

Addendum – Licensed Substance Use Disorder Residential Treatment Programs

Provider Name: _____

Provider NPI: _____

Effective Date: _____

- Provider is licensed as a: Residential Support Program
 Residential Treatment Program

Provider attests that it has the clinical capacity to provide the ASAM level(s) of treatment specified below. (Mark all that apply)

(X)	ASAM Level of Care
	3.5
	3.3
	3.1
	2.5
	2.1
	1.0

The undersigned provider representative requests enrollment as a provider of Substance Use Disorder Residential Treatment in Licensed Residential Treatment Programs. The provider acknowledges that it meets all qualifications to provide this service. The provider agrees to continuously meet the qualifications throughout the period of the agreement.

The provider is responsible to ensure appropriate transitions to other levels of outpatient SUD services either by directly providing the level of care needed or by coordinating the transition to the needed level of care with another provider. For managed care enrollees, the provider must coordinate transitions to other levels of outpatient SUD services through the enrollee’s managed care plan.

Signature of Provider Representative

Date

Printed Name of Provider Representative