



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

February 9, 2016

UPS GROUND

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

Re: Provider #35300
Operating Certificate #180211303
PRU #51834

Dear Mr. Connally:

Operating Certificate #180211303 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 community residential service at 890 Madison Avenue, Albany, effective March 1, 2016.

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

cc w/encs.: Charles W. Monson
Tim Donovan
Deb Czubak
Gail Keeler

Stephen J. Giordano, Ph.D. (Albany County)
Bishop Howard J. Hubbard (President of the Board
of Directors, Hope House, Inc.)
Diane McClintock (Director of Adult 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:	<u>Hope House, Inc.</u>
Active Parent Corporation:	_____
Certified Program/Service Reviewed:	<u>Community Residential</u>

Building:	_____
Room/ Floor	<u>1st & 2nd Floors</u>
Street Address:	<u>890 Madison Avenue</u>
City and Zip Code:	<u>Albany, 12208</u>

Provider Number:	<u>35300</u>
Operating Certificate Number:	<u>1802 11303</u>
Recertification Review Number:	<u>AL15076</u>
Recertification Review Conducted:	<u>9/15/2015 to: 9/18/2015</u>

PRU Number(s): 51834 Capacity: 21

<u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u>		
<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	2.80	3.09		2 years
▶ Service Management	4.00	3.84		3 years
▶ Facility	3.50	3.82		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.
- 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 1.45 Overall Ratio 7.47 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

1st & 2nd Floors
890 Madison Avenue
Albany, New York 12208-3322

Program Name(s)

St. Vincent's Rectory

Service(s)

- Part 819 Community Residential - 21 Adult beds and up to 12 beds for their children



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

180211303

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: March 01, 2016
EXPIRATION DATE: February 28, 2018