

Accreditation and Substance Use Disorder Recommendation/Deemed Status Programs

Date: Enter text.

Agency name: Enter text.

Agency address: Enter text.

Agency Contact (Name, Email): Enter text.

Addresses/locations served:

For SUD, specify each location address. **For Accreditation**, main agency as identified by application address:

Enter text.

Type of organization: Accreditation: ☐

- ☐ Community mental health center ☐ Mental health service provider
☐ Case management provider ☐ Supported community living service provider
☐ Crisis response service provider

Services Accreditation	Check applicable boxes
Day Treatment	<input type="checkbox"/>
Psychiatric Rehabilitation	<input type="checkbox"/>
Partial Hospitalization	<input type="checkbox"/>
Outpatient psychotherapy / counseling	<input type="checkbox"/>
Evaluation	<input type="checkbox"/>
Emergency	<input type="checkbox"/>
Supported community living	<input type="checkbox"/>
Case management	<input type="checkbox"/>
24-hour crisis response	<input type="checkbox"/>
Crisis evaluation	<input type="checkbox"/>
24-hour crisis line	<input type="checkbox"/>
Warm line	<input type="checkbox"/>
Mobile response	<input type="checkbox"/>
23-hour observation and hold	<input type="checkbox"/>
Crisis stabilization, community based	<input type="checkbox"/>
Crisis stabilization, residential based	<input type="checkbox"/>

Previous accreditation: ☐ Date: Enter text.

- ☐ 3-year (80%-100%) ☐ 1 year (80%-100%) ☐ 270 days (initial)
☐ 180 days (60%-69%) ☐ Other (see comments below) ☐ Denial (0%-59%)
☐ Deemed

Current recommendation: ☐ Date: Enter text.

- ☐ 3 year (80%-100%) ☐ 1 year (80%-100%)
☐ 180 days (60%-69%) ☐ 270 day ☐ Denial (0%-59%)
☐ Deemed

Type of Licensed Program Services: ☐

- ☐ SUD assessment and OWI evaluation only program
- ☐ SUD and problem gambling treatment program
- ☐ SUD treatment program
- ☐ Problem Gambling treatment program

Levels of Care Licensure	Check Applicable Boxes		
	Adult Services	Juvenile Services	Adults and Juveniles
Substance Use Disorder Assessment and OWI only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Treatment (Level 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Outpatient (Level 2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial/day Treatment (Level 2.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinically Managed Low-Intensity Residential Treatment (Level 3.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinically Managed Medium Intensity Residential Treatment (Level 3.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinically Managed High Intensity Residential Treatment (Level 3.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically Monitored High Intensive Inpatient Treatment (Level 3.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically Managed High Intensive Inpatient Treatment (Level 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Previous licensure: ☐ Date: Enter text.

- ☐ 3-year (95% or higher) ☐ 2 year (90-94%) ☐ 1 year (less than 90%-70%)
- ☐ 270- day (initial) ☐ Other (see comments below) ☐ Denial (0%-69%)
- ☐ Deemed

Current licensure: ☐ Date: Enter text.

- ☐ 3 year (95% or higher) ☐ 2 year (90%-94%) ☐ 1 year (less than 90%-70%)
- ☐ 270- day (initial) ☐ Other (see comments below) ☐ Denial (0%-69%)
- ☐ Deemed

Comments

Enter text.

Reviewer: Enter text. Name Enter text.