



**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

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

September 18, 2015

UPS GROUND

Ms. Jaccel Kouns  
Executive Director/V.P. of Clinical Services  
Montefiore Health System, Inc. as Sponsor  
Montefiore Mount Vernon Hospital as Operator  
12 N. 7<sup>th</sup> Avenue, Building #111  
Mount Vernon, New York 10550

Re: Provider #80000  
Operating Certificate #180911813  
PRU #52719

Dear Ms. Kouns:

Operating Certificate #180911813 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 Montefiore Health System, Inc. as Sponsor, Montefiore Mount Vernon Hospital as Operator to operate a Part 822-5 opioid treatment program at 3 South Sixth Avenue, Mount Vernon, effective October 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*.

Montefiore Health System, Inc. as Sponsor, Montefiore Mount Vernon Hospital as Operator 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. Jaccel Kouns  
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cc w/encs.: Charles W. Monson  
Tim Donovan  
Deb Czubak  
Belinda Greenfield  
Gregory James  
Sarita Wells  
Janet Rucki  
Rate Based Provider Unit (DOH)  
Mike Ogborn (DOH)  
Nichole Washington (CSAT)  
Jim Place (DEA)  
Mark Herceg, Ph.D. (Westchester County)  
Steven M. Safyer, M.D. (President and CEO, Montefiore Health System, Inc. as  
Sponsor, Montefiore Mount Vernon Hospital as Operator)  
Jill Ferson (Program Director, Montefiore Health System, Inc. as Sponsor,  
Montefiore Mount Vernon Hospital as Operator)

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: Montefiore Health System, Inc. as Sponsor Montefiore Mount Vernon Hospital as Operator  
 Active Parent Corporation: \_\_\_\_\_  
 Certified Program/Service Reviewed: Opioid Treatment Program

Building: \_\_\_\_\_  
 Room/ Floor: \_\_\_\_\_  
 Street Address: 3 South Sixth Avenue  
 City and Zip Code: Mount Vernon, 10550

Provider Number: 80000  
 Operating Certificate Number: 1809 11813  
 Recertification Review Number: NY14172  
 Recertification Review Conducted: 7/14/2015 to: 7/21/2015

PRU Number(s): 52719 Capacity: 400

<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	3.50	3.59		3 years
▶ Service Management	3.73	3.93		3 years
▶ Facility	3.43	3.60		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.
- 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). N/A

<u>Fiscal Viability Levels</u>	
<u>Current Ratio</u>	<u>Total Ratio</u>
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
- Overall Ratio

**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

## Montefiore Health System, Inc. as Sponsor Montefiore Mount Vernon Hospital as Operator

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

3 South Sixth Avenue  
Mount Vernon, New York 10550

Program Name(s)

Service(s)

- Part 822-5 Opioid Treatment Program - 400 patients



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

180911813

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: October 01, 2015  
EXPIRATION DATE: September 30, 2018