REQUIRED DOCUMENTATION TO BE CONSIDERED FOR
ADDICTION TREATMENT SERVICES PROVIDERS –
OUTPATIENT CERTIFICATION 440 IAC 4.4

A. Completed, signed and dated application for Certification as an Addiction Treatment Services Provider form (State Form 55376)

B. A copy of the applicant’s policies/procedures for the following:
   Refer to the rule listed to find specifics that must be incorporated in the policies and procedures.
   - Admission Criteria 440 IAC 4.4-2-4.5 (c)
   - Consumer Intake Assessments 440 IAC 4.4-2-4.5 (d)
   - Treatment Planning 440 IAC 4.4-2-4.5 (f)
   - Consumer Progress 440 IAC 4.4-2-4.5 (h)
   - Discharge Planning 440 IAC 4.4-2-4.5 (i)
   - Consumer Rights IC 12-27
   - Confidentiality 42 CFR 2

C. Documentation of Direct Services Providers form, (State Form 52810)

D. If detoxification services will be provided by your agency, please provide a statement, signed by CEO declaring that detoxification services will be provided under the supervision of a physician or a clinical nurse specialist licensed to practice in Indiana. Provide copies of current, verified license(s)

E. Any and all existing waivers from DMHA

F. Statement of Understanding and Compliance with 440 IAC 4.4