



August 12, 2013

UPS GROUND

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

Re: Operating Certificate #160810786

Dear Mr. Teller:

Operating Certificate #160810786 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 822-4 chemical dependence outpatient service at 310 West Union Street, Newark, effective September 1, 2013.

The three 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. 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
Acting Director
Bureau of Certification and Systems Management

Enclosures

Mr. Martin Teller
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cc w/encs.: Charles W. Monson
Kathy Murphy
Donna Stott
Holly Livingston
Lynn DeFruscio
Rate Based Provider Unit (DOH)
Fran Weisberg (HSA)
James Haitz (Wayne County)
Todd Goddard (Board Chair, Finger Lakes Addictions Counseling and Referral
Agency, Inc.)
Susan Smith (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:	Outpatient Services

Building:	
Room/ Floor	
Street Address:	310 West Union Street
City and Zip Code:	Newark, 14513

Provider Number:	39040
Operating Certificate Number:	1608 10786
Recertification Review Number:	AL13009
Recertification Review Conducted:	4/22/2013 to: 4/25/2013

PRU Number(s) 50074 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	3.46	3.69		3 years
▶ Service Management	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

FACILITY INSPECTION RESULTS

<u>Site#</u>	<u>Address</u>	<u>Site Type</u>	<u>Ins #</u>	<u>Date</u>	<u>Deficiency</u>	<u>Renewal Term</u>
2339	310 West Union Street, Newark 14513	ML	18434	10/3/2012	None	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

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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 checked="" type="checkbox"/> | Current and overall financial positions viable. | 3 years |
| <input 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

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

Site

310 West Union Street
Newark, New York 14513-1430

Program Name(s)

FLACRA Addictions Clinic

Service(s)

● Part 822-4 Outpatient Services



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

160810786

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: September 01, 2013

EXPIRATION DATE: August 31, 2016