



**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

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

December 8, 2016

UPS GROUND

Mr. Jeffrey T. Smith  
President  
Westfall Associates, Inc.  
Building B, Suite 60  
919 Westfall Road  
Rochester, New York 14618-2661

Re: Provider #32714  
Operating Certificate #181111105  
PRU #51102

Dear Mr. Smith:

Operating Certificate #181111105 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 Westfall Associates, Inc. to operate a Part 822 chemical dependence outpatient service at 919 Westfall Road, Rochester, 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*.

Westfall Associates, 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. Jeffrey T. Smith  
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cc w/encs.: Charles W. Monson  
Tim Donovan  
Donna Stott  
Healthcare Financing  
Lynn DeFruscio  
Rate Based Provider Unit (DOH)  
David L. Putney (Monroe County)  
Richard Briggs (Clinical Director, Westfall Associates, 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>Westfall Associates, Inc.</u>
Active Parent Corporation:	_____
Certified Program/Service Reviewed:	<u>Outpatient Services</u>

Building:	<u>Building B</u>
Room/ Floor	<u>1st Floor - Suite 60</u>
Street Address:	<u>919 Westfall Road</u>
City and Zip Code:	<u>Rochester, 14618</u>

Provider Number:	<u>32714</u>
Operating Certificate Number:	<u>1811 11105</u>
Recertification Review Number:	<u>AL15144</u>
Recertification Review Conducted:	<u>11/7/2016 to: 11/10/2016</u>

PRU Number(s): 51102 Capacity: \_\_\_\_\_

<b><u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u></b>		
<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>3.00</u>	<u>3.41</u>		<u>2 years</u>
▶ Service Management	<u>3.67</u>	<u>3.62</u>		<u>3 years</u>
▶ Facility	<u>n/a</u>	<u>3.27</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				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**  
Current Assets to Current Liabilities

.90 to 1.0 = 3 year Certificate  
.60 to .89 = 2 year Certificate  
.40 to .59 = 1 year Conditional Certificate  
< .40 = 6 month Conditional Certificate

**Total Ratio**  
Total Assets to Total Liabilities

1.0 to 1.0 = 3 year Certificate  
.60 to .99 = 2 year Certificate  
.40 to .59 = 1 year Conditional Certificate  
< .40 = 6 month Conditional Certificate

Current Ratio 5.62 Overall Ratio 6.36 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

**Westfall Associates, 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)

Building B  
1st Floor  
Suite 60  
919 Westfall Road  
Rochester, New York 14618-2661

- Part 822 Outpatient Services



*Charles W. Monson*

181111105

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER  
Renewed

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