



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

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

September 29, 2016

UPS GROUND

Mr. Harris Oberlander
Chief Executive Officer
Trinity Alliance of the Capital Region, Inc.
15 Trinity Place
Albany, New York 12202

Re: Provider #24440
Conditional Operating Certificate #C170910049
PRU #6415

Dear Mr. Oberlander:

Conditional Operating Certificate #C170910049 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 Trinity Alliance of the Capital Region, Inc. to operate a Part 819 chemical dependence intensive residential rehabilitation service at 76-82 2nd Street, 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 Trinity Alliance of the Capital Region, Inc.'s deficiencies noted on the attached compliance summary sheet have been resolved. Such determination will be based on the next scheduled review.

Trinity Alliance of the Capital Region, 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

Mr. Harris Oberlander
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cc w/encs.: Charles W. Monson
Tim Donovan
Deborah Czubak
Marjorie Catalano
Jane Gifford
Cathy Shippey
Gail Keeler
Rate Based Provider Unit (DOH)
Stephen J. Giordano, Ph.D. (Albany County)
Greg Stapleton (Board President, Trinity Alliance of the Capital Region, Inc.)
Grace Smythe-Young (Program Director, Trinity Alliance of the Capital Region,
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:	Trinity Alliance of the Capital Region, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Intensive Residential Rehabilitation

Building:	
Room/ Floor	
Street Address:	76-82 2nd Street
City and Zip Code:	Albany, 12210

Provider Number:	24440
Operating Certificate Number:	1709 10049
Recertification Review Number:	AL16011
Recertification Review Conducted:	4/26/2016 to: 5/2/2016

PRU Number(s): 6415 Capacity: 20

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	1.90	2.72		1 year
▶ Service Management	3.69	3.93		3 years
▶ Facility	n/a	3.64		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

.90 to 1.0 = 3 year Certificate
.60 to .89 = 2 year Certificate
.40 to .59 = 1 year Conditional Certificate
< .40 = 6 month Conditional Certificate

Total Ratio
Total Assets to Total Liabilities

1.0 to 1.0 = 3 year Certificate
.60 to .99 = 2 year Certificate
.40 to .59 = 1 year Conditional Certificate
< .40 = 6 month Conditional Certificate

Current Ratio 1.48 Overall Ratio 2.25 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

Trinity Alliance of the Capital Region, 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)

76-82 2nd Street
Albany, New York 12210-2517

- Part 819 Intensive Residential Rehabilitation - 20 beds



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

C170910049

CERTIFICATE NUMBER
CONDITIONAL

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