# DSAMH OTP Medication Unit/Mobile Unit Application

**(Insert provider/program here)** is formally requesting to utilize a remote unit (check box below) for selected services from the Division of Substance Abuse and Mental Health:

Medication Unit Mobile Unit

|  |  |  |  |
| --- | --- | --- | --- |
| Remote Unit Information | | | |
| 1. Unit name (identify vehicle for Mobile Unit or name for Medication Unit), phone number, and primary contact information | Unit Name:  Address of Medication Unit/Address of Mobile Unit Parking Location (when not in use):  Phone Number of Unit:  Primary Contact Name(s) and Contact Information for Unit:  VIN: | |  |
| 2. Days of operation and hours of service per day |  | |  |
| 3. Type of services provided |  | |  |
| 4. Statement of need |  | | Statement of Need Attached |
| 5. Names, titles, and credentials of staff and ability to work independently |  | | Staff List Attached |
| 6. Supervisory support plan (please include the frequency of supervision and modality) |  | | Policy Attached |
| 7. Emergency plan in event of crisis at remote unit location |  | | Policy Attached |
| 8. Utilization of a secure electronic health record |  | |  |
| 9. Confidentiality plan specific to that remote unit location |  | | Policy Attached |
| 10. Informed consent provided to client that indicates limited services at remote unit and information on services available at main program site |  | | Copy of Form Attached |
| 11. Location of main program site information, license/certification, and complaint process prominently posted within the public view of the clients at the remote unit |  | |  |
| 12. Pictures of external building access and office (Medication Unit) or vehicle (Mobile Unit) to be used by program staff |  | | Pictures Attached |
| 13. Ability to identify clients served at remote units and provide list to DSAMH upon request |  | |  |
| 14. Plan for securing medications and ensuring staff safety |  | | Policy Attached |
| 15. The attestation that | YesNoN/A  Pending  YesNoN/A  Pending  YesNoN/A  Pending  YesNoN/A  YesNoN/A  YesNoN/A | Approval of the Drug Enforcement Agency (DEA) has been received  Approval from SOTA has been received  SAMHSA Certification has been received  [SAMHSA will be notified of any additional locations or the relocation of the medication unit (medication unit only)](https://www.samhsa.gov/medication-assisted-treatment/otp-resources/program-changes)  The mobile unit will comply with all pertinent State laws and regulations (mobile unit only)  The mobile unit location will comply with local ordinances (town, city, State) and, where required, have the permission of the site when necessary (mobile unit only) | Approval Attached  Approval Attached  Certification Attached |
| Additional Documents Attached | Related policies and procedures not identified above (list below): | | Documents Attached |

DSAMH may rescind the license or certification if the program exceeds the scope of services thereby requiring a full application for a second site.

DSAMH may also rescind the license or certification if the unit is deemed to be unsafe for clients and staff.

DSAMH will provide a decision within ten (10) business days of the receipt of the request and all required documentation.

If you are interested in providing feedback to DSAMH regarding this request, please contact DSAMH using any of the methods listed below:

Email: [dhss\_dsamh\_providerenrollment@delaware.gov](mailto:dhss_dsamh_providerenrollment@delaware.gov)

Call: 302-255-2845

Mail:

DSAMH Bureau of Policy, Compliance and Workforce Development

1901 N. DuPont Highway

Springer Building New Castle DE 19720

# DSAMH Medication Unit/Mobile Unit Application Decision Notice:

**FOR DSAMH USE ONLY:**

Full Approval Unable to Support Request

If the request is not supported, the program may submit a new application if they have additional information. The original application will be closed.

|  |  |
| --- | --- |
| Summary of decision: |  |

Signature:

Date:

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DSAMH may also rescind the license or certification if the unit is deemed to be unsafe for clients and staff.

Provider: Please display a copy of the license or certification in a public place.

If you are interested in providing feedback to DSAMH regarding this request, please contact DSAMH using any of the methods listed below:

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