



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

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

October 28, 2015

UPS GROUND

Ms. Stephanie Madison
Chief Executive Officer
Mental Health Association of Rockland County, Inc.
Suite A
140 Route 303
Valley Cottage, New York 10989

Re: Provider #70470
Operating Certificate #171010866
PRU #50565

Dear Ms. Madison:

Operating Certificate #171010866 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 Mental Health Association of Rockland County, Inc. to operate a Part 822-4 chemical dependence outpatient service at 140 Route 303, Valley Cottage, effective November 1, 2015.

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

Mental Health Association of Rockland County, 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. Stephanie Madison
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cc w/encs.: Charles W. Monson
Tim Donovan
Kim Benshoff
Cathy Shippey
Gail Keeler
Rate Based Provider Unit (DOH)
Michael Leitzes (Rockland County Community Mental Health Center)
Roger Davis (Board Chair, Mental Health Association of Rockland County, Inc.)
Juliet Stiebeck (Director, Mental Health Association of Rockland County, 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:	Mental Health Association of Rockland County, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	
Street Address:	140 Route 303
City and Zip Code:	Valley Cottage, 10989

Provider Number:	70470
Operating Certificate Number:	1710 10866
Recertification Review Number:	NY15049
Recertification Review Conducted:	6/16/2015 to: 6/19/2015

PRU Number(s): 50565 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	3.00	3.62		2 years
▶ Service Management	4.00	4.00		3 years
▶ Red Flag Deficiency(ies) (For specific Red Flag Deficiency(ies), please refer to Program Review Report issued at conclusion of Recertification Review)				n/a
▶ Quality Services Review				n/a

FACILITY INSPECTION RESULTS

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
7178	140 Route 303, Valley Cottage 10989	ML	21160	6/12/2015	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 1.67 Overall Ratio 1.55 3 year

CERTIFICATE TERM

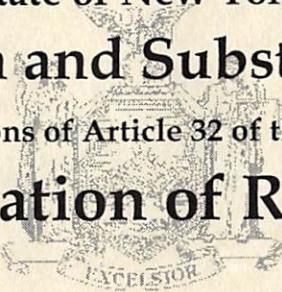
The term for the enclosed Operating Certificate is two years

State of New York

Office of Alcoholism and Substance Abuse Services

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

Mental Health Association of Rockland County, 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)

140 Route 303
Valley Cottage, New York
10989-5906

- Part 822-4 Outpatient Services



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

171010866

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: November 01, 2015
EXPIRATION DATE: October 31, 2017