



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

November 4, 2016

UPS GROUND

Dorothy Cucinelli, Ph.D.
Chief Executive Officer
Equinox, Inc.
500 Central Avenue
Albany, New York 12206-3002

Re: Provider #14510
Conditional Operating Certificate #C170911801
PRU #52689

Dear Dr. Cucinelli:

Conditional Operating Certificate #C170911801 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 Equinox, Inc. to operate an Outpatient Service (822), at 95 Central Avenue, Albany, effective October 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 Equinox, Inc.'s deficiencies noted on the attached compliance summary sheet have been resolved. Such determination will be based on the next scheduled review.

Equinox, 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

Dr. Dorothy Cucinelli
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cc w/encs.: Charles W. Monson
Tim Donovan
Deb Czubak
Marjorie Catalano
Jane Gifford
Cathy Shippey
Janet Rucki
Rate Based Provider Unit (DOH)
Stephen J. Giordano, Ph.D. (Albany County)
Steve Baboulis (Chair (VP & General Manager, WNYT-TV), Equinox, Inc.)
Michael Ballester (Clinical Director, Equinox, 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: Equinox, Inc.
 Active Parent Corporation: _____
 Certified Program/Service Reviewed: Outpatient Services

Building: Basement, 1st & 2nd Floors
 Room/ Floor: _____
 Street Address: 95 Central Avenue
 City and Zip Code: Albany, 12206

Provider Number: 14510
 Operating Certificate Number: 1709 11801
 Recertification Review Number: AL15147
 Recertification Review Conducted: 9/6/2016 to: 9/9/2016

PRU Number(s): 52689 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	2.08	2.66		1 year
▶ Service Management	4.00	3.67		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).

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 2.33 Overall Ratio 1.71 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

Equinox, 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

Basement, 1st & 2nd Floors
95 Central Avenue
Albany, New York 12206-3001

Program Name(s)

Service(s)

- Part 822 Outpatient Services



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

C170911801

CERTIFICATE NUMBER
CONDITIONAL

EFFECTIVE DATE: October 01, 2016
EXPIRATION DATE: September 30, 2017