



August 15, 2012

UPS GROUND

Ms. Debra Martin  
Executive Director  
Saint Regis Mohawk Tribe/  
Saint Regis Mohawk Health Services  
Health and Human Services Division  
412 State Route 37  
Akwesasne, New York 13655-3109

Re: Operating Certificate #150610963

Dear Ms. Martin:

Operating Certificate #150610963 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 Saint Regis Mohawk Tribe/Saint Regis Mohawk Health Services to operate a Part 822-4 chemical dependence outpatient service at 412 State Route 37, Akwesasne, effective July 1, 2012.

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

Saint Regis Mohawk Tribe/Saint Regis Mohawk Health Services 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  
Acting Director  
Bureau of Certification and Systems Management

Enclosures

Ms. Debra Martin  
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cc w/encs.: Charles W. Monson  
Kathy Murphy  
Tim Donovan  
Holly Livingston  
Gail Keeler  
Rate Based Provider Unit (DOH)  
Suzanne Goolden (Director of Community Services, Franklin County Community  
Services)  
St. Regis Mohawk Tribal Council Chiefs (Saint Regis Mohawk Tribe/Saint Regis  
Mohawk Health Services)  
L. Daniel Jacobs (Clinical Director, Saint Regis Mohawk Tribe/Saint Regis  
Mohawk Health Services)

**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:	Saint Regis Mohawk Tribe/ Saint Regis Mohawk Health Services
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	Reservation Community Building
Room/ Floor:	
Street Address:	412 State Route 37
City and Zip Code:	Akwesasne, 13655

Provider Number:	22290
Operating Certificate Number:	1506 10963
Recertification Review Number:	AL11092
Recertification Review Conducted:	6/25/2012 to: 6/28/2012

PRU Number(s) 5266 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	3.46	3.50		3 years
▶ Service Management	4.00	3.49		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
1506	Reservation Community Building, 412 State Route 37, Akwesasne 13655	ML	17367	8/4/2011	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

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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  
**Saint Regis Mohawk Tribe/  
Saint Regis Mohawk Health Services**

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

Reservation Community  
Building  
412 State Route 37  
Akwesasne, New York 13655-  
3109

Program Name(s)

- Part 822-4 Outpatient Services

Service(s)

*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

150610963

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: July 01, 2012

EXPIRATION DATE: June 30, 2015

