



**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

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

August 23, 2016

UPS GROUND

Mr. Jeremy Klemanski  
President and Chief Executive Officer  
Syracuse Brick House, Inc.  
Suite 200  
329 North Salina Street  
Syracuse, New York 13203

Re: Provider #36090  
Operating Certificate #190711456  
PRU #51963

Dear Mr. Klemanski:

Operating Certificate #190711456 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 Syracuse Brick House, Inc. to operate a Section 816.9 medically monitored withdrawal & stabilization service at 847 James Street, Syracuse, effective August 1, 2016.

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

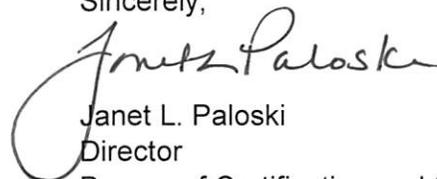
OASAS received Syracuse Brick House, Inc.'s letter dated July 12, 2016, indicating that no changes have been made to the currently approved Medical Staffing Policy. Please refer to Local Services Bulletin No. 2010-01, OASAS Policy Regarding Medical Detoxification and the Use of Medications (2/11/10), prior to making modifications in this staffing policy.

Syracuse Brick House, 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. Jeremy Klemanski  
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August 23, 2016

cc w/encs.: Charles W. Monson  
Belinda Greenfield  
Gregory James  
Tim Donovan  
Rochelle Cardillo  
Cathy Shippey  
Gail Keeler  
Rate Based Provider Unit (DOH)  
Mike Ogborn (DOH)  
Lisa Alford (Onondaga County)  
David Reaske (Chairman of the Board, Syracuse Brick House, Inc.)  
Sarah Vienne (Willows Inpatient Service Director, Syracuse Brick House, 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: Syracuse Brick House, Inc.  
 Active Parent Corporation: \_\_\_\_\_  
 Certified Program/Service Reviewed: Medically Monitored Withdrawal & Stabilization Services

Building: \_\_\_\_\_  
 Room/ Floor: 1st Floor & Lower Level  
 Street Address: 847 James Street  
 City and Zip Code: Syracuse, 13203

Provider Number: 36090  
 Operating Certificate Number: 1907 11456  
 Recertification Review Number: AL15163  
 Recertification Review Conducted: 4/13/2016 to: 4/15/2016

PRU Number(s): 51963 Capacity: 12

**RECERTIFICATION REVIEW COMPLIANCE RATING TABLE**

Compliance Scores	Compliance Ratings	Term of Renewed Operating Certificate
---	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**

	Quality Indicator	Overall	Yes/No	Renewal Term
▶ Case Records	4.00	3.64		3 years
▶ Service Management	4.00	3.66		3 years
▶ Facility	n/a	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)				
▶ 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

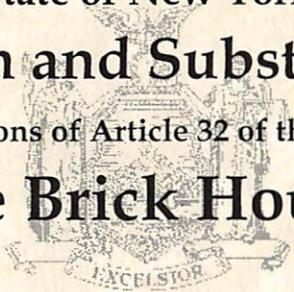
Current Ratio 3.4 Overall Ratio 2.05 3 year

**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

**Syracuse Brick House, 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)

1st Floor & Lower Level  
847 James Street  
Syracuse, New York 13203-2504

- Part 816.9 Medically Monitored Withdrawal & Stabilization Services - 12 beds - without the use of methadone [up to 12 beds may be used for the provision of medically supervised inpatient withdrawal & stabilization services, as needed]



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

190711456

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: August 01, 2016  
EXPIRATION DATE: July 31, 2019