



Problem Gambling Designation Application Summary

Entity/Administrative Headquarters Mailing Address			
Applicant's Legal Name			
Street	Room/Suite	Floor	PO Box/Postal Route
City, Town, Village		State NY	Zip Code + 4
Application Contact Person			
Name of Contact Person		Position/Affiliation with Applicant	
Address (Street, City, State, Zip Code)			
Telephone Number		E-Mail Address	
Certifications and Assurances			
<p>Certification by the Principal of a Governing Authority</p> <p>I certify that I am aware of and will comply with the requirements for operation in accordance with an operating certificate and the obligation to be certified prior to initiating operation of the services proposed in this application. I understand that the program will be assigned an account in the NYCPG Portal which is used to make referrals for problem gambling treatment services and that information in this account must be kept up to date and the account will be activated on an annual basis provided the program remains in good standing. I attest that my agency is aware of and will comply with the requirements in the Ambulatory Patient Groups (APG) Clinical and Medicaid Billing Guidance regarding billing for the problem gambling services. https://oasas.ny.gov/ambulatory-patient-group-manual. I understand that admission and discharge for problem gambling as a primary must be tracked on the Gambling Client Data System (GCDS) PAS 44G and PAS 45G. For an admission and discharge with Substance Use Disorder as primary and problem gambling as secondary, tracking is in the Client Data System (CDS) PAS-44 and PAS-45. I further certify, under penalty of perjury, that all the information contained in this application is accurate, true, and complete in all material aspects.</p>			
_____ Signature of Governing Authority Principal		_____ Position/Affiliation with Applicant	_____ Date

PART I - SITE INFORMATION			
Applicant's Legal Name			
Identification of Site(s) where Problem Gambling Services are to be added			
Street	Room/Suite	Floor	
City, Town, Village	State NY	Zip Code +4	Last 5 digits of Current OC#
			Anticipated # of Persons Served Annually
Identification of Site(s) where Problem Gambling Services are to be added			
Street	Room/Suite	Floor	
City, Town, Village	State NY	Zip Code +4	Last 5 digits of Current OC#
			Anticipated # of Persons Served Annually

Identification of Site(s) where Problem Gambling Services are to be added			
Street		Room/Suite	Floor
City, Town, Village	State NY	Zip Code +4	Last 5 digits of Current OC#
		Anticipated # of Persons Served Annually	

*** If applying for more than one site, please submit an outline/staffing plan for each site.**

Please note that if you are planning to provide problem gambling services in more than one county, you must submit a separate application which will provide the required signatures for that county.

Part II – Operational Policies and Procedures

Please provide policies and procedures of additional requirements for providing problem gambling treatment services as outlined in the Part 857 regulations. These can either be incorporated into existing policies and procedures or a creation of a new one if needed.

- Admission criteria that include provisions to admit without a full diagnosis for a gambling disorder and family members
- Screening and Assessment tools that will be utilized as well as use of LOCADTR G;
- Confidentiality for problem gambling services. 42CFR does not include problem gambling, only HIPPA;
- Required QPGP staffing and supervision;
- Required yearly staff training on problem gambling;
- Reporting and recordkeeping;
- Programming specific to gambling-only treatment services, such as financial counseling and planning, individual, group and family counseling;
- Potential conflicts of interest involving staff with outside employment.
- Gambling Free Policy as well as agency signage and problem gambling materials available

PART III – Required Program and Staff Orientation to Providing Problem Gambling Services

- All programs must engage with their local Problem Gambling Resource Center during the application process for technical assistance. This should include an all-staff training on Problem Gambling, implications for incorporating these services including agency culture and individual bias about gambling, and any other support services needed to implementing programming. Proof of this training and engagement should be submitted with the application.
- All QPGP staff should take the LOCADTR G training and submit certificate with application.
- If there are multiple PRUs on the intended OC – then a staffing plan is required to demonstrate how problem gambling services will be provided across all PRUs, should the need arise.

PART IV – STAFFING

Staffing – List gambling staff below. Include as **Attachment #5**. Copy of Credential for each staff providing Problem Gambling Services and/or training certificates which demonstrate qualifications as defined by the Office (**attach additional sheets as necessary**).

Name/Title	Qualified Problem Gambling Professional/Credentials	Schedule (i.e., M – F 9am-5pm)
Problem Gambling Clinical Supervisor		

PART V – BUDGET

Prepare a Budget for the Proposed New Service

A. Revenues	Budget Item Description	Proposed Operating Budget	
		Pre-Operational	Annual
	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:		
B. Expenses	Budget Item Description	Proposed Operating Budget	
		Pre-Operational	Annual
	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		
D. Sources of Deficit Financing if any	OASAS State Aid		
	Other Deficit Funding Sources (List Sources and Amounts)		
Applicant's Legal Name			
Local Governmental Unit Approval			
I have reviewed this request to add Problem Gambling Services and recommend			
Approval <input type="checkbox"/>		Disapproval <input type="checkbox"/>	
Comments:			
Signature		Name (Print)	
Title (Print)		Date	

OASAS Regional Office Approval

I have reviewed this request to add Problem Gambling Services and recommend

Approval

Disapproval

Comments:

Program Manager Signature

Name (Print)

Date

Regional Office Coordinator Signature

Name (Print)

Date

District Director Signature

Name (Print)

Date