APPENDIX C3

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
APPLICATION FOR STATE CERTIFICATION

Program: _____

Address: _____
P.O. Box/Street City State Zip Code

Site Location: _____
Street City State Zip Code

Telephone Number:_____ **Fax Number:** _____ **Email:**_____

This application has been approved by:

Program Operator or Authorized Representative's Name: _____

Signature: _____ **Date:** _____

These signatures verify the program and its operations are in compliance with all applicable state and federal laws including: 42 C.F.R. Part 2, and HIPAA 45 C.F.R. Parts 160, 162, & 164.

Other

☐ Drug Court Service-Adolescent
☐ Drug Court Service-Adult
☐ Adult Civil Protective Custody Service/Detox
☐ Adolescent Civil Protective Custody/Detox*
☐ Evaluation Center Service
☐ Comprehensive Evaluation
( ) Adult
( ) Adolescent

Clinical Services: Adult Treatment Services

☐ Level 0.5 Adult Early Intervention Service
☐ Level I Adult Outpatient Service
☐ Level II.1 Adult Intensive Outpatient Service
☐ Level III.1 Adult Clinically-Managed Low Intensity Residential Treatment Service
☐ Level III.3 Adult Clinically-Managed Medium Intensity Residential Treatment Service
☐ Level III.5 Adult Clinically-Managed Medium/High Intensity Residential Treatment Service
☐ Level III.7 Adult Clinically-Managed Medium/High Intensity Residential Treatment Service
☐ Adult Opioid Maintenance Therapy Service [requires concurrent certification of Adult Level I Service and Adult Level I-D Service]
☐ Level III.2-D Adult Clinically-Managed Residential Detoxification
☐ Level III.7-D Adult Medically-Monitored Detoxification
☐ Level IV-D Adult Medically-Managed Intensive Detoxification
☐ Adult Transitional Housing Service*

Clinical Services: Adolescent Treatment Services

☐ Level 0.5 Adolescent Early Intervention Service
☐ Level I Adolescent Outpatient Service
☐ Level II.1 Adolescent Intensive Outpatient Treatment
☐ Level III.1 Adolescent Clinically-Managed Low Intensity Residential Treatment Service
☐ Level III.3 Adolescent Clinically-Managed Medium Intensity Residential Treatment Service
☐ Level III.5 Adolescent Clinically-Managed Medium/High Intensity Residential Treatment Service*
☐ Level III.2-D Adolescent Clinically-Managed Detoxification
☐ Adolescent Opioid Maintenance Therapy Service [requires concurrent certification of Adolescent Level I Service and Adolescent Level I-D Service]
☐ Adolescent Transitional Housing Service*

Women's Set-Aside

☐ Adult Transitional Housing Service*
☐ Level I Adult Outpatient Service
☐ Level II.1 Adult Intensive Outpatient Service
☐ Level III.1 Adult Clinically-Managed Low Intensity Residential Treatment Service
☐ Level III.3 Adult Clinically-Managed Medium Intensity Residential Treatment Service
☐ Level III.5 Adult Clinically-Managed Medium/High Intensity Residential Treatment Service

☐ Co-Occurring Endorsement [requires concurrent Level I Service or Level II.1 Service]
( ) Adult
( ) Adolescent

*** Established by Agency policy, which establishes regulatory requirements, service elements, and utilization management criteria.**

The non-refundable State Certification application fee is $100.00 per service level, per location requested. As of July 1, 2001, this requirement will apply to all programs whether they are funded or not funded by the Agency. Separate geographical locations will require additional application forms. Do not submit the application/fee without contacting the Program Analyst first.

Agency Use Only

Date Application Received: _____ Payment Received: _____

Pre-Approval Visit Scheduled: _____