



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

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

January 20, 2016

UPS GROUND

Ms. Christina M. Gullo
President/CEO
Villa of Hope
274 Goodman Street North
Rochester, New York 14607-1154

Re: Provider #37220
Operating Certificate #160511362 [Amended]
PRU #51886

Dear Ms. Gullo:

Operating Certificate #160511362 [Amended] is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This certificate amends the authorization for Villa of Hope to operate a Part 822 Outpatient Service at 274 Goodman Street North, Rochester, and including the certified site(s) listed on the Operating Certificate Addendum, effective January 20, 2016. The amendment is based on review and approval of Certification Application #2015-075, to:

- Relocate from 3300 Dewey Avenue to 274 Goodman Street North, Rochester, and
- Make the current main location at 3300 Dewey Avenue, Rochester, an additional location site.

Villa of Hope 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. Pursuant to 14 NYCRR §810.17, the previously issued Operating Certificate (original document) must be returned to OASAS' Bureau of Certification immediately following the effective date.

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.

The Bureau of Certification and Systems Management has recently made significant changes to our application review process and we are very interested in your experience with the new process. Please take a few moments to complete the attached **Chemical Dependence Certification Process Satisfaction Survey**, as your feedback will help with continued improvement.

Sincerely,

Janet L. Paloski
Director
Bureau of Certification and Systems Management

Enclosure

Ms. Christina M. Gullo
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cc w/enc: Charles W. Monson
Tim Donovan
Donna Stott
John Van Horn
Cathy Shippey
Linda Ham-Hefferon
Lynn DeFruscio
David L. Putney (Monroe County)
Laurie Baker (Board Chair, Villa of Hope)
Saarah Waleed (Program Director, Villa of Hope)

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CHEMICAL DEPENDENCE CERTIFICATION PROCESS SATISFACTION SURVEY**

OASAS is committed to improving the Certification Process. Your opinion as a recent applicant will provide us with valuable information. Please take a few moments to fill out the survey below. Your feedback will help improve the Certification Process.

To complete the survey, check one of the ratings from "Very Satisfied" to "Not at All Satisfied" for each of the following factors regarding your recent experience with the OASAS Certification Process. As appropriate, indicate any "strengths" and suggested "improvement opportunities". Please return the completed survey to:

NYS OASAS, Bureau of Certification, 1450 Western Avenue, Albany NY 12203

Factor	Very Satisfied	Moderately Satisfied	Somewhat Satisfied	Not at All Satisfied
1. Overall how satisfied were you with the Certification Process?				
2. How clear were the application and instructions?				
3. How timely was the Certification Process?				
4. How satisfied were you in finding out the status of your application?				
5. How satisfied were you with your interactions with each of the following?				
a. Local Governmental Unit (city/county) staff				
b. OASAS Field Office staff				
c. OASAS Facilities Evaluation and Inspection Unit staff				
d. OASAS Bureau of Certification Staff				

Strengths

- Is there anything you thought OASAS did particularly well?

Improvement Opportunities

- Do you have any specific suggestions on how the process and/or the application can be improved?

Provider Name _____ Phone No. _____ County _____
(Optional)

- Type of Application:
- | | | |
|--|---|--|
| <input type="checkbox"/> New OASAS Provider | <input type="checkbox"/> Minor Relocation | <input type="checkbox"/> Additional Location |
| <input type="checkbox"/> New Treatment Service | <input type="checkbox"/> Relocation | <input type="checkbox"/> Transfer of Ownership |
| <input type="checkbox"/> Capacity Increase | <input type="checkbox"/> Space Expansion | <input type="checkbox"/> Capital Project |
| <input type="checkbox"/> Change in Ownership | | |

State of New York
Office of Alcoholism and Substance Abuse Services

Pursuant to the provisions of Article 32 of the Mental Hygiene Law

Villa of Hope

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)

274 Goodman Street North
Rochester, New York 14607-1154

● Part 822 Outpatient Services

Additional Location(s) Addendum Attached



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

160511362

CERTIFICATE NUMBER
Amended

EFFECTIVE DATE: January 20, 2016
EXPIRATION DATE: May 31, 2016

State of New York

Office of Alcoholism and Substance Abuse Services

CHEMICAL DEPENDENCE

ADDENDUM TO OPERATING CERTIFICATE NUMBER 160511362

Villa of Hope

CERTIFIED ADDITIONAL LOCATION(S)

As of January 20, 2016

Site

Service(s)

Site

Service(s)

St. Joseph's Villa Campus
Educational Complex Building
3300 Dewey Avenue
Rochester, New York 14616-3741

- Part 822 Outpatient Services