



## DHCS Frequently Asked Questions:

### Narcotic Treatment Programs

#### Initial Application

All sections (§) cited are from 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 maintenance, 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 §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 §10030
2. Application Fee §10056, Mail to:  
Department of HealthCare Services,  
Counselor & Medication Assisted Treatment Section, MS 2603  
P.O. Box 997413, Sacramento, California 95899-7413

#### **II. REQUIRED FORMS**

1. DHCS 5014 NTP Application, §10030 (a)

2. DHCS 5027 County Certification, §10030 (a)(10), §10040
3. DHCS 5025 Facility and Geographical Area, §10030 (a)(2-6)(27)(37)(38-42)
4. DHCS 5031 Organizational Responsibility, §10030 (a)(15), §10095
5. DHCS 5020 Guarantor Agreement, §10030 (a)(43), §10095(b)
6. DHCS 5026, Staff Information, §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, §10030 (a)(17)
2. Plan of Operation, §10030 (a)(1)
3. Program Goals, §10030 (a)(7)
4. Research Goals, §10030 (a)(8)
5. Letters of Community Support §10030 (a)(11)
6. Patient identification system §10030 (a)(12-13)
7. Plan for Evaluation, §10030 (a)(9), §10065, §10070
8. Program Forms, §10030 (a)(36)
9. Operational Procedures, §10030 (a)(30), §10175
10. Procedure in the event of Emergency or Disaster, §10030 (a)(32), §10170 (b)(8), §10180
11. Procedures which provide for cooperation with local jails for either detoxification or maintenance treatment while in custody, in the event of patient hospitalization or incarceration, §10030 (a)(31), §10185, §10190
12. Report of Patient Death, §10195

13. Fingerprint Clearance-LIVESCAN, §10095, Health & Safety Code (HSC) 11839.8
14. Program Rules and Instructions, §10030 (a)(26), §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

#### **IV. PERSONNEL POLICIES AND STAFFING**

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

## **V. PATIENT RECORDS**

1. Patient Records, §10155, §10160
2. Patient Record Content, §10165, submit sample file for Maintenance and Detoxification
3. Schedule of Patient fees, §10030 (a)(18)

## **VI. MULTIPLE REGISTRATION AND DIVERSION PREVENTION**

1. Multiple registration, §10030 (a)(14), §10155
2. Prior to admit, §10210
3. After initial test results return, §10215
4. Ongoing detection – reporting, §10220
5. Resolution of multiple registration, §10225
6. Multiple registration and visiting patients, §10205, §10295
7. Patient identification system and card, §10030 (a)(12), §10235, §10240
8. Duties issuing ID card, §10245
9. Security of ID card forms, §10030 (a)(13), §10250

## **VII. HANDLING AND SECURITY OF MEDICATION**

1. Medication Record Keeping, §10255
2. Administration or Dispensing of Medication, §10260
3. Security of Medication Stock, §10265

## **VIII. PATIENT TREATMENT**

1. Criteria for Patient Selection, §10030 (a)(25), §10270, Title 22, §51341.1 (h)(1)(C)
2. Patient Orientation, §10280
3. Patient Orientation for Female Patients of Childbearing Age, §10285

4. Patient Consent Form, §10290
5. Patient Attendance – Courtesy Dosing, §10295
6. Patient Absence, §10300, HSC 11839.3(b)

#### **IX. TAKE-HOME PRIVILEGES**

1. Procedures for quantity, safeguarding, packaging, §10365
2. Criteria, §10370
3. Step level criteria, §10365, §10370, §10375
4. State Holidays or Sunday Closure, §10380
5. Restricting patient's take-homes, §10390
6. Restoring restricted take-homes, §10400
7. Exception to take-home medication, §10385 (a)(1)-(2)(b)(c)(d)(e)

#### **X. TREATMENT PLANS**

1. Patient treatment plans, §10305, §10360, Title 22, §51341.1 (c)(3-4)(A)(B)(C)(D), Title 22, §51341.1 (m)(4)(A)
2. Counseling services in maintenance treatment, §10345, §10360, Title 22, §51341.1 (b)(8), Title 22, §51341.1 (m)(4)(A)

#### **XI. BODY SPECIMEN COLLECTION AND STORAGE**

1. Body specimen collection and storage, §10030 (a)(33), §10310, §10360
2. Prevention of tampering, §10310
3. Substance to be tested, §10315
4. Reliability of tests, §10325
5. Test or analysis records, §10330
6. Failure of patients to provide a body specimen, §10335
7. Use of approved licensed laboratories for testing of analyzing samples, §10320
  - a. Submit copy of contract.

## **XII. DOSAGE LEVELS**

1. Dosage levels, §10350
2. Initial, medically determined dosage levels, §10030 (a)(28), §10355
3. Detoxification and maintenance, §10030 (a)(29), §10355

## **XIII. TREATMENT TERMINATION PROCEDURES**

1. Treatment termination, §10030 (a)(34), §10410
2. Voluntary, §10030 (a)(34), §10415
3. Involuntary, §10030 (a)(34), §10415
4. Fair Hearing, §10030 (a)(35), § 10420
5. Fair Hearing, Drug Medi-Cal Patients, 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](mailto: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](mailto: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 §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 § 10040 (b)(2).

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

Approval of License Application Timelines § 10045 (b):

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

- (1) Complete, including all required documents specified in Section 10030, and accepted for review; or
- (2) 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.



(c) 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 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

Or you may submit your application electronically to [DHCSNTP@dhcs.ca.gov](mailto:DHCSNTP@dhcs.ca.gov).

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

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