



**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

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

September 15, 2016

UPS GROUND

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

Re: Provider #36090  
Operating Certificate #190911480  
PRU #50044

Dear Mr. Klemanski:

Operating Certificate #190911480 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 Part 819 chemical dependence community residential service at 1074 West Genesee Street, Syracuse, effective October 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*.

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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cc w/encs.: Charles W. Monson  
Tim Donovan  
Donna Stott  
Rochelle Cardillo  
Janet Rucki  
Lisa Alford (Onondaga County)  
David Reaske (Chairman of the Board, Syracuse Brick House, Inc.)  
Raymond Wright (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: Community Residential

Building: Harriet May Mills House  
 Room/ Floor: \_\_\_\_\_  
 Street Address: 1074 West Genesee Street  
 City and Zip Code: Syracuse, 13204

Provider Number: 36090  
 Operating Certificate Number: 1909 11480  
 Recertification Review Number: AL16014  
 Recertification Review Conducted: 6/27/2016 to: 6/30/2016

PRU Number(s): 50044 Capacity: 12

<b><u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u></b>		
<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	3.40	3.63		3 years
▶ Service Management	4.00	3.93		3 years
▶ Facility	n/a	3.60		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**

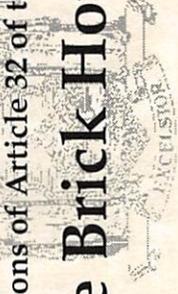
- Fiscal viability package not submitted.
- Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28).

<b>Fiscal Viability Levels</b>	
<b>Current Ratio</b> Current Assets to Current Liabilities	<b>Total Ratio</b> 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

Harriet May Mills House  
1074 West Genesee Street  
Syracuse, New York 13204-2243

Program Name(s)

The Women's Halfway House

Service(s)

- Part 819 Community Residential - 12 beds [for women]

*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

190911480

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: October 01, 2016

EXPIRATION DATE: September 30, 2019