CURRENT PROVIDER LEVEL OF CARE ATTESTATION STATEMENT

Provider Information	
DHCS Provider Number:	
Program / Facility Name:	
Facility Address:	
Contact Person Name:	Title:
Phone Number:	Email:

DHCS Provisional Level of Care Designation			N/A ☐
Check the appropriate box(es) for the DHCS Level of Care Designation which the program currently holds:			
Adult Residential	☐ 3.1	☐ 3.3	☐ 3.5
Adolescent Residential	☐ 3.1	☐ 3.3	☐ 3.5

ASAM Level of Care Certification*		N/A ☐
Check the appropriate box(es) for the ASAM Level of Care Certification which the program currently holds or has applied for:		
Adult Residential	☐ 3.1	☐ 3.5

*A copy of the program's ASAM Certification or application submitted for ASAM Certification is required for submission to DHCS.

I certify that I am authorized by the licensed alcohol or drug abuse recovery or treatment facility (hereinafter "facility") indicated above, to provide information to the Department of Health Care Services (DHCS) for licensing purposes.

By this declaration, I attest the DHCS Level of Care (LOC) Designation(s) and/or American Society of Addiction Medicine (ASAM) LOC Certification indicated above accurately reflects the status of the facility and will not request additional designation(s) at this time.

I do hereby attest that the facility maintains and will continue to maintain compliance with applicable level of care requirements set forth in Behavioral Health Information Notice No.: 21-001. I do hereby attest that the facility complies with, and will continue to comply with, all applicable statutes, regulations, and standards that govern the operation of the facility.

I do hereby attest that this information is true, accurate, and complete to the best of my knowledge.

Legal Disclaimer: The DHCS LOC Designations are not equivalent to, or affiliated with the ASAM LOC Certifications developed by ASAM©, in partnership with CARF International.

Signature of Authorized Individual: _____

Print Name: _____

Title: _____ Date: _____

Licensing Branch 2, MS 2602
P.O. Box 997413
Sacramento, CA 95899-7413
LCDLOCDesig@dhcs.ca.gov