



**Office of Alcoholism and  
Substance Abuse Services**

ANDREW M. CUOMO  
Governor

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

October 18, 2016

UPS GROUND

Ms. Elizabeth Mauro  
Executive Director  
Mid-Erie Mental Health Services, Inc. d/b/a  
Mid Erie Counseling and Treatment Services  
Suite 400, 1<sup>st</sup> Floor  
1526 Walden Avenue  
Cheektowaga, New York 14225-4985

Re: Provider #50230  
Operating Certificate #180810875  
PRU #50357

Dear Ms. Mauro:

Operating Certificate #180810875 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 Mid-Erie Mental Health Services, Inc. d/b/a Mid Erie Counseling and Treatment Services to operate a Part 822 chemical dependence outpatient service at 1526 Walden Avenue, Cheektowaga, and including the certified sites listed on the Operating Certificate Addendum, effective September 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*.

Mid-Erie Mental Health Services, Inc. d/b/a Mid Erie Counseling and Treatment Services 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. Elizabeth Mauro  
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cc w/encs.: Charles W. Monson  
Tim Donovan  
Donna Stott  
Cathy Shippey  
Gail Keeler  
Rate Based Provider Unit (DOH)  
Michael Ranney (Erie County)  
Frederic L. Cook (Board President, Mid-Erie Mental Health Services, Inc. d/b/a Mid  
Erie Counseling and Treatment Services)  
Joanne Barber (Associate Director – ASA Services, Mid-Erie Mental Health  
Services, Inc. d/b/a Mid Erie Counseling and Treatment Services)

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:	Mid-Erie Mental Health Services, Inc. d/b/a Mid Erie Counseling and Treatment Services
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	Suite 400
Street Address:	1526 Walden Avenue
City and Zip Code:	Cheektowaga, 14225

Provider Number:	50230
Operating Certificate Number:	1808 10875
Recertification Review Number:	AL15093
Recertification Review Conducted:	8/29/2016 to: 9/1/2016

PRU Number(s): 50357 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	2.62	2.84		2 years
▶ Service Management	3.38	3.67		3 years
▶ Facility	n/a	3.78		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	
Current Ratio	Total Ratio
Current Assets to Current Liabilities	Total Assets to Total Liabilities
.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 1.16 Overall Ratio 1.5 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

## Mid-Erie Mental Health Services, Inc.

## d/b/a Mid Erie Counseling and Treatment Services

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)

Additional Location(s) Addendum Attached

Suite 400  
1526 Walden Avenue  
Cheektowaga, New York 14225-  
4985

- Part 822 Outpatient Services



*Charles W. Monson*

180810875

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: September 01, 2016  
EXPIRATION DATE: August 31, 2018

State of New York

Office of Alcoholism and Substance Abuse Services

CHEMICAL DEPENDENCE

ADDENDUM TO OPERATING CERTIFICATE NUMBER 180810875

**Mid-Erie Mental Health Services, Inc.**  
**d/b/a Mid Erie Counseling and Treatment Services**

CERTIFIED ADDITIONAL LOCATION(S)

As of September 01, 2016

Site

Service(s)

Baker Victory Services Residential  
Treatment Facility-Admin. Bldg.  
1st Floor  
Conference Room/Counseling Office  
125 Martin Road  
Lackawanna, New York 14218-2707

- Part 822 Outpatient Services

Baker Victory Services  
650 Ridge Road  
Lackawanna, New York 14218-1435

- Part 822 Outpatient Services

Site

Service(s)

463 William Street  
Buffalo, New York 14204-1811

- Part 822 Outpatient Services

Gateway-Longview, Inc.  
Conference Room and Room 61  
Lynde School, 6350 Main Street  
Williamsville, New York 14221-

- Part 822 Outpatient Services