



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

November 8, 2016

UPS GROUND

James McQuade, Ph.D.
Executive Director
Mental Health Providers of Western Queens, Inc.
2nd Floor
40-23 62nd Street
Woodside, New York 11377

Re: Provider #16140
Operating Certificate #180910867
PRU #51264

Dear Dr. McQuade:

Operating Certificate #180910867 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 Providers of Western Queens, Inc. to operate a Part 822 chemical dependence outpatient service at 62-07 Woodside Avenue, Woodside, and including the certified site listed on the Operating Certificate Addendum, effective October 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*.

Mental Health Providers of Western Queens, 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

James T. McQuade, Ph.D.
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cc w/encs.: Charles W. Monson
Steven Rabinowitz
David Hui
Healthcare Financing Unit
Gail Keeler
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)
Michael Weaver, Ph.D. (Board President, Mental Health Providers of Western
Queens, Inc.)
Cheryl Montanez (Program Director, Mental Health Providers of Western
Queens, 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>Mental Health Providers of Western Queens, Inc.</u>
Active Parent Corporation:	_____
Certified Program/Service Reviewed:	<u>Outpatient Services</u>

Building:	_____
Room/ Floor	<u>4th Floor</u>
Street Address:	<u>62-07 Woodside Avenue</u>
City and Zip Code:	<u>Woodside, 11377</u>

Provider Number:	<u>16140</u>
Operating Certificate Number:	<u>1809 10867</u>
Recertification Review Number:	<u>NY15172</u>
Recertification Review Conducted:	<u>8/29/2016 to: 9/2/2016</u>

PRU Number(s): 51264 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	3.00	3.29		<u>2 years</u>
▶ Service Management	3.69	3.92		<u>3 years</u>
▶ Facility	n/a	4.00		<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 89.62 Overall Ratio 15.82 3 year

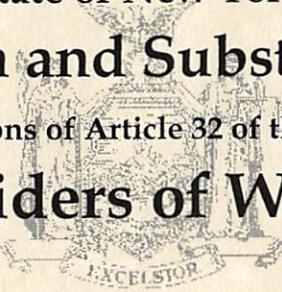
CERTIFICATE TERM The term for the enclosed Operating Certificate is two years

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 Providers of Western Queens, 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
62-07 Woodside Avenue
Woodside, New York 11377-3576

Program Name(s)

Service(s)

- Part 822 Outpatient Services

Additional Location(s) Addendum Attached



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

180910867

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: October 01, 2016

EXPIRATION DATE: September 30, 2018

State of New York

Office of Alcoholism and Substance Abuse Services

CHEMICAL DEPENDENCE

ADDENDUM TO OPERATING CERTIFICATE NUMBER 180910867

Mental Health Providers of Western Queens, Inc.

CERTIFIED ADDITIONAL LOCATION(S)

As of October 01, 2016

Site

Service(s)

Site

Service(s)

William Cullen Bryant High School
48-10 31st Avenue
Long Island City, New York 11103-

- Part 822 Outpatient Services