

CRISIS STABILIZATION CENTERS

PART IV – RESOURCE ALLOCATION

Applicant's Lega	al Name							
		Proposed Operating Budget						
	Budget Item Description	First Full Fiscal Year	Second Full Fiscal Year					
	Client/Patient Fees							
	Medicaid (Managed Care)							
	Medicaid (Fee for Service)							
	Medicare							
A. Revenues	Third Party Payments							
	State aid (e.g., RFP dollars)							
	Grants (specify source)							
	Other Revenue (specify source):							
	Total Revenues							
	Salaries/Wages							
	Fringe Benefits							
	Materials							
	Rent/Mortgage							
B. Expenses	Furniture/Equipment							
D. Expenses	Travel							
	Training							
	Administration and Overhead							
	Other (identify):							
	Total Expenses							
C. Profit/(Deficit)	Total Revenues less Total Expenses							
E. Budget Assumptions	Include as Attachment #21 the assumptions used in develo services indicated above. Also include with the attachment Schedules and Sliding Fee Schedules used in developing re	any existing/plan	ned Rate					
F. Financial Condition of Applicant	Submit the last three years of financial statements prepared (Note: Completion of this item is not required for providers co OASAS or governmental entities).							

NEW YORK STATE OFFICE OF MENTAL HEALTH OFFICE OF ADDICTION SERVICES AND SUPPORTS CRISIS STABILIZATION CENTERS

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	Affine Defore completing this section, refer to Crisis Stabilization Centers Regulations (14 NYCRR Part 600) to ensure the staffing pattern completed below meets regulatory compliance. List below, by job the all staff positions (to be) assigned to the proposed new or expanded service. Under "Credentials" enter the credentials (e.g., LCSW, LMSW, CASAC, etc.) that will be considered for the staff that hold that appropriate for the type of services, enter the number of staff to be deployed on each shift and on weekends. Actual Job Title Data 2000 # of FTEs Estimated Annual Cost in Whole Data Cost in Whole Data Cost in Whole Data Cost in Under (H to be assigned to each shift) Medical Director Data 2000 Weivered Prescriber # of FTEs Estimated Annual Cost in Whole Data Cost in Under (H to be assigned to each shift) Nights Week-ends Medical Director									
	Actual J	ob Title		Data 0000		Estimated				
	scription	s for each job	Credentials	Waivered		Annual Cost in Whole		Even-		Week-
ent	Medica	al Director								
Management	Progra	m Director								
ana(a 2000 # of Estimated ivered FTEs Cost in Cost Whole Dollars Image: Image					
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Direct Care Staff*										
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Non-Direct Support Staff										
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*Typical professions employed in each of the services include but are not limited to: **Medical Services**: Physician, Psychiatrist, Nurse Practitioner in Psychiatry, Physician's Assistant; **Nursing Services**: RN, LPN; **Counseling Services**: CASAC, CASAC-T, Family Therapist, Psychologist, Social Worker, Counselor.

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

н.	Proposed Work Schedule													
Job Title	Monday		Tue	sday	Wednesda		Thursday		Friday		Saturday		Sunday	
JOD THE	Fro	То	Fro	То	Fro	То	Fro	То	Fro	То	Fro	То	Fro	То

Example

Н.	Proposed Operating Schedule													
Job Title	Mon	day	Tues	day	Wedr	nesda	Thu	rsday	Fr	iday	Sat	urday	Sur	nday
	From	То	From	То	Fro	То	Fro	То	Fro	То	Fro	То	Fro	То
Program Director	9 AM	5 PM	9 AM	5 PM	9 AM	5 PM	9 AM	5 PM	9 AM	5 PM				
Social Worker	9 AM	5 PM	9 AM	5 PM			1 PM	9 PM	1 PM	9 PM	8 AM	12 PM		
CASAC			4 PM	8 PM	4 PM	8 PM	4 PM	8 PM	4 PM	8 PM	8 AM	12 PM		