Behavioral Health Agency Mobile Unit Notification

Contents:

In order to process your request:

Mail your application with applicable documentation to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Behavioral Health Agency License Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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Notification Checklist and Instructions

When your notification for a mobile unit is received by the Department of Health (DOH), you will be notified in writing if there is any outstanding documentation needed to complete the notification process. Once approved, DOH will notify you in writing that the mobile unit has been added under the behavioral health agency (BHA) license.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

On page one of the application, indicate type of mobile unit - outpatient behavioral or mobile narcotic treatment program.

- **Outpatient Behavioral Health Mobile Unit -** Provides certified services from a mobile unit as an extension of the existing BHA license.
- **Mobile Narcotic Treatment Program -** Provides certified opioid treatment program (OTP) services as an extension of the existing BHA license and OTP certification.

☐ **Section I: Main Site Information**: Please list the BHA license number and address that the mobile unit will be operating under.

☐ **Section II: Vehicle Information:** Please list the vehicle make/model and year, Vehicle Identification Number (VIN), and license plate number

☐ **Section III: Agency Information:** Enter name, email address, and phone number for the administrator and contact person that the department can contact about this notification.

☐ **Section IV: Certification and Services Information:** Check the box beside each specific certification and service your mobile unit is providing.

- **Certifications:** Certification categories of services are bolded.
- **Services:** Services are types of supports, interventions, or treatments provided under a certification.

*** Note: The mobile unit may only provide services for which the BHA is currently certified to provide. If the mobile unit will be providing additional services those must be added to the BHA license before the mobile unit will be approved.***

☐ **Opioid Treatment Program Services:** Check the box if your agency is providing OTP services in the mobile unit. Attach a copy of the Drug Enforcement Agency (DEA) approval of the mobile narcotic treatment program.

- Enter the date of the DEA approval
- Enter the OTP Sponsor name, title, phone and email address
- Enter OTP Medical Director name, title, phone and email address

Additional Information

Return fully completed application and the following information:

- Mobile narcotic treatment programs only:
  - Attach a copy of the DEA mobile narcotic treatment program approval.

Washington State Department of HEALTH

Date Stamp Here

Revenue 0597649550

Behavioral Health Agency (BHA) Mobile Unit Notification

☐ Behavioral Health Mobile Unit ☐ Mobile Narcotic Treatment Program

Section I: BHA Site Information		
BHA Credential Number:		
Address:		
City	State	Zip Code
Section II: Vehicle Information		
Make/Model:		Year:
Vehicle Identification Number (VIN):		
License Plate Number		
Section III: Agency Information:		
Agency Administrator		
Name:	Email:	Phone:
Agency Contact Person:		
Name:	Email:	Phone:

Section IV: Certification and Services Information

☐	**Certification: Behavioral Health Information Assistance**	
☐	Crisis Telephone Support	☐ MH ☐ SUD
☐	**Certification: Behavioral Health Support**	
☐	Psychiatric Medication Monitoring	
☐	Crisis Support	☐ MH ☐ SUD
☐	Peer Support	☐ MH ☐ SUD
☐	Rehabilitative Case Management	
☐	Supportive Housing	☐ MH ☐ SUD
☐	Supported Employment	☐ MH ☐ SUD
☐	**Certification: Behavioral health Outpatient Intervention, Assessment, and Treatment**	
☐	Assessments	☐ MH ☐ SUD
☐	Counseling and Therapy	☐ MH ☐ SUD
☐	Psyciatric Medication Management	
☐	Outpatient Involuntary Court-Ordered Services - LRA/Conditional Release	☐ MH ☐ SUD
☐	Outpatient Involuntary Court-Ordered Services - DUI Assessment	
☐	Outpatient Involuntary Court-Ordered Services - Deferred Prosecution	
☐	Outpatient Involuntary Court-Ordered Services - SUD Counseling under RCW 41.61.5056	
☐	Outpatient Involuntary Court-Ordered Services - Alcohol and Drug Information School	

☐	**Certification: Behavioral Health Outpatient Crisis, Observation, and Intervention**
☐	**Certification: Designation Crisis Responder Services**
☐	**Certification: Problem Gambling and Gambling Disorder**
☐	**Certification: Applied Behavior Analysis**
☐	**Certification: Opioid Treatment Program**

Drug Enforcement Administration (DEA) approval for the mobile unit has been approved and is attached to this application as required by WAC 246-341-0342.

Date of approval: _____

OTP Sponsor Name:	Title:
Phone:	Email:
OTP Medical Director Name:	Title:
Phone:	Email:

Applicant Declarations

I declare the following:

- That I will notify the department if changes occur in any of the information provided in sections I and/or II of this application before licensure and certification is granted.
- That no person named in this application has had a license or certification for a treatment service or health care agency denied, revoked, or suspended.
- That no person named in this application has been convicted of child abuse or adjudicated as a perpetrator of substantiated child abuse.
- That no person or business entity named in this application is currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in transactions involving certain federal funds.
- That no person or business entity named in this application is currently under investigation for or has committed, permitted, aided or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180.
- That the information contained in this application and on all documents submitted with this application is true, accurate, and complete to the best of my knowledge.
- That this agency meets Americans with Disabilities Act (ADA) standards and that the facility is: Suitable for the purposes intended; Not a personal residence; and Approved as meeting all building and safety requirements.

Signature of Administrator or Legal Representative	Date Signed
Printed Name of Person Signing Form	Title

Phone Number	Email

RCW/WAC and Online Website Links

WAC Link

Behavioral Health Agency Licensing and Certification Requirements, Chapter 246-341 WAC

Online

Behavioral Health Agencies Web Page