NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

ANDREW M. CUOMO
Governor

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

July 20, 2016

UPS GROUND

Mr. Peter Scaminaci
Senior Vice President & Executive Director
Phoenix Houses of New York, Inc.
2nd Floor
50 Jay Street
Brooklyn, New York 11201

Re: Provider #16820
Conditional Operating Certificate #C170711761
PRU #52605

Dear Mr. Scaminaci:

Conditional Operating Certificate #C170711761 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This *Conditional* Operating Certificate provides authorization for Phoenix Houses of New York, Inc. to operate a Section 816.8 medically supervised outpatient withdrawal & stabilization service, without the use of methadone, at 34-11 Vernon Boulevard, Long Island City, effective August 1, 2016.

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

A standard Operating Certificate may be issued upon determination by OASAS that Phoenix Houses of New York, Inc.'s deficiencies noted on the attached compliance summary sheet have been resolved. Such determination will be based on the next scheduled review.

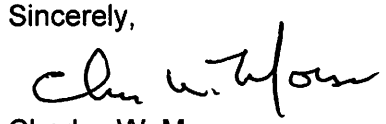
OASAS received Phoenix Houses of New York, Inc.'s letter dated July 15, 2016, indicating that no changes have been made to the currently approved Medical Detoxification Protocols. Please refer to Local Services Bulletin No. 2010-01, OASAS Policy Regarding Medical Detoxification and the Use of Medications (2/11/10), prior to making modifications in these protocols.

Phoenix Houses of New York, 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,



Charles W. Monson
Associate Commissioner
Quality Assurance and Performance Improvement

Enclosures

cc w/encs.: Janet L. Paloski
Steven Rabinowitz
Belinda Greenfield
Gregory James
Sheila Roach
Stephanie Saporito
Jane Gifford
Cathy Shippey
John Van Horn
Gail Keeler
Rate Based Provider Unit (DOH)
Mike Ogborn (DOH)
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)
Wole Coaxum (Chairman, Board of Directors, Phoenix Houses of New York & Long Island)
Teresa McMahon (Director, Phoenix Houses of New York, 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: Phoenix Houses of New York, Inc.
Active Parent Corporation:
Certified Program/Service Reviewed: Medically Supervised Outpatient Withdrawal & Stabilization

Building:
Room/ Floor
Street Address: 34-11 Vernon Boulevard
City and Zip Code: Long Island City, 11106

Provider Number: 16820
Operating Certificate Number: 1707 11761
Recertification Review Number: NY16001
Recertification Review Conducted: 2/25/2016 to: 3/1/2016

PRU Number(s): 52605 Capacity: 9

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	2.40	2.04		1 year
▶Service Management	3.56	3.47		3 years
▶Facility	4.00	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 Current Assets to Current Liabilities	Total Ratio 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 0.9 Overall Ratio 1.06 — 3 year

CERTIFICATE TERM The term for the enclosed Operating Certificate is one year

State of New York

Office of Alcoholism and Substance Abuse Services

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

Phoenix Houses of New York, 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)
34-11 Vernon Boulevard Long Island City, New York 11106-5121		• Part 816.8 Medically Supervised Outpatient Withdrawal & Stabilization - 9 patients [without the use of methadone]

Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

C170711761

CERTIFICATE NUMBER
CONDITIONAL

EFFECTIVE DATE: August 01, 2016
EXPIRATION DATE: July 31, 2017