

SUBSTANCE USE DISORDER - PROVIDER APPLICATION FORM

Substance Use Disorder Provider: Application Process

Overview

We are screening providers to become substance use disorder accredited. Please use this form to submit documentation as to how you are currently meeting or plan to meet each measure. Please also include any supplemental information in your application.

If you have any questions, please contact Clinical@coaccess.com.

Measure 1

Clinical leadership have expertise in SUD. The organization uses data-driven decisions and has a clear and structured plan for delivery of clinical services and supervision from properly credentialed individuals.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Please provide an organizational chart including credentials of associates.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Please provide a copy of your mission, vision, philosophy or other documents demonstrating your organizational approach to substance use disorders.

Measure 2

The program has clear operational definitions.

Complete the text box with an explanation of how your organization meets this metric. For example, how does your organization view substance use disorders as they relate to mental health and physical health conditions? How does your organizational approach shape how you define the services you provide or your partnerships with other organizations? When adding supplemental data, note the specific page or document location where supporting evidence can be found. Please provide program descriptions and policies related to admission, discharge and continuing stay criteria.

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Measure 3

Clinically integrated provider trainings are regularly provided to staff.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data note what specific page or document location where supporting evidence can be found. Please include your organization's treatment philosophy provided to new staff and training schedule(s) and curriculum.

CLINICAL MANAGEMENT

Measure 4

Treatment approaches used should be based on current evidence of clinical effectiveness.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Explanations and documents referenced must include justification for the implementation of a particular evidence-based practice (EBP) with the population served and a description of how the program ensures fidelity to the EBP.

Measure 5

Implements procedures to continually assess and adjust treatment planning and level of care for all patients.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data note what specific page or document location where supporting evidence can be found. Include references to policies and procedures that describe the process of assessing patient need prior to admission and the process used to review level of care against continuing stay criteria. Include documents that show patients can have smooth transition to the level of care needed whether a step up or step down in care. Include references to marketing materials and patient manuals or instructions that describe the program's approach to moving people across levels of care based on need rather than on a fixed or programmed length of stay.

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Measure 6

Substance use monitoring (urine screening, oral fluid tests, breathalyzers) are an essential component of treatment and should be a standard part of substance use treatment at all levels of care.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data note what specific page or document location where supporting evidence can be found. Include any policy on monitoring patients throughout treatment.

Measure 7

Relapse should not be a criterion for discharge and should be considered a part of the recovery continuum.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Include your policy on relapse.

Measure 8

Patients are actively encouraged to become involved in social support activities tailored to their individual needs and preference. Patients are educated on and are shown the use of online and local community social support resources to support SUD recovery.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Provide a reference to policies and program descriptions that describe your approach to building social support.

Measure 9

Individual counseling may be used as primary treatment if the patient prefers and group treatment should be paired with regular individual sessions. Participation in group treatment should not be a requirement for receiving treatment.

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Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Provide a description or reference to a policy about how decisions about the use of group and individual counseling are used.

Measure 10

Initial contacts should be predominately a clinical intervention rather than an administrative exercise.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Please include a description of how the initial contact is conducted and your strategy for collecting required assessment and administrative information.

Measure 11

Treatment includes family involvement routinely in programming (Level 2.1 and all level 3 services for adults and all levels for adolescents); Programming should describe an approach to family counseling that is based on current evidence of effectiveness and population served.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found.

Measure 12

Program has procedures to complete follow-up calls on all patient no-shows that includes working with patients on motivation and tangible barriers to access care.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found.

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Measure 13

Programs accept patients who are currently receiving medications for treatment of addiction and does not discourage the use of medication for treatment of alcohol and opioid use disorders.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Please send policy or procedure outlining admission and exclusion criteria.

Measure 14

Programs screen all patients for co-occurring mental health conditions and have properly credentialed staff available to identify co-occurring needs and treat or refer to mental health treatment. All programs treating SUD should be able to provide a basic level of mental health treatment.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Include description of credentials of individuals evaluating and diagnosing mental health disorders, procedures for referral and treatment plan review processes for individuals with co-occurring disorders.

CARE COORDINATION

Measure 15

Continually assesses members' treatment needs and programs provide coordinated transitions between levels of care as needed. Lengths of stay in treatment should be variable and depend on patients needs.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Include any supporting documents as appropriate for care coordination and continued care after discharge or transfer.

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Measure 16

Emergency services should be available to active patients. Enrolled clients have access to clinical support provided by provider organization in the event of a crisis. (Recorded message directing to call 911 or crisis line is not adequate to satisfy this requirement.)

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Submit supporting documentation around appointment availability and after hours services including crisis line.

Measure 17

Programs employ strategies to provide easy access to treatment.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Include supporting documentation around initial and ongoing appointment availability outside “regular business hours” and other practices used to increase access for the population served.

Measure 18

Programs screen and refer for infectious diseases that commonly co-occur with substance use disorders.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Submit supporting documentation around screening and referral procedures.

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ADOLESCENT TREATMENT *(Skip this section if you are NOT providing adolescent treatment)*

Measure 19

Group treatment with adolescents should be used carefully and by highly trained counselors.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found.

Measure 20

Staff is knowledgeable of adolescent development and experienced working with adolescents. Programs for adolescents should be specifically designed to be responsive to adolescent development.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data, note the specific page or document location where supporting evidence can be found.

Measure 21

Evidence-based treatment approaches that are specific to adolescent substance use should be used.

Complete the text box with an explanation of how your organization meets this metric. When adding supplemental data note what specific page or document location where supporting evidence can be found.

Applications must also include the following information submitted using the form below. If you have questions about the application, please contact **Clinical@coaccess.com**.

- Organizational Chart (including credentials of associates)
- Mission, vision, philosophy document regarding organizational approach to SUD
- Program descriptions and policies related to admission, discharge and continuing stay criteria
- Organization's treatment philosophy provided to new staff and training schedule(s) and curriculum
- Policy on monitoring patients throughout treatment
- Policy on relapse
- Policies and program descriptions that describe approach to building social support

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- Policy about how decisions about the use of group and individual counseling are used
- Policy or procedure outlining admission and exclusion criteria
- Supporting documents for care coordination and continued care after discharge or transfer
- Documentation around appointment availability and after hours services including crisis line
- Supporting documentation around initial and ongoing appointment availability outside “regular business hours” and evidence-based and other practices used to increase access for the population served
- Supporting documentation around screening and referral procedures
- Other supporting documentation, as applicable

Applications should be downloaded and send as an attachment to **Clinical@coaccess.com**

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Application Information

Legal name of organization:		
DBA name (if applicable):		
NPI number:	Tax ID:	Medicaid site ID:
Languages:		
Website:		
Do you offer cultural competency training to employees?: Y <input type="checkbox"/> N <input type="checkbox"/>		
Do you have accommodations for disability access?: Y <input type="checkbox"/> N <input type="checkbox"/>		
The office has parking spaces that are van accessible: Y <input type="checkbox"/> N <input type="checkbox"/>		
There is an ADA accessible approach to the entrance of the building/office, with accessible parking spaces that are identified with signage: Y <input type="checkbox"/> N <input type="checkbox"/>		
The office has accessible examination rooms for individuals with disabilities: Y <input type="checkbox"/> N <input type="checkbox"/>		
The office has accessible medical equipment to accommodate while examining individuals with disabilities: Y <input type="checkbox"/> N <input type="checkbox"/>		
The office can effectively communicate with individuals who have hearing, vision, speech, or cognitive disabilities: Y <input type="checkbox"/> N <input type="checkbox"/>		

General Office Hours: (add your hours of operation for each day of the week)

Monday	AM/PM	to	AM/PM
Tuesday	AM/PM	to	AM/PM
Wednesday	AM/PM	to	AM/PM
Thursday	AM/PM	to	AM/PM
Friday	AM/PM	to	AM/PM
Saturday	AM/PM	to	AM/PM
Sunday	AM/PM	to	AM/PM