**Note**: This application form shall be completed in its entirety and signed. Information submitted on the application is subject to verification. A completed application shall be submitted for each Authorized Healthcare Professionals Recognized by the State of Arizona for which you are applying.

 **Program OTP No:**

**Program Name:**

**Program Address:**

**Telephone:**       **Fax:**       **E-mail:**

**Name & Title of Program Sponsor:**

**Name & Title of Program Medical Director:**

**SAMHSA Certification Number and Expiration Date:**

**Recent Accreditation Survey Date:**

**Nature of Request:**

**Authorized Healthcare Professionals Recognized by the State**

[ ]  Physician Assistants

[ ]  Nurse Practitioners

**Justification for Request**

[ ]  Health Care Reform – Medicaid Expansion

Comments:

[ ]  Opioid Epidemic

Comments:

[ ]  Work Force Shortage

Comments:

[ ]  Behavioral Health Integration

Comments:

Other Comments:

**Other Considerations:**

What percent increase in patients could be served with this OTP program exemption?

Comments:

Is there a waiting list of patients that have requested treatment at this OTP? If so, how many individuals are on the list.

Comments:

How many other OTPs are providing services within your town/city?

Comments:

Do surrounding OTPs in your town/city have waiting lists?

Comments:

Do you know how many physicians are willing to work with OTP patients in your town/city?

Comments:

Describe the supervision process between the OTP’s medical director and the mid-level practitioner.

Comments:

What is the OTP on-site work schedule for the OTP medical director and the mid-level practitioner?

Comments:

Provide the name, DEA registration number and state license number for each mid-level practitioner subject to this exemption request. Attach a copy of each mid-level practitioner’s curriculum vitae (CV).

Comments:

**Regulations in Support/Comments for Request\*\***

[ ]  State Specific Rules for Authorized Healthcare Professionals

Comments:

[ ]  Describe state oversight, licensing, accreditation, and monitoring activities that ensure the healthcare professionals providing medical services requested in this program exemption are licensed and providing services within their scope of practice.

Comments:

[ ]  SAMHSA-CSAT Accreditation Guidelines

Comments:

[ ]  Patient Health and Safety

Include documentation regarding the following:

* Medical Director’s and Mid-Level Practitioner’s current DEA Registration, State License, Curriculum Vitae, and MAT Training (if the Medical Director has a waiver DEA registration, then the waiver DEA registration number would be indicated and also noted on CV);
* How Mid-Level Practitioners and physicians collaborate on patient care;
* How Mid-Level Practitioners keep current with the latest medical education; and
* What quality measures the OTP has in place.

Documentation Comments:

Other Comments:

**Submitted By**

**Name of Sponsor Signature of Sponsor Date**

           /     /

**Name of Medical Director Signature of Medical Director Date**

           /     /

**State Response to Request State Opioid Treatment Authority Date**

      /     /

[ ]  Approved

[ ]  Denied

Comments:

**Federal Response to Request Center for Substance Abuse Treatment Date**

      /     /

[ ]  Approved

[ ]  Denied

Comments:

**Date of Approval:      /     /      Exemption Expiration Date:      /     /     \*\*\***

\*\*42 CFR 8.11 (h) *Exemptions.* An OTP may, at the time of application for certification or any time thereafter, request from SAMHSA exemption from the regulatory requirements set forth under this section and 42 CFR 8.12. An example of a case in which an exemption might be granted would be for a private practitioner who wishes to treat a limited number of patients in a non-metropolitan area with few physicians and no rehabilitative services geographically accessible and requests exemption from some of the staffing and service standards. The OTP shall support the rationale for the exemption with thorough documentation, to be supplied in an appendix to the initial application for certification or in a separate submission. SAMHSA will approve or deny such exemptions at the time of application, or any time thereafter, if appropriate. SAMHSA shall consult with the appropriate State authority prior to taking action on an exemption request.

\*\*\*The OTP’s policies and procedures documenting mid-level practitioner practices and oversight must be provided as an attachment to this application.

**\*\*\*\***A continuing exemption request must be filed simultaneously with submission of a SMA-162 for SAMHSA OTP recertification.

\*\*\*\*\* Submission of the exemption will be validated annually. Following the approval letter from CSAT, the renewal requirement must be submitted by completing Attachment B - 60 days prior to expiration date for validation and processing. If the exemption is not submitted in a timely manner; Attachment A will have to be re-submitted.

Refer to the following link for the state opioid treatment authority contact information: http://dpt2.samhsa.gov/regulations/smalist.aspx

**Submit Form:**

**Arizona State Opioid Treatment Authority**grantsmanagement@azahcccs.gov

Arizona Health Care Cost Containment System
701 E. Jefferson St., MD 6500, Phoenix, Arizona 85034