



December 12, 2013

UPS GROUND

Peter Provet, Ph.D.  
President and Chief Executive Officer  
Odyssey House, Inc.  
17<sup>th</sup> Floor  
120 Wall Street  
New York, New York 10005

Re: Provider #19400  
Operating Certificate #161210055  
PRU #s 7221, 7222

Dear Dr. Provet:

Operating Certificate #161210055 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 Odyssey House, Inc. to operate a Part 819 chemical dependence intensive residential rehabilitation service at Mabon Building #13, Wards Island, effective January 1, 2014.

The three year term of the Operating Certificate is based on the scores identified on the attached *Operating Certificate Renewal Compliance Summary Sheet*.

Odyssey House, 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  
Acting Director  
Bureau of Certification and Systems Management

Enclosures

Peter Provet, Ph.D.  
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cc w/encs.: Charles W. Monson  
Steven Rabinowitz  
Reginald Williams  
Gail Keeler  
Hillary Kunins, MD, MPH, MS (NYC Dept. of Health and Mental Hygiene)  
Luke Bergmann (NYC Dept. of Health and Mental Hygiene)  
Norma Carmona-Rodriguez (NYC Dept. of Health and Mental Hygiene)  
Richard O'Connor (Chairman of the Board, Odyssey House, Inc.)  
Jeremy King (Program Director, Odyssey House, 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:	Odyssey House, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Intensive Residential Rehabilitation

Building:	
Room/ Floor	
Street Address:	Mabon Building #13
City and Zip Code:	Wards Island, 10035

Provider Number:	19400
Operating Certificate Number:	1612 10055
Recertification Review Number:	NY13099
Recertification Review Conducted:	9/5/2013 to: 9/10/2013

PRU Number(s)    7221    Capacity:    50  
                          7222    Capacity:    125

**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
0 - 1.75	Red Flag Deficiency(ies) Noncompliance	6 months 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	3.73	3.82		3 years
▶ Service Management	4.00	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

**FACILITY INSPECTION RESULTS**

<u>Site#</u>	<u>Address</u>	<u>Site Type</u>	<u>Ins #</u>	<u>Date</u>	<u>Deficiency</u>	<u>Renewal Term</u>
1441	Mabon Building #13, Wards Island 10035	ML	18690	1/24/2013	CAP Completed	3 years

**Site Type Codes**

ML - Main Location
AL - Additional Location
Apt - Apartment

**Deficiency Code Examples**

Red Flag - imminent structural failure; fire service sprinkler system disabled; or a required exit that is permanently blocked
Significant - pathways to exits blocked; fire alarm systems in trouble mode; or broken stair treads
Notable - any other OASAS or building code violation

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OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

**FISCAL VIABILITY REVIEWS**

- |   |          |
|---|----------|
| <input type="checkbox"/> Fiscal viability package not submitted.  | 6 months |
| <input type="checkbox"/> Data received insufficient to determine fiscal viability.  | 6 months |
| <input type="checkbox"/> Current financial position NOT viable; however, an acceptable financial recovery plan submitted.   | 2 years  |
| <input type="checkbox"/> Current financial position viable; however, overall financial position NOT viable.   | 2 years  |
| <input checked="" type="checkbox"/> Current and overall financial positions viable.   | 3 years  |
| <input type="checkbox"/> 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      |

**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

**Odyssey House, 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

Mabon Building #13  
Wards Island, New York 10035-  
3018

Program Name(s)

Odyssey Adult and Parents Program

Service(s)

● Part 819 Intensive Residential Rehabilitation - 175  
beds



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

161210055

CERTIFICATE NUMBER

EFFECTIVE DATE: January 01, 2014

Renewed

EXPIRATION DATE: December 31, 2016