



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

June 2, 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 #170510809
PRU #51291

Dear Mr. Connally:

Operating Certificate #170510809 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 822-4 chemical dependence outpatient service at 747 Madison Avenue, Albany, and including the certified site listed on the Operating Certificate Addendum, effective June 1, 2015.

The two 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

Mr. Kevin M. Connally
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June 2, 2015

cc w/encs.: Charles W. Monson
Manuel Mosquera
Tim Donovan
Sarita Wells
Janet Rucki
Rate Based Provider Unit (DOH)
Stephen J. Giordano, Ph.D., (Albany County)
Bishop Howard J. Hubbard (President of the Board of Directors, Hope House, Inc.)
Dinny McClintock (Director of Outpatients Services, 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:	Outpatient Services

Building:	
Room/ Floor	3rd Floor
Street Address:	747 Madison Avenue
City and Zip Code:	Albany, 12208

Provider Number:	35300
Operating Certificate Number:	1705 10809
Recertification Review Number:	AL14127
Recertification Review Conducted:	1/5/2015 to: 1/9/2015

PRU Number(s): 51291 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	3.23	3.40		2 years
▶ Service Management	4.00	3.92		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
2142	3rd Floor, 747 Madison Avenue, Albany 12208	ML	21055	2/5/2015	None	3 years
6956	St. Anne's Institute, 160 North Main Avenue, Albany 12206	AL	12036	9/14/2007	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

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	
Current Ratio Current Assets to Current Liabilities	Total Ratio 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 1.46 Overall Ratio 14.92 3 year

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

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

3rd Floor
747 Madison Avenue
Albany, New York 12208-3398

Program Name(s)

Service(s)

- Part 822-4 Outpatient Services

Additional Location(s) Addendum Attached



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

170510809

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: June 01, 2015
EXPIRATION DATE: May 31, 2017

State of New York

Office of Alcoholism and Substance Abuse Services

CHEMICAL DEPENDENCE

ADDENDUM TO OPERATING CERTIFICATE NUMBER 170510809

Hope House, Inc.

CERTIFIED ADDITIONAL LOCATION(S)

As of June 01, 2015

Site

Service(s)

Site

Service(s)

St. Anne's Institute
160 North Main Avenue
Albany, New York 12206-1821

- Part 822-4 Outpatient Services