



May 23, 2014

UPS GROUND

Stephen J. Giordano, Ph.D.
Director
Albany County Department of Mental Health
175 Green Street
Albany, New York 12202

Re: Provider #70520
Operating Certificate #160410648
PRU #1865

Dear Dr. Giordano:

Operating Certificate #160410648 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 Albany County Department of Mental Health to operate a Part 822-4 chemical dependence outpatient service at 260 South Pearl Street, Albany, effective May 1, 2014.

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

Albany County Department of Mental Health 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

Stephen J. Giordano, Ph.D.
Page 2 of 2
May 23, 2014

cc w/encs.: Charles W. Monson
Kathy Murphy
Tim Donovan
Holly Livingston
Gail Keeler
Rate Based Provider Unit (DOH)
Nancy Wiley (Chair, Community Services Board, Albany County Department of
Mental Health)
Richard Moffitt (Clinical Director, Albany County Department of Mental
Health)

**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:	Albany County Department of Mental Health
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	1st and 2nd Floors
Street Address:	260 South Pearl Street
City and Zip Code:	Albany, 12202

Provider Number:	70520
Operating Certificate Number:	1604 10648
Recertification Review Number:	AL13103
Recertification Review Conducted:	11/6/2013 to: 11/8/2013

PRU Number(s) 1865 Capacity:

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	2.92	3.07		2 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
2703	1st and 2nd Floors, 260 South Pearl Street, Albany 12202	ML	19685	11/20/2013	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 type="checkbox"/> Current and overall financial positions viable. | 3 years |
| <input checked="" 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 two years

State of New York
Office of Alcoholism and Substance Abuse Services
Pursuant to the provisions of Article 32 of the Mental Hygiene Law
Albany County Department of Mental Health



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

1st and 2nd Floors
260 South Pearl Street
Albany, New York 12202-1809

Program Name(s)

Albany County Alcohol and Substance
Abuse Clinic

Service(s)

● Part 822-4 Outpatient Services



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

160410648

CERTIFICATE NUMBER

EFFECTIVE DATE: May 01, 2014

Renewed

EXPIRATION DATE: April 30, 2016