

Agency Name: _____

1. Identify which ASAM levels of care you are applying for and the provision of SUD services funded with SABG.
2. Describe your agency's experience and expertise in providing SUD treatment services (including access to care treatment outcomes, treatment model, and staffing pattern).
3. Detail your agency's experience providing medically necessary treatment services within a managed care system and the related training provided to Chemical Dependency Professionals (CDP) and Chemical Dependency Professional Trainees (CDPT).
4. Describe your agency's proficiency in submitting contract required data into the Raintree Data System, including the agency's timeliness of submissions and error rates.
5. Identify which county/counties where services will be located to serve individuals assigned to the Spokane County Regional Service Area.
6. Explain how your agency will screen individuals for financial eligibility for SABG funded treatment services and retain required records.