



**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

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

January 19, 2016

UPS GROUND

Mr. William DeVita  
Executive Director  
Rehabilitation Support Services, Inc.  
5172 Western Turnpike  
Altamont, New York 12009-9566

Re: Provider #14370  
Operating Certificate #180111313  
PRU #51242

Dear Mr. DeVita:

Operating Certificate #180111313 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 Rehabilitation Support Services, Inc. to operate a Part 819 chemical dependence community residential service at 11 Overbaugh Street, Saugerties, effective February 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*.

Rehabilitation Support 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.

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. William DeVita

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cc w/encs.: Charles W. Monson

Tim Donovan

Deb Czubak

Kim Benshoff

Lynn DeFruscio

Stephen J. Giordano, Ph.D. (Albany County)

Carol M. Smith, M.D. (Ulster County)

William N. Young, Jr. (President, Board of Directors, Rehabilitation Support Services, Inc.)

Alder Carey (Program Director, Rehabilitation Support Services, 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:	Rehabilitation Support Services, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Community Residential

Building:	Basement
Room/ Floor	1st, 2nd & 3rd Floors
Street Address:	11 Overbaugh Street
City and Zip Code:	Saugerties, 12477

Provider Number:	14370
Operating Certificate Number:	1801 11313
Recertification Review Number:	NY15123
Recertification Review Conducted:	9/30/2015 to: 10/2/2015

PRU Number(s): 51242 Capacity: 18

<b><u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u></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	3.20	3.60		2 years
▶ Service Management	3.50	3.58		3 years
▶ Facility	4.00	3.42		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**

<u>Current Ratio</u>	<u>Total Ratio</u>
<u>Current Assets to Current Liabilities</u>	<u>Total Assets to Total Liabilities</u>
.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 1.04 Overall Ratio 1.37 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

## Rehabilitation Support 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

Program Name(s)

Service(s)

Basement  
1st, 2nd & 3rd Floors  
11 Overbaugh Street  
Saugerties, New York 12477-  
1920

Abel House

- Part 819 Community Residential - 18 beds



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

180111313

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: February 01, 2016  
EXPIRATION DATE: January 31, 2018