



Part 823 Children’s Designated Services Attestation

This form must include Local Government Unit (LGU) and Regional Office (RO) signatures.

Section 1		Entity/Administrative Information		
Applicant’s Legal Name				
Building/Building #	Room/Suite	Floor	PO Box or Postal Route	
Street Address				
City		County		
State	Zip Code + 4	Telephone Number (including Area Code)		
E-Mail Address			Fax Number (including Area Code)	
Section 2		SPA Services Requested		
Check the box(es) that identifies the requested SPA services.				
<input type="checkbox"/> Community Psychiatric Support & Treatment (CPST)		<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Family Peer Support & Services	
<input type="checkbox"/> Other Licensed Practitioners		<input type="checkbox"/> Psychosocial Rehabilitation (PSR)	<input type="checkbox"/> Youth Peer Support & Training	
Section 3		Governing Authority Authorization to add SPA Services		
For Corporate Entities, attach a signed and dated corporate resolution authorizing the addition of the SPA services chosen above. If not a Corporate Entity, the Owner must include a signed and dated statement authorizing the addition of the SPA services chosen above.				
Section 4		Justice Center Requirement		
Staff providing Children’s Designated Services must be background checked. Prior to issuance of final approval of the operating certificate, provider must list all staff that have been screened through the Justice Center. See the OASAS Justice Center Information website for further information. https://www.oasas.ny.gov/JC/CBC/index.cfm				
Section 5		Application Contact Person		
Name of Contact Person		Position/Affiliation with Applicant		
Address (Street, City, State, Zip Code)				
Telephone Number	Fax Number		E-Mail Address	

Section 6	Policies and Procedures
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Providers are attesting that the following policies and procedures are in place:

- Admission and discharge, including transfer and referral procedures;
- Treatment/recovery plans, including service plans where appropriate;
- staffing, in compliance with Office regulations, the Manual and the Standards of Care;
- screening and referral for associated physical or psychiatric conditions;
- a schedule of fees for services rendered;
- infection control procedures;
- cooperative agreements with other chemical dependence providers and other providers of services a patient may require;
- compliance with other requirements of state and federal laws, regulations and OASAS guidance including HIV/AIDS education, testing and counseling and the use of alcohol and other drug screening and toxicology tests and medication and the use of medication supported recovery;
- quality improvement and utilization review;
- procedures for emergencies;
- incident reporting and review
- record keeping and record retention policies specific to the provision of service provided;
- staff training;
- confidentiality and disclosure of patient records in accordance with state and federal laws;
- Authorized services provided. Each authorized service to be provided must be identified. Policies, procedures and methods established for the provision of those specific services must comply with all existing OASAS regulations as well as any requirements set forth in the Manual

Section 7	LGU Consultation
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LGU Representative (Print Name)	LGU Representative Signature	Date
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LGU Comments

Section 8	Regional Office Approval
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RO Representative (Print Name)	RO Representative Signature	Date
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RO Comments

Section 9	Provider Attestation
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Statement of Compliance and Signature

I, (print or type full name and title of the applicant) _____ hereby attest that the information identified on this attestation form are true, accurate and complete to the best of my knowledge and that the provider noted above is in compliance with the requirements to provide Children's SPA services. I understand that any falsification, omission, or concealment of material fact may result in revocation of approval to provide Children's SPA services and/or may subject me to administrative, civil, or criminal liability." I also understand that any subsequent changes to the Children's Spa services approved must be approved by the Office of Alcoholism and Substance Abuse Services prior to implementation.

Signature	Date
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