



January 20, 2015

UPS GROUND

Ms. Patricia A. Brinkman, M.S.
Director of Mental Hygiene Services, Chautauqua County
Chautauqua County Department of Mental Health
Hall R. Clothier Building
7 North Erie Street
Mayville, New York 14757-1090

Re: Provider #70360
Operating Certificate #171210711
PRU #50702

Dear Ms. Brinkman:

Operating Certificate #171210711 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 Chautauqua County Department of Mental Health to operate a Part 822-4 chemical dependence outpatient service at 200 East Third Street, Jamestown, effective January 1, 2015.

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

Chautauqua County Department of Mental Health 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

Ms. Patricia A. Brinkman
Page 2 of 2
January 20, 2015

cc w/encs.: Charles W. Monson
Kathy Murphy
Patrick Morrison
Sarita Wells
Janet Rucki
Rate Based Provider Unit (DOH)
Anthony J. Raffa, Sr. (Chair – Community Services Board, Chautauqua County
Department of Mental Health)
Carol L. Wright (Clinic Director, Chautauqua County Department of Mental
Health)

**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:	Chautauqua County Department of Mental Health
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	City Hall
Room/ Floor	5th Floor
Street Address:	200 East Third Street
City and Zip Code:	Jamestown, 14701

Provider Number:	70360
Operating Certificate Number:	1712 10711
Recertification Review Number:	AL14064
Recertification Review Conducted:	11/18/2014 to: 11/21/2014

PRU Number(s): 50702 Capacity:

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	3.69	3.91		3 years
▶ Service Management	4.00	3.92		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

FACILITY INSPECTION RESULTS

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
2667	City Hall, 5th Floor, 200 East Third Street, Jamestown 14701	ML	20411	7/8/2014	CAP Completed	3 years

Site Type Codes

ML - Main Location
AL - Additional Location
Apt - Apartment

Deficiency Code Examples

Red Flag - imminent structural failure; fire service sprinkler system disabled; or a required exit that is permanently blocked
Significant - pathways to exits blocked; fire alarm systems in trouble mode; or broken stair treads
Notable - any other OASAS or building code violation

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

FISCAL VIABILITY REVIEWS

- | | | |
|-------------------------------------|--|----------|
| <input type="checkbox"/> | Fiscal viability package not submitted. | 6 months |
| <input type="checkbox"/> | Data received insufficient to determine fiscal viability. | 6 months |
| <input type="checkbox"/> | Current financial position NOT viable; however, an acceptable financial recovery plan submitted. | 2 years |
| <input type="checkbox"/> | Current financial position viable; however, overall financial position NOT viable. | 2 years |
| <input type="checkbox"/> | Current and overall financial positions viable. | 3 years |
| <input checked="" type="checkbox"/> | Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28). | n/a |

CERTIFICATE TERM

The term for the enclosed Operating Certificate is three years

State of New York
Office of Alcoholism and Substance Abuse Services
Pursuant to the provisions of Article 32 of the Mental Hygiene Law
Chautauqua County Department of Mental Health

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

City Hall
5th Floor
200 East Third Street
Jamestown, New York 14701-
5433

Program Name(s) Service(s)

- Part 822-4 Outpatient Services



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

171210711

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: January 01, 2015
EXPIRATION DATE: December 31, 2017