

# VALUEOPTIONS, INC. FACILITY NOMINATION WORKSHEET

PR Nomination Form Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

**A. BASIC FACILITY INFORMATION:**

MHS#: \_\_\_\_\_ Facility TIN#: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Initial Nomination     Adding New Program(s)     Adding New Location(s) Only

**B. CREDENTIALING POINT OF CONTACT:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*Unless otherwise indicated, application packet will be sent via email and then faxed (if email fails) prior to attempting USPS*

Must be Mailed USPS: Alternate Mailing Address if different than what is loaded in NetworkConnect :  
\_\_\_\_\_

**C. CONTRACTING POINT OF CONTACT:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**D. LICENSURE, PROFESSIONAL LIABILITY INSURANCE AND ACCREDITATION:**

- Facility is fully licensed and/or certified by the state for all levels of care, modalities and age ranges nominated
- Facility carries a current Professional Liability Insurance policy in their name in the amounts of \$1M/\$3M
- Facility is Medicaid Certified
- Facility is Medicare Certified
- Facility is accredited by:  JCAHO,  NCQA,  CARF,  COA,  AOA,  CHAP, or  AAACH

*If organization is not accredited by JCAHO, NCQA, CARF, COA, AOA, CHAP or AAACH, then a site review may need to be conducted. A copy of a CMS Certification letter or on site survey results performed by the State may be accepted in lieu of an on site review by ValueOptions.*

**E. NETWORK(S) NOMINATED:** \_\_\_\_\_

**F. COMMENTS (INCLUDING NEW LOCATION INFORMATION IF APPLICABLE):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### G. PROGRAMS NOMINATED:

#### NATIONAL/COMMERCIAL

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Inpatient Psychiatric    | <input type="checkbox"/> Ambulatory Detoxification         | <input type="checkbox"/> Home Health       |
| <input type="checkbox"/> Inpatient Detoxification | <input type="checkbox"/> Intensive / Structured Outpatient | <input type="checkbox"/> Respite Care      |
| <input type="checkbox"/> Inpatient SubAbuse Rehab | <input type="checkbox"/> Day Treatment                     | <input type="checkbox"/> Eating Disorders  |
| <input type="checkbox"/> Residential Treatment    | <input type="checkbox"/> Halfway House                     | <input type="checkbox"/> Dual Diagnosis    |
| <input type="checkbox"/> Partial Hospitalization  | <input type="checkbox"/> Methadone Maintenance             | <input type="checkbox"/> Outpatient Clinic |
| <input type="checkbox"/> 23 Hour Observation      | <input type="checkbox"/> Treatment Group Home              | <input type="checkbox"/> EAP               |
| <input type="checkbox"/> Comments: _____          |  |  |

#### MED-PA (PENNSYLVANIA MEDICAID)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 23 Hour Observation         | <input type="checkbox"/> Family Based MH Services    | <input type="checkbox"/> Partial Hospital - MH Child    |
| <input type="checkbox"/> Acute Inpatient             | <input type="checkbox"/> Halfway House               | <input type="checkbox"/> Rehab Medically Managed        |
| <input type="checkbox"/> Admin Case Mgmt - CD        | <input type="checkbox"/> Intensive Case Mgmt         | <input type="checkbox"/> Rehab Non Hospital             |
| <input type="checkbox"/> BHRS-Behavioral Specialist  | <input type="checkbox"/> Intensive Outpatient MH     | <input type="checkbox"/> Residential Treatment MH Adult |
| <input type="checkbox"/> BHRS-Mobile Therapy         | <input type="checkbox"/> Intensive Outpatient CD     | <input type="checkbox"/> Residential Treatment MH Child |
| <input type="checkbox"/> BHRS-Summer Therapeutic     | <input type="checkbox"/> Laboratory                  | <input type="checkbox"/> Resource Coordination          |
| <input type="checkbox"/> BHRS-Therapeutic Staff      | <input type="checkbox"/> Methadone Maintenance       | <input type="checkbox"/> Support Components Clozapine   |
| <input type="checkbox"/> Community Residential Rehab | <input type="checkbox"/> Outpatient Clinic - CD      | <input type="checkbox"/> Targeted Case Mgmt - CD        |
| <input type="checkbox"/> Crisis Intervention         | <input type="checkbox"/> Outpatient Clinic - MH      | <input type="checkbox"/> Targeted Case Mgmt - MH        |
| <input type="checkbox"/> Detox Medically Managed     | <input type="checkbox"/> Partial Hospital - CD       | <input type="checkbox"/> Transitional Housing - CD      |
| <input type="checkbox"/> Detox Non Hospital          | <input type="checkbox"/> Partial Hospital - MH Adult |   |
| <input type="checkbox"/> Comments: _____             |  |   |

#### KANSAS MEDICAID

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acute Detox               | <input type="checkbox"/> Intensive Outpatient  | <input type="checkbox"/> Reintegration  |
| <input type="checkbox"/> Alcohol & Drug Assessment | <input type="checkbox"/> Intermediate          | <input type="checkbox"/> Social Detox   |
| <input type="checkbox"/> Case Management           | <input type="checkbox"/> Methadone Maintenance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Inpatient                 | <input type="checkbox"/> Outpatient            |   |
| <input type="checkbox"/> Comments: _____           |  |   |

#### NEW MEXICO MEDICAID

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 23 Hour Observation  | <input type="checkbox"/> Inpatient Psych                       | <input type="checkbox"/> Respite Care                |
| <input type="checkbox"/> Activity Therapy     | <input type="checkbox"/> Intensive Family Preservation         | <input type="checkbox"/> Safe House Interviews       |
| <input type="checkbox"/> Adult Reintegration  | <input type="checkbox"/> Intensive Outpatient                  | <input type="checkbox"/> Shelter Care                |
| <input type="checkbox"/> Ambulatory Detox     | <input type="checkbox"/> Jail Diversion                        | <input type="checkbox"/> Sub-Acute Residential Detox |
| <input type="checkbox"/> Assertive Community  | <input type="checkbox"/> Medically Monitored Residential Detox | <input type="checkbox"/> Supported Employment        |
| <input type="checkbox"/> Behavior Mgmt Skills | <input type="checkbox"/> Methadone Maintenance                 | <input type="checkbox"/> Supported Housing           |
| <input type="checkbox"/> Crisis Intervention  | <input type="checkbox"/> Multi-systemic Therapy                | <input type="checkbox"/> Targeted Case Management    |
| <input type="checkbox"/> Day Treatment        | <input type="checkbox"/> Outpatient Clinic                     | <input type="checkbox"/> Transitional Living         |
| <input type="checkbox"/> Dual Diagnosis       | <input type="checkbox"/> Partial Hospital                      | <input type="checkbox"/> Treatment Foster Care       |
| <input type="checkbox"/> Family Stabilization | <input type="checkbox"/> Psycho Social Rehab                   | <input type="checkbox"/> Treatment Group Home        |
| <input type="checkbox"/> Halfway House        | <input type="checkbox"/> Reintegration                         |  |
| <input type="checkbox"/> Inpatient Detox      | <input type="checkbox"/> Residential Treatment                 |  |
| <input type="checkbox"/> Comments: _____      |  |  |

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### DALLAS NORTHSTAR

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 23 Hour Observation           | <input type="checkbox"/> Early Intervention Services    | <input type="checkbox"/> Personal Care Homes Assisted Liv |
| <input type="checkbox"/> Adult Foster Care             | <input type="checkbox"/> Employment Related Services    | <input type="checkbox"/> Pharmacological Maintenance      |
| <input type="checkbox"/> Assertive Community Treatment | <input type="checkbox"/> Foster Care Child/Adol         | <input type="checkbox"/> Plan of Care Oversight           |
| <input type="checkbox"/> BH Education and Prevention   | <input type="checkbox"/> Home Health In-Home Beh Health | <input type="checkbox"/> Residential Treatment Child/Adol |
| <input type="checkbox"/> Children & Youth Wraparound   | <input type="checkbox"/> Hospital Inpatient-CD          | <input type="checkbox"/> Respite Care                     |
| <input type="checkbox"/> Clinical Assessment-CD        | <input type="checkbox"/> Inpatient Hospitalization      | <input type="checkbox"/> Service Coordination             |
| <input type="checkbox"/> Clinical Screening-CD         | <input type="checkbox"/> Intensive Case Mgmt Program    | <input type="checkbox"/> Specialized Female Services      |
| <input type="checkbox"/> Community Living Skills       | <input type="checkbox"/> Intensive Outpatient MH        | <input type="checkbox"/> Sub-Acute Inpatient              |
| <input type="checkbox"/> Consumer Peer Support         | <input type="checkbox"/> Intensive Outpatient Rehab     | <input type="checkbox"/> Supported Employment             |
| <input type="checkbox"/> Crisis Stabilization          | <input type="checkbox"/> Intensive Residential Rehab    | <input type="checkbox"/> Supported Housing                |
| <input type="checkbox"/> Day Treatment Acute Needs     | <input type="checkbox"/> Med 24 Hour Residential Detox  | <input type="checkbox"/> Supportive Residential Rehab     |
| <input type="checkbox"/> Day Treatment Skills Maint    | <input type="checkbox"/> Med Outpatient Detox           | <input type="checkbox"/> Symptom Mgmt Support Services    |
| <input type="checkbox"/> Day Treatment Skills Training | <input type="checkbox"/> Mobile Crisis Services         | <input type="checkbox"/> Targeted Case Management         |
| <input type="checkbox"/> Drop-in Centers               | <input type="checkbox"/> Outpatient MH                  | <input type="checkbox"/> Walk In Crisis Assessment        |
| <input type="checkbox"/> Dual Diagnosis                | <input type="checkbox"/> Outpatient Program-CD          |   |
| <input type="checkbox"/> Early Childhood Day Treatment | <input type="checkbox"/> Partial MH Hospitalization     |   |
| <input type="checkbox"/> Comments: _____               |   |   |

### TENNESSEE MEDICAID (VHSP)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Inpatient Psychiatric     | <input type="checkbox"/> Ambulatory Detoxification     | <input type="checkbox"/> Supported Housing    |
| <input type="checkbox"/> Inpatient (Acute) Detox   | <input type="checkbox"/> Intensive Outpatient          | <input type="checkbox"/> Crisis Intervention  |
| <input type="checkbox"/> Inpatient Sub Abuse Rehab | <input type="checkbox"/> Day Treatment                 | <input type="checkbox"/> Crisis Stabilization |
| <input type="checkbox"/> Residential Treatment     | <input type="checkbox"/> Home Health                   | <input type="checkbox"/> Crisis Respite       |
| <input type="checkbox"/> Partial Hospitalization   | <input type="checkbox"/> Case Management               | <input type="checkbox"/> Outpatient Clinic    |
| <input type="checkbox"/> 23 Hour Observation       | <input type="checkbox"/> Psycho-Social Rehab / Sup Emp |   |
| <input type="checkbox"/> Comments: _____           |  |   |