



February 12, 2014

UPS GROUND

Ms. Anne D. Constantino  
President and Chief Executive Officer  
Horizon Health Services, Inc.  
3020 Bailey Avenue, 2<sup>nd</sup> Floor  
Buffalo, New York 14215-2211

Re: Provider #11130  
Operating Certificate #170210812  
PRU #50029

Dear Ms. Constantino:

Operating Certificate #170210812 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 Horizon Health Services, Inc. to operate a Part 822-4 chemical dependence outpatient service at 1370 Niagara Falls Boulevard, Tonawanda, and including the certified site listed on the Operating Certificate Addendum, effective March 1, 2014.

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

Horizon Health Services, 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.

Sincerely,

Janet L. Paloski  
Director  
Bureau of Certification and Systems Management

Enclosures

Ms. Anne D. Constantino

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February 12, 2014

cc w/encs.: Charles W. Monson  
Kathy Murphy  
Patrick Morrison  
Holly Livingston  
Lynn DeFrusco  
Rate Based Provider Unit (DOH)  
Ellery Reaves (Erie County)  
Richard Gallagher (President, Horizon Health Services, Inc.)  
Richard Salada (Program Director, Horizon Health Services, 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:                | Horizon Health Services, Inc. |
| Active Parent Corporation:          |                               |
| Certified Program/Service Reviewed: | Outpatient Services           |

|                    |                              |
|--------------------|------------------------------|
| Building:          |                              |
| Room/ Floor        |                              |
| Street Address:    | 1370 Niagara Falls Boulevard |
| City and Zip Code: | Tonawanda, 14150             |

|                                   |                          |
|-----------------------------------|--------------------------|
| Provider Number:                  | 11130                    |
| Operating Certificate Number:     | 1702 10812               |
| Recertification Review Number:    | AL13089                  |
| Recertification Review Conducted: | 10/7/2013 to: 10/10/2013 |

PRU Number(s)    50029    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  | 3.31                     | 3.56           |               | 3 years             |
| ▶ Service Management  | 3.71                     | 3.92           |               | 3 years             |
| ▶ Red Flag Deficiency(ies)<br>(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**

| <u>Site#</u> | <u>Address</u>                                | <u>Site Type</u> | <u>Ins #</u> | <u>Date</u> | <u>Deficiency</u> | <u>Renewal Term</u> |
|--------------|---|------------------|--------------|-------------|-------------------|---------------------|
| 1064         | 1370 Niagara Falls Boulevard, Tonawanda 14150 | ML               | 15928        | 6/25/2010   | None              | 3 years             |
| 7535         | 37 Niagara Street, Tonawanda 14150            | AL               | 19360        | 8/1/2013    | None              | 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   |

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

**FISCAL VIABILITY REVIEWS**

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input type="checkbox"/>            | Fiscal viability package not submitted.  | 6 months |
| <input type="checkbox"/>            | Data received insufficient to determine fiscal viability.  | 6 months |
| <input type="checkbox"/>            | Current financial position NOT viable; however, an acceptable financial recovery plan submitted.   | 2 years  |
| <input type="checkbox"/>            | Current financial position viable; however, overall financial position NOT viable.   | 2 years  |
| <input checked="" type="checkbox"/> | Current and overall financial positions viable.  | 3 years  |
| <input type="checkbox"/>            | 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      |

**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  
Horizon Health Services, 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

1370 Niagara Falls Boulevard  
Tonawanda, New York 14150-  
8441

Program Name(s)

Boulevard Recovery Center

Service(s)

- Part 822-4 Outpatient Services

Additional Location(s) Addendum Attached



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

170210812

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: March 01, 2014

EXPIRATION DATE: February 28, 2017

State of New York

Office of Alcoholism and Substance Abuse Services

CHEMICAL DEPENDENCE

ADDENDUM TO OPERATING CERTIFICATE NUMBER 170210812

**Horizon Health Services, Inc.**

CERTIFIED ADDITIONAL LOCATION(S)

As of March 01, 2014

Site

37 Niagara Street  
Tonawanda, New York 14150-1105

Service(s)

- Part 822-4 Outpatient Services

Site

Service(s)