



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

December 15, 2016

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 #181110658
PRU #50177

Dear Mr. Penman:

Operating Certificate #181110658 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 822 chemical dependence outpatient service at 2956 Airway Road, Wellsville, and including the certified site listed on the Operating Certificate Addendum, effective December 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*.

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

cc w/encs.: Charles W. Monson
Tim Donovan
Donna Stott
Healthcare Financing
Gail Keeler
Rate Based Provider Unit (DOH)

Robert W. Anderson, Ph.D. (Allegany County)
Linda Wesche (Chair of Board of Directors,
Allegany Council on Alcoholism and
Substance Abuse, Inc.)
Deborah Lewis (Clinic Director, 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>Outpatient Services</u>

Building:	_____
Room/ Floor	_____
Street Address:	<u>2956 Airway Road</u>
City and Zip Code:	<u>Wellsville, 14895</u>

Provider Number:	<u>38110</u>
Operating Certificate Number:	<u>1811 10658</u>
Recertification Review Number:	<u>AL16020</u>
Recertification Review Conducted:	<u>11/8/2016 to: 11/10/2016</u>

PRU Number(s): 50177 Capacity: _____

<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	<u>2.85</u>	<u>3.09</u>		<u>2 years</u>
▶ Service Management	<u>3.38</u>	<u>3.76</u>		<u>3 years</u>
▶ Facility	<u>n/a</u>	<u>3.64</u>		<u>3 years</u>
▶ 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				<u>n/a</u>

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 0.77 Overall Ratio 14.08 2 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

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

Site

Program Name(s)

Service(s)

2956 Airway Road
Wellsville, New York 14895-9329

- Part 822 Outpatient Services

Additional Location(s) Addendum Attached



Charles W. Monson

181110658

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: December 01, 2016
EXPIRATION DATE: November 30, 2018

State of New York

Office of Alcoholism and Substance Abuse Services

CHEMICAL DEPENDENCE

ADDENDUM TO OPERATING CERTIFICATE NUMBER 181110658

**Allegany Council on Alcoholism
and Substance Abuse, Inc.**

CERTIFIED ADDITIONAL LOCATION(S)

As of December 01, 2016

Site

Service(s)

Site

Service(s)

40 West Main Street
Cuba, New York 14727-1400

- Part 822 Outpatient Services