



LOCAL GOVERNMENTAL UNIT REVIEW REPORT (Chemical Dependence Services Certification Actions)

Applicant's Legal Name	Application No.
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Local Governmental Unit

In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of chemical dependence (alcoholism and/or substance abuse) services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). By regulation the Local Governmental Unit shall have a reasonable time from its receipt of the application to review and provide its recommendations to the Office. If possible, please do so within 14 days. When completed, please forward this review report to the appropriate OASAS Field Office (FO) and the Certification Bureau. The FO will take your comments and recommendations into account when performing their concurrent review of the proposed action(s). If you require additional time to complete your review, you should contact the Certification Bureau to request an extension. In completing the responses, use additional sheets as necessary. **Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application.**

1. Consistency of Program Description and Site Location with Local/OASAS Requirements	In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below.
2. Provider Operational Performance	Is the operational performance of this provider satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Regardless of the answer, provide a description of the operational performance of the provider below.
3. Adequacy of Financial Plans	Is the financial plan in the proposal adequate and acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below. Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below.
4. Consistency with Local Plans and Local/Community Needs	Is the action consistent with local plans and/or does it meet community needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide explanation below.
5. Provider Standing in the Community	Is there any known information regarding the provider's standing in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Regardless of the answer, provide all known information below or on additional sheets attached to this report.

<p>6.</p> <p>Program Location</p>	<p>In answering this question, the following should be taken into consideration:</p> <ul style="list-style-type: none"> (a) the location is suitable for a Chemical Dependency Treatment Program; (b) the accessibility of public transportation and adequate parking; and (c) any other notable observations. <p>Please describe your assessment of the circumstances noted.</p>		
	<p>Please check one box.</p> <ul style="list-style-type: none"> <input type="checkbox"/> LGU has visited the proposed location. Date of Visit: _____ <input type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability. <input type="checkbox"/> N/A – Please explain, for example, N/A may be appropriate in applications that involve relocation within an existing building. However, factors such as capacity increase, even in an existing building, would not be appropriate for an “N/A” response. 		
<p>7.</p> <p>Current Status of Existing Programs</p>	<p>Are you aware of any community issues with other programs operated by this provider, or in the case of relocation, this program’s current location? (i.e., any issues around loitering, public safety, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please describe any issues.</p>		
<p>8.</p> <p>Community Response</p>	<p>Please describe your knowledge of the applicant’s outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize your knowledge of community input, including any existing or likely community concerns, as well as any recommendations.</p>		
<p>9.</p> <p>Other Comments</p>	<p>Provide additional comments.</p>		
<p>10.</p> <p>LGU Recommendation</p>	<p><input type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>	<p>Signature of Authorized LGU Official</p>	<p>Date</p>