

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS

OASAS 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>				

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Site/Additional Location Address <input type="checkbox"/> Not Yet Selected (New Providers Only)						Service Type				
G.	Staffing 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.									
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.

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For each job title listed on Page 2, identify the proposed work hours as prescribed in regulatory standards (specify a.m. or p.m.) Use one line per employee and one page per affected site.

H.	Proposed Work Schedule													
	Is the proposed service open 24 hours per day, 7 days per week? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Job Title	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To

Example

H.	Proposed Operating Schedule													
	Is the proposed service open 24 hours per day, 7 days per week? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Job Title	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To
Program Director	9 a.m.	5 p.m.	9 a.m.	5 p.m.	9 a.m.	5 p.m.	9 a.m.	5 p.m.	9 a.m.	5 p.m.				
Counselor (CASAC)	9 a.m.	5 p.m.	9 a.m.	5 p.m.			1 p.m.	9 p.m.	1 p.m.	9 p.m.	8 a.m.	12 p.m.		
Counselor I			4 p.m.	8 p.m.	4 p.m.	8 p.m.	4 p.m.	8 p.m.	4 p.m.	8 p.m.	8 a.m.	12 p.m.		