



**Business Psychology Associates
Medicaid Substance Use Disorder
Specialty Network**

Network Application Packet

Executive Summary:

Business Psychology Associates (BPA), in collaboration with the Idaho Department of Health and Welfare Substance Use Disorders (SUD) Bureau (IDHW-SUD), announces the availability of specialized (SUD) treatment services to Medicaid funded recipients. Treatment services for this population will be delivered solely by those agencies that complete the application process through BPA and are deemed eligible to provide services to this population.

Purpose:

The purpose of this application process is to expand and certify the availability of comprehensive, high quality substance use disorder treatment services for Medicaid recipients per the Medicaid Plan Benefit.

Eligibility Information:

Eligible providers are those entities that have a current and valid facility approval for the level of care being applied for in this application and who have a current contract for the provision of publicly funded substance use disorder services with BPA. Care will be taken in this process to ensure that there is capacity to provide the continuum of SUD treatment services to Medicaid recipients within each Integrated Service Area (ISA).

Thank you for your interest in becoming a Medicaid SUD Specialty Network Provider. Participation by providers in Medicaid SUD Network is vital to the successful delivery of substance use services within the state of Idaho, and we welcome your application for enrollment.

Application Checklist:

(Completed Applications Require the Following Sections)

- Section I: Provider Demographics
- Section II: Program Overview
- Section III: Staff Composition

Section I: Provider Demographics

A. Provider Organization Name: _____

B. Program Name (if different from Organization Name): _____

C. Physical Address of Medicaid SUD Program: _____

D. Mailing Address of Medicaid SUD Program: _____

E. Provider Phone #: _____ Provider Fax #: _____

F. Email Address: _____ Website: _____

G. Are you a State of Idaho DHW Approved Medicaid Provider: Yes No

H. Level of Care Applying for in this Application (check all that apply):

- Outpatient (I)
- Intensive Outpatient (II.I)

I. Medicaid Services your agency will provide directly or services provided by another BPA approved Network Provider (check all that apply):

- Assessment
- Family Therapy
- Group Counseling
- Individual Counseling
- Case Management *(DHW RSS Contract Approval Required)*
- Drug Testing *(DHW RSS Contract Approval Required)*

❖ **Please note: To directly provide Case Management and Drug Testing, providers are required to be approved by DHW as a Recovery Support Services (RSS) Provider.**

Section II: Program Overview

Program Overview:

Please provide clear detailed documentation for each of the following:

- A. Please describe a description of your agency and the services to be provided to Medicaid SUD Clients in your agency. Please include the levels of care you intend to provide to this population.
- B. Please identify any inclusion or exclusion (admission) criteria you may have for clients to enroll in your program. Describe the processes you will require to determine if a client meets your agencies criteria for services and what steps will be taken to refer them to appropriate agencies should they not meet your inclusion criteria.
- C. Please document how your agency will ensure that all clients authorized into care by BPA will receive Medicaid SUD services within 14 days of authorization.
- D. Please document the number of Medicaid clients your program is capable of handling for each identified level of care, per the QP and criminal history guidelines.

Substance Use Disorders Treatment Services:

Please provide clear detailed documentation for each of the following:

- A. Describe Best Practices that will be utilized, treatment modalities and a description of each type of service/group that will be provided to include the day of the week, time, location, length (weeks and hours per session) an name of the group/best practice/service.
- B. Describe at what point clients will begin each type of treatment/group/best practice and how it will be identified they are ready for this new service. If a best practice program is not utilized for a specific service, provide the resources that will be used within that group to support the need of the service.
- C. Include references to those manuals utilized for each program/service.

Section III: Staff Composition

Please provide documentation for the following:

- A. How your agency will ensure that the Staff who are providing Medicaid funded SUD services meet Qualified Professional (QP) Standards prior to the provision of Medicaid Services.
- B. How your agency will ensure that the Staff who are providing Medicaid funded SUD services has complied with the Criminal Background Check (CBC) standards per IDAPA 16.05.06. If you have questions on the CBC you can go to Idaho Criminal History Unit website, www.chu.dhw.idaho.gov.

Please complete the grid below for each staff member (QP) who will provide Medicaid SUD treatment services, put an "X" for each service that the staff member will be providing. Also, put an "X" if they are an approved SUD QP and have a DHW required Criminal Background Check.

Medicaid SUD Staff Composition Grid	GAIN I Assessment	Family Counseling	Group Counseling	Individual Counseling	Case Management	Approved QP (DHW SUD QP Listing)	DHW Criminal Background Check (attach copy with application)
SUD Qualified Professional (Staff Name)							
1.							
2.							
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