



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

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

January 25, 2016

UPS GROUND

Mr. Peter Scaminaci
Senior Vice President & Regional Director
Phoenix Houses of Long Island, Inc.
2nd floor
50 Jay Street
Brooklyn, New York 11201

Re: Provider #50570
Conditional Operating Certificate #C170111309
PRU #6607

Dear Mr. Scaminaci:

Conditional Operating Certificate #C170111309 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This *Conditional* Operating Certificate provides authorization for Phoenix Houses of Long Island, Inc. to operate a Part 819 chemical dependence intensive residential rehabilitation service at 153A Lake Shore Road, Lake Ronkonkoma, effective February 1, 2016.

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

A standard Operating Certificate may be issued upon determination by OASAS that Phoenix Houses of Long Island, Inc.'s deficiencies noted on the attached compliance summary sheet have been resolved. Such determination will be based on the next scheduled review.

Phoenix Houses of Long Island, 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

Mr. Peter Scaminaci
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cc w/encs.: Charles W. Monson
Steven Rabinowitz
Antonette Whyte-Etere
Stephanie Saporito
Jane Gifford
Cathy Shippey
John Van Horn
Gail Keeler
Ann Marie Csorny (Suffolk County)
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)
Wole Coaxum (Chairman of the Board, Phoenix Houses of Long Island, Inc.)
Tricia McCloskey (Program Director, Phoenix Houses of Long Island, 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:	Phoenix Houses of Long Island, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Intensive Residential Rehabilitation

Building:	
Room/ Floor	
Street Address:	153A Lake Shore Road
City and Zip Code:	Lake Ronkonkoma, 11779

Provider Number:	50570
Operating Certificate Number:	1701 11309
Recertification Review Number:	NY15121
Recertification Review Conducted:	9/9/2015 to: 9/11/2015

PRU Number(s): 6607 Capacity: 16

<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	2.36	3.00		1 year
▶ Service Management	3.69	3.93		3 years
▶ Facility	3.50	3.82		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

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	
Current Ratio	Total Ratio
Current Assets to Current Liabilities	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 2.07 Overall Ratio 0.98 2 year

CERTIFICATE TERM The term for the enclosed Operating Certificate is one year

State of New York

Office of Alcoholism and Substance Abuse Services

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

Phoenix Houses of Long Island, 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

153A Lake Shore Road
Lake Ronkonkoma, New York
11779-3157

Program Name(s)

Phoenix House Mother and Child Program

Service(s)

- Part 819 Intensive Residential Rehabilitation - 16
Adult beds and up to 16 beds for their children



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

C170111309

CERTIFICATE NUMBER
CONDITIONAL

EFFECTIVE DATE: February 01, 2016
EXPIRATION DATE: January 31, 2017