**DSAMH Provider Enrollment Questions & Answers**

**Introductory Session**

Please answer and return the following questions.

1. Provider:
   1. Do you currently provide services in or out of the state of Delaware? (If Yes, please

provide a list of services) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **What is your interest in Delaware?**
  2. **Provider interest in specific Licenses and Certifications for SUD services (See Slides 27-33)**

**Outpatient Treatment Services:** Outpatient Services ASAM Level 1

**Outpatient Treatment Services:** Intensive Outpatient Treatment ASAM Level 2.1**\***

**Outpatient Treatment Services:** Outpatient Services ASAM Level 1 and Intensive Outpatient Treatment ASAM Level 2.1

**Opioid Treatment Services:** Opioid Treatment Program (OTP) ASAM Level 1

**OTP with mobile unit --** include VIN# of mobile unit(s):

**OTP with medication unit --** include address of medication unit:

**Co-Occurring Outpatient Services:** Partial Hospitalization Program (PHP): Co-Occurring Treatment Services ASAM Level 2.5

**Ambulatory Detoxification:** WM Ambulatory Withdrawal Management ASAM Level 2

**Ambulatory Detoxification Services:** WM Ambulatory Withdrawal Management with Extended On-site Monitoring ASAM Level 2

**Residential Detoxification Services:** WM-23 Hour Ambulatory Withdrawal Management with Extended On-site Monitoring ASAM Level 2

**Residential Detoxification Services**: WM Clinically Managed Residential Withdrawal Management ASAM Level 3.2

**Residential Detoxification Services:** WM Medically Monitored Inpatient Withdrawal Management ASAM Level 3.7

**Transitional Residential Treatment:** Clinically Managed Low-Intensity Residential Treatment ASAM Level 3.1

**Residential Treatment:** Clinically Managed Population-Specific High Intensity Residential Treatment ASAM Level 3.3

**Residential Treatment:** Clinically Managed High Intensity Residential Treatment ASAM Level 3.5

**Residential Treatment:** Medically Monitored Intensive Inpatient Treatment ASAM Level 3.7

* 1. Provider interest in specific PROMISE Certified Programs (requires contract awarded by DSAMH – see slides 34 to 38).

ACT (PROMISE)

ICM (PROMISE)

CRISP (PROMISE) (Contract Services)

Personal Care Service (PROMISE)

Peer Service (PROMISE)

Group Home (PROMISE)

Facility Based Crisis Intervention

Mobile Crisis Intervention

OTHER:

* 1. **Provider readiness for licensure/certification:**
     1. Do you have a policies and procedures as required for Licensure and Certification for services identified Reference: Slide 39 has links to Behavioral Health Regulations for Licensure and Medicaid Reimbursement Manual for Certifications?
     2. **Do you have a facility location in mind?**
        1. **County or Address**
        2. **Is facility ADA Compliant?**
        3. **Is facility zoned for appropriate use?**
     3. **Do you have a Delaware Business License?**
     4. **Do you have a staffing model commensurate with the services identified?**
     5. **To your knowledge, does your selected program model require other certifications or licenses from the DEA, SAMHSA, DHCQ, or other entities? If yes, are they in process already or are you preparing this step currently?**
  2. **Will your program have an Electronic Health Record?**
  3. **Do you have planned hours and days of operation? (If yes, what are the days and hours)**
  4. **To what degree will Telehealth be utilized if at all?**
  5. **What will be your Funding Sources?**