



Office of Alcoholism and  
Substance Abuse Services

ANDREW M. CUOMO  
Governor

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

October 21, 2015

UPS GROUND

Ms. Beth Schuster  
Executive Director  
Twin County Recovery Services, Inc.  
802 Columbia Street, Suite 2  
Hudson, New York 12534-1907

Re: Provider #35010  
Operating Certificate #170111088 [Amended]  
PRU #50146

Dear Ms. Schuster:

Operating Certificate #170111088 [Amended] is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This certificate amends the authorization for Twin County Recovery Services, Inc. to operate a Part 822-4 Outpatient Service at 350 Power Avenue, Hudson, effective October 7, 2015. The amendment is based on review and approval of Certification Application #2012-076, to:

- Relocate from 47 North 5<sup>th</sup> Street to 350 Power Avenue, Hudson, and
- Remove the additional location site at 1301 River Street, Valatie.

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. Pursuant to 14 NYCRR §810.17, the previously issued Operating Certificate (original document) must be returned to OASAS' Bureau of Certification immediately following the effective date.

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.

The Bureau of Certification and Systems Management has recently made significant changes to our application review process and we are very interested in your experience with the new process. Please take a few moments to complete the attached **Chemical Dependence Certification Process Satisfaction Survey**, as your feedback will help with continued improvement.

Sincerely,

Janet L. Paloski  
Director  
Bureau of Certification and Systems Management

Enclosure

Ms. Beth Schuster  
Page 2 of 2  
October 21, 2015

cc w/enc: Charles W. Monson  
Tim Donovan  
Deb Czubak  
John Van Horn  
Cathy Shippey  
Gail Keeler  
Lynn DeFruscio  
Michael Cole (Columbia County)  
Thomas Luzzi (Board President, Twin County Recovery Services, Inc.)  
Brianna Conte (Clinical Director, Twin County Recovery Services, Inc.)

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
CHEMICAL DEPENDENCE CERTIFICATION PROCESS SATISFACTION SURVEY**

OASAS is committed to improving the Certification Process. Your opinion as a recent applicant will provide us with valuable information. Please take a few moments to fill out the survey below. Your feedback will help improve the Certification Process.

To complete the survey, check one of the ratings from "Very Satisfied" to "Not at All Satisfied" for each of the following factors regarding your recent experience with the OASAS Certification Process. As appropriate, indicate any "strengths" and suggested "improvement opportunities". Please return the completed survey to:

NYS OASAS, Bureau of Certification, 1450 Western Avenue, Albany NY 12203

Factor	Very Satisfied	Moderately Satisfied	Somewhat Satisfied	Not at All Satisfied
1. Overall how satisfied were you with the Certification Process?				
2. How clear were the application and instructions?				
3. How timely was the Certification Process?				
4. How satisfied were you in finding out the status of your application?				
5. How satisfied were you with your interactions with each of the following?				
a. Local Governmental Unit (city/county) staff				
b. OASAS Field Office staff				
c. OASAS Facilities Evaluation and Inspection Unit staff				
d. OASAS Bureau of Certification Staff				

**Strengths**

- Is there anything you thought OASAS did particularly well?

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**Improvement Opportunities**

- Do you have any specific suggestions on how the process and/or the application can be improved?

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Provider Name \_\_\_\_\_ Phone No. \_\_\_\_\_ County \_\_\_\_\_  
(Optional)

- Type of Application:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New OASAS Provider    | <input type="checkbox"/> Minor Relocation | <input type="checkbox"/> Additional Location   |
| <input type="checkbox"/> New Treatment Service | <input type="checkbox"/> Relocation       | <input type="checkbox"/> Transfer of Ownership |
| <input type="checkbox"/> Capacity Increase     | <input type="checkbox"/> Space Expansion  | <input type="checkbox"/> Capital Project       |
| <input type="checkbox"/> Change in Ownership   |   |  |

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

350 Power Avenue  
Hudson, New York 12534-2447

Program Name(s)

Service(s)

- Part 822-4 Outpatient Services



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

170111088

CERTIFICATE NUMBER  
Amended

EFFECTIVE DATE: October 07, 2015  
EXPIRATION DATE: January 31, 2017