

**INFORMATION REQUESTED OF PERSONS AND ENTITIES APPLYING TO OPERATE A DRUG AND ALCOHOL TREATMENT FACILITY/NARCOTIC TREATMENT PROGRAM or CHANGING OWNERSHIP AT A DRUG AND ALCOHOL TREATMENT FACILITY/NARCOTIC TREATMENT PROGRAM**

**\*\*\*IMPORTANT\*\*\***

Please be sure that you address and/or include documentation for all of the items listed below. Attachments should be labeled (e.g., Attachment A, Bylaws). Incomplete submissions will not be reviewed and the entire submission will be returned.

**BUSINESS STRUCTURE**

**DESCRIPTION**

1. A description of the business structure of the Applicant applying for a license to operate a drug and alcohol treatment facility/certificate of approval to operate a narcotic treatment program (NTP), as defined in 28 Pa. Code § 701.1. If additional space is needed, continue on separate page and clearly label.

**OWNERSHIP AND/OR CONTROLLING INTEREST**

2. (a) Identify the persons and entities with 5% or greater direct or indirect ownership or controlling interest in the Applicant.

(b) Provide the information requested in questions 1, 4, 5 and 8 with respect to all persons and entities identified in (a).

**DOCUMENTATION (Attachments must be labeled and correlate with numbers below - 3(a) or 3(b)).**

3. (a) A copy of the articles of incorporation, certificate of registration, certificate of incorporation, charter, certificate of organization, or other articles, statements or documents establishing the legal existence of the Applicant for the license/certificate of approval. This submission shall include applicable Pennsylvania Department of State filings and approvals. For foreign entities, provide a copy of the applicable Pennsylvania Department of State filings and approvals to conduct business in Pennsylvania. This should include legal documents from inception through the present.

(b) A copy of the by-laws, operating agreement, partnership agreement, or other rules adopted for the regulation or management of the Applicant for the license/certificate of approval, regardless of the name used to describe those rules.

**IDENTIFICATION OF INDIVIDUALS WITH MANAGEMENT AND OPERATIONAL AUTHORITY**

4. (a) A list of the names, addresses and health care experience of the individual[s] who are responsible for the overall business direction of the Applicant. If additional space is needed, continue on a separate sheet of paper and clearly label.

A large, empty rectangular box with a thin black border, occupying the upper half of the page. It is intended for providing information related to the text below.

(b) A list of the names, addresses and health care experience of the individual[s] to be appointed by the Applicant to act on its behalf in the overall management and operation of the facility/NTP regardless of form of ownership. If additional space is needed, continue on a separate sheet of paper and clearly label.

A large, empty rectangular box with a thin black border, occupying the middle section of the page. It is intended for providing a list of names, addresses, and health care experience for individuals to be appointed.

(c) The names, addresses and health care experience of the individual[s] who will serve as the Project Director and Facility Director. If you are also applying for a certificate of approval as a NTP, provide the name, address and health care experience of the individual who will serve as the Medical Director. If additional space is needed, continue on a separate sheet of paper and clearly label.

**LOCATION OF APPLICANT**

5. Address of the Applicant's headquarters. If the Applicant has out-of-state headquarters, the Applicant also shall supply the address where the Applicant may be served with legal documents within Pennsylvania.

**SERVICES/TREATMENT TO BE PROVIDED BY APPLICANT**

6. If this action is the result of a change of ownership, provide a description of:
- (a) Any actual or anticipated change from the services and treatment currently offered. If additional space is needed, continue on a separate sheet of paper and clearly label.



(b). Any actual or anticipated change in the present staff, or in the composition of the staff. If additional space is needed, continue on a separate sheet of paper and clearly label.



(c). A description of any anticipated innovations in the manner of delivery of services and treatment. If additional space is needed, continue on a separate sheet of paper and clearly label.



**BACKGROUND OF APPLICANT**

7. The Applicant’s previous experience in operating facilities/NTPs inside or outside Pennsylvania, including:

(a) Type of facilities/NTPs currently or previously owned, managed or operated by Applicant. If additional space is needed, continue on a separate sheet of paper and clearly label.

(b) Names and addresses of facilities/NTPs currently or previously owned, managed or operated by Applicant and persons and entities identified in 2(a). If additional space is needed, continue on a separate sheet of paper and clearly label.

(c) Description of any adverse action taken by any state or federal agency against any of the facilities/NTPs identified in 7(b), and any documentation regarding the action taken and its resolution. If additional space is needed, continue on a separate sheet of paper and clearly label.

8. Have any of the facilities/NTPs identified in 7(b) or any of the individuals identified in 4(a), (b) or (c):

	Yes	No
Been subject to criminal or civil fraud charges?		
Been ordered to pay a civil monetary penalty (other than those listed in response to 7(c))?		
Been convicted of Medicare or Medicaid fraud and abuse?		

If yes, please provide documentation regarding the action taken and its resolution. If additional space is needed, continue on a separate sheet of paper and clearly label.

9. Are there any ongoing fraud and abuse investigations at any facility identified in 7(b) or against any of the individuals identified in 4(a), (b), or (c)? If additional space is needed, continue on a separate sheet of paper and clearly label.

**INTENTIONS WITH RESPECT TO CHARITY CARE**

10. A description of the Applicant’s intentions with respect to the level of charity and uncompensated care to be provided. If additional space is needed, continue on a separate sheet of paper and clearly label.

**ADDITIONAL INFORMATION FOR CHOWS**

If this submission is for the purpose of a change of ownership at a drug and alcohol treatment facility/narcotic treatment program, a copy of the executed agreement of sale or other legal documentation demonstrating the sale, merger, transfer must also be submitted.

New owners are also required to submit a signed “Statement of Compliance” form.



## **SPECIAL INSTRUCTIONS**

Under the Commonwealth of Pennsylvania's Right-to-Know Law, ("RTKL"), 65 P.S. §§ 67.101-67.3104, any information submitted in response to this form may be considered a public record, which will be provided by the Department in response to requests for copies of such records.

Records that constitute or reveal a trade secret or confidential proprietary information are exempt from disclosure under the RTKL. 65 P.S. § 67.708 (b)(11).

"Trade secret" is defined as "information, including a formula, drawing, pattern, compilation, including a customer list, program, device, method, technique or process that: 1) derives independent economic value, actual or potential, from not being generally known to and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure and or use; and 2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. The term includes data processing software obtained by an agency under a licensing agreement prohibiting disclosure."

"Confidential proprietary information" is defined as "commercial or financial information received by an agency: 1) which is privileged and confidential; and 2) the disclosure of which would cause substantial harm to the competitive position of the person that submitted the information."

If you believe that any of the information that is being provided in response to this form meets the definition of either a trade secret or confidential proprietary information, you must so assert at the time of submission. The written response to each question must state whether any of the answers given are or contain either trade secrets or confidential proprietary information. The written response must also state the basis on which you are asserting that the information provided constitutes either trade secrets or confidential proprietary information and should not be re-disclosed. This is necessary as the Department's response to a RTKL requester must include the basis on which the information is considered to be a trade secret or the reason the information is considered confidential proprietary information. Without the basis for your assertion, the Department is unable to assert this exception to disclosure under the RTKL on your behalf.

Further, you must indicate on **each page** of additional documentation submitted that the page contains trade secret or confidential proprietary information which should not be released. If only some of the information on a page is trade secret or confidential proprietary information, please identify the confidential text. A blanket statement that all information being submitted falls within one of these two categories is not acceptable.

Failure to raise a claim of trade secret or confidential proprietary information will result in a waiver of any future claims that this information should not be provided by the Department to a third party requestor because it falls within one of these classifications.

# **DIRECTIONS AND DEFINITIONS FOR PROVIDING THE INFORMATION REQUESTED OF PERSONS APPLYING FOR A LICENSE APPROVAL TO OPERATE A FACILITY/NARCOTIC TREATMENT PROGRAM**

## **BUSINESS STRUCTURE**

### **DESCRIPTION**

1. Please provide as much information as necessary to provide a complete description of the business structure of the Applicant. While you may choose to provide an organizational chart outlining chain of command or lines of decision-making authority for the Applicant, that is not the primary purpose of this question. The purpose of this question is to obtain a detailed explanation of the business entity that is seeking a license/certificate of approval to operate a facility/Narcotic Treatment Program (NTP). The business entity may be a business corporation, professional corporation, nonprofit corporation, limited liability company, general partnership, limited partnership, limited liability partnership, restricted professional company, unincorporated association, professional association, sole proprietorship, trust, estate, joint stock company, insurance company, the Commonwealth or political subdivision or instrumentality (including a municipal corporation or authority) or other government entity. The description of the business structure of the entity applying for a license/certificate of approval should include information about those entities or persons that have an ownership interest in the Applicant. The explanation of the business structure should include information about a parent corporation, a holding company, or the corporate or individual members of a limited liability company.

### **OWNERSHIP AND/OR CONTROLLING INTEREST**

2. Please see the definitions to determine the direct/indirect ownership/control of the Applicant. Please include “parent” corporations, sole members or any entities that have a relationship with the Applicant that results in ownership or control as defined below.

### **DOCUMENTATION**

3 (a) Please provide the documentation that demonstrates the legal existence of business entity that is seeking a license/certificate of approval to operate a facility/NTP. The technical form of that documentation may vary. If the Applicant is a corporation, the documentation will be the Articles of Incorporation. If the Applicant is a limited liability company, the documentation will be a Certificate of Authority. If the Applicant is a Partnership, the documentation will be the Partnership Agreement. If the Applicant is a sole proprietorship, there will be no documentation to supply. A foreign corporation shall supply a copy of the corporation’s application for a Certificate of Authority to do business in Pennsylvania.

(b) Please provide the documentation necessary to describe the rules for the regulation, management and operation of the Applicant as a business entity. The form of that documentation may vary. If the Applicant is a corporation, the documentation may be titled "by-laws." If the Applicant is a limited liability company, the operating agreement will include the rules for operation of the company. If the Applicant is a partnership, the partnership agreement will include the operating rules for the partnership. If the Applicant is a sole proprietorship, there is no requirement for documentation setting forth the rules for running the business.

#### **IDENTIFICATION OF INDIVIDUALS WITH MANAGEMENT AND OPERATION AUTHORITY**

4. (a) The names included in the response to this question should include any and all persons who have overall responsibility for business direction of the Applicant. The title of these persons may vary depending upon the form of business entity that will operate the facility/NTP. In a corporation, these persons often are referred to as "directors." In a limited liability company, these persons often are referred to as "members."

(b) The names included in the response to this question should include any and all persons appointed by the Applicant to act on its behalf in the overall management and operation of the facility/NTP. The title assigned to these persons may vary depending upon the form of the business entity that will operate the facility/NTP. In a corporation, these persons often are referred to as "officers." In a limited liability company, the members may fill the roles described in (a) and (b), or the members may appoint an individual to manage the company, and may be referred to as "manager." This person or persons also may be referred to as the "general partners," "managing partners," "chief executive officer," or "chief operating officer."

(c) The names provided in the response to this question should be the individual, who are the Facility Director, Project Director, and Medical Director as defined in 28 Pa. Code § 701.1.

**It is possible that the same persons will have responsibility for the business direction of the facility/NTP, for the overall management and operation of the facility/NTP, and for direction and control over the manner of delivery of services/treatment. The same person may also serve as the Project Director and Facility Director if allowing the individual to perform both functions, the facility/NTP is otherwise in compliance with the Department's regulations at 28 Pa. Code Part V. In the event of repetition of names in response to (a), (b), and (c) above, simply supply all names in response to this question 4 and list the responsibilities of each.**

#### **LOCATION OF APPLICANT**

5. An Applicant with an out-of-state address must supply an in-state address to which the Department or one of its divisions may deliver correspondence including notice of an adverse action or other legal documentation.

## **SERVICES/TREATMENT TO BE PROVIDED BY APPLICANT**

6. Self-explanatory.

## **BACKGROUND OF APPLICANT**

7. The term “adverse action” refers to an adverse licensure, certification, or other action by a state or federal agency, including civil monetary penalties.

8, 9. Self-explanatory.

## **INTENTIONS WITH RESPECT TO CHARITY CARE**

10. A response to this question is solicited merely as a means of collecting information. An answer indicating an unwillingness to provide charity care will not affect the Department’s decision with regard to the application for licensure/certificate of approval.

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## **DEFINITIONS**

“**Direct Ownership**” means an interest through the possession of stock, equity in capital or any interest in the profits of the Applicant.

“**Indirect Ownership**” means an interest in an entity that has direct or indirect ownership interest in the Applicant. The amount of indirect ownership in the Applicant that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5 percent or more in the Applicant.

“**Control**” means the ability to control operational direction or management of the Applicant which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (e.g. joint venture agreement, unincorporated business status) of the Applicant; the ability or authority to nominate or name members of the Board of Directors or Trustees of the Applicant; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management rules of the Applicant; the right to control any or all of the assets or other property of the Applicant upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets to encumber such assets by way of mortgage or other indebtedness, to dissolve the Applicant, or to arrange for the sale or transfer of the Applicant to new ownership or control.

**DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS  
DIVISION OF PROGRAM LICENSURE**

**STATEMENT OF COMPLIANCE**

I, \_\_\_\_\_,  
(Purchaser Name)  
purchaser of \_\_\_\_\_  
(Name of Facility)  
understand that this facility may be in violation of state statutes and regulations. If  
deficiencies were cited during an on-site inspection by the Division of Program  
Licensure, I know and understand that these deficiencies must be corrected by me in  
order to retain the drug and alcohol license which is issued by the Pennsylvania  
Department of Drug and Alcohol Programs to operate facility number \_\_\_\_\_.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

TITLE: \_\_\_\_\_