

DHCS/DUI 100134

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
LICENSE APPLICATION PACKET**

**FIRST OFFENDER PROGRAM
18-MONTH PROGRAM
AND 30-MONTH PROGRAM**

State of California
Health and Human Services Agency
DEPARTMENT OF HEALTH CARE SERVICES
BEHAVIORAL HEALTH
LICENSING AND CERTIFICATION DIVISION
LICENSING BRANCH 2, DUI UNIT
1501 Capitol Avenue, MS 2602, Sacramento, CA 95814
(916) 322-2964

SUBMISSION AND PROCESSING OF APPLICATION

License Application Fee

The Department of Health Care Services (DHCS) charges a one-time \$400 application-processing fee. This fee is not refundable. Any application received without the processing fee will be returned to the County Alcohol Program Administrator or directly to the applicant (if applicable).

County Board of Supervisors

The County Board of Supervisors must recommend an applicant for licensing. This recommendation must be submitted with the application. Any application received without the County Board of Supervisors' recommendation will be returned to the County Alcohol Program Administrator or directly to the applicant (if applicable).

Application Processing

Submit complete application, application processing fee, and Board of Supervisors recommendation:

DEPARTMENT OF HEALTH CARE SERVICES
Licensing Branch 2, DUI Unit
1501 Capitol Avenue, MS 2602
Sacramento, CA 95814

Contact the Licensing Branch 2, DUI Unit at (916) 322-2964 for information on completion, submission and processing of the application. Applicant should retain a copy of all application documents submitted. The Department of Health Care Services will not make available copies of any portion of the application.

**THE PROGRAM SHALL NOT ENROLL PARTICIPANTS NOR PROVIDE
SERVICES PRIOR TO THE EFFECTIVE DATE OF THE LICENSE.**

Applicant Name: _____ County: _____ Date: _____

DRIVING UNDER THE INFLUENCE PROGRAM LICENSE APPLICATION CHECKLIST

INSTRUCTIONS: Use the applicant column below to ensure that all required forms, documents and information are completed and submitted to the Department of Health Care Services. Please include the completed checklist with the application submitted to the Department. The applicant may use the forms provided in the license application packet or facsimiles of the forms containing the same information.

PART I – DEPARTMENT FORMS TO BE COMPLETED BY THE APPLICANT

NOT APPLICANT APPROVED APPROVED			
			1. APPLICATION FOR LICENSURE (FORM DHCS/DUI 7785) <i>[This form identifies the applicant, program, program address and applicable information for licensure.]</i> Refer to Title 9, §9804(b)(1-9) for specific requirements.
			2. ADMINISTRATIVE INFORMATION (FORM DHCS.DUI 7790) <i>[This form identifies the entity applying for licensure.]</i> Refer to Title 9, §9804(b)(1-9) for specific requirements.
			3. DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY (FORM DHCS/DUI 7795) <i>[This form identifies the program director/administrator responsible for the operation of the program.]</i> Refer to Title 9, §9804(b)(12) for specific requirements.
			4. ADMINISTRATOR/DIRECTOR INFORMATION (FORM DHCS/DUI 7800) <i>[This form identifies and verifies the qualifications of the Program Director/Administrator.]</i> Refer to Title 9, §10564(a)(1-3) for specific requirements. Title 9, §9846(a)(1-3)
			5. STAFF INFORMATION (FORM DHCS/DUI 7805) <i>[This form identifies and verifies qualifications of program staff (group leader/counselor/facilitator) who will be providing services at the program.]</i> Refer to Title 9, §10564(b)(1-3) for specific requirements. Title 9, §9846(b-h)
			6. FINANCIAL STATEMENT (FORM DHCS/DUI 7815) <i>[This form provides a summary of the applicant's assets and liabilities.]</i> Refer to Title 9, §9804(b)(13) for specific requirements.
			7. STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH (FORM DHCS/DUI 7810) <i>[This form provides assurances of compliance and adherence to Title 9, Chapter 3 of the California Code of Regulations (CCR).]</i> Refer to Title 9, §9804(b)(11) for specific requirements.
			8. BUDGET (FORMS DHCS/DUI 7820, 7825, 7830, 7835 AND 7840) <i>[These forms provide a proposed summary of revenue and expenditures.]</i> Refer to Title 9, §9804(b)(13-14) for specific requirements.

PART II – GENERAL INFORMATION TO BE SUBMITTED BY THE APPLICANT

NOT
APPLICANT APPROVED APPROVED

			1. BOARD OF SUPERVISORS RECOMMENDATION FOR LICENSURE INCLUDING A STATEMENT DEMONSTRATING THE NEED FOR A NEW DUI PROGRAM <i>[Provide a copy of the Board of Supervisors' approval of the selection of the applicant to operate within the county upon licensure by the Department.] Refer to Title 9, §9805(a)(1) for specific requirements.</i>
			2. ALCOHOL ADVISORY BOARD RECOMMENDATION (IF THE COUNTY HAS AN ADVISORY BOARD) <i>[Provide a copy of the Alcohol Advisory Boards' recommendation to the Board of Supervisors regarding the application for licensure.] Refer to Title 9, §9805(a)(2) for specific requirements.</i>
			3. COPY OF OPERATING AGREEMENT BETWEEN COUNTY AND APPLICANT <i>[Provide a copy of the contract, memorandum of understanding, or any other operating agreement between the applicant and the county, if applicable.] Refer to Title 9, §9805(a)(3) for specific requirements.</i>
			4. ADMINISTRATIVE ORGANIZATION <i>[Provide an organizational chart identifying positions and names of proposed incumbents, if known.] Refer to Title 9, §9805(a)(4) for specific requirements.</i>
			5. COPY OF BUSINESS LICENSE ISSUED BY THE LOCAL COUNTY OR CITY <i>[Provide a copy of the business license issued by the local county or city.] Refer to Title 9, §9805(a)(5) for specific requirements.</i>
			6. COPY OF FIRE CLEARANCE ISSUED BY THE LOCAL FIRE AUTHORITY <i>[Provide a copy of the Fire Clearance issued to the applicant by the local fire authority.] Refer to Title 9, §9805(a)(6) for specific requirements.</i>

PART III – WRITTEN PLAN OF OPERATION TO BE SUBMITTED BY THE APPLICANT

NOT
APPLICANT APPROVED APPROVED

			1. LOCATION AND SERVICES TO BE PROVIDED <i>[Provide the address, hours of operation, and program services, e.g., 3-mo, 9-mo, etc. to be provided at each location.] Refer to Title 9, §9805(a)(9)(B-C) for specific requirements.</i>
			2. PROVIDE A COPY OF EACH PARTICIPANT CONTRACT <i>[Provide a copy of the contract and all documents that require participant signature, in all languages in which the DUI program provides services.] Refer to Title 9, §9848(e) for specific requirements. Title 9, §9805(a)(9)(I)</i>
			3. PROVIDE COPIES OF ALL OTHER FORMS TO BE USED <i>[Provide copies of all forms, including, the fee payment agreement, notice of confidentiality, etc.] Refer to Title 9, §9805(a)(9)(J) for specific requirements. (Confirm that participant has signed authorization for the county/state to review participants' files.)</i>

PART IV – LICENSE APPLICATION FEE

NOT
APPLICANT APPROVED APPROVED

				1. \$400 LICENSE APPLICATION PROCESSING FEE <i>[A one-time \$400 license application fee is charged to each applicant requesting licensure to operate a Driving Under the Influence program. This fee must be submitted with the application in order for the review of the application to commence.]</i>
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PART V – PROGRAM INFORMATION

NOT
APPLICANT APPROVED APPROVED

			1. INTAKE INTERVIEW/ENROLLMENT PROCESS <i>[Provide a narrative description of the procedures for the enrollment process/intake interview, including staff responsible, and copies of intake forms.] Refer to Title 9, §9848 for specific requirements. Title 9, §9805(a)(9)(D)</i>
			2. FACE-TO-FACE INTERVIEWS <i>[Describe how face-to-face interviews will be conducted, include the topics to be covered, the length of interviews to be provided, and how documentation of such will be made.] Refer to Title 9, §9858 for specific requirements. Title 9, §9805(a)(8)(A)</i>
			3. EDUCATIONAL SESSIONS <i>[Identify number of education hours to be provided, curriculum outline, proposed schedule and length of service hours, and number of participants per session.] Refer to Title 9, §9852 for specific requirements. Title 9, §9805(a)(9)(A)</i>
			4. GROUP COUNSELING SESSIONS <i>[Identify the number of group counseling hours to be provided, process to be used, topics to be covered, proposed schedule and length of service hours, and number of participants per session.] Refer to Title 9, §9854 for specific requirements. Title 9, §9805(a)(9)(A)</i>
			5. INDIVIDUAL COUNSELING SESSIONS <i>[Identify the process for providing or referring participants to individual counseling when the participant is unable to benefit from group counseling sessions.] Refer to Title 9, §9856 for specific requirements. Title 9, §9805(a)(9)(A)</i>
			6. ASSESSMENT OF EACH PARTICIPANT'S ALCOHOL AND OTHER DRUG PROBLEM <i>[Provide a narrative description of the assessment process, staff responsible for conducting the assessment, and a copy of the assessment instrument to be used.] Refer to Title 9, §9849 for specific requirements. Title 9, §9805(a)(9)(E)</i>
			7. REFERRAL TO ANCILLARY SERVICES <i>[Provide a detailed description of the process to refer participants to ancillary services.] Refer to Title 9, §9849 (d), and Title 9, §862 for specific requirements. Title 9, §9805 (a)(9)(G)</i>
			8. INTERPROGRAM TRANSFERS <i>[Describe the procedures for transferring participants to and receiving participants who transfer from another state licensed DUI Program. The description must address both the transfer in and transfer out process.] Refer to Title 9, §9884 for specific requirements. Title 9, §9805(a)(9)(N)</i>

			9. PARTICIPANT DISMISSAL POLICY <i>[Describe the policy and procedures for dismissing a participant.] Refer to Title 9, §9886 for specific requirements. Title 9, §9805(a)(9)(O)</i>
			10. RE-ENTRY ACTIVITIES <i>[Provide a detailed description of the re-entry phase for 18-month program participants.] Refer to Title 9, §9851 for specific requirements. Title 9, §9805(a)(9)(F)</i>
			11. DESCRIPTION OF ADDITIONAL COUNTY REQUIREMENTS, IF APPLICABLE <i>[Provide a detailed description of approved additional county requirements, if any.] Refer to Title 9, §9805(a)(9)(H) for specific requirements.</i>
			12. PROGRAM FEE REQUIREMENTS <i>[Identify the program fee and any additional fees; provide a cost per unit of service analysis for each service provided (i.e. enrollment, group counseling sessions, face-to-face interview, etc.). For each additional fee requested, identify the specific service provided, the unit cost breakdown including associated tasks and responsible staff. Describe how fees will be assessed and collected. Specify the income level for waiving the program fee (e.g., county general assistance benefit level), the county's median family income level and the income level at which participants will be allowed to make extended payments. Include a copy of the "Standardized Payment Schedule", the procedures and forms for conducting financial assessments and the refund policy. (The Department has developed sample forms for conducting the financial assessment and fee collection; these are available upon request.)] Refer to Title 9, §9878 and 9879 of the CCR for requirements.</i>

PART VI – DOCUMENTS TO BE SUBMITTED FOR 30-MONTH PROGRAM ONLY

NOT
APPLICANT APPROVED APPROVED

			COMPENDIUM OF PROBATIVE EVIDENCE INCLUDE DESCRIPTION OF THE FOLLOWING: <i>[Describe how provisions will be made for a participant to voluntarily enter a licensed chemical dependency recovery hospital or residential treatment program. The description must address the following: types of referral agencies to be used; approval to be obtained from the referring court; cost of services to be paid by participant; monitoring of the participant's progress during the course of treatment; documentation of the treatment in participant's file.] Refer to Title 9, §9851(f)(1)(D-E) for specific requirements. Title 9, §9805(b)</i>
			1. METHOD OF REVIEW OF PARTICIPANT COMPLIANCE <i>[Identify the documentation to be reviewed, frequency and level of staff to perform the review.] Title 9, §9805(b)(1)</i>
			2. SCHEDULE OF COMPLIANCE REVIEW BY PROGRAM STAFF <i>[Provide a copy of the schedule used to verify participant compliance with this requirement.] Title 9, §9805(b)(1)</i>
			3. COMMUNITY SERVICE REQUIREMENTS <i>[Identify the community service options approved by the county, courts, and program. State process for verification and staff to perform verification.] Title 9, §9805(b)(2)</i>
			4. PROVISIONS FOR PARTICIPANTS WHO ENTER LICENSED CHEMICAL DEPENDENCY PROGRAMS <i>[Identify documentation required to verify participant treatment and staff level to verify.] title 9, §9851(f)(2)(C)</i>

APPLICATION FOR LICENSURE

