# DSAMH Satellite Location Application

**(Insert provider/program here)** is formally requesting to utilize a satellite location for selected services from the Division of Substance Abuse and Mental Health:

|  |  |  |
| --- | --- | --- |
| Satellite Location Information | | |
| 1. DCO/Satellite Site name, address, phone number, and primary contact information | Name of Site (DCO name or satellite location name):  Address of Site:  Phone Number of Site:  Primary Contact Information for DCO (if applicable): |  |
| 1. Days of operation and hours of service per day |  |  |
| 1. Type of services provided |  |  |
| 1. Statement of need |  | Statement of Need Attached |
| 1. Names, titles, and credentials of staff and ability to work independently |  | Staff List Attached |
| 1. Supervisory support plan (please include the frequency of supervision and modality) |  | Policy Attached |
| 1. Emergency plan in event of crisis at off-site location |  | Policy Attached |
| 1. Utilization of a secure electronic health record |  |  |
| 1. Confidentiality plan specific to that off-site location |  | Policy Attached |
| 1. Informed consent provided to client that indicates limited services at satellite site and information on services available at main program site |  | Copy of Form Attached |
| 1. Main program site information, license/certification, and complaint process prominently posted within the public view of the clients at the satellite site |  |  |
| 1. Pictures of external building access, reception area, and office to be used by program staff |  | Pictures Attached |
| 1. Ability to identify clients served at guest sites and provide list to DSAMH upon request |  |  |
| 1. Memorandum of Understanding signed by Program and DCO |  | MOU 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 site 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 Satellite Location Application Decision Notice:

**FOR DSAMH USE ONLY:**

* Full Approval ☐ Unable to Support Request

If the request 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:

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 site 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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