



NEW YORK STATE
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery

Governor
Andrew M. Cuomo

Commissioner
Arlene González-Sánchez, M.S., L.M.S.W.

November 29, 2013

UPS GROUND

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
Conditional Operating Certificate #C141110592
PRU #51922, 50886

Dear Ms. Briggs-Bolling:

Conditional Operating Certificate #C141110592 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 Council on Alcoholism and Drug Abuse of Sullivan County, Inc. to operate a Part 822-4 Chemical Dependence Outpatient and Outpatient Rehabilitation Program, at 396 Broadway, Monticello, effective December 1, 2013.

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 Council on Alcoholism and Drug Abuse of Sullivan County, Inc.'s corrective action plan has been implemented and that this service is operating in compliance with the applicable regulations. Such determination will be based on the next recertification review.

OASAS has a Technical Assistance Unit that can support your efforts to attain and maintain established standards as well as implement efficient and effective management practices. To access technical assistance, please contact Ilyana Meltzer, Technical Assistance Unit, at (518) 485-2252.

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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November 29, 2013

cc w/encs.: Charles W. Monson
Kathy Murphy
Deborah Czubak
David Herbert
Rick Olm
Holly Livingston
Ilyana Meltzer
Steve Mantor
Janet Rucki
Rate Based Provider Unit (DOH)
Joseph A. Todora (Sullivan County)
Mattie Anderson (President of the Board of Directors, Council on Alcoholism and Drug
Abuse of Sullivan County, Inc.)
Julie Garay-Daniel (Clinical 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:	Outpatient Rehabilitation Services

Building:	
Room/ Floor	
Street Address:	396 Broadway
City and Zip Code:	Monticello, 12701

Provider Number:	34260
Operating Certificate Number:	1411 10592
Recertification Review Number:	NY13075
Recertification Review Conducted:	10/22/2013 to: 10/25/2013

PRU Number(s) 51922 Capacity:

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	2.14	3.02		1 year
▶ Service Management	3.81	3.84		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>
2020	396 Broadway, Monticello 12701	ML	19292	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

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 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 one year

**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:	Outpatient Services

Building:	
Room/ Floor	
Street Address:	396 Broadway
City and Zip Code:	Monticello, 12701

Provider Number:	34260
Operating Certificate Number:	1411 10592
Recertification Review Number:	NY13075
Recertification Review Conducted:	10/22/2013 to: 10/25/2013

PRU Number(s) 50886 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
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RECERTIFICATION REVIEW RESULTS

COMPLIANCE STATUS

	<u>Quality Indicator</u>	<u>Overall</u>	<u>Yes/No</u>	<u>Renewal Term</u>
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▶ Quality Services Review				n/a

FACILITY INSPECTION RESULTS

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
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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 |
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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

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

396 Broadway
Monticello, New York 12701-
1157

Program Name(s)

Recovery Center Outpatient Services
Recovery Center Outpatient Services

Service(s)

- Part 822-4 Outpatient Rehabilitation Services
- Part 822-4 Outpatient Services [with ancillary withdrawal services]



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

C141110592

CERTIFICATE NUMBER
CONDITIONAL

EFFECTIVE DATE: December 01, 2013
EXPIRATION DATE: November 30, 2014