NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

ANDREW M. CUOMO
Governor

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

June 8, 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 #180611725
PRU #5001

Dear Mr. Connally:

Operating Certificate #180611725 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 817 residential rehabilitation services for youth at 573 Livingston Avenue, Albany, effective June 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
Cathy Shippey
Janet Rucki
Rate Based Provider Unit (DOH)
Stephen J. Giordano, Ph.D. (Albany County)
Bishop Howard J. Hubbard (President of the Board of Directors, Hope House, Inc.)
Dean Hale (Program Manager, 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: Hope House, Inc.
Active Parent Corporation:
Certified Program/Service Reviewed: Residential Rehabilitation Services for Youth

Building:
Room/ Floor
Street Address: 573 Livingston Avenue
City and Zip Code: Albany, 12206

Provider Number: 35300
Operating Certificate Number: 1806 11725
Recertification Review Number: AL15155
Recertification Review Conducted: 3/1/2016 to: 3/4/2016

PRU Number(s): 5001 Capacity: 20

RECERTIFICATION REVIEW COMPLIANCE RATING TABLE

Compliance Scores	Compliance Ratings	Term of Renewed Operating Certificate
—	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

	Quality Indicator	Overall	Yes/No	Renewal Term
▶Case Records	2.67	3.16		2 years
▶Service Management	4.00	3.95		3 years
▶Facility	3.64	n/a		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	Program Name(s)	Service(s)
573 Livingston Avenue Albany, New York 12206-2408	Hope House Hubbard Center #1	• Part 817 Residential Rehabilitation Services for Youth - 20 beds [for men]

Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

180611725

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: July 01, 2016
EXPIRATION DATE: June 30, 2018