



## Provider Enrollment Checklist

### Provider Type 93: Substance Use Treatment

### Specialty 704: Residential Substance Use Treatment in an Institution for Mental Disease (IMD)

Please refer to the Provider Enrollment Information Booklet for guidance and to the applicable Medicaid Services Manual (MSM) Chapter for enrollment requirements. In addition, the following are required for your provider type and specialty. In the online application, upload specified documents where prompted and additional documents in the Miscellaneous Attachment section.

If you have any questions, please call the Gainwell Technologies Contact Center at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Pacific Time Monday through Friday.

If you are linking an intern to your group, a copy of the intern's Supervisor Agreement for **EACH INTERN** is required to be attached to the online application. (Provider Types 93/703, 93/705, 14/300 and 82/300).

**Available subspecialties based on American Society of Addiction Medicine (ASAM) levels of care that you are Substance Abuse Prevention and Treatment Agency (SAPTA) certified to provide:**

- 713 (ASAM Level 3 Residential)

Note: \*Groups who are certified as ASAM Level 3.1, 3.5 or 3.7WM should enroll as 713

#### Additional Attachments:

- ☐ Current Substance Abuse Prevention and Treatment Agency (SAPTA) certificate/endorsement as a Co-Occurring Capable or Co-Occurring Enhanced Program.
- ☐ Current SAPTA certificate/endorsement showing certified American Society of Addiction Medicine (ASAM) Levels of Care.
- ☐ Please list your bed count to ensure that you do qualify as an Institution for Mental Disease (IMD) (group specialty 704). \_\_\_\_\_. Groups with bed counts of 16 or less most likely do not qualify as an IMD and should enroll accordingly.

NOTE: If your bed count for performing ASAM level 1, 2.1, or 2.5 outpatient SUD services is 16 or less, you must obtain a separate type 2 NPI and enroll as a Substance Use Treatment Clinic (PT 93/707) for these services.

- ☐ Attestation on business letterhead from the owner, signed and dated, that the bed count is more than 16 beds and more than 50% of care is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, and also provides for medical attention, nursing care and related services.
- ☐ Appropriate Clinical Laboratories Improvement Act (CLIA) certification for the level of testing performed, as applicable.
- ☐ Current copy of the license for the Clinical Supervisor of the agency.