



UPS GROUND

September 13, 2013

Ms. Izetta Briggs-Bolling
Chief Executive Officer
Council on Alcoholism and Drug Abuse
of Sullivan County, Inc.
Recovery Center
11 Hamilton Avenue
Monticello, New York 12701

Re: Provider #34260
Operating Certificate #160910498
PRU #8021

Dear Ms. Briggs-Bolling:

Operating Certificate #160910498 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 Council on Alcoholism and Drug Abuse of Sullivan County, Inc. to operate a Section 816.7 medically supervised inpatient withdrawal & stabilization service, without the use of methadone, at 17 Hamilton Avenue, Monticello, effective October 1, 2013.

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

OASAS received Council on Alcoholism and Drug Abuse of Sullivan County, Inc.'s letter dated September 9, 2013, indicating that no changes have been made to the currently approved Medical Detoxification Protocols. Please refer to Local Services Bulletin No. 2010-01, OASAS Policy Regarding Medical Detoxification and the Use of Medications (2/11/10), prior to making modifications in these protocols.

Council on Alcoholism and Drug Abuse of Sullivan County, 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
Acting Director
Bureau of Certification and Systems Management

Enclosures

Ms. Izetta Briggs-Bolling
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cc w/encs.: Charles W. Monson
Belinda Greenfield
Gregory James
Kathy Murphy
Deb Czubak
Holly Livingston
Gail Keeler
Rate Based Provider Unit (DOH)
John Gahan (DOH)
Joseph A. Todora (Sullivan County)
D. Christopher DuBois, Esq. (President of the Board of Directors, Council on
Alcoholism and Drug Abuse of Sullivan County, Inc.)
Michael Hanley (Program Director, Council on Alcoholism and Drug Abuse of
Sullivan County, 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:	Council on Alcoholism and Drug Abuse of Sullivan County, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Medically Supervised Inpatient Withdrawal & Stabilization Services

Building:	
Room/ Floor	1st & 2nd Floors
Street Address:	17 Hamilton Avenue
City and Zip Code:	Monticello, 12701

Provider Number:	34260
Operating Certificate Number:	1609 10498
Recertification Review Number:	NY13030
Recertification Review Conducted:	6/5/2013 to: 6/10/2013

PRU Number(s) 8021 Capacity: 6

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	3.56	3.68		3 years
▶ Service Management	3.60	3.81		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>
2026	1st & 2nd Floors, 17 Hamilton Avenue, Monticello 12701	ML	19286	6/27/2013	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

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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 checked="" type="checkbox"/> Current and overall financial positions viable. | 3 years |
| <input 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

Council on Alcoholism and Drug Abuse of Sullivan County, 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 & 2nd Floors
17 Hamilton Avenue
Monticello, New York 12701-
1319

Program Name(s)

The Recovery Center Primary Care Center

Service(s)

- Part 816.7 Medically Supervised Inpatient Withdrawal & Stabilization Services - 6 beds [without the use of methadone]

Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

160910498

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: October 01, 2013

EXPIRATION DATE: September 30, 2016

