

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

Applicant's Legal Name Save the Michaels of the World, Inc.	Application No. NYSE CON: 224019 CA :2022-077
Local Governmental Unit Mark O'Brien, Commissioner, Erie County Department of Mental Health	
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.	
1. Consistency of Program Description and Site Location with Local/OASAS Requirements	In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below. The Save the Michaels of the World, Inc. (STM) service will be located in Niagara County. Niagara County approved this project and location.
2. Provider Operational Performance	Is the operational performance of this provider satisfactory? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable Regardless of the answer, provide a description of the operational performance of the provider below. ECDMH is currently providing technical assistance after a site review to STM to ensure they are following all OASAS Administrative and Fiscal Guidelines. Areas that needs support include: Fiscal, Policies and Procedures, Board of Directors, Program Oversight, Outcome reporting and Documentation.
3. Adequacy of Financial Plans	Is the financial plan in the proposal adequate and acceptable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below. There will be no OASAS funding to support the project. The budget is very tight and revenue from Medicaid may fluctuate. Cash donations and grants are part of the proposed budget. There is some concern for the service to remain viable if cash donations and grants are not awarded. Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below. This is the first service in which STM will be billing Medicaid. It is recommended that STM connect with an consultant/other provider to ensure that there is good understanding of Medicaid requirements.
4. Consistency with Local Plans and Local/Community Needs	Is the action consistent with local plans and/or does it meet community needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Provide explanation below. This Project was approved by Niagara County LGU
5. Provider Standing in the Community	Is there any known information regarding the provider's standing in the community? <input checked="" 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. In Erie County, STM provides the following services transportation, case management and family support.

<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. The Niagara County LGU has approved this project.</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 checked="" 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>The Erie County Department of Mental Health (ECDMH) has not viewed the location. Niagara County has reviewed and approved the location for this services. ECDMH has reviewed the application due to STM's administrative office being located in Erie County and subsequently application is required by OASAS to review and approve the application.</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 checked="" type="checkbox"/> No</p> <p>Please describe any issues. The Community in Erie County does not appear to have concerns with STM.</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. Per the application, STM reported meeting with multiple Senators and Legislators. Per application, there were 2 community meetings in which there were no concerns.</p>	
<p>9.</p> <p>Other Comments</p>	<p>Provide additional comments. STM provides an important service to the community. There is some concern related to the budget. In the event that cash donations, grants, medicaid reimbursements are not what STM estimates there is some concern that STM will not be able to provide the much needed services in the community. It is recommended that STM work with an entity to ensure that Medicaid reimbursement is maximized.</p> <p>Based on the submission, ECDMH is unable to approve/disapprove this application based on the above mentioned items.</p>	
<p>10.</p> <p>LGU Recommendation</p>	<p><input type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>	<p>Signature of Authorized LGU Official <i>Tara Kowalski, LMHC</i></p> <p>Date 2/1/2023</p>