



JB Pritzker, Governor

Illinois Department of Human Services

Grace B. Hou, Secretary

Division of Substance Use Prevention and Recovery

401 S. Clinton, 2nd Floor • Chicago, Illinois 60607

Dear Applicant:

Enclosed is an application for a Substance Use Disorder Intervention/Treatment License/Medicaid Certification. This application can be used to apply for a new license or Medicaid certification or to add services or certification to an existing license. Prior to submission, ensure that you have read Illinois Administrative Code, Parts 2060 and 2090. These rules govern substance use disorder treatment and intervention services (2060) and Medicaid certification (2090) and can be located on the IDHS website at www.dhs.state.il.us.

The application consists of multiple sections, some which must be completed by all applicants while others are specific only to treatment/intervention licensure and Medicaid certification. The application also references schedules and attachments. You may not need to complete or attach all of these as some are unique to licensure type. However, any pertinent schedules and attachments, including copies of resumes, licenses or certifications for all professional staff, must be returned with the application as well as any other referenced documents. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**

Attachment 1 of the application contains IRS Form W-9, the Request for Taxpayer Identification Number and Certification and instructions for completing the form. Please ensure that the legal name of your agency matches the legal name specified on the completed W-9 form and letter you received from the IRS (Attachment 2) documenting that you are registered with them. **If the W-9 and/or IRS (Attachment 2) form is missing or has errors, it will delay the application process, and your application may be returned.** During COVID-19, applications and a copy of the \$200 check must be scanned and emailed back to Octavia Saffold at Octavia.Saffold@illinois.gov. In addition, the hardcopy of the renewal application, as well as the \$200 check must be sent to the IDHS/SUPR office via postal mail:

IDHS/SUPR
Bureau of Licensure, Compliance and Monitoring
401 South Clinton Street, Second Floor
Chicago, Illinois 60607

Upon receipt of your application, it will be preliminarily reviewed and you will be contacted to schedule a personal interview that will be in person or by telephone. This interview and subsequent corrective action that might be necessary must be completed prior to a final decision on licensure. Additionally, an on-site inspection of the facility may also be necessary.

We will make every effort to promptly process and review any submitted applications. Please review the application checklist prior to submission as this will help ensure accurate completion of the application. Your thorough review of the applicable rules will also help facilitate this process. If you have any questions concerning the completion of this application, please contact Octavia Saffold at 312-814-5814 or email Octavia.Saffold@illinois.gov.

Sincerely,

Laura Garcia

Laura I. Garcia, MAAPS, LPC, NBCC, CADC
Deputy Director
Bureau of Licensure, Compliance and Monitoring

LG/tl

Enclosure