



**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

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

November 28, 2016

UPS GROUND

Ms. Anne D. Constantino  
President and Chief Executive Officer  
Horizon Health Services, Inc.  
3020 Bailey Avenue, 2<sup>nd</sup> Floor  
Buffalo, New York 14215-2814

Re: Provider #11130  
Operating Certificate #191111662  
PRU #52194

Dear Ms. Constantino:

Operating Certificate #191111662 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 Horizon Health Services, Inc. to operate a Part 822 chemical dependence outpatient service at 2400 Pine Avenue, Niagara Falls, effective December 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*.

Horizon Health Services, 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

Ms. Anne D. Constantino  
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cc w/encs.: Charles W. Monson  
Tim Donovan  
Donna Stott  
Healthcare Financing  
Lynn DeFruscio  
Rate Based Provider Unit (DOH)  
Michael Ranney (Erie County)  
Laura Kelemen (Niagara County)  
Scott Weber (Board Chair, Horizon Health Services, Inc.)  
Jodie Gerhard (Program Director, Horizon Health Services, 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:                | <u>Horizon Health Services, Inc.</u> |
| Active Parent Corporation:          | _____                                |
| Certified Program/Service Reviewed: | <u>Outpatient Services</u>           |

|                    |                             |
|--------------------|-----------------------------|
| Building:          | _____                       |
| Room/ Floor        | _____                       |
| Street Address:    | <u>2400 Pine Avenue</u>     |
| City and Zip Code: | <u>Niagara Falls, 14301</u> |

|                                   |                                |
|-----------------------------------|--------------------------------|
| Provider Number:                  | <u>11130</u>                   |
| Operating Certificate Number:     | <u>1911 11662</u>              |
| Recertification Review Number:    | <u>AL15165</u>                 |
| Recertification Review Conducted: | <u>11/1/2016 to: 11/4/2016</u> |

PRU Number(s): 52194 Capacity: \_\_\_\_\_

| <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  | <u>3.69</u>              | <u>3.68</u>    |               | <u>3 years</u>      |
| ▶ Service Management  | <u>4.00</u>              | <u>3.91</u>    |               | <u>3 years</u>      |
| ▶ Facility  | <u>n/a</u>               | <u>3.78</u>    |               | <u>3 years</u>      |
| ▶ Red Flag Deficiency(ies)<br>(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**

| <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 2.56 Overall Ratio 5.12 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

## Horizon Health Services, 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

2400 Pine Avenue  
Niagara Falls, New York 14301-  
2232

Program Name(s)

Pine Avenue Recovery Center

Service(s)

- Part 822 Outpatient Services



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

191111662

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: December 01, 2016  
EXPIRATION DATE: November 30, 2019