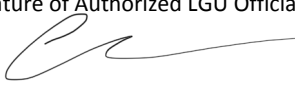


NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
LOCAL GOVERNMENTAL UNIT REVIEW REPORT
(Addiction Disorder Services Certification Actions)

Applicant's Legal Name	Application No.
Local Governmental Unit	
<p>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 addiction disorder services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). 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.</p>	
1.	<p>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.</p>
2.	<p>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.</p>
3.	<p>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.</p> <p>Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below.</p>
4.	<p>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.</p>
5.	<p>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>

<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 an Addiction Disorder 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> <p><input type="checkbox"/> LGU has visited the proposed location. Date of Visit: _____</p> <p><input type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability.</p> <p><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>		
<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> <p>9/15/22</p>