NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

(Read Instructions Carefully Before Completion)

PART III – DESCRIPTION OF SERVICES

Applicant's Legal Name		
Site/Additional Location Address	☐ Not Yet Selected **(New Providers Only)**	Service Type

Note: Part III is completed by applicants who are new to OASAS and wish to operate one or more new services, or by existing OASAS providers who are seeking approval to provide new services or to establish a service at an additional location. Section H is omitted for services at additional locations.

A. **Action Proposed**	Indicate the type of site action applicant is requesting. a. ☐ Provide a new service at this site b. ☐ Establish a service at an additional location at a **stand-alone location** (Outpatient Services Only) c. ☐ Establish a service at an additional location at **host agency** (Outpatient Services Only) *If "at host agency", provide as **ATTACHMENT #13** a description of the arrangements and reasons for establishing the additional location at the host agency.*
B. **Description of Area to be Served**	Provide a description of the area where the applicant plans to provide certified treatment services and describe how the service will function within the network of chemical dependence providers in this area.
C. **Assessment of Need**	Provide an assessment of the need for the services described in the application. In addition to the assessment, use existing OASAS need methodology where available. Include as **ATTACHMENT #14** information relative to need as specified in the instructions.
D. **Description of Services**	1. Describe the applicant's approach/philosophy regarding the treatment of chemical dependence; include use of self-help services, medication, individual/group counseling and other treatment techniques.
	2. List and define the specific service components to be offered to patients, including any proposed time-structured treatment regimen or module. Include as **ATTACHMENT # 15** the description of service components requested per instructions.
	3. For each planned service, provide a detailed list including, but not limited to: expected outcomes for patients, planned numbers and frequency of service delivery, planned length of stay and other proposed measures of success. Include as **ATTACHMENT # 16** the description of goals and objectives, per instructions.

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PART III – DESCRIPTION OF SERVICES (CONTINUED)

Applicant's Legal Name

Site/Additional Location Address ☐ Not Yet Selected **(New Providers Only)** | Service Type

E. Special Populations

Indicate below any special populations that these services are specifically designed to treat (see instructions for definitions).

☐ No Special Population(s)	☐ Youth	☐ Homeless	☐ COSA/COA
☐ Women	☐ Elderly	☐ Parole and/or Probation	☐ LGBT
☐ Pregnant Women	☐ HIV/AIDS	☐ Alternative to Incarceration	☐ Intravenous Drug Users
☐ Women w/Children	☐ MICA	☐ CASAT	☐ Other (Specify) _____

Describe specific programmatic efforts to be undertaken to ensure that services are provided to special populations, if any are designated above.

F. Proposed Operating Schedule (Specify a.m. or p.m.)

☐ 24 hours per day, 7 days per week

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To
Total Hours														
Medication Hours*														

***Opioid Treatment Services Only**

G. Projected Workload

Indicate the projected annual volume of services that will be provided at the main location and the additional location, if applicable.

☐ Not Applicable _____ Annual Visits (Main Location) _____ Annual Visits (Additional Location)

H. Operational Policies and Procedures

It is the applicant's responsibility to review all applicable operating regulations to ensure the policies and procedures submitted are complete and meet regulatory standards. Guidance for writing policies and procedures can be found on the OASAS website. The applicant must develop and submit as **Attachment #17** detailed chemical dependence operational policies and procedures in accord with proposed services to be provided, **including but not limited to**:

(Omit for services at additional locations)

- policies and procedures governing the criteria for the admission, continued stay and discharge of patients, including the ongoing evaluation process for identifying patients in need of a higher or lower level of care;
- policies and procedures for the preparation of individualized treatment plans, as appropriate, and for the preparation and maintenance of clinical records;
- policies and procedures for medical services and administration of medications;
- policies and procedures for conducting medical & laboratory tests, including staff involved & timeframes for testing;
- policies and procedures for identifying other medical and psychiatric conditions that require referral for acute medical and mental hygiene services;
- policies and procedures for the supervision of clinical care staff;
- policies and procedures for addressing quality improvement and utilization review;
- for applications involving **medically managed detoxification, medically supervised withdrawal** and **medically monitored withdrawal services**, policies, procedures and protocol governing withdrawal with medication, covering those issues specified in the instructions;
- policies and procedures governing a patient's rights to confidentiality;
- policies and procedures concerning HIV and AIDS;
- a patient's handbook of rights and responsibilities regarding participation in the services offered;
- procedures to provide patients with continuity of care consistent with treatment and discharge plans;
- policies and procedures governing billing and collection of patient fees;
- policies, procedures and methods governing patient rights;
- policies, procedures and methods governing the provision of a tobacco-free environment;
- policies, procedures and methods governing incident reporting; and
- any other policies and procedures required by OASAS regulations.

NOTE: For new opioid services, complete remaining Sections I-O of Part III; for other new services, proceed to Part IV.

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PART III – DESCRIPTION OF SERVICES (CONTINUED)

Applicant's Legal Name		
Site/Additional Location Address ☐ Not Yet Selected **(New Providers Only)**		Service **Opioid Treatment**

I. Key Opioid Program Staff	Chief Executive Officer	Medical Director
	Site Medical Director	Other (Specify)

J. Program Approval Status	**Application**	**Submitted**	**Approved**	**Other**
	Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (CSAT)	☐	☐	☐
	Drug Enforcement Administration	☐	☐	☐
	NYS Department of Health (Only required for Article 28 providers)	☐	☐	☐

*Include as **ATTACHMENT # 19** a copy of each application the applicant has submitted or other evidence that the approval process is in progress or that approval has been granted.*

K. Alternative Emergency Medication Procedures

1. Describe arrangements for the medication of patients during emergency or holiday situations when the clinic is unable to open.

2. Indicate if the above arrangements are consistent with CSAT Guidelines. ☐ Yes ☐ No

L. Methadone Security

1. Storage Arrangements

☐ On-Site (Complete #2 below) ☐ Off-Site Location (Complete #3 below)

2. Describe the alarm system and other security measures for on-site methadone storage.

3. Describe security measures for the transport of methadone to and from the central pharmacy location.

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PART III – DESCRIPTION OF SERVICES (CONTINUED)

Applicant's Legal Name		
Site/Additional Location Address	☐ Not Yet Selected **(New Providers Only)**	Service **Opioid Treatment**

M.	**Staff Position**	**Name**	**License No.**	**# Days on Site**	**Daily Hours on Site**
Staffing	**Physician**				
	Physician's Assistant(s)				
	Nurse Practitioner(s)				
	Nurse(s)				
	LPN(s)				
	Counselor(s)				
	Clinic Supervisor				
	Pharmacist(s)				
	Other				

N. **Responsiveness to Community Concerns**	Describe below the applicant's plans to assure the smooth integration of services in the community. Include in the description the measures to be employed to address patients who loiter in the clinic neighborhood after receiving clinic services.
O. **Treatment Services**	Describe treatment services in detail. This description supplements the description of treatment services previously covered in Section D. **Important: Subject matter to be covered is listed in the instructions.** *Include as **ATTACHMENT #20** a description of treatment services.*