Department of Health Care Services
Licensing and Certification Branch, MS 2600
PO Box 997413
Sacramento, CA 95899-7413

ALCOHOL AND/OR OTHER DRUG PROGRAM

INITIAL CERTIFICATION APPLICATION

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

SUBSTANCE USE DISORDER COMPLIANCE DIVISION

LICENSING AND CERTIFICATION BRANCH, MS 2600
PO Box 997413
SACRAMENTO, CA 95899-7413

Phone (916) 322-2911 FAX (916) 322-2658 TTY (916) 445-1942

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CERTIFICATION APPLICATION INSTRUCTIONS

This application package contains the materials necessary to apply for a certification of an alcohol and/or other drug program with the Department of Health Care Services (DHCS).

It is vital that you carefully read each component within this application in addition to the following documents which can be located on the website **www.dhcs.ca.gov** before beginning to fill out the application.

1. Alcohol and/or Other Drug Program Certification Standards
(http://www.DHCS.ca.gov/Licensing/doc/Alcohol_andor_Other_Drug_Program_Certification_Standards.doc)
, and

2. Data Collection Requirements for any program licensed or certified by DHCS that receives at least one dollar ($1.00) of public alcohol or other drug treatment funding.
(**http://www.DHCS.ca.gov/Licensing/pdf/Letter_to_Prospective_Applicant.pdf**) .

Please read each required application package form carefully and provide all requested supplemental documents. DO NOT LEAVE ANY ITEMS BLANK. NOTE: If a question does not apply, please respond with "Not Applicable" or "N.A.". Do not make changes to these forms. **USE "BLUE" INK TO SIGN ALL FORMS.** Do not use white out/correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must initial and date the correction. You should retain a photocopy of the completed documents for your files. We may need to contact you in the future and we will be referring to the information in the documents you provided.

If, after you have totally read the entire application package, you determine that you would like technical assistance or training addressing certain elements of the application process, you may request assistance *without charge to you* from the Department's consulting agency. The request may be made online at **http://www.aodpolicy.org/tcta.htm**. You may also contact the agency via mail, phone, or fax. The single statewide point of contact is:

Maleah Novak, Project Coordinator, Alcohol and Other Drug Policy Institute 1127 11th St. Ste. 214, Sacramento, CA 95814 FAX: 916-583-7322
Phone: 916-572-8171 Email: **tcta@aodpolicy.org**

Pursuant to the CCR, Title 9, Division 4, Chapter 8, Section 13010 at least thirty percent (30%) of staff providing counseling services in all AOD programs licensed and/or certified by DHCS shall be licensed or certified pursuant to the requirements of this chapter. All other counseling staff shall be registered pursuant to Section 13035 (f). Licensed professionals my include LCSW, MFT, Licensed Psychologist, Physician, or registered Intern, as specified in Section 13015.

Please note that effective August 24, 2007, applicants will be assessed an Initial Certification Application Fee in the amount of $2,664 regardless of the form of organization or ownership.

The application fee will NOT be returned if the application package is withdrawn or denied.

If you have any questions regarding the certification of nonmedical adult residential or outpatient alcoholism or drug abuse recovery or treatment facilities, or need assistance with your fire clearance, please contact DHCSs Licensing and Certification Branch at (916) 322-2911.

Procedure for Obtaining Certification

The Initial Certification Application Section A and B documents must be completed and submitted to DHCS with a form DHCS 5085-C and a check or money order, made out to the DHCS Substance Use Disorder Compliance Division, to cover the $2,664 initial application fee. **The application fee is non-refundable.** The review of the application cannot begin until all the necessary documents and fees have been received by DHCS. In addition, applicants must pass an on-site inspection by an DHCS licensing analyst. Once the application is complete, an on- site review will be scheduled to determine your ability to comply with the Department's Alcohol and/or Other Drug Program Certification Standards. Once the on-site review is complete and any deficiencies found are corrected, a Biennial Certification Fee in the amount of $3452.00 will be due prior to issuance of a certification. The certification will then be valid for two (2) years, provided there are no compliance issues, after which time certified programs will be required to submit a renewal application for review and approval along with the appropriate biennial certification fee.

Certification Application Processing

The Section A and B documents must be submitted in the same sequence as they are in the application booklet. **Sign all documents in BLUE ink**. **Do not bind the application documents or place them in a protective covering.** To prevent delays, be sure that all the required documentation is completed, properly signed, with original signatures, dated, and submitted in the proper format and sequence and that the appropriate fee has been submitted to the DHCS Substance Use Disorder Compliance Division. It is recommended that you retain a copy of the completed application packet for your records.

The certification process is normally completed within 120 days. ***The 120 days begins when an application packet is determined to be complete.***

Please mail a check or money order, made out to the DHCS Substance Use Disorder Compliance Division, to cover the appropriate initial application fee, the completed application forms contained in Section A and the documents required in Section B in one complete packet to:

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Public Information

Information provided by the applicant(s) for licensure can be made available for public review unless otherwise exempted by law (Inspection of Public Records, Chapter 3.5, Division 7, Government Code).

Application Fees

On August 24, 2007, Chapter 177, Statutes of 2007, (Senate Bill 84), was enacted mandating DHCS to assess fees to all licensed and/or certified residential and certified outpatient Alcohol and Other Drug (AOD) recovery and treatment facilities regardless of the form of organization or ownership. For more information please refer to ADP Bulletin Number 07-11, entitled Assessment of Fees for Licensure and Certification of Residential and Outpatient

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Recovery and/or Treatment Facilities, issued on October 11, 2007, and posted on DHCS's website at www.DHCS.ca.gov

Effective August 24, 2007, the following Residential Licensure Fees will be assessed by DHCS.

Residential and/or Outpatient Certification Fees	
Initial Residential and/or Outpatient Certification Application Fee	$ 2,664
Biennial Outpatient Certification Initial/Extension Fee	$ 3,452
Combined Residential Licensure and Certification Fee	
Initial Combined Residential Licensure and Certification Application Fee	$ 3,698
*Biennial Combined Residential Licensure and Initial/Extension Fee **	$ 147 (per bed)

***Residential facilities that are also certified will be assessed based on a per bed extension fee.**

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ALCOHOL AND/OR OTHER DRUG PROGRAM CERTIFICATION INITIAL APPLICATION CHECKLIST

SECTIONS A & B

Residential and Outpatient programs require separate applications.

This form is to assist in identifying forms and documents needed for initial program certification. The following pages describe each item in greater detail. All applicants for initial certification shall submit the following:

SECTION A - REQUEST FOR INITIAL CERTIFICATION

Initial Application Request for Alcohol and/or Other Drug Program Certification (DHCS5085 – C) – The applicant shall complete all of the information and documentation contained in this application for certification.

SECTION B - Supportive Documents

Each applicant shall submit to the Department the following documents with the application for certification.

REQUIRED SUPPORTIVE DOCUMENTS	FOR DEPARTMENTAL USE ONLY		
PLAN OF OPERATION:	**YES**	**NO**	**INCOMPLETE**
1. ANNUAL LINE ITEM BUDGET			
2. PROGRAM MISSION AND PHILOSOPHY STATEMENT(S)			
3. PROGRAM DESCRIPTION (Detoxification services require separate program description)			
4. A STATEMENT OF PROGRAM OBJECTIVES			
5. PROGRAM EVALUATION PLAN			
6. CONTINUOUS QUALITY MANAGEMENT PLAN			
7. AN OUTLINE OF ACTIVITIES AND SERVICES TO BE PROVIDED BY THE PROGRAM **(Detoxification services require separate outline)**			

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8. A COPY OF THE ADMISSION, READMISSION, AND INTAKE CRITERIA			
9. A STATEMENT OF NONDISCRIMINATION IN THE EMPLOYMENT PRACTICES AND PROVISION OF BENEFITS AND SERVICES			
10. A COPY OF THE PROGRAM'S PARTICIPANT ADMISSION AGREEMENT			
11. A TABLE OF ADMINISTRATIVE ORGANIZATION			
12. STAFFING PLAN			
13. AN APPROVED FIRE CLEARANCE			
14. A COPY OF STATE FACILITY LICENSE **(Residential Only)**			
15. CORPORATIONS, ASSOCIATIONS, PARTNERSHIPS - PARTNERSHIP AGREEMENT/ARTICLES OF INCORPORATION/BYLAWS			
16. SOLE PROPRIETORS – STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS FOR STATE PUBLIC BENEFITS			

FOR DEPARTMENTAL USE

☼ APPLICATION COMPLETE: DATE:_____ BY:_____

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APPLICATION FOR INITIAL CERTIFICATION

INITIAL APPLICATION
REQUEST FOR
ALCOHOL AND/OR OTHER DRUG
PROGRAM CERTIFICATION

SECTION A

(Residential and nonresidential programs require separate applications).

(FOR DEPARTMENTAL USE ONLY)

PROGRAM ID:_____ DATE: _____ COUNTY:_ RE

(DIRECTIONS TO FACILITY)

_____

_____

_____

1. PROGRAM INFORMATION:

_____
(Name of Program)

_____
(Location to be certified) (City/State) (Zip)

_____
(County) (Telephone) (Fax) (E-mail Address)

_____
(Mailing Address – if different from above) (City /State) (Zip)

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2. EXECUTIVE/PROGRAM DIRECTOR:

(Name) (Title) (Telephone) (E-mail Address)

3. PROGRAM CONTACT PERSON:

(Name) (Title) (Telephone) (E-mail Address)

4. LEGAL OWNER INFORMATION:

(Legal name, if corporation, the name filed with Secretary of State):

(Name and title of the officer or employee who acts on behalf of the corporation or association)

(Street Address) (City/State) (Zip)

5. TYPE OF ORGANIZATION:

- ☐ Profit Corporation
- ☐ Nonprofit Corporation
- ☐ Government Entity
- ☐ Sole Proprietor
- ☐ Partnership

6. TYPE OF ALCOHOL AND/OR OTHER DRUG SERVICES PROVIDED:

A. ☐ Residential
B. Residential Detoxificati
C. Nonresidenti
1. ☐ Day Treatment
2. Outpatient
3. Detoxificatic

(If detoxification services are provided, please include protocol as required in Section B Supportive Documents, items 3, 6, 7, 8, and 10)

7. TARGET POPULATION TO BE SERVED:

- ☐ 1.1 Co-ed
- ☐ 1.2 Men only
- ☐ 1.3 Women only
- ☐ 1.4 Parents/Children
- ☐ 1.5 Youth/Adolescents
- ☐ 1.6 Elderly
- ☐ 1.7 Families
- ☐ 1.8 Dual Diagnosis
- ☐ Other

If other, please identify:_____

8. HOURS OF OPERATION: 24-HOUR FACILITY ☐ YES ☐ NO
(If less than 24-hour operation provide specific hours of operation)

Monday: _____ **Thursday:** _____ **Sunday:** _____
Tuesday: _____ **Friday:** _____
Wednesday: _____ **Saturday:** _____

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9. DOES THE APPLICANT PROVIDE OTHER SERVICES AT THIS LOCATION?

☐ **YES** ☐ **NO** **If yes, please identify the type of service(s) provided:**

_____

11. DOES THE APPLICANT HAVE A COUNTY ALCOHOL AND/OR OTHER DRUG PROGRAM CONTRACT?

☐ **YES** ☐ **NO** **(If yes, identify funding in annual line-item budget.)**

12. AUTHORIZED SIGNATURE(S) OF APPLICANT:

1. **If the applicant is a sole proprietor, the proprietor shall sign the application.**
2. **If the applicant is a partnership, each partner shall sign the application.**
3. **If the applicant is a firm, association, corporation, county, city, public agency, or other governmental entity, the chief executive officer or the individual legally responsible for representing the firm, association, corporation, county, city, public agency, or other governmental entity shall sign the application. The application shall include the resolution or board minutes authorizing the individual to sign.**

THE UNDERSIGNED ENSURES THAT THE PROGRAM DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES AND PROVISION OF SERVICES ON THE BASIS OF ETHNIC GROUP IDENTIFICATION, RELIGION, AGE, SEX, COLOR OR DISABILITY PURSUANT TO TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (SECTION 2000d, TITLE 42, UNITED STATES CODE); THE AMERICANS WITH DISABILITIES ACT OF 1990 (SECTION 12132, TITLE 42, UNITED STATES CODE); AND FOR RECIPIENTS OF FINANCIAL ASSISTANCE, THE REHABILITATION ACT OF 1973 (SECTION 794, TITLE 29, UNITED STATES CODE), AND CHAPTER 6 (COMMENCING WITH SECTION 10800).

THE APPLICANT(S) AFFIRMS THAT THE FACTS CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.

(SIGNATURE)	**(TITLE)**	**(DATE)**
(SIGNATURE)	**(TITLE)**	**(DATE)**
(SIGNATURE)	**(TITLE)**	**(DATE)**

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INITIAL APPLICATION REQUEST FOR ALCOHOL AND/OR OTHER DRUG PROGRAM CERTIFICATION

EXPLANATION OF SECTION A

Supportive documents and forms to be submitted to DHCS.

Initial Application Request for Alcohol and/or Other Drug Program Certification

EXPLANATION OF SECTION B

Go To Forms Page

Supportive documents and forms to be submitted to DHCS.

1. **Annual Line-item Budget –** A line-item budget (projection of revenues and expenditures) for the current fiscal year that correlates with quarterly and annual written operation reports and, if the provider is a nonprofit corporation, is approved by the board of directors. [Standards Section 3035 a. 1.]

2. **Program Mission and Philosophy Statement(s) –** A written statement(s) describing the program's mission and/or philosophy. [Standards Section 3035 a.2.]

3. **Program Description –** A written document that describes the program's alcohol and/or other drug services and settings that are offered according to the severity of alcohol and/or other drug involvement and the program's approach to recovery or treatment which shall include but not be limited to an alcohol and drug free environment. [Standards Section 3035 a. 3.]

4. **A Statement of Program Objectives –** Written, time-limited and measurable process and outcome objectives that can be verified in terms of time and results and that serve as indicators of program effectiveness. [Standards Section 3035 a. 4.]

5. **Program Evaluation Plan –** A written evaluation plan for management decision making. [Standards Section 3035 a. 5.]

6. **Continuous Quality Management Plan –** Written policies and procedures for continuous quality management which shall include continuity of activities, participant file review, and recovery or treatment plan review. [Standards Section 3035 a. 6.]

7. **An Outline of Activities and Services to be Provided by the Program –** Show outline (A-6 – Weekly Activity Schedule) for specific activities and services such as: detoxification (if applicable), group and individual sessions, recovery or treatment planning, continuing recovery or treatment planning recreation, self-help activities (AA, NA, CA), and other activities/services. [Standards Section 3035 a. 7.] Go To Forms Page

8. **Statement of the Admission, Readmission, and Intake Criteria (including detoxification services, if applicable) –** Written admission, readmission, and intake criteria for determining the participant's eligibility and suitability for services and procedures. [Standards Section 3035 a. 8.]

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9. **Nondiscrimination in the Provision of Services –** Written assurance that programs shall not discriminate in the provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability, pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000, Title 42, United States Code), The Rehabilitation Act of 1973 (Section 794, Title 29, United States Code); The Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and Chapter 6 (commencing with Section 10800), Division 4, Title 9 of the California Code of Regulations. [Standards Section 3035 a. 9.]

10. **A Copy of the Program's Participant Admission Agreement –** The admission agreement shall inform the participant of the following: [Standards Section 3035 a. 10.]

a. Fees assessed for services provided;
b. Activities expected of participant;
c. Program rules and regulations;
d. Participants' statutory rights to confidentiality;
e. Participants' grievance procedure; and
f. Reasons for termination.

11. **Table of Administrative Organization –** A document showing the lines of authority of all paid and volunteer staff including the board of directors (if applicable) and the community advisory board. Public organizations shall provide an organization chart that reflects the program's placement within a government agency. Private organizations shall provide documentation of the legal authority for the formation of the agency. [Standards Section 3035 a. 11.]

12. **Job Description, and Minimum Staff Qualification –** Staff job descriptions and the minimum staff qualifications for the positions. [Standards Section 3035 a. 12.]

13. **An Approved Fire Clearance –** Documentation of the most recent fire safety inspection by the local fire authority (no more than 12 months prior to the date that the Department receives the application for certification) assuring that all fire safety requirements have been met. [Standards Section 3035 b.] **Go To Forms Page**

14. **Copy of a State Facility License –** (this only applies to residential facilities that are not licensed by DHCS) [Standards Section 3015]

15. **Partnership Agreement/Articles of Incorporation/Bylaws –** If the applicant is a corporation or association, the following information is required [Standards Section 3030 a. 2. B.]:

a. A copy of the Articles of Incorporation signed and dated by the Secretary of State.
b. A copy of the By-Laws.
c. Form A-2 – Administrator or Director Information.
d. Form A-3 (Corporations) or A-3A (Public Agencies, Partnerships, Sole Proprietor, and Other Associations) – Administrative Organization.
e. Form A-4 – Designation of Administrative Responsibility

Go To Forms Page

16. **Sole Proprietors** – If the applicant is a sole proprietor, please complete, sign, and return a completed Statement of Citizenship, Alienage, and Immigration Status for State Public Benefits with your completed application. **Go To Forms Page**