



June 11, 2014

UPS GROUND

Mr. Joseph A. Todora
Director
Sullivan County Department of Community Services
20 Community Lane
Liberty, New York 12754-2851

Re: Provider #70170
Operating Certificate #160610595
PRU #50430

Dear Mr. Todora:

Operating Certificate #160610595 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 Sullivan County Department of Community Services to operate a Part 822-4 chemical dependence outpatient service at 20 Community Lane, Liberty, effective July 1, 2014.

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

Sullivan County Department of Community Services 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. Joseph A. Todora
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cc w/encs.: Charles W. Monson
Kathy Murphy
Deborah Czubak
Holly Livingston
Janet Rucki
Rate Based Provider Unit (DOH)
Susan Miller (Comm. Services Board Chair, Sullivan County Department of
Community Services)
Melissa A. Stickle (Deputy Director, Sullivan County Department of Community
Services)

**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: | Sullivan County Department of Community Services |
| Active Parent Corporation: | |
| Certified Program/Service Reviewed: | Outpatient Services |

| | |
|--------------------|-------------------|
| Building: | |
| Room/ Floor | 2nd Floor |
| Street Address: | 20 Community Lane |
| City and Zip Code: | Liberty, 12754 |

| | |
|-----------------------------------|------------------------|
| Provider Number: | 70170 |
| Operating Certificate Number: | 1606 10595 |
| Recertification Review Number: | NY13235 |
| Recertification Review Conducted: | 5/8/2014 to: 5/15/2014 |

PRU Number(s) 50430 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 | 2.92 | 3.26 | | 2 years |
| ▶ Service Management | 3.73 | 3.93 | | 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> |
|--------------|---|------------------|--------------|-------------|-------------------|---------------------|
| 2640 | 2nd Floor, 20 Community Lane, Liberty 12754 | ML | 17993 | 4/4/2012 | 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 |

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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 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
Sullivan County Department of Community Services

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 2nd Floor
20 Community Lane
Liberty, New York 12754-2851
Program Name(s) Sullivan County Alcohol and Drug Abuse Services
Service(s) • Part 822-4 Outpatient Services



Charles W. Monson
CHARLES W. MONSON
ASSOCIATE COMMISSIONER
160610595
CERTIFICATE NUMBER
Renewed
EFFECTIVE DATE: July 01, 2014
EXPIRATION DATE: June 30, 2016