

January 14, 2015

UPS GROUND

Mr. Yogesh M. Shingala  
Executive Director  
Spectrum Behavioral Management Services, Inc.  
514 Haight Avenue  
Poughkeepsie, New York 12603-2464

Re: Provider #47380  
Operating Certificate #161111711  
PRU #52528

Dear Mr. Shingala:

Operating Certificate #161111711 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 Spectrum Behavioral Management Services, Inc. to operate a Part 822-4 chemical dependence outpatient service at 514 Haight Avenue, Poughkeepsie, effective December 1, 2014.

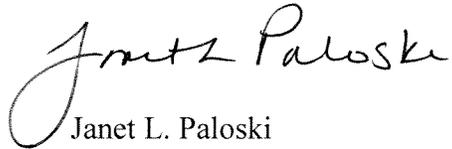
The two year term of the Operating Certificate is based on the scores identified on the attached *Operating Certificate Renewal Compliance Summary Sheet*.

Spectrum Behavioral Management 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. Yogesh M. Shingala  
Page 2 of 2  
January 14, 2015

cc w/encs.: Charles W. Monson  
Kathy Murphy  
Deborah Czubak  
Sarita Wells  
Janet Rucki  
Rate Based Provider Unit (DOH)  
Kenneth M. Glatt, Ph.D. (Dutchess County)  
Fran Berman (Clinical Director, Spectrum Behavioral Management 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: Spectrum Behavioral Management Services, Inc.  
 Active Parent Corporation: \_\_\_\_\_  
 Certified Program/Service Reviewed: Outpatient Services

Building: \_\_\_\_\_  
 Room/ Floor: \_\_\_\_\_  
 Street Address: 514 Haight Avenue  
 City and Zip Code: Poughkeepsie, 12603

Provider Number: 47380  
 Operating Certificate Number: 1611 11711  
 Recertification Review Number: NY14041  
 Recertification Review Conducted: 11/18/2014 to: 11/20/2014

PRU Number(s): 52528 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	3.25	3.46		2 years
▶ Service Management	4.00	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

**FACILITY INSPECTION RESULTS**

<u>Site#</u>	<u>Address</u>	<u>Site Type</u>	<u>Ins #</u>	<u>Date</u>	<u>Deficiency</u>	<u>Renewal Term</u>
7308	514 Haight Avenue, Poughkeepsie 12603	ML	20296	4/17/2014	CAP Completed	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

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

**FISCAL VIABILITY REVIEWS**

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input type="checkbox"/>            | Fiscal viability package not submitted.  | 6 months |
| <input type="checkbox"/>            | Data received insufficient to determine fiscal viability.  | 6 months |
| <input type="checkbox"/>            | Current financial position NOT viable; however, an acceptable financial recovery plan submitted.   | 2 years  |
| <input type="checkbox"/>            | Current financial position viable; however, overall financial position NOT viable.   | 2 years  |
| <input checked="" type="checkbox"/> | Current and overall financial positions viable.  | 3 years  |
| <input type="checkbox"/>            | 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      |

**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  
**Spectrum Behavioral Management 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

514 Haight Avenue  
Poughkeepsie, New York 12603-  
2464

Program Name(s)

- Part 822-4 Outpatient Services

Service(s)



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

161111711

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: December 01, 2014

EXPIRATION DATE: November 30, 2016