



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

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

December 15, 2016

UPS GROUND

Mr. William F. Green
Chief Executive Officer
Paul J. Cooper Center for Human Services, Inc.
510 Gates Avenue, 3rd Floor
Brooklyn, New York 11216-1506

Re: Provider #20490
Conditional Operating Certificate #171010577
PRU #50328, 51885

Dear Mr. Green:

Conditional Operating Certificate #C171010577 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This *Conditional* Operating Certificate provides authorization for Paul J. Cooper Center for Human Services, Inc. to operate Part 822 chemical dependence outpatient and outpatient rehabilitation services, at 510 Gates Avenue, Brooklyn, effective November 1, 2016.

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

A standard Operating Certificate may be issued upon determination by OASAS that Paul J. Cooper Center for Human Services, Inc.'s deficiencies noted on the attached compliance summary sheet have been resolved. Such determination will be based on the next scheduled review.

Paul J. Cooper Center for Human Services, 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

Mr. William F. Green
Page 2 of 2
December 15, 2016

cc w/encs.: Charles W. Monson
Manuel Mosquera
Sheila Roach
Stephanie Saporito
Jane Gifford
Healthcare Financing
Janet Rucki
Rate Based Provider Unit (DOH)
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)
Mary Joyner (Chairperson of the Board Director, Paul J. Cooper Center for Human Services, Inc.)
Phil Garrett (Program Director, Paul J. Cooper Center for Human Services, Inc.)
Sheldon Shapiro (Program Director, Paul J. Cooper Center for Human Services, 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:	Paul J. Cooper Center for Human Services, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Rehabilitation Services

Building:	
Room/ Floor	
Street Address:	510 Gates Avenue
City and Zip Code:	Brooklyn, 11216

Provider Number:	20490
Operating Certificate Number:	1710 10577
Recertification Review Number:	NY16060
Recertification Review Conducted:	8/2/2016 to: 8/5/2016

PRU Number(s): 51885 Capacity:

<u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u>		
<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	2.86	2.77		2 years
▶ Service Management	3.16	3.10		2 years
▶ Facility	n/a	2.80		2 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

FISCAL VIABILITY REVIEWS

Term

- Fiscal viability package not submitted.
- Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28).

Fiscal Viability Levels	
Current Ratio	Total Ratio
Current Assets to Current Liabilities	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 0.53 Overall Ratio 0.94 1 year

<u>CERTIFICATE TERM</u>	The term for the enclosed Operating Certificate is <u>one year</u>
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**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: Paul J. Cooper Center for Human Services, Inc.
 Active Parent Corporation: _____
 Certified Program/Service Reviewed: Outpatient Services

Building: _____
 Room/ Floor: _____
 Street Address: 510 Gates Avenue
 City and Zip Code: Brooklyn, 11216

Provider Number: 20490
 Operating Certificate Number: 1710 10577
 Recertification Review Number: NY16060
 Recertification Review Conducted: 8/2/2016 to: 8/5/2016

PRU Number(s): 50328 Capacity: _____

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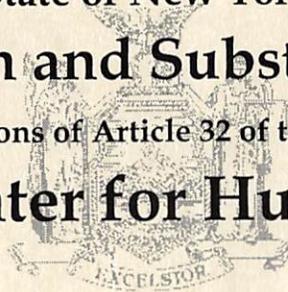
CERTIFICATE TERM The term for the enclosed Operating Certificate is one year

State of New York

Office of Alcoholism and Substance Abuse Services

Pursuant to the provisions of Article 32 of the Mental Hygiene Law

Paul J. Cooper Center for Human Services, 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

510 Gates Avenue
Brooklyn, New York 11216-1506

Program Name(s)

Chemical Dependency Program
Chemical Dependency Program

Service(s)

- Part 822 Outpatient Services
- Part 822 Outpatient Rehabilitation Services



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

C171010577

CERTIFICATE NUMBER
CONDITIONAL

EFFECTIVE DATE: November 01, 2016
EXPIRATION DATE: October 31, 2017