



Office of Alcoholism and Substance Abuse Services

ANDREW M. CUOMO
Governor

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

December 29, 2015

UPS GROUND

Mr. Daniel Blum
President
Phelps Memorial Hospital Association
Administration – 1st Floor
701 North Broadway
Sleepy Hollow, New York 10591-1096

Re: Provider #85310
Operating Certificate #181210597
PRU #s 51941, 51620

Dear Mr. Blum:

Operating Certificate #181210597 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 Phelps Memorial Hospital Association to operate Part 822 chemical dependence outpatient and outpatient rehabilitation services at 22 Rockledge Avenue, Ossining, effective January 1, 2016.

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

Phelps Memorial Hospital Association 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,

Handwritten signature of Janet L. Paloski

Janet L. Paloski
Director
Bureau of Certification and Systems Management

Enclosures

- cc w/encs.: Charles W. Monson, Mark Herceg, Ph.D. (Westchester County), Tim Donovan, Richard Sinni (Chairman of the Board, Phelps Memorial Hospital Association), Kim Benshoff, Theresa Yanarella (Sr. Program Director, ATS, Phelps Memorial Hospital Association), Cathy Shippey, Gail Keeler, Rate Based Provider Unit (DOH)

**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:	<u>Phelps Memorial Hospital Association</u>
Active Parent Corporation:	_____
Certified Program/Service Reviewed:	<u>Outpatient Rehabilitation Services</u>

Building:	_____
Room/ Floor:	_____
Street Address:	<u>22 Rockledge Avenue</u>
City and Zip Code:	<u>Ossining, 10562</u>

Provider Number:	<u>85310</u>
Operating Certificate Number:	<u>1812 10597</u>
Recertification Review Number:	<u>NY15091</u>
Recertification Review Conducted:	<u>8/25/2015 to: 8/28/2015</u>

PRU Number(s): 51941 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	<u>3.50</u>	<u>3.48</u>		<u>3 years</u>
▶ Service Management	<u>4.00</u>	<u>4.00</u>		<u>3 years</u>
▶ Facility	<u>4.00</u>	<u>4.00</u>		<u>3 years</u>
▶ 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.
- 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 three years

**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:	Phelps Memorial Hospital Association
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Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	
Street Address:	22 Rockledge Avenue
City and Zip Code:	Ossining, 10562

Provider Number:	85310
Operating Certificate Number:	1812 10597
Recertification Review Number:	NY15091
Recertification Review Conducted:	8/25/2015 to: 8/28/2015

PRU Number(s): 51620 Capacity:

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		3 years

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▶ Facility	4.00	4.00		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

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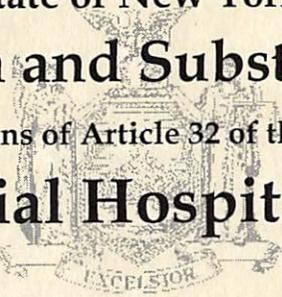
CERTIFICATE TERM The term for the enclosed Operating Certificate is three years

State of New York

Office of Alcoholism and Substance Abuse Services

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

Phelps Memorial Hospital Association



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

Program Name(s)

Service(s)

22 Rockledge Avenue
Ossining, New York 10562-5960

- Part 822 Outpatient Services
- Part 822 Outpatient Rehabilitation Services



Charles W. Monson

181210597

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: January 01, 2016
EXPIRATION DATE: December 31, 2018