



**Office of Alcoholism and  
Substance Abuse Services**

ANDREW M. CUOMO  
Governor

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

October 18, 2016

UPS GROUND

Ms. Lisa Forshee  
Director  
Syracuse Recovery Services, LLC  
319 East Water Street  
Syracuse, New York 13202-4721

Re: Provider #47230  
Operating Certificate #180911710  
PRU #52520

Dear Ms. Forshee:

Operating Certificate #180911710 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 Recovery Services, LLC to operate a Part 822 chemical dependence outpatient service at 319 East Water Street, Syracuse, and including the certified site listed on the Operating Certificate Addendum, effective October 1, 2016.

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

Syracuse Recovery Services, LLC 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

cc w/encs.: Charles W. Monson  
Tim Donovan  
Rochelle Cardillo  
Cathy Shippey

Gail Keeler  
Rate Based Provider Unit (DOH)  
Lisa Alford (Onondaga County)

**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 Recovery Services, LLC
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	
Street Address:	319 East Water Street
City and Zip Code:	Syracuse, 13202

Provider Number:	47230
Operating Certificate Number:	1809 11710
Recertification Review Number:	AL15066
Recertification Review Conducted:	8/30/2016 to: 9/2/2016

PRU Number(s): 52520 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	3.69	3.82		3 years
▶ Service Management	3.69	3.64		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).

<b>Fiscal Viability Levels</b>	
<b>Current Ratio</b>	<b>Total Ratio</b>
<b>Current Assets to Current Liabilities</b>	<b>Total Assets to Total Liabilities</b>
.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 0.61 Overall Ratio 1.08 2 year

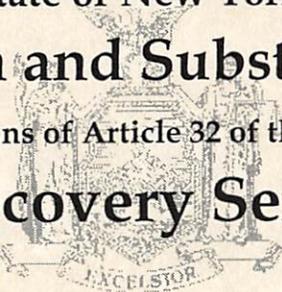
**CERTIFICATE TERM** The term for the enclosed Operating Certificate is two years

State of New York

# Office of Alcoholism and Substance Abuse Services

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

## Syracuse Recovery Services, LLC



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)

319 East Water Street  
Syracuse, New York 13202-4721

- Part 822 Outpatient Services

Additional Location(s) Addendum Attached



*Charles W. Monson*

180911710

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: October 01, 2016  
EXPIRATION DATE: September 30, 2018

State of New York

Office of Alcoholism and Substance Abuse Services

CHEMICAL DEPENDENCE

ADDENDUM TO OPERATING CERTIFICATE NUMBER 180911710

Syracuse Recovery Services, LLC

CERTIFIED ADDITIONAL LOCATION(S)

As of October 01, 2016

Site

Service(s)

Site

Service(s)

4th Floor  
Suite 411  
17 Main Street  
Cortland, New York 13045-

• Part 822 Outpatient Services