

SWMBH SUD New Net Cost Provider Information

Please complete the following information to be considered as a Net Cost Substance Use provider for Southwest Michigan Behavioral Health (SWMBH):

1. Basic Information

Name of business: _____

Administrative Address: _____

Program Address (if different): _____

Phone: _____

Web Site: _____

Fax: _____

Signatory (CEO or Executive): _____

Signatory's Title: _____

Signatory's e-mail: _____

Main contact person: _____

Main contact person's Title: _____

Contact person's phone number: _____

Contact person's e-mail: _____

LARA SUD License # (if Applicable): _____

Name of Program: _____

2. Facility

- When did your agency open?

- Is your building handicap accessible?
☐ yes ☐ no
- Is your agency convenient to local public transportation?
☐ yes ☐ no
- Do you offer transportation assistance?
☐ yes ☐ no
- What are your hours/days of operation?

- Are you open at least one evening per week?
☐ yes ☐ no

3. Administrative and Financial Information

- Please list the funding type being requested

SWMBH SUD New Net Cost Provider Information

- Describe the agency's experience with billing other payors and/or other PIHP systems.

 - What is your agency's main source of revenue? Are there any alternate funding sources?

 - Does your agency have computer equipment and internet access, which will be necessary to collaborate with SWMBH?
 - Have you been credentialed by any other Michigan PIHP? If yes, please indicate which PIHP.
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4. Clinical Information

- What is your philosophy on recovery?
- What Evidence-Based Practices (EBPs) do you use (SAMSHA's EBP Resource Center or peer reviewed)?
- Are services and staff trauma-informed?
- Are you able to serve clients with intellectual disabilities?
- If applicable, what is your process for discharge/aftercare planning?
- How do you facilitate coordination of care with other providers?
- Please provide an overview of the program you are seeking funding for and how the services will address a need.
- What populations do you intend on serving?
- How does your organization measure clinical outcomes?
- Is there any other information we should know about your agency/program?

SWMBH SUD New Net Cost Provider Information

5. Minimum Contractor Requirement Information

Interested applicants must meet and provide documentation for the following minimum requirements to be considered for panel inclusion:

1. Possess a valid substance use disorder treatment license from the State of Michigan appropriate to the level of service(s) to be delivered. All SUD outpatient treatment providers must possess (and provide copies of) or have in place before being accepted on the panel, the following licenses: Integrated Treatment license, Early Intervention License, Case Management License and a Recovery Designation on their Outpatient License. These are the minimum licenses necessary to meet the Michigan Department of Health and Human Services (MDHHS) Office of Recovery Oriented System of Care and the Behavioral Health and Developmental Disabilities Administration (BHDDA) defined services as well as ensuring licensing for delivering of Medicaid beneficiary entitled services when medically necessary. Government entities are not required to be licensed as a substance use disorder services program.
2. Provider, if delivering SUD Services funded by SUD Community Grant, shall be accredited by one of the following accrediting bodies: The Joint Commission (TJC formerly JCAHO); Commission on Accreditation of Rehabilitation Facilities (CARF); the American Osteopathic Association (AOA); Council on Accreditation of Services for Families and Children (COA); National Committee on Quality Assurance (NCQA), or Accreditation Association for Ambulatory Health Care (AAAH). The Provider shall provide original correspondence from the accreditation bodies to the Payor. The Payor must determine compliance through review of said original correspondence. Accreditation is not required for peer recovery and recovery support services when these are provided through a prevention license. Accreditation is preferred if Provider is delivering services funded solely by PA2 dollars.
3. Have the necessary systems in the areas of administration and clerical support for the services to be provided. This includes the necessary computer equipment, compatible software and Internet connections to be able to electronically request authorization for services and submit data and billing; a valid, active and maintained email account that can receive and submit communications is also required. The ability to verify insurance status/Medicaid eligibility status at each visit is also necessary.
4. Have an established financial system in operation which meets generally accepted accounting principles and systems.
5. Demonstrate an ability to understand, relate to, and operate within an ethnic, racial, age, and economically diversified population. In addition, the services will be provided in settings accessible and acceptable to individuals and communities intended to be served.
6. Agree to report statistical and financial data on the forms, format and schedule required by SWMBH.
7. Agree to comply with Federal Confidentiality, Privacy and Security Regulations and State Confidentiality laws and regulations.

Please return this application along with any supporting documents to SWMBH's Provider Network Team via e-mail (Brittany.ball@swmbh.org), or fax (269.222.1708). Completed applications will be reviewed against Region 4 needs, including network adequacy for the proposed services.