State of California — Health and Human Services Agency

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

FACILITY AND GEOGRAPHICAL AREA

INSTRUCTIONS FOR COMPLETION OF THE FACILITY AND GEOGRAPHICAL AREA FORM DHCS 5025 (04/16)

Return completed form to the address designated in the header above.

DO NOT USE staples on this form or on any attachments.
DO NOT USE correction tape, white out, or highlighter pen or ink of a similar type on this form. If you must make corrections, please line through, date, and initial in ink.
DO NOT LEAVE any questions, boxes, lines, or fields blank. Enter N/A if not applicable to you.

PLEASE NOTE: Read all the instructions included on this form carefully and complete each item requested. For additional information, please review the California Code of Regulations (CCR), Title 9, Division 4, Chapter 4, Subchapter 1 commencing with Section 10000, which outlines the requirements and standards for Narcotic Treatment Programs.

SECTION A FACILITY TYPE

Check the appropriate box for the type of facility.

Narcotic Treatment Program (NTP) – A licensed opioid addiction treatment program, whether inpatient or outpatient, which offers all of the following: evaluation, maintenance treatment and/or detoxification treatment, and other services in conjunction with replacement narcotic therapy.

Medication Unit (MU) – A facility established as part of, but geographically separate from a NTP, from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication and/or collect samples for drug testing or analysis.

Office-Based Narcotic Treatment Network (OBNTN) – A network of providers, that are affiliated and associated with a primary NTP, offering one or more of the following: evaluation of medical, employment, alcohol, criminal, and psychological problems; screening for diseases that are disproportionately represented in the opioid-abusing population; counseling by addiction counselors that are evaluated through ongoing supervision; and professional medical, social work, and mental health services, on-site or by referral.

SECTION B APPLICANT INFORMATION

License Number – If the applicant currently holds an active NTP license issued by the Department, enter the license number. If the applicant does not currently hold a NTP license issued by the Department, please enter “N/A”.

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National Provider Identifier (NPI) – Enter the 10 digit NPI number associated with the facility. If you need additional information or do not know the NPI number, please contact the National Plan and Provider Enumeration System at https://nppes.cms.hhs.gov/NPPES/Welcome.do

Name of Legal Entity – Enter the legal entity name.

PLEASE NOTE: Any business operation under a fictitious name shall submit a copy of the county filing setting forth that name.

Corporation – For a corporation, enter the name exactly as it is filed with the Secretary of State (SOS) and as it appears on the entity's Articles of Incorporation. If you need additional information, please contact the SOS at: http://kepler.sos.ca.gov/

Limited Liability Company (LLC) – For a LLC, enter the name exactly as it is filed with the SOS and as it appears on the entity's Articles of Organization. If you need additional information, please contact the SOS at: http://kepler.sos.ca.gov/

Partnership/Limited Partnership – For a partnership or limited partnership, enter the name of the partnership exactly as it is filed with the SOS on the Statement of Partnership Authority or Certificate of Limited Partnership respectively. If you need additional information, please contact the SOS at: http://kepler.sos.ca.gov/

Sole Proprietor – For a sole proprietor, enter the full legal name of the sole proprietor.

Governmental Agency – Enter the name of the governmental agency.

Name of NTP, MU or OBNTN – If different from legal entity name, enter the name of the facility or provider.

Facility Street Address – Enter the exact address of the facility. A post office box or commercial box is not acceptable. If applicable, enter the room/suite/unit number of the facility.

City – Enter the city of the facility.

County – Enter the county of the facility.

Zip Code – Enter the zip code of the facility.

Exact address can be verified at the United States Postal Service website:
https://tools.usps.com/go/ZipLookupAction_input

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Mailing Address – If different from facility street address, enter the exact mailing address. If applicable, enter the room/suite/unit number of the mailing address.

City – Enter the city of the mailing address.

County – Enter the county of the mailing address.

Zip Code – Enter the zip code of the mailing address.

Exact address can be verified at the United States Postal Service website:
https://tools.usps.com/go/ZipLookupAction_input

List the Days and Hours of Medication Dispensing Services – Enter the schedule of hours, per day, that medication used in replacement narcotic therapy is dispensed at the facility.

Example:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:00am-11:00am	5:00am-11:00am	5:00am-11:00am	5:00am-11:00am	5:00am-11:00am	5:00am-11:00am	5:00am-11:00am

List the Days and Hours for Other NTP Services – Enter the schedule of hours, per day, that other NTP services are provided at the facility.

Examples of other NTP services:

- Evaluation of medical, employment, alcohol, criminal, and psychological problems
- Screening for diseases that are disproportionately represented in the opioid-abusing population
- Monitoring for illicit drug use
- Counseling by addiction counselors that are evaluated through ongoing supervision; and professional medical, social work, and mental health services, on-site or by referral (through contracted interagency agreements)

Example:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:00am-1:00pm	5:00am-1:00pm	5:00am-1:00pm	5:00am-1:00pm	5:00am-1:00pm	5:00am-1:00pm	5:00am-1:00pm

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SECTION C	REQUIRED DOCUMENTATION

Attach the following:

Written Statement Explaining Geographical Area and Facility – Complete a written statement explaining the following:

- A description of the geographical surrounding areas to be served by the program CCR, Title 9, §10020(b)(1), §10021(b)(1), §10030(a)(2)
- A description of the facility CCR, Title 9, §10020(b)(8), §10021(b)(7), §10030(a)(27)
- Facility address and dimensions CCR, Title 9, §10020(b)(4) and (8), §10021(b)(4) and (7), §10030(a)(37)
- A description of the amount of space devoted to narcotic treatment including waiting, counseling, dispensing and storage areas CCR, Title 9, §10020(b)(8), §10021(b)(7), §10030(a)(38)
- A description of the type of services to be provided and the hours of use of the facility, if the facility is also used for purposes other than a NTP, OBNTN or MU CCR, Title 9, §10020(b)(7), §10021(b)(6), §10030(a)(41)
- If MU or OBNTN include a description of geographic relationship between the MU or OBNTN and primary NTP CCR, Title 9, §10020(b)(4), §10021(b)(4)

Facility Diagram – Complete a diagram of the facility location that identifies the following:

- Waiting areas
- Office space
- Medication administration area (if applicable)
- Patient body specimen collection locations for testing or analysis of samples for illicit drug use (if applicable)
- Record storage area
- Parking or transportation access
- The relation of the narcotic treatment program to the total facility

Narrative of Patient Flow – Complete a written narrative describing the flow of patients in relation to the following:

- Waiting areas
- Office space

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- Medication administration area (if applicable)
- Patient body specimen collection locations for testing or analysis of samples for illicit drug use (if applicable)
- Record storage area
- Parking or transportation access
- The relation of the narcotic treatment program to the total facility

Written Statement Explaining Facility Population Demographics – Complete a written statement explaining the following:

- Population and area to be served by the facility CCR, Title 9, §10020(b)(2), §10021(b)(2), §10030(a)(3)
- The estimated number of persons in the described area that have an addiction to opioids and an explanation of the basis of such estimate CCR, Title 9, §10030(a)(4)
- The estimated number of persons in the described area that have an addiction to opioids that are presently in a narcotic treatment program and other treatment programs CCR, Title 9, §10030(a)(5)
- The number of patients in regular treatment, projected rate of intake and factors controlling projected intake CCR, Title 9, §10030(a)(6)
- If MU or OBNTN include the approximate number of patients to be served and a description of how every patient that is assigned to the MU or OBNTN will participate in the regular treatment provided by the primary NTP CCR, Title 9, §10020(b)(9), §10021(b)(8)

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Section A	**Facility Type**

Check one box:

☐ Narcotic Treatment Program (NTP) CCR, Title 9, §10030

☐ Medication Unit (MU) CCR, Title 9, §10020

☐ Office-Based Narcotic Treatment Network (OBNTN) CCR, Title 9, §10021

Section B	**Applicant Information**	
License Number (if applicable):	National Provider Identifier (NPI):	
Name of Legal Entity:		
Name of NTP, MU or OBNTN (if different than name of legal entity):		
Facility Street Address (if applicable Room/Suite/Unit):		
City:	County:	Zip Code:
Mailing Address (if applicable Room/Suite/Unit)/(if different than facility street address):		
City:	County:	Zip Code:

List the Days and Hours of Medication Dispensing Services (if applicable) CCR, Title 9, §10020(b)(5), §10030(a)(39)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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Section B	**Applicant Information (Continued)**					
List the days and hours for other NTP services (if applicable) CCR, Title 9, §10020(b)(6), §10021(b)(5), §10030(a)(40)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Section C **Required Documentation**

- ☐ Written Statement Explaining Geographical Area and Facility
- ☐ Facility Diagram
- ☐ Narrative of Patient Flow
- ☐ Written Statement Explaining Facility Population Demographics

Privacy Statement

PRIVACY STATEMENT (Civil Code Section 1798 et seq.)

All information requested in this form is mandatory. This information is required by the Department of Health Care Services (Department) by the authority of Health and Safety Code, Section 11839.3 and California Code of Regulations, Title 9, Section 10055. The consequences of not supplying the mandatory information requested is that review of the application shall be terminated, which may result in lapse of licensure and/or imposition of fines. The Department may share or provide any of the information provided in or with this form to the California Health and Human Services Agency, the California State Controller's Office, the California Department of Justice, the California Department of Consumer Affairs, the Department of Corporations, or other state or local agencies as appropriate, the Federal Bureau of Investigation, the Internal Revenue Service, the U.S. Justice Department, the United States Drug Enforcement Administration, the United States Department of Health and Human Services, and the United States Substance Abuse and Mental Health Services Administration. For more information or access to records containing your personal information maintained by the Department, contact the Counselor & Medication Assisted Treatment Section Officer of the Day at (916) 322-6682.