

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.

Please note all substance use services to be contracted (including those already under contract) including the ASAM level of service.

We cannot review an application without supporting documentation such as policies and procedures, program descriptions, training materials, and organizational charts. Within application responses, there must be reference to specific documents and page numbers of clearly named documents for each measure.

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

SUBSTANCE USE DISORDER - PROVIDER APPLICATION FORM

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 include an organizational chart, including credentials of associates.

Complete the text box with an explanation of how your organization uses data to drive business and clinical decisions. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Please include 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 include program descriptions and policies related to admission, discharge and continuing stay criteria.

SUBSTANCE USE DISORDER - PROVIDER APPLICATION FORM

Measure 3

Clinically integrated provider trainings are regularly provided to staff.

Complete the text box with an explanation of your organization's training policies and reference how staff are held accountable for participation in mandatory training and what training expectations and topics are within the agency. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Please include your organization's treatment philosophy that was provided to new staff as well as 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 the specific page or document location where supporting evidence can be found. Please 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 a smooth transition to the level of care needed and whether there was 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 patients across levels of care based on need rather than on a fixed or programmed length of stay.

SUBSTANCE USE DISORDER - PROVIDER APPLICATION FORM

Measure 6

Substance use monitoring (such as urine screening, oral fluid tests, and 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 uses drug/alcohol screening as a therapeutic intervention that is used to support relapse prevention. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Please 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. Please 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's policies and procedures that support patients along the continuum. When adding supplemental data, note the specific page or document location where supporting evidence can be found. Please include a reference to policies and program descriptions that describe your approach to building social support.

SUBSTANCE USE DISORDER - PROVIDER APPLICATION FORM

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.

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 of or reference to a policy about how decisions for 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.

SUBSTANCE USE DISORDER - PROVIDER APPLICATION FORM

Measure 12

Program has procedures to complete follow-up calls on all patient no-shows that include 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. Please include a description of a policy or program that shows how clients are assisted with barriers to follow-up care, such as transportation, child care or financial resources. When adding supplemental data, note the specific page or document location where supporting evidence can be found.

Measure 13

Programs accept patients who are currently receiving medications for treatment of addiction and do 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 include a description or reference to a policy or procedure that outlines 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 patients 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. Please 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.

SUBSTANCE USE DISORDER - PROVIDER APPLICATION FORM

CARE COORDINATION

Measure 15

Programs continually assess the treatment needs of members and provide coordinated transitions between levels of care as needed. Lengths of stay while in treatment should be variable and depend on patient 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. Please include any supporting documents as appropriate for care coordination and continued care after discharge or transfer.

Measure 16

Emergency services should be available to active patients. Enrolled patients have access to clinical support provided by provider organization in the event of a crisis. (A recorded message directing patients to call 911 or a 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. Please include supporting documentation around appointment availability and after-hours services, including a 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. Please include supporting documentation around initial and ongoing appointment availability outside “regular business hours” and other practices used to increase access for the population served.

SUBSTANCE USE DISORDER - PROVIDER APPLICATION FORM

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. Please include supporting documentation around screening and referral procedures.

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

Measure 19

Group treatment with adolescents should be used carefully 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 has experience 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.

SUBSTANCE USE DISORDER - PROVIDER APPLICATION FORM

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 email 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
- 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 sent as an attachment to clinical@coaccess.com.

SUBSTANCE USE DISORDER - PROVIDER APPLICATION FORM

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"/>		
Does the office have parking spaces that are van-accessible?: Y <input type="checkbox"/> N <input type="checkbox"/>		
Is there an approach to the entrance of the building/office that complies with the federal Americans with Disabilities Act guidelines, with accessible parking spaces that are identified with signage?: Y <input type="checkbox"/> N <input type="checkbox"/>		
Does the office have accessible examination rooms for individuals with disabilities?: Y <input type="checkbox"/> N <input type="checkbox"/>		
Does the office have accessible medical equipment to accommodate individuals with disabilities during examinations?: Y <input type="checkbox"/> N <input type="checkbox"/>		
Does the office 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	a.m./p.m.	to	a.m./p.m.
Tuesday	a.m./p.m.	to	a.m./p.m.
Wednesday	a.m./p.m.	to	a.m./p.m.
Thursday	a.m./p.m.	to	a.m./p.m.
Friday	a.m./p.m.	to	a.m./p.m.
Saturday	a.m./p.m.	to	a.m./p.m.
Sunday	a.m./p.m.	to	a.m./p.m.