



**Office of Alcoholism and  
Substance Abuse Services**

ANDREW M. CUOMO  
Governor

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

December 15, 2016

UPS GROUND

Mr. Patrick Carrese  
Executive Director  
St. Peter's Hospital of the City of Albany  
315 South Manning Boulevard  
Albany, New York 12208

Re: Provider #83060  
Operating Certificate #181111430  
PRU #50928, 51925

Dear Mr. Carrese:

Operating Certificate #181111430 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 St. Peter's Hospital of the City of Albany to operate Part 822 chemical dependence outpatient and outpatient rehabilitation services at 125 High Rock Avenue, Saratoga Springs, effective December 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*.

St. Peter's Hospital of the City of Albany 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. Patrick Carrese  
Page 2 of 2  
December 15, 2016

cc w/encs.: Charles W. Monson  
Tim Donovan  
Deb Czubak  
Healthcare Financing  
Janet Rucki  
Rate Based Provider Unit (DOH)  
Stephen J. Giordano, Ph.D. (Albany County)  
Michael S. Prezioso, Ph.D. (Saratoga County)  
Harold D. Gordon, Esq. (Board Chair, St. Peter's Hospital of the City of Albany)  
William Bean (Program Manager, St. Peter's Hospital of the City of Albany)

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:	St. Peter's Hospital of the City of Albany
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Rehabilitation Services

Building:	
Room/ Floor	
Street Address:	125 High Rock Avenue
City and Zip Code:	Saratoga Springs, 12866

Provider Number:	83060
Operating Certificate Number:	1811 11430
Recertification Review Number:	AL16013
Recertification Review Conducted:	11/7/2016 to: 11/10/2016

PRU Number(s): 51925 Capacity:

<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	3.21	3.61		2 years
▶ Service Management	3.79	3.84		3 years
▶ Facility	n/a	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

**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). N/A

Fiscal Viability Levels	
<u>Current Ratio</u>	<u>Total Ratio</u>
Current Assets to Current Liabilities	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 Overall Ratio

**CERTIFICATE TERM** The term for the enclosed Operating Certificate is two years

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION

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Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	
Street Address:	125 High Rock Avenue
City and Zip Code:	Saratoga Springs, 12866

Provider Number:	83060
Operating Certificate Number:	1811 11430
Recertification Review Number:	AL16013
Recertification Review Conducted:	11/7/2016 to: 11/10/2016

PRU Number(s): 50928 Capacity:

<b><u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u></b>		
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- Current Ratio  Overall Ratio

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State of New York

# Office of Alcoholism and Substance Abuse Services

Pursuant to the provisions of Article 32 of the Mental Hygiene Law

## St. Peter's Hospital of the City of Albany

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

125 High Rock Avenue  
Saratoga Springs, New York  
12866-2307

Program Name(s)

Service(s)

- Part 822 Outpatient Services
- Part 822 Outpatient Rehabilitation Services



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

181111430

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: December 01, 2016  
EXPIRATION DATE: November 30, 2018