

**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