



Office of Alcoholism and Substance Abuse Services

ANDREW M. CUOMO  
Governor

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

April 17, 2015

UPS GROUND

Mr. Kevin M. Connally  
Executive Director  
Hope House, Inc.  
573 Livingston Avenue  
Albany, New York 12206-2408

Re: Provider #35300  
Operating Certificate #180410138  
PRU #465

Dear Mr. Connally:

Operating Certificate #180410138 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 Hope House, Inc. to operate a Part 819 chemical dependence intensive residential rehabilitation service at 261 North Pearl Street, Albany, effective May 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*.

Hope 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  
Director  
Bureau of Certification and Systems Management

Enclosures

cc w/encs.: Charles W. Monson  
Kathy Murphy  
Tim Donovan  
Gail Keeler  
Stephen J. Giordano, Ph.D. (Albany County)

Bishop Howard J. Hubbard  
(President of the Board of  
Directors, Hope House, Inc.)  
Betsy Manzi (Program Manager,  
Hope 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:	Hope House, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Intensive Residential Rehabilitation

Building:	
Room/ Floor	
Street Address:	261 North Pearl Street
City and Zip Code:	Albany, 12207

Provider Number:	35300
Operating Certificate Number:	1804 10138
Recertification Review Number:	AL14114
Recertification Review Conducted:	1/21/2015 to: 1/23/2015

PRU Number(s): 465 Capacity: 35

<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	3.80	3.58		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**

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
6816	261 North Pearl Street, Albany 12207	ML	20869	1/22/2015	None	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      |

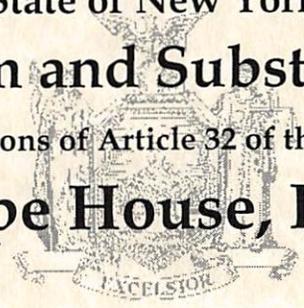
**CERTIFICATE TERM**

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

**Hope 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

Program Name(s)

Service(s)

261 North Pearl Street  
Albany, New York 12207-1201

- Part 819 Intensive Residential Rehabilitation - 35 beds



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

180410138

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: May 01, 2015  
EXPIRATION DATE: April 30, 2018