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| **Provider Information**  |
| **Health Home Provider Name:** Click or tap here to enter text. |
| **Health Home Provider Main Address:** Click or tap here to enter text. |
| **Health Home Provider Main Contact:**Click or tap here to enter text. |
| **Health Home Main Contact Phone Number:**Click or tap here to enter text. |
| **Health Home Main Contact Email Address:**Click or tap here to enter text. |
| **Type of Provider:** [ ]  OTP [ ]  OBOT [ ]  FQHC [ ]  Rural Health Clinic [ ]  Tribal Health Center [ ]  CMHSP[ ]  Other (please describe) |
| **Counties Served:** [ ]  Arenac [ ]  Bay [ ]  Clare [ ]  Clinton [ ]  Eaton [ ]  Gladwin [ ]  Gratiot [ ]  Hillsdale [ ]  Huron [ ]  Ingham [ ]  Ionia [ ]  Isabella [ ]  Jackson [ ]  Mecosta [ ]  Midland [ ]  Montcalm [ ]  Newaygo [ ]  Osceola [ ]  Saginaw [ ]  Shiawassee [ ]  Tuscola [ ]  Other(s):  |
| **Accreditation from a nationally recognized body specific to a health home, patient-centered medical home, or integrated care:** [ ]  NCQA [ ]  AAAHC [ ]  Joint Commission [ ]  CARF [ ]  Other: [ ]  N/A |

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| **New Health Home Site Information (If different from Provider Information)** |
| **New Location Address:**Click or tap here to enter text. |
| **New Location Primary Contact:**Click or tap here to enter text. |
| **New Location Primary Contact Phone Number:**Click or tap here to enter text. |
| **New Location Primary Contact Email Address:**Click or tap here to enter text. |

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| **ASAM LOC Designation(s)** |
| **Early Intervention** [ ]  0.5  |
| **Outpatient** [ ]  1.0 [ ]  2.1  |
| **Opioid Treatment Program** [ ]  Level 1 |
| **Partial Hospitalization** [ ]  2.5 |
| **Residential** [ ] 3.1 [ ]  3.3 [ ]  3.5 [ ]  3.7 |
| **Withdrawal Management** [ ]  3.2 [ ]  3.7 |
| **No ASAM LOC Designation(s)** [ ]  |

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| **General Information** |
| **Please provide a brief overview of your current SUD service array/history:**Click or tap here to enter text. |
| **Please provide a general/high level narrative of how your agency would establish the requested services in the communities you serve:**Click or tap here to enter text. |
| **Please provide a general/high level description of your agency’s sustainability plan for new SUDHH sites:**Click or tap here to enter text. |
| **Brief overview of provider’s current SUD service array/history:**Click or tap here to enter text. |