Florida Substance Abuse Licensure Guidelines

February 22, 2014

Florida Department of Children and Families
Substance Abuse and Mental Health Services
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I. Summary

Section 397.401, F.S., provides that it is unlawful for any person or agency to act as a substance abuse service provider, unless licensed or exempt from licensure. Applicants for such a license must apply to the Department of Children and Families (Department).

Further to this, Florida law requires licensure of substance abuse providers by service component. Pursuant to statute, licensable service components include, but are not limited to:

- Addictions receiving facilities;
- Day or night treatment;
- Day or night treatment with community housing;
- Detoxification;
- Intensive inpatient treatment;
- Intensive outpatient treatment;
- Medication-assisted treatment for opiate addiction;
- Outpatient treatment;
- Residential treatment;
- Intervention; and
- Prevention.

Section 397.405, F.S., provides for the following exemptions from the licensure requirements under ch. 397, F.S.:

- A hospital, or hospital-based component, licensed under ch. 395, F.S.;
- A nursing home facility as defined in s. 400.021, F.S.;
- A substance abuse education program, established pursuant to s. 1003.42, F.S.;
- A facility or institution operated by the federal government;
- A physician or a physician’s assistant licensed under ch. 458, or 459, F.S.;
- A psychologist licensed under ch. 490, F.S.;
- A social worker, marriage and family therapist, or mental health counselor, licensed under ch. 491, F.S.;

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1 S. 397.403(1), F.S. Pursuant to s. 397.321(6), F.S., the Department assumes responsibility for licensing and regulating service components delivering substance abuse services.

2 See, s. 397.311(18), F.S.

3 S. 397.311(18)(a)1., F.S.

4 S. 397.311(18)(a)2., F.S.

5 S. 397.311(18)(a)3., F.S.

6 S. 397.311(18)(a)4., F.S.

7 S. 397.311(18)(a)5., F.S.

8 S. 397.311(18)(a)6., F.S.

9 S. 397.311(18)(a)7., F.S.

10 S. 397.311(18)(a)8., F.S.

11 S. 397.311(18)(a)9., F.S.

12 S. 397.311(18)(b), F.S.

13 S. 397.311(18)(c), F.S.

14 S. 397.405(1), F.S.

15 S. 397.405(2), F.S.

16 S. 397.405(3), F.S.

17 S. 397.405(4), F.S.

18 S. 397.405(5), F.S. Note, ch. 397, F.S., does not limit the clinical practice of a physician, physician assistant, licensed under ch. 458, or 459, F.S., or an Advanced Registered Nurse Practitioner, licensed under pt. I, ch. 464, F.S., as long as they do not represent to the public that they are a licensed service provider, and does not provide services to people who have been involuntarily committed, under pt. V, ch. 397, F.S. S. 397.405, F.S.

19 S. 397.405(6), F.S. Note, ch. 397, F.S., does not limit the clinical practice of a psychologist, licensed under 490, F.S., or a psychotherapist licensed under ch. 491, F.S., as long as they do not represent to the public that they are a licensed service provider, and does not provide services to people who have been involuntarily committed, under pt. V, ch. 397, F.S. S. 397.405, F.S.

20 S. 397.405(7), F.S.
- A legally cognizable church or nonprofit religious organization or denomination, providing services which are solely religious, spiritual, or ecclesiastical in nature.\textsuperscript{21}
- Facilities licensed under ch. 393, F.S., which provide substance abuse services to persons developmentally at risk as a consequence of substance exposure whilst in utero;\textsuperscript{22}
- DUI education and screening services provided pursuant to, ss. 316.192; 316.193; 322.095; 322.271; and 322.291, F.S.;\textsuperscript{23} and
- A facility licensed pursuant to s. 394.875, F.S., as a crisis stabilization unit.\textsuperscript{24}

It is important to note that the holder of the exemption has a duty to meet all requirements necessary to maintain said exemption.\textsuperscript{25}

Licensure is a three-step process, as shown in figure one. Providers, organizations, or people, interested in application, or re-application, should read the following instructions prior to submission.

Figure 1. Steps for Licensure.

<table>
<thead>
<tr>
<th>There are three primary steps to apply for a license:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Complete the license application C&amp;F-SA Form 4024.</td>
</tr>
<tr>
<td>3) Mail completed application, required documents, and fee to the Department Circuit Office where you either operate, or intend to apply for a license.</td>
</tr>
</tbody>
</table>

\textsuperscript{21} It is important to note, however, that such an organization that provides service components, as defined by s. 397.311(18), F.S., are only exempt from licensure under ch. 397, F.S., insofar as the services are solely religious, spiritual, or ecclesiastical in nature. S. 397.405(8), F.S.
\textsuperscript{22} S. 397.405(9), F.S.
\textsuperscript{23} S. 397.405(10), F.S.
\textsuperscript{24} S. 397.405(11), F.S.
\textsuperscript{25} S. 397.405, F.S.
II. Procedure

II.A Step One – Review Florida Law

Part IV, ch. 394, and 397, F.S., apply to behavioral health providers in Florida. The statutory requirements for licensure for substance abuse are found in ch. 397, F.S., however, s. 397.481, F.S., makes pt IV, ch. 394, F.S., applicable to ch. 397, F.S. Pt. IV, ch. 394, F.S., provides the statutory basis for community behavioral services in Florida.

Chapter 65D-30, F.A.C., provides the regulatory requirements for licensure in Florida that have been promulgated by the Department.26 The requirements are divided into those that are common to all service components, and those that are unique to each component. For example: If you want to provide services on an outpatient basis, you would review the common licensing standards in ch. 65D-30.004, F.A.C., that pertain to outpatient treatment and then review the specific standards for outpatient treatment in ch. 65D-30.010, F.A.C.

II.B Step Two – Complete a Licensing Application Form

Complete all items in application C&F-SA Form 402427 and be certain to include all the required documents as identified in Section II. B., as appropriate.

**Need help?**
If at any time during the completion of the application process you have questions or need assistance, please contact the Substance Abuse and Mental Health Program Office within your designated area/Circuit.

<table>
<thead>
<tr>
<th>APPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications for licensure are required for the following situations:</td>
</tr>
<tr>
<td>• A new provider</td>
</tr>
<tr>
<td>• To renew an existing license</td>
</tr>
<tr>
<td>• A licensed provider acquired by another organization (The acquiring organization must be licensed)</td>
</tr>
<tr>
<td>• Relocation</td>
</tr>
<tr>
<td>• An existing provider adding a new component</td>
</tr>
</tbody>
</table>

II.B.(1) Application Requirements

Please complete one C&F-SA Form 4024 for each treatment program component at a specific address.

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26 The Department has rulemaking authority related to substance abuse licensure, pursuant to s. 397.407, F.S.
27 See Appendix One.
II.B.(1)(a) New Applicants

Complete application C&F-SA Form 4024 as follows:

1. _____ Accreditation Information
   If accredited by a Department recognized accrediting agency, include a copy of the most current accreditation papers and accreditation survey report. Also, include the effective and expiration dates of accreditation.

   Effective Date of Accreditation: _________________________

   Expiration Date of Accreditation: _________________________

2. _____ Agency Information
   Provide name and address of the applying service provider and its director, owner, corporate officers, board members, and shareholders.

3. _____ Fire and Safety
   Provide documentation of compliance with local fire and safety codes.

   Expiration Date: ___________________

   Fire Inspector Name: ___________________________ License Number: _________________

   Note: If a private organization is used, the inspector must be licensed by the State of Florida Fire College. (Please add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates).

4. _____ Health (Facility & Food) Inspections
   Provide documentation of compliance with health codes.

5. _____ Zoning Compliance
   Provide documentation of compliance with the geographically appropriate zoning ordinances.

6. _____ Affidavit of Good Moral Character
   Provide the notarized statement of good moral character located at the following address: http://www.dcf.state.fl.us/programs/backgroundscreening/docs/Affidavit%20of%20Good%20Moral%20Character%20August%202010.pdf.

7. _____ Business Tax Receipt
   Provide the Business Tax Receipt as required in your county or municipality (Formerly referenced as Occupational License).

   Note: If your organization is exempt from paying a business tax receipt, include documentation from the jurisdiction providing the exemption.

8. _____ Medication Maintenance Programs Only
   If a methadone and medication maintenance treatment program, provide documents demonstrating approval by the Drug Enforcement Administration (DEA), Substance Abuse and Mental Health Services Administration (SAMHSA) and, State Board of Pharmacy (Board).

9. _____ Treatment Resource Affidavit
Provide the treatment resource affidavit as proof of fingerprinting and Level 2 background screening for:
- Owners,
- Chief Executive Officers (CEO),
- Chief Financial Officers (CFOs), and
- Staff and volunteers who have direct contact with clients under the age of 18 and adults who are developmentally disabled.

The form is located at the following address:

See (http://www.dcf.state.fl.us/programs/backgroundscreening/) to find the DCF Regional Background Screening Coordinator nearest to you.

Background Screening OCA/Identifier Number: ___________________

10. _____ Local Law Enforcement Check
Provide the results of the local law enforcement check for:
- Owners,
- CEO,
- CFO, and
- Staff who have direct contact with clients.

The licensee must re-screen applicable staff every five years, in the person’s County of residence.

11. _____ Client Service Fee Schedule
Include policy regarding a client’s/participant’s financial responsibility outlining what the client/participant is obligated to pay.

Inmate Programs operated within Department of Corrections (DOC) facilities, Department of Juvenile Justice (DJJ), or contracted to the Department of Management of Services (DMS), are exempt from this requirement.

12. _____ Application Item #29:
Include in block 29 (not as an attachment) a comprehensive and concise outline of the services to be provided. Each application should contain the program description for that component only. Space is limited to 1,000 characters.

Addictions Receiving Facilities, Detox and Residential programs should include licensed bed capacity in their program description.

13. _____ Provider CEO Information
Provide documentation of the competency and ability of the applicant and its CEO to carry out the requirements of ch. 65D-30, F.A.C. This includes, but is not limited to:
- Curriculum vitae, or resume;
- Credentials; and
- Board of Directors’ minutes approving the appointment of CEO.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC, DJJ, or DMS are exempt from this requirement.

14. _____ Financial Viability
Provide documentation of financial viability.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC, DJJ, or DMS are exempt from this requirement.
15. _____ Current Insurance Coverage
Provide documentation demonstrating professional and property liability insurance coverage.

Property Insurance Expiration Date: ________________________________

Professional Liability Insurance Expiration Date: _________________________

Add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC, DJJ, or DMS are exempt from this requirement.

16. _____ Application Fee
Include the license fee (Please paper clip to the first page of the application packet).

17. _____ Policy and Procedure Manual
Provide a copy of the applicant’s indexed Policies and Procedures manual, which describes services and the population served.

18. _____ Application Checklist
Include a copy of this completed checklist.

19. _____ Application for Licensing
C&F-SA Form 4024, in the latest revision.
II.B.(1)(b) Renewal Applicants

Complete application C&F-SA Form 4024 as follows:

1. _____ Accreditation Information
If accredited by a Department recognized accrediting agency, include a copy of the most current accreditation papers and accreditation survey report. Also, include the effective and expiration dates of accreditation.

   Effective Date of Accreditation: _________________________
   Expiration Date of Accreditation: _________________________

2. _____ Agency Information
Provide name and address of the applying service provider and its director, owner, corporate officers, board members, and shareholders.

   Note – this only applies if there has been a change since either the initial application, or most recent renewal.

3. _____ Fire and Safety
Provide documentation of compliance with local fire and safety codes.

   Expiration Date: __________________________
   Fire Inspector Name: __________________________
   License Number: __________________________

   Note: If a private organization is used, the inspector must be licensed by the State of Florida Fire College. (Please add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates).

4. _____ Health (Facility & Food) Inspections
Provide documentation of compliance with health codes.

5. _____ Zoning Compliance
Provide documentation of compliance with the geographically appropriate zoning ordinances.

6. _____ Affidavit of Good Moral Character
Provide the notarized statement of good moral character located at the following address.
http://www.dcf.state.fl.us/programs/backgroundscreening/docs/Affidavit%20of%20Good%20Moral%20Character%20August%202010.pdf.

7. _____ Business Tax Receipt
Provide the Business Tax Receipt as required in your county or municipality (Formerly referenced as Occupational License).

   Note: If your organization is exempt from paying a business tax receipt, include documentation from the jurisdiction providing the exemption.

8. _____ Medication Maintenance Programs Only
If a methadone and medication maintenance treatment program, provide documents demonstrating approval by the Drug Enforcement Administration (DEA), Substance Abuse and Mental Health Services Administration (SAMHSA) and, State Board of Pharmacy (Board).
Note – this only applies if there has been a change since either the initial application, or most recent renewal.

9. _____ Treatment Resource Affidavit
Provide the treatment resource affidavit as proof of fingerprinting and Level 2 background screening for:
- Owners,
- Chief Executive Officers (CEO),
- Chief Financial Officers (CFOs), and
- Staff and volunteers who have direct contact with clients under the age of 18 and adults who are developmentally disabled.

The form is located at the following address:

See (http://www.dcf.state.fl.us/programs/backgroundscreening/) to find the DCF Regional Background Screening Coordinator nearest to you.

Background Screening OCA/Identifier Number: ___________________

10. _____ Local Law Enforcement Check
Provide the results of the local law enforcement check for:
- Owners,
- CEO,
- CFO, and
- Staff who have direct contact with clients.

The licensee must re-screen applicable staff every five years, in the person’s County of residence.

11. _____ Client Service Fee Schedule
Include policy regarding a client’s/participant’s financial responsibility outlining what the client/participant is obligated to pay.

Inmate Programs operated within Department of Corrections (DOC) facilities, or contracted to the Department of Management of Services (DMS), are exempt from this requirement.

Note – this only applies if there has been a change since either the initial application, or most recent renewal.

12. _____ Application Item #29:
Include in block 29 (not as an attachment) a comprehensive and concise outline of the services to be provided. Each application should contain the program description for that component only. Space is limited to 1,000 characters.

Addictions Receiving Facilities, Detox and Residential programs should include licensed bed capacity in their program description.

Note – this only applies if there has been a change since either the initial application, or most recent renewal.

13. _____ Provider CEO Information
Provide documentation of the competency and ability of the applicant and its CEO to carry out the requirements of ch. 65D-30, F.A.C. This includes, but is not limited to:
- Curriculum vitae, or resume;
- Credentials; and
- Board of Directors’ minutes approving the appointment of CEO.
Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC or DMS are exempt from this requirement.

*Note – this only applies if there has been a change since either the initial application, or most recent renewal.*

14. _____ Financial Viability
Provide documentation of financial viability.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC or DMS are exempt from this requirement.

15. _____ Current Insurance Coverage
Provide documentation demonstrating professional and property liability insurance coverage.

   Property Insurance Expiration Date: ________________________________

   Professional Liability Insurance Expiration Date: __________________

Add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC or DMS are exempt from this requirement.

16. _____ HIV/AIDS Education
Include documentation of compliance with s. 381.0035, F.S.

*Note – this only applies if there has been a change since either the initial application, or most recent renewal.*

17. _____ Application Fee
Include the license fee (Please paper clip to the first page of the application packet).

18. _____ Application Checklist
Include a copy of this completed checklist.

19. _____ Application for Licensing
C&F-SA Form 4024, in the latest revision.

*Note: Completed application must be provided to the Department at least 60 days prior to expiration of current license. Late applications will incur a $100.00 late fee per licensable service component.*
II.B.(1)(c) Accredited Renewals

1. _____ Fire and Safety
Provide documentation of compliance with local fire and safety codes.

   Expiration Date: ___________________

   Fire Inspector Name:_____________________________

   License Number:__________________

Note: If a private organization is used, the inspector must be licensed by the State of Florida Fire College.
(Please add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates).

2. _____ Health (Facility & Food) Inspections
Provide documentation of compliance with health codes.

3. _____ Zoning Compliance
Provide documentation of compliance with the geographically appropriate zoning ordinances.

4. _____ Survey Report
Provide a copy of the accreditation survey report including any information regarding changes in the provider’s accreditation status.

5. _____ CEO Attestation
Provide a notarized statement from the CEO to the Department that certifies the provider is compliant with licensure requirements, under pt. IV, ch. 394, F.S., ch. 397, F.S., and ch. 65D-30, F.A.C.
II.B.(1)(d) Licensed Provider Acquired By, or Merging with, another Organization

Complete application C&F-SA Form 4024 and include:

1. ____ Accreditation Information
If accredited by a Department recognized accrediting agency, include a copy of the most current accreditation papers and accreditation survey report. Also, include the effective and expiration dates of accreditation.

   Effective Date of Accreditation: _______________________

   Expiration Date of Accreditation: ______________________

2. ____ Agency Information
Provide name and address of the applying service provider and its director, owner, corporate officers, board members, and shareholders.

3. ____ Fire and Safety
Provide documentation of compliance with local fire and safety codes.

   Expiration Date: __________________

   Fire Inspector Name: _____________________________

   License Number: _____________________________

Note: If a private organization is used, the inspector must be licensed by the State of Florida Fire College. (Please add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates).

4. _____ Health (Facility & Food) Inspections
Provide documentation of compliance with health codes.

5. _____ Zoning Compliance
Provide documentation of compliance with the geographically appropriate zoning ordinances.

6. _____ Affidavit of Good Moral Character
Provide the notarized statement of good moral character located at the following address.
http://www.dcf.state.fl.us/programs/backgroundscreening/docs/Affidavit%20of%20Good%20Moral%20Character%20August%202010.pdf.

7. _____ Business Tax Receipt
Provide the Business Tax Receipt as required in your county or municipality (Formerly referenced as Occupational License).

   Note: If your organization is exempt from paying a business tax receipt, include documentation from the jurisdiction providing the exemption.

8. _____ Medication Maintenance Programs Only
If a methadone and medication maintenance treatment program, provide documents demonstrating approval by the Drug Enforcement Administration (DEA), Substance Abuse and Mental Health Services Administration (SAMHSA) and, State Board of Pharmacy (Board).

9. _____ Treatment Resource Affidavit
Provide the treatment resource affidavit as proof of fingerprinting and Level 2 background screening for:

- Owners,
- Chief Executive Officers (CEO),
- Chief Financial Officers (CFOs), and
- Staff and volunteers who have direct contact with clients under the age of 18 and adults who are developmentally disabled.

The form is located at the following address:

See (http://www.dcf.state.fl.us/programs/backgroundscreening/) to find the DCF Regional Background Screening Coordinator nearest to you.

Background Screening OCA/Identifier Number: ___________________

10. _____ Local Law Enforcement Check
Provide the results of the local law enforcement check for:
- Owners,
- CEO,
- CFO, and
- Staff who have direct contact with clients.

The licensee must re-screen applicable staff every five years, in the person’s County of residence.

11. _____ Client Service Fee Schedule
Include policy regarding a client’s/participant’s financial responsibility outlining what the client/participant is obligated to pay.

Inmate Programs operated within Department of Corrections (DOC) facilities, or contracted to the Department of Management of Services (DMS), are exempt from this requirement.

12. _____ Application Item #29:
Include in block 29 (not as an attachment) a comprehensive and concise outline of the services to be provided. Each application should contain the program description for that component only. Space is limited to 1,000 characters.

Addictions Receiving Facilities, Detox and Residential programs should include licensed bed capacity in their program description.

13. _____ Provider CEO Information
Provide documentation of the competency and ability of the applicant and its CEO to carry out the requirements of ch. 65D-30, F.A.C. This includes, but is not limited to:
- Curriculum vitae, or resume;
- Credentials; and
- Board of Directors’ minutes approving the appointment of CEO.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC or DMS are exempt from this requirement.

14. _____ Financial Viability
Provide documentation of financial viability.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC or DMS are exempt from this requirement.
15. _____ Current Insurance Coverage
Provide documentation demonstrating professional and property liability insurance coverage.

   Property Insurance Expiration Date: ________________________________

   Professional Liability Insurance Expiration Date: ____________________

Add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC or DMS are exempt from this requirement.

16. _____ Application Fee
Include the license fee (Please paper clip to the first page of the application packet).

17. _____ Policy and Procedure Manual
Provide a copy of the applicant’s indexed Policies and Procedures manual, which describes services and the population served.

18. _____ Application Checklist
Include a copy of this completed checklist.

19. _____ Application for Licensing
C&F-SA Form 4024, in the latest revision.

*Note: A completed application must be provided to the Department at least 30 days prior to acquisition.*
II.B.(1)(e) Relocation of a Licensed Provider or Component

II.B.(1)(e)-1 If there are substantive changes to services:

Complete application C&F-SA form 4024 and include:

1. _____ Accreditation Information
   If accredited by a Department recognized accrediting agency, include a copy of the most current accreditation papers and accreditation survey report. Also, include the effective and expiration dates of accreditation.

   Effective Date of Accreditation: _________________________
   Expiration Date of Accreditation: _________________________

   Note – this only applies if there has been a change since either the initial application, or most recent renewal.

2. _____ Agency Information
   Provide name and address of the applying service provider.

3. _____ Fire and Safety
   Provide documentation of compliance with local fire and safety codes.

   Expiration Date: __________________
   Fire Inspector Name: _____________________________
   License Number: _____________________________

   Note: If a private organization is used, the inspector must be licensed by the State of Florida Fire College. (Please add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates).

4. _____ Health (Facility & Food) Inspections
   Provide documentation of compliance with health codes.

5. _____ Zoning Compliance
   Provide documentation of compliance with the geographically appropriate zoning ordinances.

6. _____ Business Tax Receipt
   Provide the Business Tax Receipt as required in your county or municipality (Formerly referenced as Occupational License).

   Note: If your organization is exempt from paying a business tax receipt, include documentation from the jurisdiction providing the exemption.

   Note – this only applies if there has been a change since either the initial application, or most recent renewal.

7. _____ Medication Maintenance Programs Only
   If a methadone and medication maintenance treatment program, provide documents demonstrating approval by the DEA, SAMHSA and, the Board.

   Note – this only applies if there has been a change since either the initial application, or most recent renewal.

8. _____ Treatment Resource Affidavit
Provide the treatment resource affidavit as proof of fingerprinting and Level 2 background screening for:

- Owners,
- Chief Executive Officers (CEO),
- Chief Financial Officers (CFOs), and
- Staff and volunteers who have direct contact with clients under the age of 18 and adults who are developmentally disabled.

The form is located at the following address:

See (http://www.dcf.state.fl.us/programs/backgroundscreening/) to find the DCF Regional Background Screening Coordinator nearest to you.

Background Screening OCA/Identifier Number: ___________________

9. _____ Local Law Enforcement Check
Provide the results of the local law enforcement check for:
- Owners,
- CEO,
- CFO, and
- Staff who have direct contact with clients.

The licensee must re-screen applicable staff every five years, in the person’s County of residence.

10. _____ Client Service Fee Schedule
Include policy regarding a client’s/participant’s financial responsibility outlining what the client/participant is obligated to pay

Inmate Programs operated within Department of Corrections (DOC) facilities, or contracted to the Department of Management of Services (DMS), are exempt from this requirement.

Note – this only applies if there has been a change since either the initial application, or most recent renewal.

11. _____ Application Item #29:
Include in block 29 (not as an attachment) a comprehensive and concise outline of the services to be provided. Each application should contain the program description for that component only. Space is limited to 1,000 characters.

Addictions Receiving Facilities, Detox and Residential programs should include licensed bed capacity in their program description.

12. _____ Provider CEO Information
Provide documentation of the competency and ability of the applicant and its CEO to carry out the requirements of ch. 65D-30, F.A.C. This includes, but is not limited to:
- Curriculum vitae, or resume;
- Credentials; and
- Board of Directors’ minutes approving the appointment of CEO.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC or DMS are exempt from this requirement.

Note – this only applies if there has been a change since either the initial application, or most recent renewal.

13. _____ Current Insurance Coverage
Provide documentation demonstrating professional and property liability insurance coverage.
Property Insurance Expiration Date: ________________________________
Professional Liability Insurance Expiration Date: ______________________

Add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC or DMS are exempt from this requirement.

14. _____ Application Fee
Include the license fee (Please paper clip to the first page of the application packet).

15. _____ Policy and Procedure Manual
Provide a copy of the applicant’s indexed Policies and Procedures manual, which describes services and the population served.

16. _____ Application Checklist
Include a copy of this completed checklist.

17. _____ Application for Licensing
C&F-SA Form 4024, in the latest revision.

Note: A completed application must be submitted to the Department at least 30 days prior to relocation.

II.B.(1)(e)-2 If there is no change in the service:

Complete application C&F-SA Form 4024 and include:
1. _____ Fire and Safety
Provide documentation of compliance with local fire and safety codes.

   Expiration Date: ___________________

   Fire Inspector Name: ___________________________

   License Number: ___________________

Note: If a private organization is used, the inspector must be licensed by the State of Florida Fire College.
(Please add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates).

Note – this only applies if there has been a change since either the initial application, or most recent renewal.

2. _____ Health (Facility & Food) Inspections
Provide documentation of compliance with health codes.

Note – this only applies if there has been a change since either the initial application, or most recent renewal.

3. _____ Zoning Compliance
Provide documentation of compliance with the geographically appropriate zoning ordinances.

Note – this only applies if there has been a change since either the initial application, or most recent renewal.

4. _____ Business Tax Receipt
Provide the Business Tax Receipt as required in your county or municipality (Formerly referenced as Occupational License).

Note: If your organization is exempt from paying a business tax receipt, include documentation from the jurisdiction providing the exemption.

Note – this only applies if there has been a change since either the initial application, or most recent renewal.

5. _____ Medication Maintenance Programs Only
If a methadone and medication maintenance treatment program, provide documents demonstrating approval by the DEA, SAMHSA and, the Board.

Note – this only applies if there has been a change since either the initial application, or most recent renewal.

6. _____ Current Insurance Coverage
Provide documentation demonstrating professional and property liability insurance coverage.

   Property Insurance Expiration Date: ___________________________

   Professional Liability Insurance Expiration Date: ___________________

Add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC or DMS are exempt from this requirement.
Note – this only applies if there has been a change since either the initial application, or most recent renewal.

7. _____ Application Fee
Include the license fee (Please paper clip to the first page of the application packet).

Note: A completed application must be submitted to the Department at least 30 days prior to relocation.
II.B.(1)(f) Licensed Provider Adding a New Component

Complete application C&F-SA Form 4024 and include:

1. _____ Accreditation Information
If accredited by a Department recognized accrediting agency, include a copy of the most current accreditation papers and accreditation survey report. Also, include the effective and expiration dates of accreditation.

   Effective Date of Accreditation: _________________________
   Expiration Date of Accreditation: _________________________

2. _____ Agency Information
Provide name and address of the applying service provider.

3. _____ Fire and Safety
Provide documentation of compliance with local fire and safety codes.

   Expiration Date: ___________________
   Fire Inspector Name: _________________________________
   License Number: __________________________

Note: If a private organization is used, the inspector must be licensed by the State of Florida Fire College. (Please add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates).

4. _____ Health (Facility & Food) Inspections
Provide documentation of compliance with health codes.

5. _____ Zoning Compliance
Provide documentation of compliance with the geographically appropriate zoning ordinances.

6. _____ Medication Maintenance Programs Only
If a methadone and medication maintenance treatment program, provide documents demonstrating approval by the DEA, SAMHSA and, the Board.

7. _____ Treatment Resource Affidavit
Provide the treatment resource affidavit as proof of fingerprinting and Level 2 background screening for:
   - Owners,
   - Chief Executive Officers (CEO),
   - Chief Financial Officers (CFOs), and
   - Staff and volunteers who have direct contact with clients under the age of 18 and adults who are developmentally disabled.

The form is located at the following address:

See (http://www.dcf.state.fl.us/programs/backgroundscreening/) to find the DCF Regional Background Screening Coordinator nearest to you.

   Background Screening OCA/Identifier Number: ______________________
8. _____ Local Law Enforcement Check  
Provide the results of the local law enforcement check for:  
- Owners,  
- CEO,  
- CFO, and  
- Staff who have direct contact with clients.

The licensee must re-screen applicable staff every five years, in the person’s County of residence.

9. _____ Client Service Fee Schedule  
Include policy regarding a client’s/participant’s financial responsibility outlining what the client/participant is obligated to pay

Inmate Programs operated within Department of Corrections (DOC) facilities, or contracted to the Department of Management of Services (DMS), are exempt from this requirement.

10. _____ Application Item #29:  
Include in block 29 (not as an attachment) a comprehensive and concise outline of the services to be provided. Each application should contain the program description for that component only. Space is limited to 1,000 characters.

Addictions Receiving Facilities, Detox and Residential programs should include licensed bed capacity in their program description.

11. _____ Policy and Procedure Manual  
Provide a copy of the applicant’s indexed Policies and Procedures manual, which describes services and the population served

12. _____ Current Insurance Coverage  
Provide documentation demonstrating professional and property liability insurance coverage.

Property Insurance Expiration Date:__________________________________________

Professional Liability Insurance Expiration Date:______________________________

Add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates.

Providers accredited by a Department-recognized accrediting organization and Inmate Programs operated directly by DOC or DMS are exempt from this requirement.

13. _____ Application Fee  
Include the license fee (Please paper clip to the first page of the application packet).
II.B.(2) Guide to Including Documents in the Application

Accreditation

New applicants that are accredited will be required to submit a complete application package, and will undergo an initial, full on-site inspection. Once a regular license is issued, the applicant will not be inspected again until within the third year, unless required. Renewal applicants will be inspected every third year on a continuing basis as long as they remain in compliance with accreditation and regulatory standards under ch. 65D-30, F.A.C.

Fire/Safety and Health Inspections

Fire/safety inspections are completed by the local fire department, building inspectors, or public safety office. For programs operating in state facilities, contact the State Fire Marshall. To obtain a health inspection, contact the local Public Health Unit. Health inspections must be conducted for facilities that provide housing, meals, or store bio-hazardous materials.

Business Tax Receipts and Zoning Compliance

For information on business tax receipts and zoning codes, please contact city or county offices of the local government within your area.

Background Screening

All staff and volunteers who have direct contact with clients under the age of 18 years and adults who are developmentally disabled must be fingerprinted and screened in accordance with ch. 435, F.S. In addition, all owners, directors, and chief financial officers of any provider are subject to Level 2 background screening under ch. 435, F.S. For assistance or to access the necessary forms to fulfill this requirement call the Department Office in your area on the list provided. You will also need to submit with your application documentation of compliance with this requirement.
II.C  Step Three – Submit Application

Submit the completed application for licensing to the Circuit Substance Abuse and Mental Health Program Office in your area. Please note the department has up to 30 days to notify providers regarding the status of their application(s).

II.C.(1)  Submitting the Application and Licensing Fee

Submit your completed application and applicable documents identified in the application and in this guide to the Circuit office.

Remit with your application package the license fee that applies to the component(s) for which you are applying. In addition to the tables below, the fees may be found in ch. 65D-30.003(5), F.A.C.

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<th>Publicly Funded Providers</th>
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<td>Detoxification</td>
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<td>Intervention</td>
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<p>| Schedule of Discounts (Publicly Funded)            |      |</p>
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<td>6-10</td>
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<tr>
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<tr>
<td>16-20</td>
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<tr>
<td>20+</td>
<td>30%</td>
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<td>6-10</td>
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<td>11-15</td>
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<tr>
<td>16-20</td>
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<td>20+</td>
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### III. SAMH Circuit Offices

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<thead>
<tr>
<th>Circuit 1</th>
<th>Circuit 2</th>
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<tbody>
<tr>
<td>(Escambia, Okaloosa, Santa Rosa, Walton)</td>
<td>(Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla)</td>
</tr>
<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
<td></td>
</tr>
<tr>
<td>160 Governmental Center, Suite 713</td>
<td></td>
</tr>
<tr>
<td>Pensacola, Florida 32502</td>
<td></td>
</tr>
<tr>
<td>(850) 483-6705</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
<td></td>
</tr>
<tr>
<td>2383 Phillips Road</td>
<td></td>
</tr>
<tr>
<td>Tallahassee, Florida 32308</td>
<td></td>
</tr>
<tr>
<td>(850) 488-2419</td>
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<tr>
<th>Circuits 3 &amp; 8</th>
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<tbody>
<tr>
<td>Physical Address</td>
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<tr>
<td>Department of Children and Families</td>
<td></td>
</tr>
<tr>
<td>1730 NE 31st Avenue</td>
<td></td>
</tr>
<tr>
<td>Building 2, Room 22 &amp; 17</td>
<td></td>
</tr>
<tr>
<td>Gainesville, FL 32609</td>
<td></td>
</tr>
<tr>
<td>(352) 415-6278</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
<td></td>
</tr>
<tr>
<td>Physical Address:</td>
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<tr>
<td>5920 Arlington Expressway</td>
<td></td>
</tr>
<tr>
<td>Jacksonville, Florida 32211</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
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</tr>
<tr>
<td>Post Office Box 2417</td>
<td></td>
</tr>
<tr>
<td>Jacksonville, Florida 32231</td>
<td></td>
</tr>
<tr>
<td>(904) 485-9583</td>
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<th>Circuit 5</th>
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<tbody>
<tr>
<td>(Citrus, Hernando, Lake, Marion, Sumter)</td>
<td>(Hillsborough, Pasco, Pinellas)</td>
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<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
<td></td>
</tr>
<tr>
<td>1601 West Gulf-Atlantic Highway</td>
<td></td>
</tr>
<tr>
<td>Wildwood, Florida 34785-8158</td>
<td></td>
</tr>
<tr>
<td>(352) 330-5525</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
<td></td>
</tr>
<tr>
<td>9393 N. Florida Ave., Suite 1000</td>
<td></td>
</tr>
<tr>
<td>Tampa, FL 33612-7236</td>
<td></td>
</tr>
<tr>
<td>(813) 337-5700</td>
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<tr>
<th>Circuit 7</th>
<th>Circuit 9</th>
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<tbody>
<tr>
<td>(Flagler, Putnam, St. Johns, Volusia)</td>
<td>(Orange, Osceola)</td>
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<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
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<tr>
<td>Daytona Beach Service Center</td>
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<tr>
<td>210 North Palmetto Avenue, Room 451H</td>
<td></td>
</tr>
<tr>
<td>Daytona Beach, Florida 32114-3284</td>
<td></td>
</tr>
<tr>
<td>(386) 481-9273</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
<td></td>
</tr>
<tr>
<td>400 West Robinson Street</td>
<td></td>
</tr>
<tr>
<td>Suite S-1106</td>
<td></td>
</tr>
<tr>
<td>Orlando, Florida 32801</td>
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</tr>
<tr>
<td>(407) 317-7010</td>
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<td>(Hardee, Highlands, Polk)</td>
<td>(Dade, Monroe)</td>
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<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
<td></td>
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<tr>
<td>1055 US Hwy 17 N</td>
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<tr>
<td>Bartow, FL 33830</td>
<td></td>
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<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
<td></td>
</tr>
<tr>
<td>401 NW 2nd Avenue</td>
<td></td>
</tr>
<tr>
<td>Room 812, North Tower</td>
<td></td>
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<tr>
<td>Circuit 12</td>
<td>Miami, Florida 33128</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>(DeSoto, Manatee and Sarasota)</td>
<td>(305) 377-5029</td>
</tr>
<tr>
<td><strong>Note: Please send applications to the Circuit 6 &amp; 13 address</strong></td>
<td></td>
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<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
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</tr>
<tr>
<td>Delores G. Dry Service Center</td>
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<tr>
<td>1864 17th St.</td>
<td></td>
</tr>
<tr>
<td>Sarasota, FL 34234</td>
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<tr>
<td>(941) 554-1719</td>
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<tbody>
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<td>(Bay, Calhoun, Gulf, Holmes, Jackson, Washington)</td>
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<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
<td></td>
</tr>
<tr>
<td>2505 West 15th Street</td>
<td></td>
</tr>
<tr>
<td>Panama City, FL 32401</td>
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</tr>
<tr>
<td>(850) 691-0581</td>
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<td>(Indian River, Martin, Okeechobee, Palm Beach, St. Lucie)</td>
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<tr>
<td>Substance Abuse &amp; Mental Health Program Office</td>
<td></td>
</tr>
<tr>
<td>111 South Sapodilla Avenue</td>
<td></td>
</tr>
<tr>
<td>Suite 103</td>
<td></td>
</tr>
<tr>
<td>West Palm Beach, Florida 33401</td>
<td></td>
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<tr>
<td>(561) 227-6680</td>
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<td>Substance Abuse &amp; Mental Health Program Office</td>
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<tr>
<td>Broward Regional Service Center</td>
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<tr>
<td>201 West Broward Blvd.; Suite 511</td>
<td></td>
</tr>
<tr>
<td>Fort Lauderdale, Florida 33301</td>
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</tr>
<tr>
<td>(954) 453-3472</td>
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<td>400 West Robinson Street</td>
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<td>Suite S-1106</td>
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<tr>
<td>Orlando, Florida 32801</td>
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<tr>
<td>(407) 317-7010</td>
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<td><strong>Note: Please send applications to the Circuit 6 &amp; 13 address</strong></td>
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<tr>
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<tr>
<td>Ft. Myers Regional Service Center</td>
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<tr>
<td>2295 Victoria Avenue</td>
<td></td>
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<tr>
<td>Ft. Myers, Florida 33901</td>
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<tr>
<td>Or</td>
<td></td>
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<tr>
<td>Post Office Box 60085</td>
<td></td>
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<tr>
<td>Ft. Myers, Florida 33906</td>
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</tr>
<tr>
<td>(239) 895-0225</td>
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