



April 25, 2014

UPS GROUND

Mr. Arthur Flescher
Director, Division of Community MH Services
Suffolk County Department of Health Services
North County Complex – Building C928
PO Box 6100
725 Veterans Memorial Highway
Hauppauge, New York 11788

Re: Provider #70370
Operating Certificate #160410393
PRU #6731

Dear Mr. Flescher:

Operating Certificate #160410393 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This Operating Certificate renews authorization for Suffolk County Division of Community MH Services to operate a Part 822-5 opioid treatment program at 300 Center Drive, Riverhead, effective May 1, 2014.

The two year term of the Operating Certificate is based on the scores identified on the attached *Operating Certificate Renewal Compliance Summary Sheet*.

Suffolk County Division of Community MH Services is responsible for complying with applicable building occupancy limitations and securing any necessary approvals from other governmental entities.

This Operating Certificate is to be prominently displayed at the service site.

The Mental Hygiene Law requires services to be operated in accordance with the terms of the Operating Certificate. Therefore, please carefully examine this certificate and notify the Bureau of Certification immediately if it contains any inaccuracies.

Sincerely,

Janet L. Paloski
Director
Bureau of Certification and Systems Management

Enclosures

Mr. Arthur Flescher

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April 25, 2014

cc w/encs.: Charles W. Monson
Steven Rabinowitz
Antonette Whyte-Etere
Belinda Greenfield
Gregory James
Holly Livingston
Janet Rucki
Rate Based Provider Unit (DOH)
John Gahan (DOH)
Nichole Washington (CSAT)
Richard Springer (DEA)
Lynn Campbell (Psychiatric Social Worker, Suffolk County Division of
Community MH Services)

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION**

OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

| | |
|-------------------------------------|--|
| Provider Legal Name: | Suffolk County Department of Health Services |
| Active Parent Corporation: | |
| Certified Program/Service Reviewed: | Opioid Treatment Program |

| | |
|--------------------|------------------|
| Building: | |
| Room/ Floor | 2nd Floor |
| Street Address: | 300 Center Drive |
| City and Zip Code: | Riverhead, 11901 |

| | |
|-----------------------------------|-------------------------|
| Provider Number: | 70370 |
| Operating Certificate Number: | 1604 10393 |
| Recertification Review Number: | NY13186 |
| Recertification Review Conducted: | 2/18/2014 to: 2/20/2014 |

PRU Number(s) 6731 Capacity: 275

RECERTIFICATION REVIEW COMPLIANCE RATING TABLE

| <u>Compliance Scores</u> | <u>Compliance Ratings</u> | <u>Term of Renewed Operating Certificate</u> |
|--------------------------|---------------------------|--|
| --- | Quality Services Review | 9 months |
| --- | Red Flag Deficiency(ies) | 6 months |
| 0 - 1.75 | Noncompliance | 6 months |
| 1.76 - 2.50 | Minimal Compliance | 1 year |
| 2.51 - 3.25 | Partial Compliance | 2 years |
| 3.26 - 4.00 | Substantial Compliance | 3 years |

RECERTIFICATION REVIEW RESULTS

COMPLIANCE STATUS

| | <u>Quality Indicator</u> | <u>Overall</u> | <u>Yes/No</u> | <u>Renewal Term</u> |
|---|--------------------------|----------------|---------------|---------------------|
| ▶ Case Records | 3.15 | 3.73 | | 2 years |
| ▶ Service Management | 3.73 | 3.85 | | 3 years |
| ▶ Red Flag Deficiency(ies) (For specific Red Flag Deficiency(ies), please refer to Program Review Report issued at conclusion of Recertification Review) | | | | |
| ▶ Quality Services Review | | | | n/a |

FACILITY INSPECTION RESULTS

| <u>Site#</u> | <u>Address</u> | <u>Site Type</u> | <u>Ins #</u> | <u>Date</u> | <u>Deficiency</u> | <u>Renewal Term</u> |
|--------------|--|------------------|--------------|-------------|-------------------|---------------------|
| 2677 | 2nd Floor, 300 Center Drive, Riverhead 11901 | ML | 19495 | 9/10/2013 | None | 3 years |

Site Type Codes

| |
|--------------------------|
| ML - Main Location |
| AL - Additional Location |
| Apt - Apartment |

Deficiency Code Examples

| |
|--|
| Red Flag - imminent structural failure; fire service sprinkler system disabled; or a required exit that is permanently blocked |
| Significant - pathways to exits blocked; fire alarm systems in trouble mode; or broken stair treads |
| Notable - any other OASAS or building code violation |

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION

OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

FISCAL VIABILITY REVIEWS

- | | | |
|-------------------------------------|--|----------|
| <input type="checkbox"/> | Fiscal viability package not submitted. | 6 months |
| <input type="checkbox"/> | Data received insufficient to determine fiscal viability. | 6 months |
| <input type="checkbox"/> | Current financial position NOT viable; however, an acceptable financial recovery plan submitted. | 2 years |
| <input type="checkbox"/> | Current financial position viable; however, overall financial position NOT viable. | 2 years |
| <input type="checkbox"/> | Current and overall financial positions viable. | 3 years |
| <input checked="" type="checkbox"/> | Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28). | n/a |

CERTIFICATE TERM

The term for the enclosed Operating Certificate is two years

State of New York
Office of Alcoholism and Substance Abuse Services
Pursuant to the provisions of Article 32 of the Mental Hygiene Law
Suffolk County Department of Health Services

is hereby granted this

CHEMICAL DEPENDENCE
OPERATING CERTIFICATE

authorizing the operation of Chemical Dependence Services, in compliance with the requirements of 14 NYCRR Parts 800 and 814 and the laws and regulations of the State of New York

Site

2nd Floor
300 Center Drive
Riverhead, New York 11901-3393

Program Name(s)

Division of Community Mental Hygiene Services

Service(s)

- Part 822-5 Opioid Treatment Program - 275 patients



Charles W. Monson

160410393

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: May 01, 2014

EXPIRATION DATE: April 30, 2016