



January 15, 2014

UPS GROUND

Paul Kronenberg, M.D.
President and Chief Executive Officer
Crouse Health Hospital, Inc.
736 Irving Avenue
Syracuse, New York 13210-1687

Re: Provider #85010
Operating Certificate #170110439
PRU #1188

Dear Dr. Kronenberg:

Operating Certificate #170110439 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 Crouse Health Hospital, Inc. to operate a Part 822-5 opioid treatment program at 410 South Crouse Avenue, Syracuse, effective February 1, 2014.

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

Crouse Health Hospital, Inc. 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

Dr. Paul Kronenberg
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cc w/encs.: Charles W. Monson
Kathy Murphy
Rochelle Cardillo
Belinda Greenfield
Gregory James
Holly Livingston
Janet Rucki
Rate Based Provider Unit (DOH)
Sara Bollinger (Central New York HSA)
John Gahan (DOH)
Nichole Washington (CSAT)
Luke Braxton (DEA)
Robert Long (Onondaga County)
Patrick Mannion (Chair of the Board, Crouse Health Hospital, Inc.)
Monika Taylor (Director, Crouse Health Hospital, Inc.)

**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:	Crouse Health Hospital, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Opioid Treatment Program

Building:	
Room/ Floor	1st Floor
Street Address:	410 South Crouse Avenue
City and Zip Code:	Syracuse, 13210

Provider Number:	85010
Operating Certificate Number:	1701 10439
Recertification Review Number:	AL13077
Recertification Review Conducted:	11/5/2013 to: 11/8/2013

PRU Number(s) 1188 Capacity: 800

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	3.69	3.45		3 years
▶ Service Management	4.00	4.00		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

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
142	1st Floor, 410 South Crouse Avenue, Syracuse 13210	ML	18087	5/9/2012	CAP Completed	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
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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 three years

State of New York
Office of Alcoholism and Substance Abuse Services
Pursuant to the provisions of Article 32 of the Mental Hygiene Law
Crouse Health Hospital, Inc.

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

1st Floor
410 South Crouse Avenue
Syracuse, New York 13210-1883

Program Name(s)

- Part 822-5 Opioid Treatment Program - 800 patients

Service(s)



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

170110439

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: February 01, 2014

EXPIRATION DATE: January 31, 2017