

NARCOTIC TREATMENT PROGRAM (NTP) INITIAL APPLICATION

Frequently Asked Questions

All sections (§) cited are from Behavioral Health Information Notice (BHIN) 25-008 and Title 9, California Code of Regulations (CCR), Division 4, Chapter 4, Subchapter 1 commencing with Section 1000, which outline the requirements and standards for Narcotic Treatment Programs (NTP). Read all sections carefully.

1. What forms are required for an initial application?

- Initial Application Coversheet Form (DHCS 5014)
- Facility and Geographical Area Form (DHCS 5025)
- County Certification Form (DHCS 5027)
- Organizational Responsibility Form (DHCS 5031)
- Staff Information Form (DHCS 5026)
- Guarantor Agreement Form (DHCS 5020)

In addition, ensure to attach any additional information when necessary and pertinent to each form. All fields must be complete on the DHCS forms.

2. How should all documentation be presented/formatted when submitted to DHCS?

Each page of the protocol, including any index, must be numbered beginning with page one. Do not break the numerical order when changing headings. The sample patient comprehensive treatment, patient detoxification and employee file do not need numbered pages but should be identified as attachments to your protocol. Failure to number pages properly could delay processing your application.

Copies of all forms developed and to be used by the proposed program must be submitted as required by BHIN 25-008, §10030(a)(36). If you are contracting with an electronic service to utilize electronic health records (EHR), provide sample pages produced by the electronic system e.g.: intake documents, dosing sheet, treatment plan.

3. What are the business legal documents that need to be submitted in addition to the protocol for initial application?

Required business legal documents by entity type:

- *Sole Proprietorship*: Business License and Fictitious Business Name Statement
- *Corporation*: Articles of incorporation; by-laws; business license; name, address, and telephone number of each officer, director, or 10 percent or greater shareholder; and Fictitious Business Name Statement (if applicable).
- *Partnership*: Partnership agreement; name, address, and phone number for each partner; business license, and Fictitious Business Name Statement (if applicable).
- *Limited Liability Company*: Articles of organization; by-laws; business license; name, address, and telephone number for each officer, director, or 10 percent or greater shareholder; and Fictitious Business Name Statement (if applicable).
- *Other*: Legal documents that verify the type of legal entity response for the program.

4. What documents are required to be submitted as a complete protocol for DHCS to begin review of the initial application?

Please submit the protocol and appropriate documents in the order outlined below:

I. APPLICATION

1. Application BHIN 25-008, §10030
2. Application Fee CCR, Title 9, §10056
 - a. Preferred method of payment via the [payment portal](#) or;
 - b. Mail payment to: Department of Health Care Services, Counselor & Medication Assisted Treatment Section, MS 2603, P.O. Box 997413, Sacramento, California 95899-7413 or;

II. REQUIRED FORMS

1. DHCS 5014 NTP Application, BHIN 25-008, §10030 (a)
2. DHCS 5027 County Certification, BHIN 25-008, §10030 (a)(10) and BHIN 25-008, §10040
3. DHCS 5025 Facility and Geographical Area, BHIN 25-008, §10030 (a)(2-6), BHIN 25-008, (27), and BHIN 25-008, (37) and (38-42)
4. DHCS 5031 Organizational Responsibility, BHIN 25-008, §10030 (a)(15) and

CCR, Title 9, §10095

5. DHCS 5020 Guarantor Agreement, BHIN 25-008, §10030 (a)(43) and CCR, Title 9, §10095(b)
6. DHCS 5026, Staff Information, BHIN 25-008, §10030 (a)(20)
7. Fictitious Business Name Statement, if appropriate
8. Copy of Substance Abuse and Mental Health Services Administration SMA-162 Form

III. PROGRAM ADMINISTRATION

1. First Year Budget, BHIN 25-008, §10030 (a)(17)
2. Plan of Operation, BHIN 25-008, §10030 (a)(1)
3. Program Goals, BHIN 25-008, §10030 (a)(7)
4. Research Goals, BHIN 25-008, 10030 (a)(8)
5. Letters of Community Support BHIN 25-008, §10030 (a)(11)
6. Patient identification system BHIN 25-008, §10030 (a)(12-13)
7. Plan for Evaluation, BHIN 25-008, §10030 (a)(9), and CCR, Title 9, §10065 and §10070
8. Program Forms, BHIN 25-008, §10030 (a)(36)
9. Operational Procedures, BHIN 25-008, §10030 (a)(30) and CCR, Title 9, §10175
10. Procedure in the event of Emergency or Disaster, BHIN 25-008, §10030 (a)(32), and CCR, Title 9, §10170 (b)(8), and CCR, Title 9, §10180
11. Procedures which provide for cooperation with local jails for either detoxification or comprehensive treatment while in custody, in the event of patient hospitalization or incarceration, BHIN 25-008, §10030 (a)(31), and CCR, Title 9, §10185 and CCR, Title 9, §10190
12. Report of Patient Death, CCR, Title 9, §10195
13. Fingerprint Clearance-LIVESCAN, CCR, Title 9, §10095 and Health & Safety Code (HSC) 11839.8
14. Program Rules and Instructions, BHIN 25-008, §10030 (a)(26) and CCR, Title 9, §10170
 - a. Place patient rules under patient file content, sample patient file

- b. If using a patient handbook, place a copy of patient rules in handbook

15. The services available via telehealth and the days and hours telehealth services are available, if applicable, BHIN 25-008, §10030 (a)(45)

IV. PERSONNEL POLICIES AND STAFFING

1. Personnel Profiles, BHIN 25-008, §10130
2. Procedure to assure that appropriate staff time will be provided to the program in the event of short-term emergency, vacation, or sickness for all staff, BHIN 25-008, §10130 (a)(4-5), and (b)
3. Medical Director provision for leave and/or replacement e.g.: death, extended illness, sick, BHIN 25-008, §10130 (a)(4-5)
4. Plan for delegation of Medical Director's Duties, BHIN 25-008 §10030(a)(22), and BHIN 25-008, §10110
5. Program Director Responsibilities, CCR, Title 9, §10105, CCR, Title 9, §10140, and CCR, Title 9, §10155
6. Medical Director Responsibilities, BHIN 25-008, §10110
7. Program Physician Responsibilities, CCR, Title 9, §10115
8. Physician Extender Responsibilities, CCR, Title 9, §10120
9. Duties and responsibilities of each staff member and the relationship between the staffing pattern and the treatment goals, BHIN 25-008, §10030 (a)(19)
10. Each Staff Members Profile, BHIN 25-008, §10030 (a)(20) and (23), and BHIN 25-008, §10130
11. Personnel File, BHIN 25-008, §10030 (a)(36), BHIN 25-008, §10125, and BHIN 25-008, §10130: submit a sample file
 - a. Employee Code of Conduct
 - b. Counselor Code of Conduct and Registration Documentation or License, BHIN 25-008, §10125 (c)(d)(3)(A)(B)
12. Counselor Case Load, BHIN 25-008, §10030 (a)(24) and CCR, Title 9, §10150
13. Duty Statements for all positions, BHIN 25-008, §10030 (a)(19)(21), CCR, Title 9, §10105, BHIN 25-008, §10110, CCR, Title 9, §10115, CCR, Title 9, §10120 and BHIN 25-008, §10125

V. PATIENT RECORDS

1. Patient Records, CCR, Title 9, §10155 and CCR, Title 9, §10160
2. Patient Record Content, BHIN 25-008, §10165, submit sample file for Comprehensive Treatment and Detoxification
3. Schedule of Patient fees, BHIN 25-008, §10030 (a)(18)

VI. MULTIPLE REGISTRATION AND DIVERSION PREVENTION

1. Multiple registration, BHIN 25-008, §10030 (a)(14), and CCR, Title 9, §10155
2. Detection of multiple registration following admission, BHIN 25-008, §10210
3. Detection of multiple registration by reviewing results from initial test or analysis for substance use, BHIN 25-008, §10215
4. Ongoing detection – reporting, CCR, Title 9, §10220
5. Resolution of multiple registration, BHIN 25-008, §10225
6. Multiple registration and visiting patients, CCR, Title 9, §10205 and BHIN 25-008, §10295
7. Patient identification system and card, BHIN 25-008, §10030 (a)(12), and CCR, Title 9, §10235 and §10240
8. Duties issuing ID card, CCR, Title 9, §10245
9. Security of ID card forms, BHIN 25-008, §10030 (a)(13) and CCR, Title 9, §10250

VII. HANDLING AND SECURITY OF MEDICATION

1. Medication Record Keeping, CCR, Title 9, §10255
2. Administration or Dispensing of Medication, CCR, Title 9, §10260
3. Security of Medication Stock, BHIN 25-008, §10265
4. Diversion Control Plan, BHIN 25-008, §10265 and BHIN 25-008, §10030(a)(44)

VIII. PATIENT TREATMENT

1. Criteria for Patient Admission and Admission Procedure, BHIN 25-008, §10030 (a)(25), BHIN 25-008, §10270 and Title 22, §51341.1 (h)(1)(C)
2. Patient Orientation, CCR, Title 9, §10280

3. Patient Orientation for Female Patients of Childbearing Age, CCR, Title 9, §10285
4. Patient Consent Form, CCR, Title 9, §10290
5. Patient Attendance Requirements – Courtesy Dosing, BHIN 25-008, §10295
6. Patient Absence, BHIN 25-008, §10300 and HSC 11839.3(b)
7. Annual Physical Examination, BHIN 25-008, §10306

IX. TAKE-HOME PROCEDURES

1. Take-home medication procedures, BHIN 25-008, §10365
2. Criteria for take-home medication, BHIN 25-008, §10370
3. Take-home methadone supply limits, BHIN 25-008, §10370, BHIN 25-008, §10375 and BHIN 25-008, §10380
4. State Holidays or weekend day closure, BHIN 25-008, §10380
5. Revoking, reducing, and restoring a patient's take-home medication, BHIN 25-008, §10390
6. Exception to take-home medication, BHIN 25-008, §10385 (a)-(d)

X. CARE PLANS

1. Patient care plans, BHIN 25-008, §10305, BHIN 25-008, §10360 and CCR, Title 22, §51341.1 (c)(3-4)(A)(B)(C)(D), and CCR, Title 22, §51341.1 (m)(4)(A)
2. Counseling services, BHIN 25-008, §10345, BHIN 25-008, §10360, CCR, Title 22, §51341.1 (b)(8), and CCR, Title 22, §51341.1 (m)(4)(A)

XI. BODY SPECIMEN COLLECTION AND STORAGE

1. Body specimen collection and storage, BHIN 25-008, §10030 (a)(33), BHIN 25-008, §10310, BHIN 25-008, §10360
2. Prevention of tampering, BHIN 25-008, §10310
3. Substance to be tested, CCR, Title 9, §10315
4. Reliability of tests, CCR, Title 9, §10325
5. Test or analysis records, CCR, Title 9, §10330
6. Failure of patients to provide a body specimen, CCR, Title 9, §10335, BHIN 25-008, §10310

7. Use of approved licensed laboratories for testing of analyzing samples, CCR, Title 9, §10320
 - a. Submit copy of contract.

XII. DOSAGE LEVELS

1. Medication Dosage levels, BHIN 25-008, §10355
2. Initial, medically determined dosage levels, BHIN 25-008, §10030 (a)(28), BHIN 25-008, and BHIN 25-008, §10350
3. Dosage levels for detoxification and comprehensive treatment, BHIN 25-008, §10030 (a)(29), BHIN 25-008, §10355
4. Split Doses BHIN 25-008, §10386

XIII. TREATMENT TERMINATION PROCEDURES

1. Treatment termination, BHIN 25-008, §10030 (a)(34)
2. Voluntary, BHIN 25-008, §10030 (a)(34), and CCR, Title 9, §10415
3. Involuntary, BHIN 25-008, §10030 (a)(34), and CCR, Title 9, §10415
4. Fair Hearing, BHIN 25-008, §10030 (a)(35), and CCR, Title 9, § 10420
5. Fair Hearing, Drug Medi-Cal Patients, CCR, Title 22, §51341.1 (p)

5. Are there specific requirements regarding any other entities that oversee NTPs?

The Department of Health Care Services (DHCS) oversees Narcotic Treatment Program's (NTP) in conjunction with the Substance Abuse and Mental Health Services Administration (SAMSHA), Center for Substance Abuse Treatment (CSAT) and the Federal Drug Enforcement Agency (DEA).

Approval must also be received from the U.S. Drug Enforcement Administration and the Substance Abuse and Mental Health Service Administration before obtaining NTP licensure from DHCS and program operations can commence.

Substance Abuse and Mental Health Services Administration (SAMHSA)

- SAMHSA determines whether an NTP is qualified to carry out treatment for substance use disorders under [Certification of Opioid Treatment Programs, 42 Code of Federal Regulations \(CFR\) Part 8](#) and [42 CFR Part 2](#).
- For provisional certification of a new NTP form SMA-162 and supporting documents must be submitted. Click [here](#) to start the process.
- To speak to a Compliance Officer, please call (240) 276-2700 or email

DPT@samhsa.hhs.gov.

Drug Enforcement Administration (DEA)

- Federal registration by DEA is required in accordance with [Title 21, Code of Federal Regulations \(CFR\) Chapter 2](#).
- New NTP programs need to be registered with the DEA, form 363 and supporting documents must be submitted. Click [here](#) to start the process.
- To speak with the Diversion Field Office, please call (800) 882-9539 or email DEA.Registration.Help@usdoj.gov.

SAMHSA NTP Accrediting Bodies

- Federal regulations require programs to become accredited by an approved accrediting body. Form SM-163 and supporting documents must be submitted. Click [here](#) to start the process.
- SAMHSA approved the following accreditation bodies to conduct accreditation surveys for Opioid Treatment Programs:
 - Commission on Accreditation of Rehabilitation Facilities (CARF)
 - Council on Accreditation (COA)
 - The Joint Commission (JCAHO)

6. When must an NTP begin operations?

NTPs must be operational within six (6) months after the date of licensure in accordance with CCR, Title 9, §10050 (a). Programs which fail to meet this time limit may reapply for a license by submitting to the Department a letter of explanation or a new protocol. Each program shall notify the Department in advance of the date the program plans to begin its operations. Each program shall also notify the Department of the date such operations actually commence.

7. Must an NTP complete a fire clearance?

Yes, a NTP must obtain a fire clearance in accordance with CCR, Title 9, § 10040 (b)(2).

8. How long does it take for an approval of an application to occur?

Approval of License Application Timelines per CCR, Title 9, § 10045 (b):

The Department shall notify the applicant, in writing, within 60 days of receipt of the application whether the application is:

- Complete, including all required documents specified in BHIN 25-008, § 10030, and accepted for review; or

- Incomplete, and the Department shall specify the missing or incomplete information or documentation. The applicant shall have 60 days from the date of the notification to provide the missing information or documentation. The Department shall terminate review of the application if the applicant does not provide all required information or documentation within 60 days. Upon termination of review, the incomplete application shall be returned to the applicant. An applicant may reapply by submitting a new application to the Department. Termination of review shall not constitute a licensing action.
- The Department shall either approve or deny, in writing, a complete application for licensure of a narcotic treatment program within 60 days after the application is accepted for review.

9. Is there an application fee to apply for NTP licensure?

Yes, there is a fee for processing NTP licensure applications (California Health and Safety Code, Section 11839(a)(3)). Public Programs are exempt from this fee. The fee must be received by the Department to begin review and processing of the application. For the current fiscal year fees please see: [NTP Licensure Fees](#).

10. Where can I send my completed initial application and initial application fee?

You may submit your application electronically to DHCSNTP@dhcs.ca.gov or mail your complete application and fee to:

Department of Health Care Services
Counselor & Medication Assisted Treatment Section,
MS 2603 PO Box 997413
Sacramento, CA 95899-7413

You may also submit your application fee using the preferred method via the [payment portal](#).

11. Who do I contact if I have questions on submitting an initial application?

You may receive technical assistance by contacting a CMATS analyst at (916) 322-6682 or by email DHCSNTP@dhcs.ca.gov.