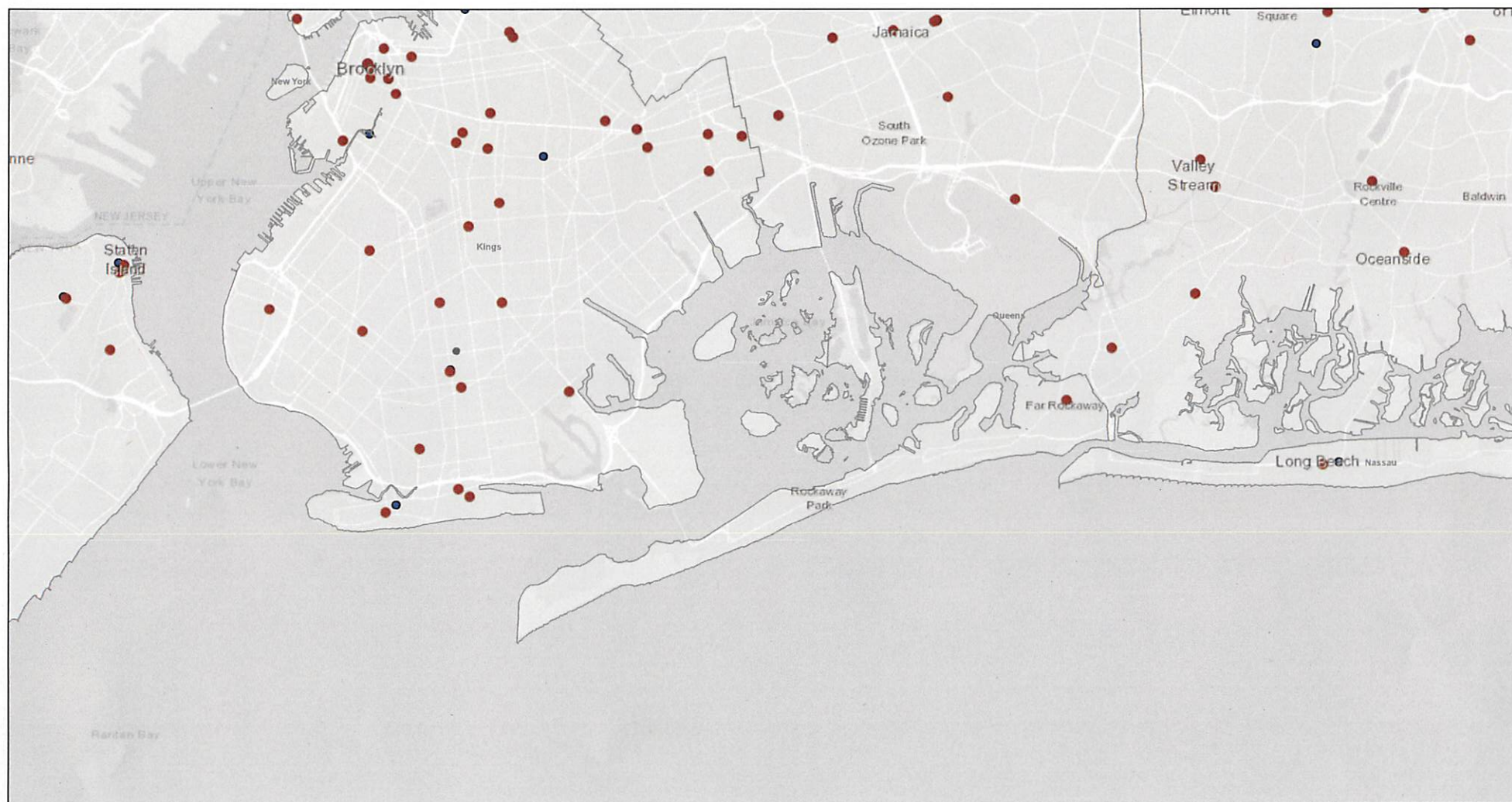
**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS**  
**LOCAL GOVERNMENTAL UNIT REVIEW REPORT**  
**(Addiction Disorder Services Certification Actions)**

|   |   |
|---|---|
| Applicant's Legal Name<br>Ohel Children's Home and Family Services, Inc.  | Application No.<br>2021-039   |
| Local Governmental Unit<br>New York City Department of Health and Mental Hygiene  |   |
| <p>In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of addiction disorder services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). In completing the responses, use additional sheets as necessary. <b>Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application.</b></p> |   |
| <b>1.</b><br><b>Consistency of Program Description and Site Location with Local/OASAS Requirements</b>  | <p>In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below.</p> <p>OHEL Children's Home and Family Services Inc., a large multi service provider currently operating an Article 31 clinic, is seeking to become a New OASAS provider of Part 822 outpatient substance use services to augment the community needs identified within a largely Jewish population. Provider will offer Medication for Addiction Treatment including on-site access to buprenorphine, harm reduction education and naloxone, as well as other services offered under the 822 Model.</p> |
| <b>2.</b><br><b>Provider Operational Performance</b>  | <p>Is the operational performance of this provider satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable<br/> Regardless of the answer, provide a description of the operational performance of the provider below.</p> <p>This is not an allocated provider and the Department can only go by the information provided on the application.</p>   |
| <b>3.</b><br><b>Adequacy of Financial Plans</b>   | <p>Is the financial plan in the proposal adequate and acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br/> Provide explanation below.</p> <p>The request is cost neutral in that the provider will fund this through Medicaid Managed Care and Fee for Services. No additional State Aid is requested, or required.</p> <p>Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below.</p> <p>The request is cost neutral in that the provider will fund this through Medicaid Fee for Services and no additional State Aid is requested, or required.</p>  |
| <b>4.</b><br><b>Consistency with Local Plans and Local/Community Needs</b>  | <p>Is the action consistent with local plans and/or does it meet community needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/> Provide explanation below.</p> <p>The applicant's proposed action addresses the increasing needs for SUD treatment in said and surrounding Brooklyn communities. Two neighborhoods within the vicinity, Bedford Stuyvesant-Crown Heights and East New York had rates (27.5 and 36.8, respectively) of opioid-involved overdose death among residents exceeding the New York City rate, 2020.</p>   |
| <b>5.</b><br><b>Provider Standing in the Community</b>  | <p>Is there any known information regarding the provider's standing in the community? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br/> Regardless of the answer, provide all known information below or on additional sheets attached to this report.</p> <p>Since 1969, Ohel has provided mental health counseling, care for older adults, programs for individuals with developmental disabilities, foster care, trauma and bereavement services and shelter for victims of domestic violence. In November 2021, Senator Schumer made opening remarks at Ohel's 52nd Annual gala citing longstanding service to Brooklyn communities.</p>   |

|   |  |   |                            |
|---|--|---|----------------------------|
| <p>6.</p> <p><b>Program Location</b></p>                    | <p>In answering this question, the following should be taken into consideration:</p> <ul style="list-style-type: none"> <li>(a) the location is suitable for an Addiction Disorder Treatment Program;</li> <li>(b) the accessibility of public transportation and adequate parking; and</li> <li>(c) any other notable observations.</li> </ul> <p>Please describe your assessment of the circumstances noted.</p> <p>The proposed site location is in the center of the Flatbush community of Brooklyn. There is extensive public transportation in very close proximity to the building, including public buses and subways. Parking is readily available on the streets surrounding the building, which is among retail stores and restaurants. The building entrance is discreetly located on a side street and there are no other SUD programs in the building or the immediate vicinity.</p> <hr/> <p>Please check one box.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> LGU has visited the proposed location.         </div> <div>Date of Visit: _____</div> </div> <input checked="" type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability.<br><input type="checkbox"/> N/A – Please explain, for example, N/A may be appropriate in applications that involve relocation within an existing building. However, factors such as capacity increase, even in an existing building, would not be appropriate for an “N/A” response. |   |                            |
| <p>7.</p> <p><b>Current Status of Existing Programs</b></p> | <p>Are you aware of any community issues with other programs operated by this provider, or in the case of relocation, this program’s current location? (i.e., any issues around loitering, public safety, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please describe any issues.</p> <p>There are no known issues to DOHMH.</p>  |   |                            |
| <p>8.</p> <p><b>Community Response</b></p>                  | <p>Please describe your knowledge of the applicant’s outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize your knowledge of community input, including any existing or likely community concerns, as well as any recommendations.</p> <p>The provider received from Community Board #14 acknowledgment of their plans to become a new OASAS licensed provider of SUD services in an email dated July 12, 2021.</p>   |   |                            |
| <p>9.</p> <p><b>Other Comments</b></p>                      | <p>Provide additional comments.</p> <p>N/A</p>   |   |                            |
| <p>10.</p> <p><b>LGU Recommendation</b></p>                 | <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove  | <p>Sig</p>  | <p>Date</p> <p>1/10/22</p> |



# Ohel Children's Home and Family Services, Inc.

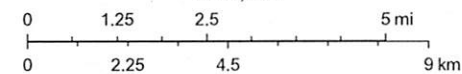


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County

- 5. Outpatient: Outpatient Clinic
- AllCert - Outpatient Additional Location

1:144,448



NYC OpenData, Esri, HERE, Garmin, USGS, EPA, NPS, Esri, HERE, NPS