



CALIFORNIA ACCESS TO RECOVERY EFFORT (CARE)

PROVIDER ENROLLMENT APPLICATION INSTRUCTIONS

PROGRAM AUTHORITY

CARE is funded by a federal Access to Recovery (ATR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the California Department of Alcohol and Drug Programs. Organizations or individuals who choose to participate as service providers in the CARE program are subject to the grant and program requirements contained in the *CARE Policies and Procedures*. Applicants are responsible for reading the *CARE Policies and Procedures* prior to signing the application to fully understand the program goals and principles, and their role and responsibilities.

HOW TO COMPLETE APPLICATION

The application may be completed by computer or by hand. To complete by computer, click the "Provider Enrollment Application" link on the website and when the document opens, type the responses in the shaded fields, using the TAB key to navigate between the fields. When complete, print out and sign the application.

WHERE TO SUBMIT APPLICATION

Submit two completed applications, at least one with an original signature. Mail to:

Department of Alcohol and Drug Programs, CARE Unit
1700 K Street, 4th Floor
Sacramento, CA 95811

Retain a copy of the completed application for your files. Questions can be directed to Beverly Tukes at (916) 323-7630.

ENROLLMENT, SCREENING AND APPROVAL PROCESS

In accordance with federal requirements, ADP has exclusive rights to determine whether a provider may participate in the CARE program. Such determination will be based on licensure or certification, history of licensing and certification complaints or enforcement action, appropriateness of services, staff training and qualifications, evidence of staff and organizational competency, interviews with the organization or entity staff, and other knowledge of significance unique to the individual provider.

ADP will not approve applications from organizations/entities which, based on past performance, have been noncompliant with CARE policies and procedures and/or have demonstrated that they do not have adequate staffing or administrative capacity to participate in the CARE program.

Falsifying or misleading information, misrepresenting qualifications or credentials, or omitting relevant material facts on an application will result in the application being rejected. It is also ground for terminating a selected provider participant.

A provider's approval to participate in CARE will be specific to the type of services and geographic location identified in the approval notice. Approval to participate in CARE does not award or assign any sort of licensure or certification, or supersede the requirements of federal, state, county or municipal law.

ADP may limit provider enrollment to specific geographic areas or specific types of services based on need, or may close the enrollment process if the provider network meets the diverse needs and preferences of the clients being served.

DESCRIPTION OF APPLICATION FIELDS

To assist you complete the application, here is a description of some of the fields to be completed:

Organization/Entity Name: Your name or the name of the organization that will provide services under CARE.

Doing Business As (DBA): If you operate under a fictitious business name, assumed name, or DBA, enter that name here.

Contact Person Regarding the Application: Preferably one staff member who has been designated to receive inquiries and correspondence from the CARE staff during the application and approval process. Title refers to that person's usual job title within the organization.

Administrative Address: The address where the organization's main administrative office is located. This may or may not be the same location where CARE services are provided.

Mailing Address: Some organizations prefer to receive mail, including checks, at a location separate from the location of the organization's administrative office. If this applies, please include the mailing address here. If the mailing address is the same as the administrative address, simply enter "same as above." This address is where payments will be mailed, cannot be a post office box or lock box, and must match the mailing address on the *Payee Data Record* submitted.

Name of Administrator or Director: The person who oversees the entire agency. This may be the administrator, director, president, CEO, manager, executive director, pastor, rabbi, chaplain, or some other title. Please include this person's name and title.

Email addresses: ADP communicates updates and policy changes primarily through email correspondence. It is critical that we have an accurate email address for every program.

Organization/Entity Status: Check the box that corresponds to the organization/person legally responsible for the program and/or services provided. Check only one box. Corporations must check the box that identifies the type of corporation. If the organization is a corporation, you must include a board resolution or board minutes authorizing the submission of the application.

Taxpayer Identification Number: The State of California requires that all parties entering into business transactions that may lead to payment from the state provide their Taxpayer Identification Number (TIN). The TIN is required to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Service. The TIN for individuals and sole proprietors is their Social Security Number. The TIN for partnerships, estates, trusts, and corporations is their Federal Employer Identification Number (FEIN).

Name of Parent Corporation (if applicable): If the applicant entity is a subsidiary of a larger corporation, list their name and address.

Current or Previous Experience with Public Service Systems: Check the applicable box that describes your entity's involvement in the coordination of participant services with other entities and professionals in the community, including any contracts with city or county government agencies or school districts. For contracts or MOUs' with government agencies or schools, you must provide either a copy of the scope of work from the contract or MOU, or a letter from an authorized representative of the agency you contract with, summarizing the scope of the service agreement.

Licensure/Certification Actions: Include details on any license or certification revocation or suspension and any fines imposed by ADP or other licensing entity. A review of certifications/licensure may be conducted by ADP prior to approval of the provider application.

Year Organization/Entity Established: This refers to the year that the person or organization that will provide CARE services was established, or the date an independent assessor was licensed.

Financial Management: CARE is not a start-up program. It operates on a fee-for-service payment system which requires that programs be solvent enough to wait 60-90 days for reimbursement of services provided. Include information regarding other funding streams or how the program will otherwise be able to cover operating expenses while awaiting CARE reimbursement. Include information on the program's fiscal management and internal controls to ensure that federal dollars are spent properly on legitimate costs.

Program Address(es): This refers to the physical location of all sites where the organization will be providing direct services to CARE clients (if your organization has more than 5 separate locations, please attach a page with the additional addresses identified). If your organization provides services at more than one location, an application addendum is required for each additional location. All service locations must be identified (including schools sites and group homes) or services provided there will not be reimbursed.

If your organization/entity has multiple locations, the information for the next few sections (Type of Application, Services Offered, Staffing, and Program Profile), must refer to the first address entered here (program #1). The information for other locations must be included on the addendum(s).

Type of Application and Verification of Eligibility Criteria: This section identifies the various types of providers and the check boxes indicate the eligibility criteria. If eligible, an organization may choose to be more than one type of provider (such as both an outpatient treatment and recovery support provider), and/or may choose to be a different type of provider at a secondary location (treatment provider at one location and recovery support at another). The documentation needed by ADP to verify eligibility is identified below. Please use this checklist to ensure that all required documentation is included with the application:

- Assessment Provider – Individual
 - Copy of current license
 - Resume or curriculum vitae
 - Completed *Payee Data Record*

- Assessment Provider – Organization
 - Copy of ADP certification (Drug Medi-Cal or AOD program standards)
 - Description of assessment unit
 - List of staff who will conduct assessments. For each person, include their license Number and relevant AOD-specific experience/training or AOD certification number and certifying organization, and the number of hours that will be dedicated to CARE
 - If a corporation, a copy of the board resolution or board minutes authorizing the submission of the application
 - For organizations that have a contract or MOU with a government agency or school, a copy of the contract scope of work, MOU, or letter from authorized representative of the agency summarizing the scope of the service agreement
 - Completed *Payee Data Record*

- Outpatient Treatment Provider
 - Copy of ADP certification (Drug Medi-Cal or AOD program standards)
 - Organizational history
 - Resume or curriculum vitae of program director and/or clinical supervisor
 - If a corporation, a copy of the board resolution or board minutes authorizing the submission of the application.
 - For organizations that have a contract or MOU with a government agency or school, a copy of the contract scope of work, MOU, or letter from authorized representative of the agency summarizing the scope of the service agreement
 - If applicable, a list of all staff who will provide family therapy, with name, license number and type of license
 - Completed *Payee Data Record*

- Adolescent Residential Treatment Provider
 - Copy of license from the Department of Social Services
 - Copy of ADP certification (Drug Medi-Cal or AOD program standards)
 - Organizational history
 - Resume or curriculum vitae of program director and/or clinical supervisor
 - If a corporation, a copy of the board resolution or board minutes authorizing the submission of the application.
 - For organizations that have a contract or MOU with a government agency or school, a copy of the contract scope of work, MOU, or letter from authorized representative of the agency summarizing the scope of the service agreement
 - Completed *Payee Data Record*

- Recovery Support Provider (Accredited)
 - Copy of certification or accreditation
 - Program curriculum or other service description
 - If a corporation, a copy of the board resolution or board minutes authorizing the submission of the application.
 - For organizations that have a contract or MOU with a government agency or school, a copy of the contract scope of work, MOU, or letter from authorized representative of the agency summarizing the scope of the service agreement
 - Completed *Payee Data Record*

- Recovery Support Provider (Non-Accredited)
 - Organizational history
 - Photocopy of policies and procedures manual
 - Program curriculum or other service description
 - For organizations that have a contract or MOU with a government agency or school, a copy of the contract scope of work, MOU, or letter from authorized representative of the agency summarizing the scope of the service agreement
 - If applying for residential recovery support, copies of occupancy and zoning permits.
 - Completed *Payee Data Record*

- Recovery Support-Only Assessment Provider (Organization)
 - Documentation for either accredited or non-accredited recovery support provider above;
 - List of staff who will conduct assessments. For each person, include their license number and relevant AOD-specific training/experience or AOD certification number and certifying organization, and the number of hours that will be dedicated to CARE assessments

Services Offered: A description of the authorized CARE services and the reimbursement rates for each is included in your packet. Please check the services that you or your organization is qualified to provide under CARE.

Treatment Intensity: The CARE provider directory will identify programs that provide intensive outpatient treatment, which means each client receives at least nine hours of treatment services per week (at least 3 hours per day, 3 times a week). This level of treatment is intended for youth with severe problems related to their AOD use.

Services Schedule: Please indicate during what hours and days of the week your organization/entity will be providing direct services to CARE clients.

Staff Capacity: The number of staff available to serve CARE clients should reflect full-time positions. If staff are part-time or will only work a percentage of time on CARE, count only the fraction of time that will be devoted to CARE. Based on that staffing level, estimate how many clients can be served at that location.

Background Checks: All programs must conduct a criminal record review of all staff and volunteers who will have any contact with CARE clients while they are in the program. Please describe that background check and clearance process in this section.

Confidentiality Training: All providers enrolled in CARE must document the provision of appropriate training regarding client confidentiality. In your response, list the types and frequency of trainings provided to your staff dealing with confidentiality. ADP may arrange for confidentiality training to be provided to interested organizations based on availability of resources.

Family Therapists: Family therapy is only reimbursable under CARE if it is provided by a licensed therapist, or a registered MFT intern or associate clinical social worker under the supervision of a licensed therapist. ADP will conduct a review of therapists' licensure prior to approval of the provider application, and the provider must notify ADP and get approval if new therapists are hired to conduct CARE services. Family therapy will not be reimbursed if provided by staff not approved by ADP.

Assessment Tools: Assessment providers must identify one of the ADP-accepted assessment tools that they will utilize for CARE assessments. If the assessment provider will serve all CARE age ranges (12-20), the assessment provider should choose one tool designed for adolescents and one tool for adults. If the assessment provider is required to use some other assessment instrument for another oversight agency, they cannot request reimbursement under CARE unless they also conduct an assessment using one of these ADP-approved tools.

Participant Requirements: Please describe any requirements for participation in the program, such as requiring attendance at church or religious services a certain number of times per week, or mandating that a family member attend groups with their child. This information will be included in the provider directory so that clients will be able to make informed provider selections.

Provider Agreement: Applicants must read the *CARE Policies and Procedures* prior to signing the provider agreement, to fully understand their expected role and responsibilities under the CARE program.

Authorized Signature: The application must be signed by a person authorized to represent the organization/entity. If the applicant is a sole proprietor, the proprietor must sign. If the applicant is a partnership, each partner must sign. If the applicant is a firm, association, corporation, or governmental entity, the chief executive officer or the individual legally responsible for representing the firm, association, corporation or governmental entity must sign, and the application must include the resolution or board minutes authorizing the individual to sign.

Attachments

Attachment 1: A *Payee Data Record* (Form STD 204) is required as part of the application. A blank form is provided in the application packet as Attachment I.

Attachment 2: A list of the forms that must be used by CARE providers. If your organization is currently using a form that meets the requirements of one the CARE forms and prefers to continue its use, please attach a copy of the form with your application for ADP approval.

Attachment 3: The *CARE Policies and Procedures*.