



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

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

January 22, 2016

UPS GROUND

Tom Tuzel, M.D.
Owner, Medical Director
Behavioral Enhancement and Substance Abuse Medicine Treatment, PLLC
Suite 17, 770 Grand Boulevard
Deer Park, NY 11729

Re: Provider #48360
Conditional Operating Certificate #C160611797
PRU #52688

Dear Dr. Tuzel:

Conditional Operating Certificate #C160611797 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 Behavioral Enhancement and Substance Abuse Medicine Treatment, PLLC (BEST) to operate a Part 822-4 chemical dependence outpatient service at Suite 17, 770 Grand Boulevard, Deer Park, effective July 1, 2015.

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 BEST's regulatory compliance deficiencies have been resolved. Such determination will be based on the next regulatory compliance recertification review. Please note the following ongoing concerns:

- BEST was established as an operator of OASAS-certified services in June 2013. The first on-site regulatory compliance recertification review, conducted in June 2014, determined that BEST was operating in **minimal compliance** with applicable OASAS regulations. The review identified numerous case record deficiencies. As a result, a *Conditional* Operating Certificate was issued for a term of one year. BEST was advised that issuance of a standard Operating Certificate was contingent upon the determination by OASAS that a corrective action plan had been implemented and that the service was operating in compliance with applicable regulations, as determined through a subsequent regulatory compliance review.
- The subsequent regulatory compliance recertification review, conducted in July 2015, determined that BEST was again operating in **minimal compliance** with applicable OASAS regulations. In addition, the numerous repeat patient case record deficiencies indicated that BEST had failed to implement necessary corrective actions in response to the 2014 review.

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- The OASAS Criminal Background Check Unit reports that BEST has not submitted for fingerprinting any employees/interns hired after July 1, 2013 who have the potential for regular and substantial unrestricted and unsupervised contact with patients. This is required under Part 805 by the Justice Center for the Protection of People with Special Needs.

As noted above, BEST has failed to demonstrate compliance with applicable regulations through the only two OASAS regulatory compliance reviews it has undergone. **Should the next regulatory compliance recertification review find BEST to be in minimal compliance or noncompliance, OASAS will pursue revocation of the noted Operating Certificate.** It is the expectation of OASAS that the above-noted issues will also be resolved by that time. Please be advised that the Part 822 Regulations have been revised, and BEST must operate in compliance with the applicable standards.

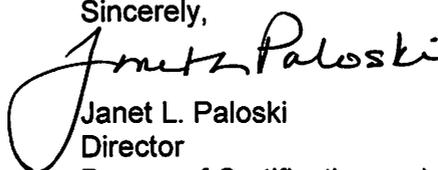
You recently advised OASAS of the increased oversight you are providing, as owner and Medical Director of BEST. As defined in Section 800.3, the Medical Director has overall responsibility for the medical services provided by the program, amongst other specified duties and responsibilities. You also indicated that a new Program Director will be starting in the next few weeks, and that you will reach out to the OASAS Field Office for an introductory meeting. **Please note that a copy of the Program Director's resume/credentials should be forwarded to the Field Office for review.**

Behavioral Enhancement and Substance Abuse Medicine Treatment, PLLC has an ongoing responsibility 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.: Manuel Mosquera
Charles W. Monson
Steven Rabinowitz
Antonette Whyte-Etere
David Herbert
Stephanie Saporito
Gail Keeler
Rate Based Provider Unit (DOH)
Ann Marie Csorny (Suffolk 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:	<u>Behavioral Enhancement and Substance Abuse Medicine Treatment, PLLC</u>
Active Parent Corporation:	_____
Certified Program/Service Reviewed:	<u>Outpatient Services</u>

Building:	_____
Room/ Floor	<u>Suite 17</u>
Street Address:	<u>770 Grand Boulevard</u>
City and Zip Code:	<u>Deer Park, 11729</u>

Provider Number:	<u>48360</u>
Operating Certificate Number:	<u>1606 11797</u>
Recertification Review Number:	<u>NY14164</u>
Recertification Review Conducted:	<u>6/24/2015 to: 7/3/2015</u>

PRU Number(s): 52688 Capacity: _____

<u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u>		
<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>2.50</u>	<u>2.91</u>		<u>1 year</u>
▶ Service Management	<u>3.73</u>	<u>3.92</u>		<u>3 years</u>
▶ Facility	<u>4.00</u>	<u>4.00</u>		<u>3 years</u>
▶ 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 1193 Overall Ratio 108049 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

Behavioral Enhancement and Substance Abuse Medicine Treatment, PLLC

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)

Suite 17
770 Grand Boulevard
Deer Park, New York 11729-5725

- Part 822-4 Outpatient Services



Charles W. Monson

C160611797

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER
CONDITIONAL

EFFECTIVE DATE: July 01, 2015
EXPIRATION DATE: June 30, 2016