

**Provider Service Description Checklist Guide.**

Person completing this form: \_\_\_\_\_ Date completed: \_\_\_\_\_

1.  Provider Type (including name of provider, address, telephone, and fax numbers).
  - 1.1.  The type of license (e.g., outpatient, partial, family based, IBHS).
  - 1.2.  Base mental health license main address and the program address and site-based service, location(s), if applicable.
  - 1.3.  Contact person and email address.
  - 1.4.  Provider MA Promise number.
2.  Copy of license (Certificate of Compliance).
3.  Name of the service.
4.  Service that will be subcontracted. If applicable
  - 4.1.  Reason the service is being subcontracted.
  - 4.2.  Attach a copy of the subcontracting agreement.
  - 4.3.  Subcontracted staff that will be involved in this service
5.  List the specific county(ies) that will be served by this service.
6.  How this service was developed collaboratively with the county partners.
  - 6.1.  Include the county letter of support if one has been generated.
7.  Goals of this service and how these goals will be achieved.
  - 7.1.  Mission or purpose statement.
  - 7.2.  Specific design of the service. (For SU providers the DDAP ASAM LOC checklist should be used as reference for design of program.)
    - 7.2.1.  Activities, including a daily or weekly schedule.
    - 7.2.2.  Intervention techniques.

- 7.2.3.  Expected outcome or goals of treatment.
- 7.2.4.  Treatment delivered by a team or individual.
- 7.2.5.  Staff-to-client ratio for group services.
- 7.2.6.  Location of treatment.
- 7.2.7.  Average length of stay.
- 7.2.8.  SUD Services Only.
  - 7.2.8.1.  ASAM corresponding service check list used to develop SD.
  - 7.2.8.2.  MAT Medication(s) offered.
  - 7.2.8.3.  Indicate if MAT medications are available for initiation and/or maintenance.
  - 7.2.8.4.  Indicate the route of administration of the medication.
  - 7.2.8.5.  How MAT medications coordination will occur if provider does not offer a specific medication within program.
  - 7.2.8.6.  MAT P&Ps attached/included with SD.
- 8.  Restrictive procedures & training.
- 9.  Target population.
  - 9.1.  Specific age range.
  - 9.2.  Problems to be addressed during the provision of service.
  - 9.3.  Exclusionary diagnosis/criteria.
  - 9.4.  Special populations that can be served.
  - 9.5.  Description of how interpreter service will be provided to members.
  - 9.6.  Statement regarding need for behavioral health diagnosis from recent version of the DSM.
- 10.  Supplemental/In Lieu of Services referral and admission process.
- 11.  Diversity, Equity, and Inclusion Training.
  - 11.1.  Staff represent the cultural, racial, ethnic, and language needs of the population served.
  - 11.2.  Cultural values incorporated into treatment.
  - 11.3.  Program activities incorporate cultural traditions or values.
- 12.  Support integration into community, school, work.

- 12.1.  Involvement in prosocial activities.
- 12.2.  Service exposes the Member to community activities.
- 12.3.  Program connects the Member and/or family to new resources.
- 13.  Staffing requirements.
  - 13.1.  Staff qualifications for each position per role.
  - 13.2.  Responsibilities for each position.
  - 13.3.  Annual training plan.
  - 13.4.  Organizational chart.
- 14.  Supervision process.
  - 14.1.  Position responsible for clinical supervision.
  - 14.2.  Frequency, duration, format for supervision and staff to supervisor ratio.
  - 14.3.  Position that provides clinical oversight of staff.
- 15.  Person responsible for monitoring outcomes and assessing the delivery of services.