

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

PART IV – RESOURCE ALLOCATION

Applicant's Legal Name			
Site Address		Service Type	
Prepare Part IV for each proposed new service at each site			
A.	Budget Item Description	Proposed Operating Budget	
		Pre-Operational	Annual
Revenues	Client/Patient Fees		
	Temporary Assistance to Needy Families – TANF (formerly AFDC)		
	Safety Net Assistance – SNA (formerly Home Relief)		
	Medicaid (Managed Care)		
	Medicaid (Fee for Service)		
	Medicare		
	Private Health Insurance (Managed Care)		
	Private Health Insurance (Fee for Service)		
	Congregate Care Benefit Payments		
	Federal Grants (Other than through OASAS)		
	State Grants (Other than OASAS)		
	Local Government Grants		
	Cash Donations from Closely Allied Entities		
	Sale of Goods and Services (Sales Contracts/Purchase of Services Agreements)		
	Other Cash Resources (List Source and Amounts)		
		Total Revenues	
Expenses	Personal Services (Salaries/Wages)		
	Personal Services (Fringe Benefits)		
	Consultants/Professional Services		
	Equipment to be Expensed		
	Property Expense		
	Other Non-Personal Services Expenses		
	Allocated Provider Administration (Management & General/Overhead)		
		Total Expenses	
C. Profit/(Deficit)	Total Revenues less Total Expenses		
Sources of Deficit Financing, If Any	OASAS State Aid		
	Other Deficit Funding Sources (List Sources and Amounts)		
E. Budget Assumptions	<i>Include as Attachment #21 the assumptions used in developing the operating budget for the services indicated above. Also include with the attachment any existing/planned Rate Schedules and Sliding Fee Schedules used in developing revenue estimates.</i>		
Financial Condition of Applicant	Availability of Most Recent Financial Report (Note: Completion of this item is not required for new entities, all governmental entities and acute care general hospitals subject to Article 28 of the Public Health Law.)		
	<input type="checkbox"/> Independently Audited Annual Financial Statement - Latest Year Available _____		
	<input type="checkbox"/> IRS Form 990 (Not-for-Profit Entities Only) – Latest Year Available _____		
	<input type="checkbox"/> Entity Annual Financial Statements (Unaudited Balance Sheet and Income Statement) – Latest Year Available _____		
<i>Include as Attachment #22 a copy of the most recent annual financial statement/report per instructions. If none of the above statements/reports are available, include most recent tax return and/or a pro-forma balance sheet, per instructions (see Exhibit D).</i>			

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

PART IV – RESOURCE ALLOCATION

Applicant's Legal Name									
Site/Additional Location Address <input type="checkbox"/> Not Yet Selected (New Providers Only)						Service Type			
G.	Staffing	<p>Before completing this section, refer to the appropriate OASAS Operating Regulations to ensure the staffing pattern completed below meets regulatory compliance. List below, by job title, all staff positions (to be) assigned to the proposed new or expanded service. Under “# of FTEs” enter the total number of full-time equivalent staff in each job title. Under “# of QHPs” enter the number of staff to be employed in a particular job title who are Qualified Health Professionals. As appropriate for the type of services, enter the number of staff to be deployed on each shift and on weekends. For additional locations, also complete Appendix II – Staff Deployment Matrix for each affected site and service that provides outpatient services.</p>							
Actual Job Title <i>Include as Attachment #23 job descriptions for each job title listed.</i>		# of FTEs	Total # of Staff	Identify by # QHPs		Planned Staff Deployment (# to be assigned to each shift)			
				CASAC	Other QHP	Days	Evenings	Nights	Weekends
Management	Director of Services								
	Medical Director (if any)								
	Other (Identify)								
Direct Care Staff*	Medical Services								
	Nursing Services								
	Counseling Services								
	Rehabilitation Services								
Other									
NON-Direct Support Staff									

*Typical professions employed in each of the services include but are not limited to: **Medical Services** – Physician, Psychiatrist, Nurse Practitioner, Physician’s Assistant; **Nursing Services** – RN, LPN; **Counseling Services** – CASAC, CASAC-T, Family Therapist, Psychologist, Social Worker, Counselor; **Rehabilitation Services** – Occupational Therapist, Rehabilitation Counselor, Therapeutic Recreation Therapist, Vocational Counselor; **Other** – Acupuncturist.

