

**Attachment A - B1**

**I-SATS On-line  
State update forms and instructions**



## I-SATS ON-LINE

Welcome to the Inventory of Substance Abuse Treatment Services (I-SATS) ON-LINE. This application is offered by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration to provide State substance abuse agency staff with electronic access and updating capability to their facility data. In addition, outside users of the I-SATS, including researchers and substance abuse personnel, may access portions of this site on a read-only basis. We hope you find this site easy to use. Please direct your comments and questions to the I-SATS Project Office (703) 807-2329, at Synectics for Management Decisions Inc, the managers of this site.

[Go to I-SATS Quick Retrieval Service](#)

[Enter a New Facility](#)

[Enter a New Facility Based on an Existing One](#)

[Select a Facility to Update](#)

[Return to DASIS Home Page](#)

Public burden for this collection of information is estimated to average 5 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this project is - - - - .

**SAMHSA INVENTORY OF SUBSTANCE ABUSE TREATMENT SERVICES  
(I-SATS)  
NEW SUBSTANCE ABUSE FACILITY REGISTRATION REQUEST**

[Instructions and Definitions](#) / [Questions and Comments](#)

I-SATS ID : (Assigned by I-SATS Database manager)

Activation Date:  (MM/DD/YYYY)

REQUIRED NEW FACILITY INFORMATION	
<u>Facility Name</u>	
1.	<input type="text"/>
2.	<input type="text"/>
<u>Location Address</u>	
1.	<input type="text"/>
2.	<input type="text"/>
<u>City, State, Zip Code (Location)</u>	
<input type="text"/>	, AZ <input type="text"/> - <input type="text"/>
<u>County Name</u>	
<input type="text"/>	
<u>Mailing Address (if different)</u>	
1.	<input type="text"/>
2.	<input type="text"/>
<input type="text"/>	, <input type="text"/> - <input type="text"/>
<u>Telephone Number:</u> ( <input type="text"/> ) <input type="text"/> - <input type="text"/> ext: <input type="text"/>	
<u>Fax Number:</u> ( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
<u>TEDS Reporter:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
<u>Services Provided:</u>	
<input type="checkbox"/> Administrative Services ONLY	
-or- (mark all that apply)	

- Substance Abuse Treatment
- Substance Abuse Detoxification Services
- Other Non-treatment Services

**All fields below this point are optional**

STATE ID

OTP ID Number for Methadone/LAAM

EIN

Director Name, Title  
Prefix:   
First:   
MI:   
Last:   
Suffix:   
Title:

Director Phone Number / Ext.  
 (  )  -  ext:

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# SAMHSA INVENTORY OF SUBSTANCE ABUSE TREATMENT SERVICES (I-SATS)

## NEW SUBSTANCE ABUSE FACILITY REGISTRATION REQUEST

(Based on existing facility information)

[Instructions and Definitions](#) / [Questions and Comments](#)

I-SATS ID : (Assigned by I-SATS Database manager)

Activation Date:  (MM/DD/YYYY)

REQUIRED NEW FACILITY INFORMATION	
<u>Facility Name</u>	
1.	<input type="text" value="Community Medical Services LLC"/>
2.	<input type="text"/>
<u>Location Address</u>	
1.	<input type="text" value="2559 East 7th Avenue"/>
2.	<input type="text"/>
<u>City, State, Zip Code (Location)</u>	
<input type="text" value="Flagstaff"/>	<input type="text" value="AZ"/> <input type="text" value="86004"/> <input type="text" value="3722"/>
<u>County Name</u>	
<input type="text" value="Coconino"/>	
<u>Mailing Address (if different)</u>	
1.	<input type="text"/>
2.	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<u>Telephone Number:</u> ( <input type="text" value="928"/> ) <input type="text" value="714"/> - <input type="text" value="0010"/> ext: <input type="text"/>	
<u>Fax Number:</u> ( <input type="text" value="928"/> ) <input type="text" value="714"/> - <input type="text" value="0024"/>	
<u>TEDS Reporter:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
<u>Services Provided:</u>	
<input type="checkbox"/> Administrative Services ONLY	
-or- (mark all that apply)	

<input checked="" type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Substance Abuse Detoxification Services <input type="checkbox"/> Other Non-treatment Services
<b>All fields below this point are optional</b>
<u>STATE ID</u> <input type="text"/>
<u>OTP ID Number for Methadone/LAAM</u> <input type="text"/>
<u>EIN</u> <input type="text"/>
<u>Director Name, Title</u> Prefix: <input type="text"/> First: <input type="text"/> MI: <input type="text"/> Last: <input type="text"/> Suffix: <input type="text"/> Title: <input type="text" value="Director"/>
<u>Director Phone Number / Ext.</u> <input type="text"/> ( <input type="text"/> ) <input type="text"/> - <input type="text"/> ext: <input type="text"/>

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# I-SATS NEW SUBSTANCE ABUSE FACILITY REGISTRATION REQUEST

## INSTRUCTIONS AND DEFINITIONS

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**General** - Use this form to add NEW substance abuse facilities to the I-SATS.

**A Substance Abuse Facility** is considered to be the place at which substance abuse services are provided.

**Required New Facility Information** - The registration form is divided into two sections. All data items (but the mailing address field) in the "REQUIRED NEW FACILITY INFORMATION" section must have an entry. Mailing address should be provided if different from the location address.

**Optional Information** - Information in the "OPTIONAL" section may be entered if known, but is not required for submission of the record.

**Submitting a new record** - Before submitting the record, verify all information and check spelling carefully. Avoid abbreviations, but use standard abbreviations when necessary. When all information is correct, scroll to the bottom of the screen and click on the "submit" button. After a facility has been submitted, a "Confirmation" screen is given which provides the new facility's I-SATS ID number and displays all the newly entered facility data. Further changes can be made immediately by clicking on the "update this request" button at the bottom of the page, then resubmitting (DO NOT USE THE BROWSER BACK BUTTON). **PRINT** the confirmation screen for your records.

**I-SATS ID** - This unique identification number is assigned automatically by the system when the completed form is submitted. The number will appear on the confirmation screen immediately after a successful submission.

### **Activation Date:**

**This is required information.** Enter the date that the facility was first licensed, sanctioned or otherwise approved by the State to provide substance abuse services.

## REQUIRED DATA ITEMS

### **Facility Name:**

Line 1 of facility name should include the corporate name or highest level name of the facility.

Line 2 of facility name, when applicable, should include a unit or program name that uniquely identifies the facility.

Names should be complete. Abbreviations should only be used if full name will not fit in space provided.

### **Location Address:**

Location address is the address where substance abuse services are provided.

Enter street name and number, suite or room number, building name, etc.

Use Location Address line 2, as needed.

Location address should never include a PO Box number.

DO NOT enter the facility name, or the city, state or zip code in the location address fields.

### **City, State and Zip Code (Location):**

Enter city, state and zip code for the location address.

### **County Name:**

Enter county in which the substance abuse facility is located.

### **Mailing Address (if different):**

Mailing address information is completed only if different from the location address.

Enter city, state and zip code for the mailing address. This information must always be completed if mailing address 1 or 2 has an entry.

If the mail for a facility is received by a "parent" organization at a location different than the location of the treatment facility, use the parent mailing address, but the location address must still be the address identifying the physical location of the facility for which the I-SATS registration is being completed.

**Telephone Number:**

Enter telephone number for the facility. This should be the number for the facility providing the services, not the number for the corporate or parent facility, if any.

**Fax Number:**

Enter fax number for the facility, if known. Check the "none" button if facility has no fax or the number is unavailable. This should be the number for the facility providing the services, not the number for the corporate or parent facility, if any.

**TEDS Reporter:**

Check the appropriate button to indicate whether this facility will report data to TEDS.

**Services Provided:**

**If the facility provides administrative services only, check the “Administrative Services only” box and no other box.**

- **Administrative Services ONLY** - The facility ONLY provides administrative services such as billing, personnel and scheduling that are provided for another substance abuse services site(s).

**If the facility provides services other than administrative services, check box (es) for one or more of the following to indicate the service(s) provided.**

- **Substance Abuse Treatment** - The facility provides services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse.
- **Substance Abuse Detoxification Services**- The facility provides services that focus on management of acute intoxication and withdrawal.
- **Other Non-treatment Services** - The facility provides services other than substance abuse treatment or detoxification.

**OPTIONAL DATA ITEMS**

**State ID:**

Enter State ID, if applicable.

**OTP ID number for Methadone:**

Enter Opioid Treatment Program (OTP) Identification number, if applicable. This number was formerly called the FDA (Methadone) ID.

**EIN:**

Enter Employer Identification Number.

**Director Name, Title:**

Enter as much information for the Director as available.

**Director Phone Number / Extension:**

Enter the director's phone number, including any extension, even if it is the same as the facility's number.

## SAMHSA INVENTORY OF SUBSTANCE ABUSE TREATMENT SERVICES (I-SATS)

### SUBSTANCE ABUSE FACILITY CHANGE REQUEST

[Instructions and Definitions](#) / [Questions and Comments](#)

I-SATS ID : AZ101226

Reason for  
Close/Change

: no reason

Effective Date of Change or Date Facility Closed: 05/23/2005 (MM/DD/YYYY)

CURRENT FACILITY INFORMATION	UPDATED FACILITY INFORMATION
Status Code: A	Status Code: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive/Closed
Status Date : 01-APR-89	
Facility Status: State Approved Facility	Facility Status: <input checked="" type="checkbox"/> State Approved Facility <input type="checkbox"/> Non-State Approved Facility
STATE ID 210501	STATE ID <span style="border: 1px solid black; padding: 2px;">210501</span>
Facility Name Community Medical Services LLC	Facility Name 1. <span style="border: 1px solid black; padding: 2px;">Community Medical Services LLC</span> 2. <span style="border: 1px solid black; padding: 2px;"></span>
Location Address 2559 East 7th Avenue  City, State, Zip Code (Location) Flagstaff, AZ 86004-3722	Location Address 1. <span style="border: 1px solid black; padding: 2px;">2559 East 7th Avenue</span> 2. <span style="border: 1px solid black; padding: 2px;"></span> City, State, Zip Code <span style="border: 1px solid black; padding: 2px;">Flagstaff</span> , <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;">86004</span> - <span style="border: 1px solid black; padding: 2px;">3722</span>
County Name : Coconino	County Name: <span style="border: 1px solid black; padding: 2px;">Coconino</span>
Mailing Address (if different)	Mailing Address (if different) 1. <span style="border: 1px solid black; padding: 2px;"></span> 2. <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> , <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> - <span style="border: 1px solid black; padding: 2px;"></span>
Telephone Number / Ext. (928)714-10 Ext.	Telephone Number / Ext. ( <span style="border: 1px solid black; padding: 2px;">928</span> ) <span style="border: 1px solid black; padding: 2px;">714</span> - <span style="border: 1px solid black; padding: 2px;">0010</span> ext: <span style="border: 1px solid black; padding: 2px;"></span>
Fax Number (928)714-24	Fax Number ( <span style="border: 1px solid black; padding: 2px;">928</span> ) <span style="border: 1px solid black; padding: 2px;">714</span> - <span style="border: 1px solid black; padding: 2px;">0024</span>

TEDS Reporter: Y	TEDS Reporter: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't No
OTP ID Number for Methadone/LAAM:	OTP ID Number for Methadone/LAAM: <input type="text"/>
EIN:	EIN: <input type="text"/>
<u>Director Name and Title</u> Director	<u>Director Name</u> Prefix: <input type="text"/> First: <input type="text"/> MI: <input type="text"/> Last: <input type="text"/> Suffix: <input type="text"/> Title: <input type="text" value="Director"/>
<u>Director Phone Number / Ext.</u>	<u>Director Phone Number / Ext.</u> ( <input type="text"/> ) <input type="text"/> - <input type="text"/> ext: <input type="text"/>
<u>Services Provided:</u> Administrative Services ONLY: N  -or- (mark all that apply)  Substance Abuse Treatment: Y Substance Abuse Detoxification Services: N Other Non-treatment Services: N	<u>Services Provided:</u> <input type="checkbox"/> Administrative Services ONLY -or- (mark all that apply) <input checked="" type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Substance Abuse Detoxification Services <input type="checkbox"/> Other Non-treatment Services

# I-SATS SUBSTANCE ABUSE FACILITY

## CHANGE REQUEST

### INSTRUCTIONS AND DEFINITIONS

**GENERAL** - Use this form to update or revise the information for a substance abuse facility currently included in the I-SATS.

**A Substance Abuse Facility** is considered to be the place at which substance abuse services are provided.

**Making changes** - Review the current information in the left column (Current Facility Information) and make necessary changes in the right column (Updated Facility Information).

**Required Facility Information** - The "Effective date of change or date facility closed" MUST be provided.

**Submitting updated record** - Before submitting the record, verify all information and check spelling carefully. Avoid abbreviations, but use standard abbreviations when necessary. When all information is correct, scroll to the bottom of the screen and click on the "submit" button. After a registration request has been submitted, a 'Confirmation' screen is given which displays all the facility data. Further changes can be made immediately by clicking on the "update this request" button at the bottom of the page. Changes thereafter can be made by using the "select a facility to update" button on the main menu. **PRINT** the confirmation screen for your records.

## INSTRUCTIONS FOR SPECIFIC DATA ITEMS

### **Reason for close/change:**

If this change is a change in status from "active" to "inactive/closed," select the most appropriate reason for the closure from the categories given in the drop-down box at the end of line 1:

- No longer licensed/approved by single State agency
- Physically Closed (Facility no longer in business)

- Duplicate of another facility. Enter NFR\* number of duplicate on line 2. (Facility is a duplicate of another active facility on the I-SATS)
- Merged with another facility. Enter NFR\* number of other facility on line 2. (Facility merged with another active facility on the I-SATS)
- Other reason
- No longer provides substance abuse services - (Facility still in business but does not provide substance abuse services)
- No reason

**\* If duplicate or merged, enter the NFR (I-SATS ID) number of the other or duplicate facility on line 2.**

**Effective Date of Change or Date Facility Closed:**

Provide appropriate date in the format MM/DD/YYYY. (When changing a facility's "Service Provided" code to *substance abuse treatment services* or *substance abuse detoxification services*, the effective date of change should be the date that the facility started providing treatment or detoxification services. When changing the "Services provided" from *substance abuse treatment or substance abuse detoxification* to any other service, the effective date of change should be the date the facility stopped providing treatment or detoxification services).

**Status Code:**

Click the appropriate button to indicate facility status as "active" or "inactive/closed". If the facility is being changed to "inactive/closed", be sure to complete the "Reason for close/change" and the Effective Date Facility Closed above.

**Facility Status:**

Click appropriate button to indicate whether facility is a State-Approved or Non-State Approved facility. A "State-Approved" facility is a substance abuse treatment facility, provider or program that the Single State Agency (SSA) determines to be appropriate for inclusion in SAMHSA's National Directory of Substance Abuse Treatment Services and the On-line Substance Abuse Treatment Facility Locator. Approved facilities may or may not be licensed, certified or otherwise recognized by the Single State Agency (SSA) to provide substance abuse services. SSA's may also approve facilities that they know to be licensed, operated or accredited by other State agencies or accrediting organizations such as JCAHO, CARF, etc."

**State ID:**

Enter new or revised State ID, if applicable.

**Facility Name:**

Line 1 of facility name should include the corporate name or highest level name of the facility.

Line 2 of facility name, when applicable, should include a unit or program name that uniquely identifies the facility.

Names should be complete. Abbreviations should only be used if the full name will not fit in the space provided.

**Location Address:**

Location address is the address where substance abuse services are provided.

Enter street name and number, suite or room number, building name, etc.

Use Location Address line 2, as needed.

Location address should **never** include a PO Box number.

DO NOT enter the facility name, or the city, state or zip code in the location address fields.

**City, State and Zip Code (Location):**

Enter city, state and zip code for the location address.

**County Name:**

Enter county in which the substance abuse facility is located.

**Mailing Address (if different):**

Mailing address information is completed only if different from the location address.

Enter city, state and zip code for the mailing address. This information must always be completed if mailing address 1 or 2 has an entry.

If the mail for a facility is received by a "parent" organization at a location different than the location of the treatment facility, use the parent mailing address. The location address must still be the address identifying the physical location of the facility for which this form is being completed.

**Telephone Number:**

Enter telephone number for the facility. This should be the number for the facility providing the services, not the number for the corporate or parent facility, if any.

**Fax Number:**

Enter fax number for the facility, if known. Check the "none" button if facility has no fax or the number is unavailable. This should be the number for the facility providing the services, not the number for the corporate or parent facility, if any.

**TEDS Reporter:**

Check the appropriate button to indicate whether this facility reports or will report data to TEDS.

**OTP ID number for Methadone:**

Enter Opioid Treatment Program (OTP) Identification number, if applicable. This number was formerly called the FDA (Methadone) ID.

**EIN:**

Enter new or revised Employer Identification Number.

**Director Name, Title:**

Enter as much information for the Director as available.

**Director Phone Number / Extension:**

Enter the director's phone number even if it is the same as the facility's number.

**Services Provided:**

(See instructions for "*Effective Date of Change*" above for determining the effective date when making a change to this data item).

**If the facility provides administrative services only, check the "Administrative Services only" box and no other box.**

- **Administrative Services ONLY** - The facility ONLY provides administrative services such as billing, personnel and scheduling that are provided for another substance abuse services site(s).

**If the facility provides services other than administrative services, check box (es) for one or more of the following to indicate the service(s) provided.**

- **Substance Abuse Treatment** - The facility provides services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse.
- **Substance Abuse Detoxification Services**- The facility provides services that focus on management of acute intoxication and withdrawal.
- **Other Non-treatment Services** - The facility provides services other than substance abuse treatment or detoxification.