



**Office of Alcoholism and  
Substance Abuse Services**

ANDREW M. CUOMO  
Governor

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

April 23, 2015

UPS GROUND

Ms. Samantha Lopez-Fernandez  
Vice President & Chief Operating Officer  
Exponents, Inc.  
2 Washington Street, 4<sup>th</sup> Floor  
New York, New York 10004-1008

Re: Provider #2015  
*Conditional* Operating Certificate #C150910773  
PRU #7128

Dear Ms. Lopez-Fernandez:

*Conditional* Operating Certificate #C150910773 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 Exponents, Inc. to operate a Part 822-4 chemical dependence outpatient service, at 2 Washington Street, New York, effective April 1, 2015.

The six month 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 Exponents, 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.

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. Samantha Lopez-Fernandez  
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cc w/encs.: Charles W. Monson  
Steven Rabinowitz  
Reginald Williams  
David Herbert  
Rick Olm  
Sarita Wells  
John Van Horn  
Janet Rucki  
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)  
Luke Bergmann (NYC Dept. of Health and Mental Hygiene)  
Norma Carmona-Rodriguez (NYC Dept. of Health and Mental Hygiene)  
James Gordon, M.D. (Board Chairman, Exponents, Inc.)  
Melissa Rios (Clinical Director, Exponents, 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:	Exponents, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	4th Floor
Street Address:	2 Washington Street
City and Zip Code:	New York, 10004

Provider Number:	2015
Operating Certificate Number:	1509 10773
Recertification Review Number:	NY13257
Recertification Review Conducted:	3/3/2015 to: 3/6/2015

PRU Number(s): 7128 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	1.45	0.49		6 months
▶ Service Management	3.73	3.66		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**

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
7666	4th Floor, 2 Washington Street, New York 10004	ML	21020	4/7/2015	Notable	2 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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OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

**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).

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      9.52      Overall Ratio      5.77      3 year

**CERTIFICATE TERM**

The term for the enclosed Operating Certificate is 6 months

State of New York  
**Office of Alcoholism and Substance Abuse Services**

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

**Exponents, 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

4th Floor  
2 Washington Street  
New York, New York 10004-1008

Program Name(s)

Service(s)

- Part 822-4 Outpatient Services



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

C150910773

CERTIFICATE NUMBER  
CONDITIONAL

EFFECTIVE DATE: April 01, 2015  
EXPIRATION DATE: September 30, 2015

