



**Office of Alcoholism and  
Substance Abuse Services**

ANDREW M. CUOMO  
Governor

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

September 22, 2016

UPS GROUND

Ms. Susan Somerville  
President  
Beth Israel Medical Center  
Dazian Pavilion  
2<sup>nd</sup> Floor  
1<sup>st</sup> Avenue at 16<sup>th</sup> Street  
New York, New York 10003

Re: Provider #83040  
*Conditional* Operating Certificate #C170810673  
PRU #s 51113, 5825

Dear Ms. Somerville:

*Conditional* Operating Certificate #C170810673 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 Beth Israel Medical Center to operate Part 822 chemical dependence outpatient and outpatient rehabilitation services at 1-9 Nathan D. Perlman Place, New York, effective September 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 Beth Israel Medical Center's deficiencies noted on the attached compliance summary sheet have been resolved. Such determination will be based on the next scheduled review.

Beth Israel Medical Center 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

Ms. Susan Somerville  
Page 2 of 2  
September 22, 2016

cc w/encs.: Charles W. Monson  
Steven Rabinowitz  
Ivan Garcia  
Stephanie Saporito  
Jane Gifford  
Cathy Shippey  
Gail Keeler  
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)  
Grant Mitchell, M.D. (Chairman, Department of Psychiatry, Beth Israel Medical  
Center)  
Adria Rodriguez (Supervisor, Beth Israel Medical Center)

**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:	Beth Israel Medical Center
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Rehabilitation Services

Building:	Bernstein Pavilion
Room/ Floor	6th Floor
Street Address:	1-9 Nathan D. Perلمان Place
City and Zip Code:	New York, 10003

Provider Number:	83040
Operating Certificate Number:	1708 10673
Recertification Review Number:	NY15150
Recertification Review Conducted:	7/28/2016 to: 8/2/2016

PRU Number(s): 51113 Capacity:

<b><u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u></b>		
<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	2.31	3.12		1 year
▶ Service Management	3.38	3.81		3 years
▶ Facility	n/a	3.79		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

<b><u>CERTIFICATE TERM</u></b>	The term for the enclosed Operating Certificate is <u>one year</u>
--------------------------------	--

**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:	Beth Israel Medical Center
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	Bernstein Pavilion
Room/ Floor	6th Floor
Street Address:	1-9 Nathan D. Perlmán Place
City and Zip Code:	New York, 10003

Provider Number:	83040
Operating Certificate Number:	1708 10673
Recertification Review Number:	NY15150
Recertification Review Conducted:	7/28/2016 to: 8/2/2016

PRU Number(s): 5825 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	2.31	3.12		1 year
▶ Service Management	3.38	3.81		3 years
▶ Facility	n/a	3.79		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**

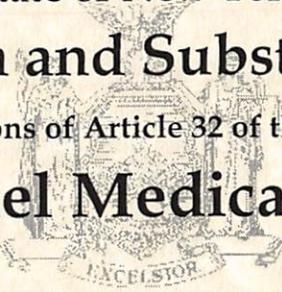
The term for the enclosed Operating Certificate is one year

State of New York

# Office of Alcoholism and Substance Abuse Services

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

## Beth Israel Medical Center



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)

Bernstein Pavilion  
6th Floor  
1-9 Nathan D. Perlman Place  
New York, New York 10003-3881

- Part 822 Outpatient Services
- Part 822 Outpatient Rehabilitation Services



*Charles W. Monson*

C170810673

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER  
CONDITIONAL

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