



**Office of Alcoholism and  
Substance Abuse Services**

ANDREW M. CUOMO  
Governor

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

December 17, 2015

UPS GROUND

Mr. John P. Bennett  
Executive Director  
Genesee Council on Alcoholism and Substance Abuse, Inc.  
430 East Main Street  
Batavia, New York 14020-2519

Re: Provider #38100  
*Conditional* Operating Certificate #C161110168  
PRU #51739

Dear Mr. Bennett:

*Conditional* Operating Certificate #C161110168 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This *Conditional* Operating Certificate provides authorization for Genesee Council on Alcoholism and Substance Abuse, Inc. to operate a Part 819 supportive living service, at administrative site located at 430 East Main Street, Batavia, with the certified sites listed on the Operating Certificate Addendum, effective December 1, 2015.

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

Genesee Council on Alcoholism and Substance Abuse, Inc. is at the approved 24-bed capacity authorized under *Conditional* Operating Certificate #C161110168.

A standard Operating Certificate may be issued upon determination by OASAS that Genesee Council on Alcoholism and Substance Abuse, Inc.'s deficiencies noted on the attached compliance summary sheet have been resolved. Such determination will be based on the next scheduled review.

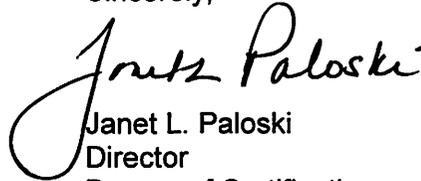
Genesee Council on Alcoholism and Substance Abuse, Inc. is responsible for complying with applicable building occupancy limitations and securing any necessary approvals from other governmental entities.

This Operating Certificate is to be prominently displayed at the service site.

Mr. John P. Bennett  
Page 2 of 2  
December 17, 2015

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  
Patrick Morrison  
Marjorie Catalano  
Jane Gifford  
Cathy Shippey  
John Van Horn  
Janet Rucki  
Rate Based Provider Unit (DOH)  
Mr. Ellery Reaves (Genesee County)  
Kathleen Maerten (Board President, Genesee Council on Alcoholism and Substance Abuse, Inc.)  
Sharon Murphy (Director of Treatment, Genesee Council on Alcoholism and Substance Abuse, 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: Genesee Council on Alcoholism and Substance Abuse, Inc.  
 Active Parent Corporation: \_\_\_\_\_  
 Certified Program/Service Reviewed: Supportive Living

Building: \_\_\_\_\_  
 Room/ Floor: 2nd Floor  
 Street Address: 430 East Main Street  
 City and Zip Code: Batavia, 14020

Provider Number: 38100  
 Operating Certificate Number: 1611 10168  
 Recertification Review Number: AL15024  
 Recertification Review Conducted: 6/23/2015 to: 6/24/2015

PRU Number(s): 51739 Capacity: 24

**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	<u>2.36</u>	<u>3.07</u>		<u>1 year</u>
▶ Service Management	<u>3.60</u>	<u>3.69</u>		<u>3 years</u>
▶ Facility	_____	_____		_____
▶ Red Flag Deficiency(ies) (For specific Red Flag Deficiency(ies), please refer to Program Review Report issued at conclusion of Recertification Review)				n/a
▶ 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).

<u>Fiscal Viability Levels</u>	
<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 3.91 Overall Ratio 16.7 3 year

**CERTIFICATE TERM**

The term for the enclosed Operating Certificate is one year

State of New York

# Office of Alcoholism and Substance Abuse Services

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

## Genesee Council on Alcoholism and Substance Abuse, 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

2nd Floor  
430 East Main Street  
Batavia, New York 14020-2519

Program Name(s)

Service(s)

- Part 819 Supportive Living - 24 beds

Supportive Living Addendum Attached



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

C161110168

CERTIFICATE NUMBER  
CONDITIONAL

EFFECTIVE DATE: December 01, 2015  
EXPIRATION DATE: November 30, 2016