



**Office for People with
Developmental Disabilities**

ANDREW M. CUOMO, Governor
KERRY A. DELANEY, Acting Commissioner

April 1, 2016

NEW YORK FOUNDLING HOSPITAL
590 AVENUE OF THE AMERICAS
NEW YORK, NY 10011-2019

RE: Initial Certification

Dear Executive Director:

Your agency is a provider of services under the Home and Community Based Services (HCBS) Comprehensive Waiver operated by the New York State Office for People with Developmental Disabilities (OPWDD). Until now, your agency's authority to provide such HCBS Waiver services was through a HCBS Comprehensive Waiver Provider Agreement. Recent amendments to Article 16 of the Mental Hygiene Law require that OPWDD issue operating certificates for HCBS Waiver services.

This letter serves as the initial operating certificate from OPWDD for the operation of the HCBS Waiver services identified below. This operating certificate is issued in accordance with Article 16 of the Mental Hygiene Law. Your agency's HCBS Comprehensive Waiver Provider Agreement is hereby cancelled, and from the date of this letter forward, your agency will be authorized to provide such services pursuant to this operating certificate.

The services authorized by this operating certificate are listed below with service type and authorization date indicated.

This letter shall be kept on file at the program and shall be shown to anyone requesting to see it.

Service	Operating Certificate Number	Effective Date of Delegated Nursing Service	Initial Certification Date	OC Effective Date	OC Expiration Date
Day Habilitation	71070DH1		04-01-2016	04-01-2016	03-31-2019
Prevocational	71070PV1		04-01-2016	04-01-2016	03-31-2019
Supported Employment	71070SE1		04-01-2016	04-01-2016	03-31-2019
Community Habilitation	71070CH1		04-01-2016	04-01-2016	03-31-2019
Pathway to Employment	71070PE1		04-01-2016	04-01-2016	03-31-2019
Respite	71070RE1		04-01-2016	04-01-2016	03-31-2019
Residential Habilitation	71070RH1		04-01-2016	04-01-2016	03-31-2019
Assistive Technology					
Environmental Modifications	71070EM1		04-01-2016	04-01-2016	03-31-2019
Plan of Care Support Services	71070PC1		04-01-2016	04-01-2016	03-31-2019
Family Education and Training	71070FE1		04-01-2016	04-01-2016	03-31-2019
Fiscal Intermediary	71070FI1		04-01-2016	04-01-2016	03-31-2019
Intensive Behavioral Services					

If a service does not have an operating certificate number, this letter is not an operating certificate for that service, and your agency is not authorized to provide that service.

If your agency has requested to provide delegated nursing services in the community and has been authorized to do so, this is indicated in the Community Nursing Approved column.

Sincerely,



Brian O'Donnell
Regional Director
Bureau of Program Certification
Division of Quality Improvement