

EZ Prior Approval Review Application Prior Consultation Form

The purpose of the Prior Approval Review (PAR) Prior Consultation is to support providers in outlining the proposed project. This form should be submitted to the Local Governmental Unit (LGU) and OMH Field Office in advance of the prior consultation meeting. The proposed project and form will be reviewed during the prior consultation. Once the LGU and Field Office have completed the prior consultation and are in support of the applicant submitting a PAR application they will sign Part 2 of the form. Note, the LGU and Field Office signatures' do not constitute an agreement or inference that the proposed project will be approved or denied upon receipt of a formal application.

Date of Consultation:

Meeting Attendees	Organization	Name(s)	Title(s)
	<i>Applicant participant(s)</i>		
	<i>Local Government Unit(s)</i>		
	<i>OMH Field Office Representative(s)</i>		

PART 1: Project Summary *To be completed by applicant*

Agency Name:
Agency Type:

Public: ☐ State ☐ County ☐ Municipal
 Proprietary: ☐ Corporation ☐ Limited Liability Company
 Not-For-Profit: ☐ Corporation

Application Type:
Program Type:
Program Operating Certificate Number, if applicable:
Counties to be Served:

Indicate the age range to be served: *Minimum Age:* _____ up to *Maximum Age:* _____

Applicant Request:
Need:

Proposed Staffing Plan:	Staff Title	Credentials	Full Time Equivalent (FTE)
Total FTEs:			

Outpatient Programs: Clinical Staff/Caseload Ratio:
Average Census:

CPEP Programs: <i>Total number of Extended Observation Beds:</i>				
Inpatient/RTF/Residential Programs: <i>Current Bed Capacity:</i>		<i>Proposed Bed Capacity:</i>		
Proposed Budget	First Full Year of Program Revenue		First Full Year of Program Expenses	
	Medicaid:	\$	Staff Salaries:	\$
	Medicare:	\$	Fringe Benefits:	\$
	Commercial Insurance:	\$	Administrative Costs:	\$
	Grants:	\$	Rent/Mortgage:	\$
	Other, Specify:	\$	Other Than Personnel Services:	\$
	Total Revenue:	\$	Total Expenses:	\$
	Total Surplus/Deficit:			
Fiscal Comments:				
PART 2: Prior Consultation Confirmation <i>To be completed by OMH and LGU Staff</i>				
Meeting Notes:				
OMH Field Office Staff Name		Signature		
Local Government Unit Staff Name		Signature		