



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

October 19, 2016

UPS GROUND

Ms. Sharen I. Duke
President/Chief Executive Officer
AIDS Service Center of Lower Manhattan, Inc.
d/b/a Allied Service Center NYC
64 West 34th Street
New York, New York 10001

Re: Provider #48900
Conditional Operating Certificate #C170211858
PRU #52799

Dear Ms. Duke:

Conditional Operating Certificate #C170211858 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 AIDS Service Center of Lower Manhattan, Inc. d/b/a Allied Service Center NYC to operate a Part 822 chemical dependence outpatient service, at 2036 Amsterdam Avenue, New York, effective September 1, 2016.

The six month 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 AIDS Service Center of Lower Manhattan, Inc. d/b/a Allied Service Center NYC's deficiencies noted on the attached compliance summary sheet have been resolved. Such determination will be based on the next scheduled review.

AIDS Service Center of Lower Manhattan, Inc. d/b/a Allied Service Center NYC 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. Sharen I. Duke
Page 2 of 2
October 19, 2016

cc w/encs.: Charles W. Monson
Steven Rabinowitz
Reginald Williams
Stephanie Saporito
Jane Gifford
Cathy Shippey
Lynn DeFruscio
Rate Based Provider Unit (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)
William Toler (Chair of the Board, AIDS Service Center of Lower Manhattan, Inc.
d/b/a Allied Service Center NYC)
Kristy Aristy (Program Director, AIDS Service Center of Lower Manhattan, Inc.
d/b/a Allied Service Center NYC)

**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:	AIDS Service Center of Lower Manhattan, Inc. d/b/a Allied Service Center NYC
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	Ground Floor
Street Address:	2036 Amsterdam Avenue
City and Zip Code:	New York, 10032

Provider Number:	48900
Operating Certificate Number:	1702 11858
Recertification Review Number:	NY15109
Recertification Review Conducted:	7/20/2016 to: 8/1/2016

PRU Number(s): 52799 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
0 - 1.75	Red Flag Deficiency(ies) Noncompliance	6 months
1.76 - 2.50	Minimal Compliance	6 months
2.51 - 3.25	Partial Compliance	1 year
3.26 - 4.00	Substantial Compliance	2 years
		3 years

RECERTIFICATION REVIEW RESULTS

COMPLIANCE STATUS

	<u>Quality Indicator</u>	<u>Overall</u>	<u>Yes/No</u>	<u>Renewal Term</u>
▶ Case Records	1.15	1.48		6 months
▶ Service Management	3.69	3.72		3 years
▶ Facility	n/a	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.
- 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 1.86 Overall Ratio 2.01 3 year

CERTIFICATE TERM The term for the enclosed Operating Certificate is 6 months

State of New York

Office of Alcoholism and Substance Abuse Services

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

AIDS Service Center of Lower Manhattan, Inc.
d/b/a Allied Service Center NYC

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)

Ground Floor
2036 Amsterdam Avenue
New York, New York 10032-5078

- Part 822 Outpatient Services



Charles W. Monson

C170211858

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER
CONDITIONAL

EFFECTIVE DATE: September 01, 2016
EXPIRATION DATE: February 28, 2017