

Enrollment/Re-Enrollment Requirements for Drug and Alcohol Abuse Centers

The list below indicates the additional documentation you must provide in order for your enrollment/re-enrollment application to be considered complete. Failure to complete or enclose any of the required documents will result in the return of the enrollment/re-enrollment application to you for completion.

For providers enrolling or re-enrolling on the www.ctdssmap.com Web portal, this documentation must be submitted upon the completion of the on-line Web portion of your enrollment/re-enrollment application. These forms/documentation must be **completed on paper and mailed to HP with the Application Tracking Number (ATN)** assigned to you by the system. Without these required forms/evidentiary documentation, HP cannot process your enrollment/re-enrollment application.

Inpatient:

- _____ Copy of Department of Public Health (DPH) license as Facility for the Care or Treatment of Substance Abusive or Dependent Persons (Residential Detoxification and Evaluation)
- _____ Copy of Medical Director's current physician license and statement accepting full professional responsibility for services
- _____ Description of services provided
- _____ If a State Tax ID has not been provided on the application, a written statement on company letterhead to the effect that you do not have employees or collect sales tax must be supplied.

Outpatient:

- _____ Copy of DPH license as Facility for the Care or Treatment of Substance Abusive or Dependent Persons (Ambulatory Chemical Detoxification Treatment)
- _____ Copy of Medical Director's current physician license and statement accepting full professional responsibility for services
- _____ List of satellite clinics and DPH license for each site
- _____ Description of the services provided
- _____ If a State Tax ID has not been provided on the application, a written statement on company letterhead to the effect that you do not have employees or collect sales tax must be supplied.

Enrollment/Re-Enrollment Requirements for Drug and Alcohol Abuse Centers

Additionally, for your provider taxonomy/type/specialty, the Department of Social Services requires that you complete the following attached forms. Failure to complete or enclose any of the required documents will result in the return of the enrollment/re-enrollment packet to you for completion.

Inpatient:

_____ Provider Enrollment Supplement To Application Free-Standing Alcohol Abuse Treatment Centers Alcohol Detox Addendum

Outpatient:

_____ Mental Health and Substance Abuse Questionnaire (initial enrollment only)

RE M I N D E R

In addition to the above documentation, please be sure that all of the following documentation is accurately completed, signed, if required, and returned to HP.

_____ Completed and signed Enrollment/Re-enrollment Form, followed by pages 2 – 6 (Not required for providers completing the on-line Web enrollment/re-enrollment application.)

_____ Signed Provider Enrollment Agreement (Not required for providers completing the on-line Web enrollment/re-enrollment application.)

_____ Completed W-9 Form

_____ Completed Determination of Separate Practice Location Form (if applicable)

_____ Completed Electronic Funds Transfer (EFT) Form

_____ Completed Addendum to Provider Enrollment Agreement Concerning the Acceptable Use of Electronic Signatures

_____ Completed and signed Affidavit Re: Section 6032 of the Deficit Reduction Act (if applicable)