



**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

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

November 17, 2015

UPS GROUND

Mr. William J. Penman  
Executive Director  
Allegany Council on Alcoholism and  
Substance Abuse, Inc.  
3084 Trapping Brook Road  
Wellsville, New York 14895-9445

Re: Provider #38110  
Operating Certificate #171110170  
PRU #s 51068, 50178

Dear Mr. Penman:

Operating Certificate #171110170 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 Allegany Council on Alcoholism and Substance Abuse, Inc. to operate a Part 819 chemical dependence supportive living service at the administrative site located at 3084 Trapping Brook Road, Wellsville, with the certified sites listed on the Operating Certificate Addendum; and a Part 819 chemical dependence community residential service located at 3084 Trapping Brook Road, Wellsville, effective December 1, 2015.

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

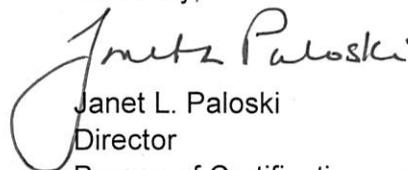
Allegany Council on Alcoholism and Substance Abuse, Inc. is at the approved 10-bed capacity authorized under Operating Certificate #171110170 for the supportive living service.

Allegany 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.

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 J. Penman  
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cc w/encs.: Charles W. Monson  
Tim Donovan  
Patrick Morrison  
Gail Keeler  
Robert W. Anderson, Ph.D. (Allegany County)  
Linda Wesche (Chair of Board of Directors, Allegany Council on Alcoholism and  
Substance Abuse, Inc.)  
Tina Wilson (Director of Residential Services, Allegany 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:	<u>Allegany Council on Alcoholism and Substance Abuse, Inc.</u>
Active Parent Corporation:	_____
Certified Program/Service Reviewed:	<u>Supportive Living</u>

Building:	_____
Room/ Floor	_____
Street Address:	<u>3084 Trapping Brook Road</u>
City and Zip Code:	<u>Wellsville, 14895</u>

Provider Number:	<u>38110</u>
Operating Certificate Number:	<u>1711 10170</u>
Recertification Review Number:	<u>AL15083</u>
Recertification Review Conducted:	<u>8/11/2015 to: 8/14/2015</u>

PRU Number(s): 51068 Capacity: 10

<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	3.70	3.93		3 years
▶ Service Management	4.00	4.00		3 years
▶ Facility	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

**FISCAL VIABILITY REVIEWS**

**Term**

- Fiscal viability package not submitted.
- Data received insufficient to determine fiscal viability.
- 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 0.81 Overall Ratio 13.89 2 year

**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**

**OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET**

Provider Legal Name:	Allegany Council on Alcoholism and Substance Abuse, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Community Residential

Building:	
Room/ Floor:	
Street Address:	3084 Trapping Brook Road
City and Zip Code:	Wellsville, 14895

Provider Number:	38110
Operating Certificate Number:	1711 10170
Recertification Review Number:	AL15025
Recertification Review Conducted:	8/11/2015 to: 8/14/2015

PRU Number(s): 50178 Capacity: 17

<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	3.90	3.95		3 years
▶ Service Management	4.00	3.66		3 years
▶ Facility	3.60	3.00		2 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.
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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

## Allegany 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

<u>Site</u>	<u>Program Name(s)</u>	<u>Service(s)</u>	
3084 Trapping Brook Road Wellsville, New York 14895-9445	Trapping Brook House Trapping Brook Supportive Living	<ul style="list-style-type: none"> <li>● Part 819 Community Residential - 17 beds</li> <li>● Part 819 Supportive Living - 10 beds</li> </ul>	Supportive Living Addendum Attached



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

171110170

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: December 01, 2015  
EXPIRATION DATE: November 30, 2017