



## DHCS Frequently Asked Questions:

### Narcotic Treatment Programs

#### OBNTN 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 Office Based Narcotic Treatment Networks (OBNTN) under an affiliated Narcotic Treatment Program (NTP). Read all sections carefully.**

#### 1. What forms are required for an OBNTN application?

In order to begin review of your application, the following items must be received by the Department of Health Care Services (DHCS):

- Initial Application Coversheet Form (DHCS 5014)
- Staff Information Form (DHCS 5026)
- Organizational Responsibility Form (DHCS 5031)
- Affiliated and Associated Acknowledgment Form (DHCS 5134)
- Facility and Geographical Area Form (DHCS 5025)
- County Certification (DHCS 5027)

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 and 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 treatment services may be offered at an OBNTN?**

Treatment services at an OBNTN are limited to a network of providers that are affiliated and associated with a primary narcotic treatment program, 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 substance use disorder population; counseling by addiction counselors who are evaluated through ongoing supervision; and professional medical, social work, and mental health services, on-site or by referral. The primary NTP is responsible for ensuring that patients have access to all other treatment services not provided at the OBNTN.

### **4. 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

**5. What documents need to be submitted as a complete protocol for DHCS to begin review of the OBNTN initial application?**

Submit the protocol and appropriate documents in the order outlined below:

**I. APPLICATION**

1. Application §10021
2. Application Fee §10056(a)(1), Mail to:  
Department of Health Care Services  
Counselor & Medication Assisted Treatment Section, MS 2603  
P.O. Box 997413, Sacramento, California 95899-7413

**II. REQUIRED FORMS**

1. DHCS 5014 NTP Application, §10021 (b) & (d)
2. DHCS 5025 Facility and Geographical Area, §10021 (b)(1-2)(4-9)
3. DHCS 5026, Staff Information, §10021 (b)(3)
4. DHCS 5027 County Certification
5. DHCS 5134, Affiliated and Associated Acknowledgement, §10021 (c) & (d)
6. Fictitious Business Name Statement, if appropriate (Profit only)

**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 (a)(11)
6. Plan for Evaluation, §10030 (a)(9), §10065, §10070
7. Program Forms, §10030(a)(36)
8. Operational Procedures, §10030 (a)(30)(36), §10175

9. Procedure in the event of Emergency or Disaster, §10030 (a)(32), §10170 (b)(8), §10180
10. 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
11. Report of Patient Death, §10195
12. Fingerprint Clearance-LIVESCAN, §10095, Health & Safety Code 11839.8
13. Program Rules, §10030 (a)(26)(36), §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 Policies, §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), (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 (d)(3)(A)(B)

12. Counselor Case Load, §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. Content of Patient Records, §10165 (a)(5), (b)(1), (c)(2)
3. Patient Record Content, §10165, submit sample for Maintenance and Detoxification
4. Schedule of Patient Fees, §10030 (a)(18)

#### **VI. PATIENT TREATMENT**

1. Patient Absence, §10300, H&S 11839.3(b)

#### **VII. 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, Section 51341.1 (M)(4)(A)

#### **VIII. 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)

#### **6. Are there specific requirements regarding any other entities that oversee OBNTNs and what would they be?**

The Department of Health Care Services (DHCS) oversees NTPs 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).

However, the OBNTN is not considered a SAMHSA certified facility separate from the primary NTP and will not be listed on SAMHSA's locator.

**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 \(CFR\) 8](#).
- 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](#).
- 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).

**7. When must an OBNTN begin operations?**

OBNTNs affiliated with the licensed NTP 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 an OBNTN by submitting to the Department a letter of explanation or a new protocol. (b) 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.

**8. Does an OBNTN have a separate license and capacity?**

Approved OBNTNs are reflected on the license of the primary NTP and share the total licensed patient capacity on the NTP license. This licensed patient capacity is inclusive of the patient capacity to be served at the OBNTN. See Figure 1 below for example of OBNTN license.

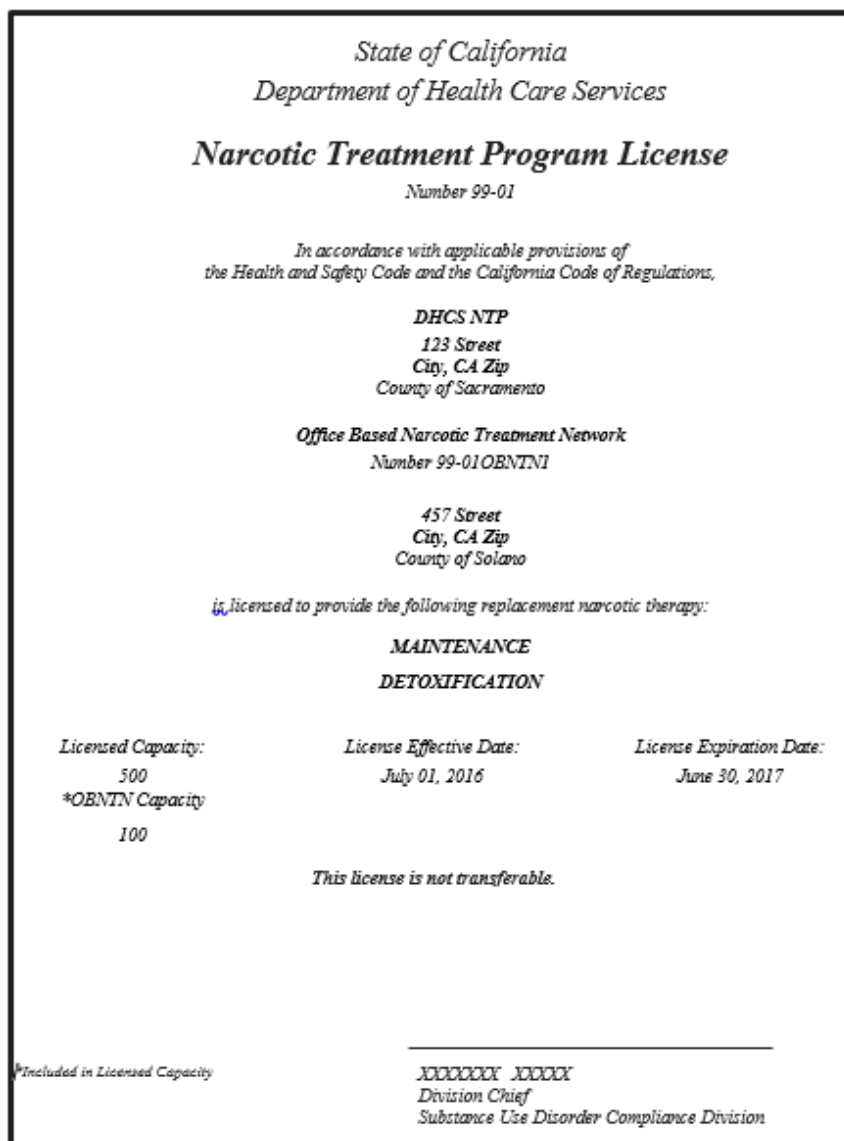


Figure 1 – Sample NTP & OBNTN License

**9. Must an OBNTN complete a fire clearance?**

Yes, an OBNTN must obtain a fire clearance in accordance with § 10040 (b)(2).

**10. How long does it take for an approval of an OBNTN application to occur?**

Approval of an OBNTN Application Timelines § 10021 (d):

The Department shall notify the primary NTP, in writing, within 60 days of receipt of the Initial Application Coversheet form DHCS 5014 (04/16), supplemental written protocol, and the Affiliated and Associated Acknowledgement form DHCS 5134 (04/16), whether the documents are:

(1) Complete, including all required documents specified in subsections (b) and (c), and accepted for review; or  
(2) Incomplete, and the Department shall specify the missing or incomplete information or documentation. The primary NTP 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 primary NTP does not provide the required information or documentation within 60 days. Upon termination of review, the incomplete application shall be returned to the primary NTP. A primary NTP may reapply by submitting a new application to the Department. Termination of review of the application shall not constitute a licensing action.

(e) The proposed medication unit shall be subject to a site inspection by the Department prior to approval of the supplemental written protocol.

(f) The Department shall either approve or deny, in writing, a complete application for approval of an office based narcotic treatment network within 60 days after the application is accepted for review.

#### **11. Is there an application fee to apply for an OBNTN?**

Yes, there is a fee for processing an OBNTN application (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](#)

#### **12. Where can I send my completed OBNTN 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).

#### **13. Who do I contact if I have questions on submitting an OBNTN 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).