

SWMBH SUD New Provider Information

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

1. Basic Information

Name of business: _____
Address: _____
Phone: _____
Web Site: _____
Fax: _____
Signatory (CEO or Executive): _____
Signatory's Title: _____
Signatory's e-mail: _____
Main contact person: _____
Contact person's phone number: _____
Contact person's e-mail: _____
License #: _____

Services Offered for inclusion in SWMBH's panel:

- ☐ Individual Substance Abuse (SUD) Outpatient Therapy
- ☐ Group Therapy
- ☐ Intensive Outpatient Therapy
- ☐ Adolescent Services
- ☐ Medication Assisted Treatment (MAT)
- ☐ Women's Specialty Services
- ☐ Case Management Services
- ☐ Peer Support / Recovery Coach Services
- ☐ Recovery Housing (requires separate application)
- ☐ Short-Term Residential Treatment (up to 28 days)
- ☐ Long-term Residential Treatment (29+ days)
- ☐ Medical Detox
- ☐ Clinical Detox
- ☐ Early Intervention

Other Services Offered: _____

2. American Society of Addiction Medicine (ASAM) information

Approved ASAM level(s): _____

SWMBH SUD New Provider Information

1. Basic Information

Date of approval: _____

What ASAM level(s) have been applied for? _____

Date of application: _____

Please attach a copy of MDHHS ASAM designation letter(s)

3. 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
- Please list 2-3 available dates and times you will be available for a site visit within the next month.

4. Administrative and Financial 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 participate in SWMBH's web-based data system?

SWMBH SUD New Provider Information

4. Administrative and Financial Information

- Is your agency willing and able to use a web-based system to submit authorization requests for services and for billing and claims activities?

- Is your agency willing and able to use a web-based system to electronically submit clinical information, including SUD assessments, treatment plans, and release of information forms?

Have you been credentialed by any other Michigan PIHP? If yes, please indicate which PIHP. _____

5. Scheduling and Accessibility

- What is the average wait time for a new client to be seen?

- Are emergency appointments available within 24 hours?

- Do you currently use the ASAM Continuum assessment tool?

6. Clinical Information

- What is your philosophy on recovery?

- What Evidence-Based Practices (EBPs) do you use (CBT, Dialectical Behavior Treatment, etc.)?

- Are services and staff trauma-informed?

- Are you able to serve clients with intellectual disabilities?

- What is your process for discharge/aftercare planning?

- How do you facilitate coordination of care with other providers?

SWMBH SUD New Provider Information

6. Clinical Information

- How does your program measure clinical outcomes?

- Is there any other information we should know about your agency?

7. Other Documentation

Please attach sample copies of the following documentation from your agency (if applicable):

- ☐ Agency budget and source(s) of revenue
- ☐ Biopsychosocial assessment with ASAM
- ☐ Treatment Plan
- ☐ Weekly schedule for short-term residential treatment
- ☐ Weekly schedule for long-term residential treatment
- ☐ Medical detox protocol
- ☐ Clinical detox protocol

8. 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.
2. Outpatient treatment providers are encouraged to provide all levels of outpatient SUD services: early intervention services, outpatient services, intensive outpatient services, case management/care coordination, and peer support services/recovery coaching. Community mental health service providers are expected to provide all levels of outpatient services.
3. Providers are expected to possess the ability to provide stage-matched co-occurring substance use disorder and mental health treatment services (mild or moderate in nature). SWMBH seeks providers who have the ability to treat co-occurring conditions and assure continuity of care for customers with co-occurring conditions (for example, currently have contracts with third party payers for mild-to-moderate behavioral health conditions). Providers who indicate that they are only “SUD” treatment providers and not able to provide additional services and supports, will not be considered appropriate for the SWMBH provider panel, unless a provider serves a specialty population/provides a specialty service.

SWMBH SUD New Provider Information

4. Treatment providers must be accredited by one of the national accrediting bodies (Joint Commission, CAHO, CARF, COA, AOA or NCQA) for the services proposed.
5. 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.
6. Have an established financial system in operation which meets generally accepted accounting principles and systems.
7. 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.
8. Agree to report statistical and financial data on the forms, format and schedule required by SWMBH.
9. Agree to comply with Federal Confidentiality, Privacy and Security Regulations and State Confidentiality laws and regulations.
10. Treatment providers are required to offer customers timely access to services. Providers are expected to assist customers in entering services as soon as possible and will meet the MDHHS Mission-Based Performance Indicator requirements.

Please return this application along with attached documentation 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.