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December 1, 2019

TO: Prospective Opioid Treatment Programs Applicants

FROM: Gary Tsai, Interim Division Director 92 Substance Abuse Prevention and Control

SUBJECT: APPLICATION FOR OPIOID TREATMENT PROGRAM LICENSE

With the launch of the State of California's Medi-Cal 2020 1115(a) Waiver Demonstration Project, Los Angeles County was able to increase access to substance use disorder (SUD) treatment services for adolescents and adults who are eligible for Medi-Cal. Along with the responsibility to increase access, Substance Abuse Prevention and Control (SAPC) established policies and procedures to effectively manage all SUD treatment services for the County.

All Drug Medi-Cal (DMC) funded programs must be fully certified and licensed by the appropriate issuing agency. For Opioid Treatment Programs (OTP), this includes, but is not limited to, licenses and certifications by the State Department of Health Care Services (DHCS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Drug Enforcement Administration (DEA). As part of DHCS's license application process, prospective providers must first obtain the County's recommendation of the OTP site prior to submitting the application to the State.

Prospective applicants must follow the process outlined below to receive the mandated County Recommendation. Should an applicant successfully complete the license application process, they must submit a DMC Contract Application with SAPC. Please be aware that the County's recommendation for an OTP License does not guarantee, nor imply, approval of a contract.

Prior to Submitting the License Application to SAPC

Interested OTP providers must obtain a DHCS OTP License Application packet from the following link: <u>https://www.dhcs.ca.gov/individuals/Pages/NTP-Applications-and-Forms-.aspx.</u> The application packet should be reviewed thoroughly to ensure full understanding of the State's process and requirements.



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Prospective providers should NOT submit the packet without the County's formal recommendation. Failure to obtain this recommendation prior to submission will result in the denial of the application.

Obtaining SAPC Recommendation for OTP License

Prospective Providers seeking licensure for a new OTP site, if currently operating a program(s), must be in compliance with all State and local licensing requirements at all existing program sites. DPH-SAPC will not recommend approval for programs currently determined by DHCS to be in "Non-compliance".

<u>Moves/Relocations</u>: Programs seeking to relocate to a new site are required to comply with all DHCS criteria with the exception of the full protocol.

<u>Ownership Changes</u>: Programs changing ownership will be required to submit additional documentation related to the sale of the organization including, but not limited to effective date, revised organizational chart, revised proof of insurance, articles of incorporation/by-laws and tax-related documents.

Applications for OTP licensure may be submitted by mail or delivered in person by appointment to SAPC's Headquarters at the following address:

Los Angeles County – Department of Public Health Substance Abuse Prevention and Control Attn: Contracts and Compliance Section 1000 South Fremont Avenue Building A-9 East, 3rd Floor, Mailbox #34 Alhambra, California 91803

Incomplete applications will be returned for completion. Recommendations for licenses will be submitted directly to DHCS and a copy of the recommendation will be mailed by United States Postal Service to the OTP's executive director for submission with the state license contract.

If you have any questions or need additional information, please contact the Contracts and Compliance Section at (626) 299-4532. Thank you.

GT:dd

Attachment

c: Emily Issa Daniel Deniz Prospective Applicants December 1, 2019 Page 3

Attachment A

REQUIRED LICENSE APPLICATION DOCUMENTATION

- 1. Signed official Letter of Request to apply as an Opioid Treatment Program (OTP) on agency letterhead that includes all the following:
 - a. Description of services which are currently or will be provided.
 - b. Site location and days and hours of operation.
 - c. Brief description of population(s) to be served including age group and/or special populations. Programs desiring to serve special groups or populations must state this clearly in the justification portion of the Letter of Request.
 - d. Description of area surrounding proposed site (at least 200 yards). Description must include proximity of schools, parks, churches, recreational sites, and youth centers. Treatment programs may not be located within 500 feet of these establishments and proximity of these to proposed location (including maps) must be included.
 - e. Description of parking availability that includes number of spaces available to the OTP and parking accessibility to persons with disabilities.
 - f. Description of distance of site to public transportation availability and accessibility. Description must include number of feet a person with disabilities would have to walk from nearest bus stop. Include alternate methods of transportation available.
- 2. Justification of the need for services in the proposed area. The justification must include current statistics on narcotic related arrests, narcotic related emergency room admissions, deaths, and treatment admissions along with supporting data.
- 3. Copy of completed DHCS OTP License Application.
- 4. A statement disclosing the location and distance in miles, of the nearest OTP site. There must be a radius of <u>5-miles</u> between the nearest OTP sites and the proposed site. A waiver or adjustment may be requested by the applicant. Waivers or adjustments may be granted based on the following criteria:
 - a. A Prospective Provider's documented history providing medication other than methadone.
 - b. Homeless statistics for the area and its relation to opioids.
 - c. Transportation limitations or impact on accessing current OTP sites.
 - d. Current statistics on narcotic related arrests.
 - e. Narcotic related emergency room admissions, deaths, and treatment admissions.
 - f. Impact an additional OTP would have in that specific area.
 - g. Area approved slot capacity and utilization (census) of existing providers.

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- 5. A valid fire clearance from the local authority assuring that all fire safety requirements have been met and issued no more than 12 months prior to the date of the application. Facilities must ensure accessibility to persons with disabilities including staff and clients. Programs must have fire clearance on file before DPH-SAPC will review and approve a request.
- 6. Copies of local business license and special permits.
- 7. Evidence of zoning approval for site that includes the type of services requested.
- 8. Staffing list that includes names, professional titles, and date of hire. Copies of staff resumes, and credentials must be attached.
- 9. Provide a minimum of five (5) letters of support from local community leaders, businesses, law enforcement, government agencies, and/or elected officials. Support letters must be <u>local</u> to the proposed OTP.