

**NEW HAMPSHIRE BUREAU OF DRUG AND ALCOHOL SERVICES
PROVIDER APPLICATION**

Name: _____ **Date:** _____

Dear Applicant:

Enclosed you will find the BDAS Provider Application, which must be completed for inclusion as a provider in the BDAS network.

Identify which provider type(s) for which you are requesting approval (check all that apply):

- Access to Recovery (ATR) Provider:* Refer to the He-A 400 rules and the ATR Provider Manual for policies, procedures, and requirements regarding the ATR program.
- Impaired Driver Service Provider (IDSP):* Refer to the He-A 500 rules for policies, procedures, and requirements regarding the IDSP program.

For an application to be considered complete, the following documents and information shall be submitted to BDAS:

ALL APPLICANTS:

- Provider Application
- Addendum 1 (*ATR Provider Applicants Only*): State of New Hampshire Alternate W-9 Form
- Addendum 2 (*ATR Provider Applicants Only*): ATR Provider Information Sheet
 - Those applying to provide Assessment, Individual Outpatient, Group Outpatient and/or Intensive Outpatient services, complete Page 1
 - Those applying to provide Peer Recovery Coaching services, complete Page 2
 - Those applying to provide Spiritual Counseling services, complete Page 3
 - Those applying to provide Life Management Skills services, complete Page 4
 - Those applying to provide Recovery Mentoring services, complete Page 5
- Addendum 3 (*IDSP Provider Applicants Only*): IDSP Provider Information Sheet
- Proof of Insurance for General and Professional Liability
- Copies of relevant certifications, licenses, or other documentation that support provider's qualifications to provide services
- A narrative describing how the provider will ensure continuity of care for clients

ORGANIZATIONAL APPLICANTS ONLY (SHALL NOT APPLY TO INDIVIDUAL PRACTITIONER APPLICANTS):

- Materials listed for all applicants
- Annual income and expense statement for the most recent fiscal year
- Balance sheet for the most recent fiscal year
- Most recent agency audit or audited financial statements
- List of board members, including name, address, employment, titles, and meeting dates
- List of key agency staff, including contact information
- Certificate of Good Standing from the Secretary of State's Office
- List of key agency staff, including contact information
- Proof of Insurance for Worker's Compensation
- ATR Life Management Skills Providers Only:* Description of format and curriculums used for each skill taught.

Instructions

- Thoroughly complete all applicable sections. Please type or print legibly.
- Retain a copy of the completed application and attachments for your files.
- Mail completed application and required attachments to:

**BDAS Approved Provider Unit
105 Pleasant Street, 3rd Floor North
Concord, NH 03301**

- If you have questions regarding the *ATR application process*, please direct them to Jaime.Powers@dhhs.state.nh.us or call 603-271-4094.
- If you have questions regarding the *IDSP application process*, please direct them to pfowler@dhhs.state.nh.us or call 603-271-6107.

NH BUREAU OF DRUG AND ALCOHOL SERVICES PROVIDER APPLICATION

I. Applicant Information	
Practitioner Name:	
E-mail address:	County:
Billing address:	Service Site 1 address:
Billing phone number:	Service Site 1 phone number:
Billing fax number:	Service Site 1 fax number:
Service Site 2 address:	Service Site 3 address:
Service Site 2 phone number:	Service Site 3 phone number:
Service Site 2 fax number:	Service Site 3 fax number:
II. Primary Contact Information	
Primary contact person:	Primary contact phone number:
Primary contact E-mail address:	

III. Service Information

Please indicate the services you are applying to provide:

- Assessment (*ATR Provider Applicants ONLY*):** A formal clinical interview, using the Addiction Severity Index (ASI) or the Global Assessment of Individual Needs (GAIN), delivered by addiction professionals or addiction credentialed clinicians, which provides a recommendation for appropriate ATR level of care services
- Individual Outpatient:** An organized service, delivered in a variety of settings, in which treatment staff provide professionally directed evaluation and treatment of substance related disorders to a single client.
- Group Outpatient:** An organized service, delivered in a variety of settings, in which treatment staff provide professionally directed evaluation and treatment of substance related disorders to a group of clients.
- Intensive Outpatient:** An organized service delivered by addiction professionals or addiction credentialed clinicians, which provides a planned regimen of treatment, consisting of regularly scheduled sessions within a structured program.
- IDSP Recovery Support (*IDSP Provider Applicants ONLY*):** Any services within the certified recovery support worker scope of practice described in RSA 330-C:13.
- Peer Recovery Coaching (*ATR Provider Applicants ONLY*):** Face-to-face meetings between the client and a Recovery Peer Coach to support and sustain recovery from a peer perspective.
- Spiritual Counseling (*ATR Provider Applicants ONLY*):** Face-to-face counseling with the client to address spiritual issues that can support recovery.
- Life Management Skills (*ATR Provider Applicants ONLY*):** Individual or group work with clients to develop the skills that help individuals make informed decisions, communicate effectively, and develop coping and self-management skills that may assist their recovery.
- Recovery Mentoring (*ATR Provider Applicants ONLY*):** Recovery Mentoring is a service designed to provide clients with support and guidance in achieving sustainable recovery. Recovery mentors help clients to identify and address barriers to recovery and potential relapse triggers. Recovery Mentoring is intended to support a person's recovery in a variety of ways, including practical support, mentoring, education about addiction, and community support. While the role of a recovery mentor is similar to a recovery coach, there are differences. Most notably, recovery coaches are peers whereas recovery mentors may or may not have personal experience with recovery. Additionally, recovery coaches utilize the Connecticut Communities for Addiction Recovery model whereas recovery mentors may use this or any number of alternative models for service delivery.

IV. Disclosures
<p>Within the past 5 years have you, your organization, or an employee or volunteer been cited for ethical violations or other misconduct, failure to maintain required standards, or any other reason, that was substantiated?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>
<p>In the past 3 years have you, or your organization breached a contract with the Department of Health and Human Services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>
<p>Are you or is your organization or any employee or volunteer facing any pending ethical violations or allegation of misconduct?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>
<p><i>Private Practitioners:</i> Does your current license/credential require criminal background checks?</p> <p><i>Organizations:</i> Does your agency conduct criminal background checks for employees, contractors or volunteers? If so, does your organization have policies and procedures in place to guide acceptance or denial of employment, contracting work or volunteers relative to criminal background checks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

V. Type of Organization	
Place a check mark in the box that best describes your organization.	
<input type="checkbox"/> Faith-Based (Organization founded on a particular religion or spiritual belief) Type of religious denomination:	<input type="checkbox"/> Community-Based (not Faith Based) Please indicate type (select all that apply): <input type="checkbox"/> Non-profit <input type="checkbox"/> For-profit <input type="checkbox"/> Grassroots (organizations with annual operating budgets of \$500,000 or less) <input type="checkbox"/> Other:

VI. Information System Requirements
<input type="checkbox"/> Practice utilizes Windows Internet Explorer 7.0 or higher <input type="checkbox"/> Practice utilizes high speed internet access <input type="checkbox"/> I agree to utilize the WITS system as required by the ATR and/or IDSP Programs

In the event that an application is incomplete or additional documentation is requested by BDAS in order to complete the process, the applicant has 30 days from the date of the request to provide all of the additional documentation or the application will be discarded.

Upon acceptance of your application, BDAS will issue a Cooperative Agreement for the provision of the services you identified. The duties, rights and obligations of the parties to this agreement shall be governed by the Cooperative Agreement Documents, which include the Special Conditions, General Conditions and Application.

By signing below, I certify that the information provided in this application and attachments, is correct and true to my knowledge.

SIGNATURE OF APPLICANT OR APPLICANT REPRESENTATIVE TITLE OR POSITION DATE

<i>For BDAS office use only:</i>	
Impaired Driver Services Coordinator Signature:	Date application received by BDAS:
Date:	<input type="checkbox"/> Application approved
ATR Project Director Signature:	<input type="checkbox"/> Application pending Reason:
	<input type="checkbox"/> Application denied
Date:	Reason: