



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,
L.M.S.W.
Commissioner

October 21, 2015

UPS GROUND

Ms. Donna Proske
Executive Director
Staten Island University Hospital
475 Seaview Avenue
Staten Island, New York 10305-3498

Re: Provider #85200
Operating Certificate #170810449
PRU #7150

Dear Ms. Proske:

Operating Certificate #170810449 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 Staten Island University Hospital to operate a Part 822-5 opioid treatment program at 567 East 105th Street, Brooklyn, effective September 1, 2015.

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

Staten Island University Hospital 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

Ms. Donna Proske
Page 2 of 2
October 21, 2015

cc w/encs.: Charles W. Monson
Steven Rabinowitz
Reginald Williams
Belinda Greenfield
Gregory James
Cathy Shippey
Janet Rucki
Rate Based Provider Unit (DOH)
Mike Ogborn (DOH)
Nichole Washington (CSAT)
Jim Place (DEA)
Hillary Kunins, MD, MPH, MS (NYC Dept. of Health and Mental Hygiene)
Gail Goldstein (NYC Dept. of Health and Mental Hygiene)
Norma Carmona-Rodriguez (NYC Dept. of Health and Mental Hygiene)
Dr. Russell T. Joffe (Chairman – Department of Psychiatry/Behavioral Science,
Staten Island University Hospital)
Wilfredo Gonzalez (Program Manager, Staten Island University Hospital)

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: | Staten Island University Hospital |
| Active Parent Corporation: | |
| Certified Program/Service Reviewed: | Opioid Treatment Program |

| | |
|--------------------|-----------------------|
| Building: | |
| Room/ Floor | 1st Floor |
| Street Address: | 567 East 105th Street |
| City and Zip Code: | Brooklyn, 11236 |

| | |
|-----------------------------------|-------------------------|
| Provider Number: | 85200 |
| Operating Certificate Number: | 1708 10449 |
| Recertification Review Number: | NY15017 |
| Recertification Review Conducted: | 6/17/2015 to: 6/23/2015 |

PRU Number(s): 7150 Capacity: 400

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 | 3.67 | | 2 years |
| ▶ Service Management | 3.73 | 3.92 | | 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 |
|-------|--|-----------|-------|-----------|------------|--------------|
| 258 | 1st Floor, 567 East 105th Street, Brooklyn 11236 | ML | 21272 | 6/17/2015 | 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 |

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FISCAL VIABILITY REVIEWS

Term

- Fiscal viability package not submitted.
- Data received insufficient to determine fiscal viability.
- 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

Fiscal Viability Levels

| Current Ratio Current Assets to Current Liabilities | Total Ratio Total Assets to Total Liabilities |
|--|--|
| .90 to 1.0 = 3 year Certificate | 1.0 to 1.0 = 3 year Certificate |
| .60 to .89 = 2 year Certificate | .60 to .99 = 2 year Certificate |
| .40 to .59 = 1 year Conditional Certificate | .40 to .59 = 1 year Conditional Certificate |
| < .40 = 6 month Conditional Certificate | < .40 = 6 month Conditional Certificate |

- Current Ratio
- Overall Ratio

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

Staten Island University Hospital

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
567 East 105th Street
Brooklyn, New York 11236-2213

Program Name(s)

Service(s)

- Part 822-5 Opioid Treatment Program - 400 patients



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

170810449

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: September 01, 2015
EXPIRATION DATE: August 31, 2017