



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

November 29, 2016

UPS GROUND

Ms. Anne D. Constantino
President and Chief Executive Officer
Horizon Health Services, Inc.
3020 Bailey Avenue, 2nd Floor
Buffalo, New York 14215-2814

Re: Provider #11130
Operating Certificate #181010813
PRU #50030

Dear Ms. Constantino:

Operating Certificate #181010813 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 chemical dependence outpatient service at 6520 Niagara Falls Boulevard, Niagara Falls, and including the certified site(s) listed on the Operating Certificate Addendum, effective November 1, 2016.

The two 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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cc w/encs.: Charles W. Monson
Tim Donovan
Donna Stott
Healthcare Financing
Lynn DeFruscio
Rate Based Provider Unit (DOH)
Michael Ranney (Erie County)
Laura Kelemen (Niagara County)
Scott Weber (Board Chair, Horizon Health Services, Inc.)
Jodi Gerhard (Senior 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:	<u>Horizon Health Services, Inc.</u>
Active Parent Corporation:	_____
Certified Program/Service Reviewed:	<u>Outpatient Services</u>

Building:	_____
Room/ Floor	_____
Street Address:	<u>6520 Niagara Falls Boulevard</u>
City and Zip Code:	<u>Niagara Falls, 14304</u>

Provider Number:	<u>11130</u>
Operating Certificate Number:	<u>1810 10813</u>
Recertification Review Number:	<u>AL15150</u>
Recertification Review Conducted:	<u>10/4/2016 to: 10/6/2016</u>

PRU Number(s): 50030 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	<u>3.00</u>	<u>3.53</u>		<u>2 years</u>
▶ Service Management	<u>3.69</u>	<u>3.71</u>		<u>3 years</u>
▶ Facility	<u>n/a</u>	<u>3.76</u>		<u>3 years</u>
▶ 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).

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 2.56 Overall Ratio 5.12 3 year

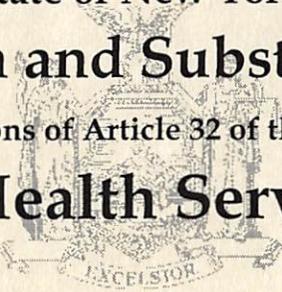
CERTIFICATE TERM The term for the enclosed Operating Certificate is two years

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

Program Name(s)

Service(s)

Additional Location(s) Addendum Attached

6520 Niagara Falls Boulevard
Niagara Falls, New York 14304-
1550

Niagara Falls Recovery Center

● Part 822 Outpatient Services



Charles W. Monson

181010813

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: November 01, 2016
EXPIRATION DATE: October 31, 2018

State of New York

Office of Alcoholism and Substance Abuse Services

CHEMICAL DEPENDENCE

ADDENDUM TO OPERATING CERTIFICATE NUMBER 181010813

Horizon Health Services, Inc.

CERTIFIED ADDITIONAL LOCATION(S)

As of November 01, 2016

Site

Service(s)

Site

Service(s)

1st Floor
6321 Inducon Drive East
Sanborn, New York 14132-9016

- Part 822 Outpatient Services