

(Place letter on agency letterhead)

Template

Full Legal Name of Agency and Name of DBA

Agency Address

Telephone Number

Fax Number

Email address of person submitting application

(Date)

Letter of request to apply as a Drug Medi-Cal (DMC) contractor on agency letterhead that includes all of the following:

Dear Recipient,

- 1) Include American Society of Addiction Medicine (ASAM) levels of care and description of services which are currently or will be provided.
- 2) Brief description of agency, its history and number of years in services including the types of services provided (**substance use disorder (SUD), mental health**).
 - Site location(s) and days and hours of operation
- 3) Services Planning Area and Supervisorial District where agency plans to provide services.
- 4) Brief description of population(s) to be served including age group and/or special populations. Programs desiring to serve special groups or populations (e.g., youth, pregnant/parenting women) must state this clearly in the justification portion of the letter of request.
- 5) Corporate status, including identification as a non-profit or for-profit organization.
 - **Note:** Corporate status must be the status for the entity listed on the licenses and certifications.
- 6) Statement of need on services gaps to be filled (Per Attachment D)
- 7) Hours of Operation- All Outpatient and Intensive and Intensive Outpatient services are required to operate:
 - Five (5) days per week
 - Including one (1) weekend day
 - At least two (2) days in evening hours (5:00pm to 9:00pm at a minimum)

Agency Name

Date

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- Opioid Treatment Programs (OTP) shall ensure that Methadone is available seven (7) days per week in accordance with Title 9, Section 10260.

Note: Authorized Name, Signature, and Title

Attachments:

As needed