

**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

Agency 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:

	Level 0.5: Early Intervention	\$100
	Level 1: Outpatient Services	\$100
	Level 2.1: Intensive Outpatient Services	\$100
	Level 2.5: Partial Hospitalization Services	\$100
	Level 3.1: Clinically Managed Low-Intensity Residential Services	\$100
	Level 1-WM: Ambulatory Withdrawal Management	\$100
	Level 3.2-WM: Clinically Managed Residential Withdrawal Management	\$100
	Level 3.5: Clinically Managed Medium-Intensity Residential Services	\$100
	Level 3.7: Medically Monitored High-Intensity Inpatient Services	\$100
	Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management	\$100
	Office Based Opioid Treatment / Level 1: Outpatient Services	\$100
	Office Based Opioid Treatment / Level 2.1: Intensive Outpatient Services	\$100
	Opioid Treatment Services <i>(includes Level 1 and Withdrawal Management)</i>	\$300
	Transitional Housing*	\$100
	Drug Court Service*	\$100
	Civil Protective Custody/Withdrawal Management*	\$100

Adult Services:

	Level 0.5: Early Intervention	\$100
	Level 1: Outpatient Services	\$100
	Level 2.1: Intensive Outpatient Services	\$100
	Level 2.5: Partial Hospitalization Services	\$100
	Level 3.1: Clinically Managed Low-Intensity Residential Services	\$100
	Level 1-WM: Ambulatory Withdrawal Management	\$100
	Level 3.2-WM: Clinically Managed Residential Withdrawal Management	\$100
	Level 3.5: Clinically Managed High-Intensity Residential Services	\$100
	Level 3.7: Medically Monitored Intensive Inpatient Services	\$100
	Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management	\$100
	Office Based Opioid Treatment / Level 1: Outpatient Services	\$100
	Office Based Opioid Treatment / Level 2.1: Intensive Outpatient Services	\$100
	Opioid Treatment Services <i>(Includes Level 1 and Withdrawal Management)</i>	\$300
	Transitional Housing*	\$100
	Drug Court Service*	\$100
	Civil Protective Custody/Withdrawal Management*	\$100

Other:

	Co-Occurring Disorder Services <i>(One COD certification fee per site address)</i>	\$50
	Evaluation Center Service*	\$100

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 [Division Criteria / 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 delayed or withheld.

Agency Use Only

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