



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

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

December 13, 2016

UPS GROUND

Mr. Michael J. Spicer
President & Chief Executive Officer
St. Josephs Hospital, Yonkers
127 South Broadway
Yonkers, New York 10701-4006

Re: Provider #81050
Conditional Operating Certificate #C170710633
PRU #s 50874 and 51938

Dear Mr. Spicer:

Conditional Operating Certificate #C170710633 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 St. Josephs Hospital, Yonkers to operate Part 822 chemical dependence outpatient and outpatient rehabilitation services, at 317 South Broadway, Yonkers, effective August 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 St. Josephs Hospital, Yonkers has successfully completed the independent monitor process, the corrective action plan has been implemented, and this service is operating in compliance with the applicable regulations. Such determination will be based on the next recertification review.

St. Josephs Hospital, Yonkers 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. Michael J. Spicer
Page 2 of 2
December 13, 2016

cc w/encs.: Charles W. Monson
Tim Donovan
Manuel Mosquera
Kim Benshoff
David Hui
Marjorie Catalano
Stephanie Saporito
Jane Gifford
Healthcare Financing
Lynn DeFruscio
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)
James J. Landy (Chairman of the Board, St. Josephs Hospital, Yonkers)
Emma DiMarco (Director of Addiction Recovery Services, St. Josephs Hospital,
Yonkers)

**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:	St. Josephs Hospital, Yonkers
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Rehabilitation Services

Building:	
Room/ Floor	2nd Floor
Street Address:	317 South Broadway
City and Zip Code:	Yonkers, 10705

Provider Number:	81050
Operating Certificate Number:	1707 10633
Recertification Review Number:	NY15072
Recertification Review Conducted:	7/5/2016 to: 7/11/2016

PRU Number(s): 51938 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	2.43	2.86		1 year
▶ Service Management	4.00	4.00		3 years
▶ Facility	n/a	3.53		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

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). N/A

Fiscal Viability Levels

<u>Current Ratio</u>	<u>Total Ratio</u>
<u>Current Assets to Current Liabilities</u>	<u>Total Assets to Total Liabilities</u>
.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 one year

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION**

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Provider Legal Name:	St. Josephs Hospital, Yonkers
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	2nd Floor
Street Address:	317 South Broadway
City and Zip Code:	Yonkers, 10705

Provider Number:	81050
Operating Certificate Number:	1707 10633
Recertification Review Number:	NY15072
Recertification Review Conducted:	7/5/2016 to: 7/11/2016

PRU Number(s): 50874 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
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State of New York

Office of Alcoholism and Substance Abuse Services

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

St. Josephs Hospital, Yonkers

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
317 South Broadway
Yonkers, New York 10705-2008

Program Name(s)

Positive Directions
Positive Directions

Service(s)

- Part 822 Outpatient Services
- Part 822 Outpatient Rehabilitation Services



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

C170710633

CERTIFICATE NUMBER
CONDITIONAL

EFFECTIVE DATE: August 01, 2016
EXPIRATION DATE: July 31, 2017