



Behavioral Health Agencies
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Opioid Treatment Program Application Addendum

Applicant: Use this form as an addendum to an application for certification as a new opioid treatment program, for a branch location, or for adding a service to an existing certified chemical dependency service program, and to identify the required federally recognized opioid treatment program (OTP) accreditation body.

Please complete **Parts I through VII** of the application addendum form, return the form with the completed information and the required materials with your new provider, branch, or added service application to the address listed above.

Revenue: 0597649550

Section I: Demographic Information		
<input type="checkbox"/> Association	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Public Hospital District
<input type="checkbox"/> Corporation	<input type="checkbox"/> Municipality (City)	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Federal Government Agency	<input type="checkbox"/> Municipality (County)	<input type="checkbox"/> State Government Agency
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Tribal Government Agency
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
UBI #	Federal Tax ID (FEIN) #	
Legal Owner/Operator Name		
Mailing Address		
City	State	Zip code
Name of Agency as advertised on signs or website		
Physical Address		
City	State	Zip code
Phone (enter 10 digit #)	Fax number	
Mailing Address:		
City:	State:	Zip Code:
I. Pre Application Requirements		
An OTP Community Relations Plan is required to be submitted to and approved by Department of Health prior to submission of an OTP application.		
<input type="checkbox"/> The OTP Community Relations Plan has been submitted and approved.		

II. Agency Information

Name of Agency/OTP:

Address of OTP:

III. Application Type

Check one:

This addendum was included with an application for:

Certification as a New Chemical Dependency Service Provider.

If applying for certification as a new Washington State chemical dependency service provider, ensure the policy and procedure manuals submitted with your application meets the requirements of 42 Code Federal Regulations (CFR) Part 8.12 - Certification of Opioid Treatment Programs.

Certification for a New Branch of an existing Certified Chemical Dependency Service Provider.

Certification for an Added Service of an existing Certified Chemical Dependency Service Provider.

If applying for certification to provide opiate substitution treatment at a currently certified Washington State chemical dependency service facility, ensure the policy and procedures manuals submitted with your application meets the requirements of 42 CFR Part 8.12 - Certification of Opioid Treatment Programs.

Certification for a Relocation of an existing Certified Chemical Dependency Service Provider.

IV. City, County, or Tribal Information

Washington Administrative Code-WAC 246-341-1005 requires the provider to consult with the city, county or tribal legislative authorities in which an applicant proposes to locate as an OTP in order to secure a location for the new opiate substitution treatment program that meets county, tribal or city land use ordinances.. Therefore, please provide the following information:

I have determined the proposed location of the OTP:

- Is not within the area of any Tribal Trust Land or Reservation, or,
 Is within the area of the following Tribal Trust land or Reservation.

Tribal Trust Land or Reservation:

Tribal Chair:

Phone

Email Address

Mailing Address:

I have determined the proposed location of the OTP:

- Is not within the county; or,
 Is within the following county:

County:

County Legislative Authority:

Mailing Address:

Telephone:

Fax:

Email Address:

V. Federally Approved Accreditation Body Selection

If a new OTP, you are required to select a federally recognized accreditation body. Check one of the below OTP Substance Abuse and Mental Health Services Administration (SAMHSA) approved accreditation bodies.

We choose to be accredited as an OTP by:

- The Joint Commission
- The Commission on the Accreditation of Rehabilitation Facilities (CARF).
- Council on Accreditation (COA).

VI. Additional materials to be submitted with your application

- A. As required by WAC 246-341-1005, attach copies of your:
 1. Application for a registration certificate from the Washington State Board of Pharmacy. <http://www.doh.wa.gov/portals/1/documents/pubs/690152.pdf>
 2. Application for licensure to the Federal Drug Enforcement Administration. http://www.deadiversion.usdoj.gov/drugreg/reg_apps/224/224_instruct.htm
 3. Application for certification to the Center for Substance Abuse Treatment (CSAT), SAMHSA <http://dpt2.samhsa.gov/sma162/>
 4. Application for accreditation by an accreditation body approved by CSAT, SAMHSA. <http://www.dpt.samhsa.gov/regulations/accredbodies.aspx>
- B. Documentation that transportation systems will provide reasonable opportunities to persons in need of treatment to access the services of the program as required by WAC.
- C. When operating an OTP in another state, a copy of the national accreditation, state certification/accreditation, and survey reports from national or state certification or accreditation organizations over the past six years.

VII. Declarations

OTP Sponsor

I agree on behalf of the program to adhere to all requirements set forth in WAC 246-341, RCW 70.96A, 42 CFR Part 8.12 and the CSAT Guidelines for the Accreditation of Opioid Treatment Programs.

I also agree to limit the number of individual program participants to 350 as specified in RCW 70.96A.410(1)(e) and required by WAC 246-341-1005.

Signature of the OTP Sponsor:	Date:
Type or Print Name:	Title:
Address:	Telephone:
Email:	

OTP Medical Director

I assume the responsibility for administering all medical services performed by the OTP. Additionally, I recognize my responsibility for ensuring that the OTP complies with all applicable Federal, State, and local laws and regulations.

Signature of the OTP Medical Director:	Date:
Type or Print Name:	Title:
Washington State Licensed Physician Number:	Expiration Date:
Address:	Email:

RCW/WAC and Online Website Links

WAC Link

[Behavioral Health Agency, Chapter 246-341 WAC](#)

Online

[Behavioral Health Agencies Web Page](#)