



660, ATTACHMENT B - ARIZONA OPIOID TREATMENT PROGRAM – EXEMPTION RENEWAL AND RECORD OF JUSTIFICATION

Opioid Treatment Program Exemption Renewal and Record of Justification Under 42 CFR 8.11 (h)\*

Program OTP No:

Program Name:

Program Address:

Telephone:

Fax:

E-mail:

Name & Title of Program Sponsor:

Name & Title of Program Medical Director:

SAMHSA Certification Number and Expiration Date:

Recent Accreditation Survey Date:

The Opioid Treatment Program is submitting a request to renew its exemption to the regulatory requirements 42 CFR 8.11(h). This request continues to expand aspects of medication-assisted treatment services provided by an authorized healthcare professional other than a physician. The renewal request is an extension of the Substance Abuse and Mental Health Services Administration (SAMHSA) Mid-Level Exemption Request approved on \_\_\_\_\_ and covers the same Mid-Level Practitioners authorized in SAMHSA’s most recent approval. If different Mid-Level Practitioners<sup>1</sup> have been hired since the most recent approved exemption, indicate which Mid-Level Practitioners were not listed on the approved exemption.

Justification for Request

Primary Reasons for Continuing Mid-Level Exemption  
Comments:

Authorized Healthcare Professionals Recognized by the State

Physician Assistants

Nurse Practitioners

Other Considerations

Include documentation regarding the following\*\*:

- How PA/NPs and physicians collaborate on patient care;
- How PA/NPs keep current with the latest medical education; and
- What quality measures the OTP has in place.

<sup>1</sup> Updated section to from healthcare professionals to Mid-Level Practitioners

**ATTACHMENT B, ARIZONA OPIOID TREATMENT PROGRAM –  
EXEMPTION REQUEST AND RECORD OF JUSTIFICATION**

Comments:

Other  
Comments:

**Submitted By**

<b>Name of Sponsor</b>	<b>Signature of Sponsor</b>	<b>Date</b> / /
<b>Name of Medical Director</b>	<b>Signature of Medical Director</b>	<b>Date</b> / /
<b>State Response to Request</b>	<b>State Opioid Treatment Authority</b>	<b>Date</b> / /

Approved  
 Denied

Comments:

<b>Federal Response to Request</b>	<b>Center for Substance Abuse Treatment</b>	<b>Date</b> / /
------------------------------------	---	--------------------

Approved  
 Denied

Comments:

**Date of Approval:**     /     /     . **Exemption Expiration Date:**     /     /     \*\*\*

\*42 CFR 8.11 (h) *Exemptions*. An OTP may, at the time of application for certification or any time thereafter, request from SAMHSA exemption from the regulatory requirements set forth under this section and 42 CFR 8.12. The OTP shall support the rationale for the exemption with thorough documentation, to be supplied in an appendix to the renewal application for certification or in a separate submission. SAMHSA will approve or deny such exemptions at the time of application, or any time thereafter, if appropriate. SAMHSA shall consult with the appropriate State authority prior to taking action on an exemption request.

\*\*The OTP’s policies and procedures documenting mid-level practitioner practices and oversight must be provided as an attachment to this application.

\*\*\*A continuing exemption request must be filed simultaneously with submission of a SMA-162 for SAMHSA OTP recertification.

Refer to the following link for the state opioid treatment authority contact information:  
<http://dpt2.samhsa.gov/regulations/smalist.aspx>

**Submit Form:**  
**Arizona State Opioid Treatment Authority**  
grantsmanagement@azahcccs.gov  
Arizona Health Care Cost Containment System  
701 E. Jefferson St., MD 6500, Phoenix, Arizona 85034