

**SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY  
APPLICATION FOR STATE TREATMENT CERTIFICATION**

Return completed application and payment to: SAPTA, 4126 Technology Way, Second Floor, Carson City, NV 89706

Program Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Site Location Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Executive Director or Program Operator: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**These signatures verify the program and its operations are in compliance with all applicable state and federal laws including: 42 C.F.R. Part 2, and HIPAA 45 C.F.R. Parts 160, 162, & 164.**

**Adolescent Services:**

<input type="checkbox"/>	Comprehensive Evaluation*	\$100
<input type="checkbox"/>	Level 0.5: Early Intervention*	\$100
<input type="checkbox"/>	Level 1: Outpatient Services	\$100
<input type="checkbox"/>	Level 2.1: Intensive Outpatient Services	\$100
<input type="checkbox"/>	Level 2.5: Partial Hospitalization Services	\$100
<input type="checkbox"/>	Level 3.1: Clinically Managed Low-Intensity Residential Services	\$100
<input type="checkbox"/>	Level 3.2-WM: Clinically Managed Residential Withdrawal Management	\$100
<input type="checkbox"/>	Level 3.5: Clinically Managed Medium-Intensity Residential Services	\$100
<input type="checkbox"/>	Level 3.7: Medically Monitored High-Intensity Inpatient Services	\$100
<input type="checkbox"/>	Opioid Treatment Services	\$300
<input type="checkbox"/>	Transitional Housing*	\$100
<input type="checkbox"/>	Drug Court Service	\$100
<input type="checkbox"/>	Civil Protective Custody/Withdrawal Management	\$100

**Adult Services:**

<input type="checkbox"/>	Comprehensive Evaluation*	\$100
<input type="checkbox"/>	Level 0.5: Early Intervention*	\$100
<input type="checkbox"/>	Level 1: Outpatient Services	\$100
<input type="checkbox"/>	Level 2.1: Intensive Outpatient Services	\$100
<input type="checkbox"/>	Level 2.5: Partial Hospitalization Services	\$100
<input type="checkbox"/>	Level 3.1: Clinically Managed Low-Intensity Residential Services	\$100
<input type="checkbox"/>	Level 3.2-WM: Clinically Managed Residential Withdrawal Management	\$100
<input type="checkbox"/>	Level 3.5: Clinically Managed High-Intensity Residential Services	\$100
<input type="checkbox"/>	Level 3.7: Medically Monitored Intensive Inpatient Services	\$100
<input type="checkbox"/>	Opioid Treatment Services	\$300
<input type="checkbox"/>	Transitional Housing*	\$100
<input type="checkbox"/>	Drug Court Service	\$100
<input type="checkbox"/>	Civil Protective Custody/Withdrawal Management	\$100

**Women's Set-Aside Services: (Funded Providers Only)**

<input type="checkbox"/>	Level 1: Outpatient Services	\$100
<input type="checkbox"/>	Level 2.1: Intensive Outpatient Services	\$100
<input type="checkbox"/>	Level 3.1: Clinically Managed Low-Intensity Residential Services	\$100

**Other:**

<input type="checkbox"/>	Co-Occurring Disorder Services <i>(Certification fee covers entire Agency)</i>	\$50
<input type="checkbox"/>	Evaluation Center Service	\$100
<input type="checkbox"/>	Targeted Case Management* <i>(Funded Providers Only)</i>	\$100
<input type="checkbox"/>	Telehealth Services	No fee

TOTAL CERTIFICATION FEES: \_\_\_\_\_

Applications must be accompanied by the appropriate certification fees. Please make checks payable to SAPTA. **Separate geographical locations will require a separate application form and separate check.** Incomplete applications and/or payments will be returned to the applicant. All levels of service adhere to the treatment criteria for addictive, substance-related, and co-occurring conditions as defined by the American Society of Addiction Medicine (ASAM).

\* Established by Agency policy, which establishes regulatory requirements, service elements, and utilization management criteria.

**Funded Program Only:** As referenced in the Subgrant Assurances, SAPTA reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by SAPTA. If a program's Certification Application and Fee Payment is not received prior to Level of Service expiration date, the monthly reimbursement may be withheld.

**Agency Use Only**

Date Received:	_____	Check Number:	_____	Amount:	_____	Cleared:	_____
Current Expiration:	_____	New Expiration:	_____				