



**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

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

November 30, 2015

UPS GROUND

Ms. Beth Schuster  
Executive Director  
Twin County Recovery Services, Inc.  
802 Columbia Street  
Hudson, New York 12534

Re: Provider #35010  
Operating Certificate #181110122  
PRU #51164

Dear Ms. Schuster:

Operating Certificate #181110122 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 Twin County Recovery Services, Inc. to operate a Part 819 chemical dependence community residential service at 437-441 Columbia Street, Hudson, effective December 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*.

Twin County Recovery Services, 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

cc w/encs.: Charles W. Monson

Tim Donovan

Deb Czubak

Janet Rucki

Michael Cole (Columbia County)

Thomas Luzzi (President, Board of Directors, Twin County Recovery Services, Inc.)

Dean Hale (Director of Residential Services, Twin County Recovery Services, 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: Twin County Recovery Services, Inc.  
 Active Parent Corporation: \_\_\_\_\_  
 Certified Program/Service Reviewed: Community Residential

Building: \_\_\_\_\_  
 Room/ Floor \_\_\_\_\_  
 Street Address: 437-441 Columbia Street  
 City and Zip Code: Hudson, 12534

Provider Number: 35010  
 Operating Certificate Number: 1811 10122  
 Recertification Review Number: AL15022  
 Recertification Review Conducted: 5/26/2015 to: 5/29/2015

PRU Number(s): 51164 Capacity: 13

<b>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</b>		
<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	3.60	3.56		3 years
▶ Service Management	4.00	3.92		3 years
▶ Facility	3.50	3.80		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).

Fiscal Viability Levels	
<u>Current Ratio</u> Current Assets to Current Liabilities	<u>Total Ratio</u> 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 2.49 Overall Ratio 11.45 3 year

**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

## Twin County Recovery Services, 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

437-441 Columbia Street  
Hudson, New York 12534-1911

Program Name(s)

The Red Door Community Residence

Service(s)

● Part 819 Community Residential - 13 beds



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

181110122

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: December 01, 2015  
EXPIRATION DATE: November 30, 2018