



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

November 17, 2016

UPS GROUND

Mr. Martin Teller
Executive Director
Finger Lakes Addictions Counseling
and Referral Agency, Inc.
28 East Main Street, 5th Floor
Clifton Springs, New York 14432-1231

Re: Provider #39040
Operating Certificate #181010179
PRU #s 51066, 51794, and 52699

Dear Mr. Teller:

Operating Certificate #181010179 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 Finger Lakes Addictions Counseling and Referral Agency, Inc. to operate a Part 819 chemical dependence supportive living service at the administrative site located at 28 East Main Street, Clifton Springs, with the certified sites listed on the Operating Certificate Addendum, effective November 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*.

Finger Lakes Addictions Counseling and Referral Agency, Inc. has 69 beds operational of the 73 adult beds authorized under Operating Certificate #181010179.

Finger Lakes Addictions Counseling and Referral Agency, 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. Martin Teller
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cc w/encs.: Charles W. Monson
Tim Donovan
Donna Stott
Lynn DeFruscio
Diane Johnston (Ontario County)
Gehrig Lohrmann (Board Chairperson, Finger Lakes Addictions Counseling and Referral Agency, Inc.)
Katherine Reiners (Program Manager, Finger Lakes Addictions Counseling and Referral Agency, 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: Finger Lakes Addictions Counseling and Referral Agency, Inc.
 Active Parent Corporation: _____
 Certified Program/Service Reviewed: Supportive Living

Building: _____
 Room/ Floor: 5th Floor
 Street Address: 28 East Main Street
 City and Zip Code: Clifton Springs, 14432

Provider Number: 39040
 Operating Certificate Number: 1810 10179
 Recertification Review Number: AL16023
 Recertification Review Conducted: 10/25/2016 to: 10/27/2016

PRU Number(s): 51066 Capacity: 54
 51794 Capacity: 8
 52699 Capacity: 11

<u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u>		
<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	3.36	3.14		2 years
▶ Service Management	4.00	3.83		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).

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 1.53 Overall Ratio 1.8 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

Finger Lakes Addictions Counseling and Referral Agency, 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>	
5th Floor 28 East Main Street Clifton Springs, New York 14432-1231		● Part 819 Supportive Living - 73 beds	Supportive Living Addendum Attached



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

181010179

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: November 01, 2016
EXPIRATION DATE: October 31, 2018