NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

ANDREW M. CUOMO
Governor

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

July 2, 2015

UPS GROUND

Ms. Rachel Russell
Chief Clinical Director
Freedom Institute, Inc.
515 Madison Avenue, 21st Floor
New York, New York 10022

Re: Provider #32106
Operating Certificate #170610791 [Amended/Renewed]
PRU #51015

Dear Ms. Russell:

Operating Certificate #170610791, issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law, amends and renews the authorization of Freedom Institute, Inc. to operate a Part 822-4 chemical dependence outpatient service effective July 1, 2015.

The amendment is based on review and approval of Certification Application #2015-038 to include space on the 13th Floor at the same address.

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

Freedom Institute, Inc. 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.

The Bureau of Certification and Systems Management has recently made significant changes to our application review process and we are very interested in your experience with the new process. Please take a few moments to complete the attached **Chemical Dependence Certification Process Satisfaction Survey**, as your feedback will help with continued improvement.

Sincerely,

Janet L. Paloski
Director
Bureau of Certification and Systems Management

Enclosures

cc w/encs.: Charles W. Monson
Steven Rabinowitz
Reginald Williams
Sarita Wells
Gail Keeler
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)
Robert L. Miller (Chairman of the Board, Freedom Institute, 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:	Freedom Institute, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	13th and 21st Floor
Street Address:	515 Madison Avenue
City and Zip Code:	New York, 10022

Provider Number:	32106
Operating Certificate Number:	1706 10791
Recertification Review Number:	NY14153
Recertification Review Conducted:	4/13/2015 to: 4/17/2015

PRU Number(s): 51015 Capacity:

RECERTIFICATION REVIEW COMPLIANCE RATING TABLE

Compliance Scores	Compliance Ratings	Term of Renewed Operating Certificate
---	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 - 2.25	Partial Compliance	2 years
3.26 - 4.00	Substantial Compliance	3 years

RECERTIFICATION REVIEW RESULTS

	COMPLIANCE STATUS			
	Quality Indicator	Overall	Yes/No	Renewal Term
▶Case Records	2.77	2.73		2 years
▶Service Management	3.47	3.83		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
7801	13th and 21st Floor, 515 Madison Avenue, New York 10022	ML	21110	5/19/2015	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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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 0.98 Overall Ratio 8.66 3 year

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

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

CHEMICAL DEPENDENCE CERTIFICATION PROCESS SATISFACTION SURVEY

OASAS is committed to improving the Certification Process. Your opinion as a recent applicant will provide us with valuable information. Please take a few moments to fill out the survey below. Your feedback will help improve the Certification Process.

To complete the survey, check one of the ratings from "Very Satisfied" to "Not at All Satisfied" for each of the following factors regarding your recent experience with the OASAS Certification Process. As appropriate, indicate any "strengths" and suggested "improvement opportunities". Please return the completed survey to:

NYS OASAS, Bureau of Certification, 1450 Western Avenue, Albany NY 12203

Factor	Very Satisfied	Moderately Satisfied	Somewhat Satisfied	Not at All Satisfied
1. Overall how satisfied were you with the Certification Process?				
2. How clear were the application and instructions?				
3. How timely was the Certification Process?				
4. How satisfied were you in finding out the status of your application?				
5. How satisfied were you with your interactions with each of the following?				
a. Local Governmental Unit (city/county) staff				
b. OASAS Field Office staff				
c. OASAS Facilities Evaluation and Inspection Unit staff				
d. OASAS Bureau of Certification Staff				

Strengths

- **Is there anything you thought OASAS did particularly well?**

_____

_____

_____

_____

_____

Improvement Opportunities

- **Do you have any specific suggestions on how the process and/or the application can be improved?**

_____

_____

_____

_____

_____

Provider Name (Optional) _____ *Phone No.* _____ *County* _____

Type of Application:

- ☐ *New OASAS Provider*
- ☐ *New Treatment Service*
- ☐ *Capacity Increase*
- ☐ *Change in Ownership*
- ☐ *Minor Relocation*
- ☐ *Relocation*
- ☐ *Space Expansion*
- ☐ *Additional Location*
- ☐ *Transfer of Ownership*
- ☐ *Capital Project*

State of New York

Office of Alcoholism and Substance Abuse Services

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

Freedom Institute, 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	Program Name(s)	Service(s)
13th and 21st Floor 515 Madison Avenue New York, New York 10022-5433		• Part 822-4 Outpatient Services

Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

170610791

CERTIFICATE NUMBER
Amended/Renewed

EFFECTIVE DATE: July 01, 2015
EXPIRATION DATE: June 30, 2017