



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

May 18, 2016

UPS GROUND

Ms. Teresa Aliotta
Director
New York State Office of Alcoholism and Substance Abuse Services
Kingsboro Addiction Treatment Center
Main Building
2nd Floor, Room 206
754 Lexington Avenue
Brooklyn, New York 11221-2944

Re: Provider #90014
Operating Certificate #180311383
PRU #51996

Dear Ms. Aliotta:

Operating Certificate #180311383 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 New York State Office of Alcoholism and Substance Abuse Services Kingsboro Addiction Treatment Center to operate a Section 816.7 medically supervised inpatient withdrawal & stabilization service, with the use of methadone, at 754 Lexington Avenue, Brooklyn, effective April 1, 2016.

Additionally, at the request of New York State Office of Alcoholism and Substance Abuse Services Kingsboro Addiction Treatment Center, the certified Part 818 inpatient rehabilitation service has been removed from this Operating Certificate and issued its own separate Operating Certificate.

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

OASAS received New York State Office of Alcoholism and Substance Abuse Services Kingsboro Addiction Treatment Center's letter dated May 17, 2016, indicating that no changes have been made to the currently approved Medical Detoxification Protocols. Please refer to Local Services Bulletin No. 2010-01, OASAS Policy Regarding Medical Detoxification and the Use of Medications (2/11/10), prior to making modifications in these protocols.

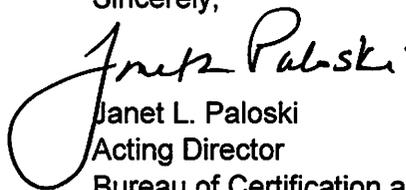
New York State Office of Alcoholism and Substance Abuse Services Kingsboro Addiction Treatment Center is responsible for complying with applicable building occupancy limitations and securing any necessary approvals from other governmental entities.

This Operating Certificate is to be prominently displayed at the service site.

Ms. Teresa Aliotta
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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

cc w/encs.: Charles W. Monson
Belinda Greenfield
Gregory James
Steven Rabinowitz
Ivan Garcia
Steve Hanson
Maria Pasceri
Cathy Shippey
Janet Rucki
Debi McKay
Rate Based Provider Unit (DOH)
Mike Ogborn (DOH)
Nichole Washington (CSAT)
Jim Place (DEA)
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)

**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:	New York State Office of Alcoholism and Substance Abuse Services Kingsboro Addiction Treatment Center
Active Parent Corporation:	
Certified Program/Service Reviewed:	Medically Supervised Inpatient Withdrawal & Stabilization Services

Building:	
Room/ Floor:	
Street Address:	754 Lexington Avenue
City and Zip Code:	Brooklyn, 11221

Provider Number:	90014
Operating Certificate Number:	1803 11383
Recertification Review Number:	NY15161
Recertification Review Conducted:	10/8/2015 to: 10/15/2015

PRU Number(s): 51996 Capacity: 10

<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	3.33	2.73		2 years
▶ Service Management	4.00	4.00		3 years
▶ Facility	3.00	2.86		2 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). N/A

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 Overall Ratio

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

New York State Office of Alcoholism and Substance Abuse Services Kingsboro Addiction Treatment Center

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

754 Lexington Avenue
Brooklyn, New York 11221-2944

Program Name(s)

Service(s)

- Part 816.7 Medically Supervised Inpatient Withdrawal & Stabilization Services - 10 beds [located in the West Wing, 5th Floor]*
*Any portion of these beds may be used for the provision of inpatient rehabilitation services, as needed. [With the use of Methadone]



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

180311383

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: April 01, 2016
EXPIRATION DATE: March 31, 2018