ORGANIZATION ADDITIONAL SUD LOCATION(S)

Privileging / Credentialing

Organization Name: ______________________________

Note**: If the organization has multiple locations with which the PIHP contracts, an additional location form is needed for **each location

Section I. Organizational Profile

Location Address: ______________________________

NPI Number of Location: ______________________________

Organization Primary Mailing Address: ______________________________

Location Primary Phone: ____________ Fax: ____________ Hours of Operation: ____________

Primary Point of Contact Name: ____________ Contact Number: ____________

Organization Accepting New Beneficiaries: ☐ YES ☐ NO

Facility is ADA Compliant: ☐ YES ☐ NO

If yes, please specify if the office / facility has the following equipment to accommodate individuals with physical disabilities:

☐ Wheelchair(s) ☐ Ramp(s) ☐ Elevator(s) ☐ Accessible Bathroom(s)
☐ Other: ______________________________

Specific linguistic capabilities at your location: ☐ ASL ☐ Language Interpretation Services

☐ Non-English Languages (if your organization maintains non-English languages spoken, please specify those languages): ______________________________

Specific Cultural capabilities at your location: ☐ Sexual Orientation ☐ Gender Competency
☐ Age-Specific Competencies ☐ Race ☐ Religious / Spiritual Beliefs
☐ Ethnic Background(s) (if your organization maintains specific ethnic background(s), please specify those):

____

☐ Other: ______________________________

Provider has ensured staff have completed Cultural Competency Training: ☐ YES ☐ NO

Section II. Organizational Licensing and Certification

Certification and Licensing *(check all that apply)*:

☐ MARR Certification – Approved Level and Expiration Date: ______________________________

☐ LARA Licensure Obtained – License Number: ______________________________

Licensing Type(s): ______________________________

Expiration Date: ______________________________

☐ MDHHS ASAM LOC Designation(s) (List all MDHHS LOC Designation(s)

ASAM LOC: ______________________________ ☐ Adult ☐ Children

ORGANIZATION ADDITIONAL SUD LOCATION(S)

Privileging / Credentialing

ASAM LOC: ____ ☐ Adult ☐ Children

ASAM LOC: ____ ☐ Adult ☐ Children

**If the organization has additional certification(s), license(s) and/or ASAM LOC Designation(s), please include this information on an additional page. Copies of license(s) and/or certification(s) are to be submitted with this application.*

Section III. Provider Services

Indicate the services you are requesting privileges to provide within this specific location.

Substance Use Disorder Services	
☐ Recovery Housing	☐ Peer Delivered Services (Recovery Coaching)
☐ Early Intervention Services	☐ Residential Services
☐ Individual Assessment Services	☐ Sub – Acute Detoxification Services
☐ Medication Assisted Treatment Services	☐ Outpatient Care Services
☐ Women's Specialty Services*	☐ Psychiatric Services
☐ Gender Competent Services*	☐ Adolescent Treatment Services
☐ Intensive Outpatient	

**Substance Use Disorder Women's Specialty and Gender Competent services must meet criteria specified within Region 10 SUD Women's Specialty Services and Gender Competent Programs Policy (05.03.06).*

The following items are attached with the form:

☐ Copy of Michigan Licensure

☐ ASAM LOC Designations

The signature below indicates that all appropriate documents listed above are attached and that all information on this additional location(s) form is accurate.

Signature: ______________________________________ *Date:* ____________________

Printed Name: ______________________________________