



**Office of Alcoholism and  
Substance Abuse Services**

ANDREW M. CUOMO  
Governor

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

October 14, 2015

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 #181011772  
PRU #52617

Dear Ms. Constantino:

Operating Certificate #181011772 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 822-4 chemical dependence outpatient service at 3345 Southwestern Boulevard, Orchard Park, effective November 1, 2015.

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  
Patrick Morrison  
Cathy Shippey  
Lynn DeFruscio  
Rate Based Provider Unit (DOH)  
Michael Ranney (Erie County)  
Mark Mortenson (Board Chair, Horizon Health Services, Inc.)  
Marisa Shepherd (Senior 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:	Horizon Health Services, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	
Street Address:	3345 Southwestern Boulevard
City and Zip Code:	Orchard Park, 14127

Provider Number:	11130
Operating Certificate Number:	1810 11772
Recertification Review Number:	AL15018
Recertification Review Conducted:	4/28/2015 to: 4/30/2015

PRU Number(s): 52617 Capacity:

**RECERTIFICATION REVIEW COMPLIANCE RATING TABLE**

<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	3.89		3 years
▶ Service Management	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)				n/a
▶ Quality Services Review				n/a

**FACILITY INSPECTION RESULTS**

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
7728	3345 Southwestern Boulevard, Orchard Park 14127	ML	21095	4/28/2015	None	3 years

**Site Type Codes**

ML - Main Location  
AL - Additional Location  
Apt - Apartment

**Deficiency Code Examples**

Red Flag - imminent structural failure; fire service sprinkler system disabled; or a required exit that is permanently blocked  
Significant - pathways to exits blocked; fire alarm systems in trouble mode; or broken stair treads  
Notable - any other OASAS or building code violation

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OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

**FISCAL VIABILITY REVIEWS**

**Term**

- Fiscal viability package not submitted.
- Data received insufficient to determine fiscal viability.
- 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      3.22      Overall Ratio      5.23      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

Program Name(s)

Service(s)

3345 Southwestern Boulevard  
Orchard Park, New York 14127

Orchard Park Family Recovery Center

● Part 822-4 Outpatient Services



*Charles W. Monson*

181011772

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: November 01, 2015  
EXPIRATION DATE: October 31, 2018