



# Application for Substance Use Disorder Performing Provider Medicaid Eligibility

## Alabama Department of Mental Health

### Division of Mental Health and Substance Abuse Services



Complete **ALL** yellow shaded cells. Complete gray shaded cells as applicable.

Name of Requesting Organization:

Requesting Organization Contact Person:

**Full Legal Name of Applicant:**      
*Initials are not accepted.*

**First**                      **Middle**                      **Last**                      **Suffix**

**ALL Former Names (enter NA if not applicable to this applicant)**

<b>Maiden Name</b>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Other Former Surname(s)</b>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>			
<b>Former Middle Name(s)</b>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>			
<b>Nickname(s)</b>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>			

Eligibility begins **UPON APPROVAL** of application by ADMH staff.

Applicant's Date of Birth:  Applicant's Date of Hire for Substance Abuse Service:

Application Date:

APPLYING FOR CLINICAL/MEDICAL ELIGIBILITY LEVEL *(check gray cell next to each level requested)*:  
Please note that QSAP applicants will be approved for the highest level for which they qualify.

Level		Eligibility Criteria:	Application Documents Required	Eligible to Provide <i>(assumes completion of required training/certification)</i> :
QSAP I (Qualified Substance Abuse Professional I)	<input type="checkbox"/>	1. An individual licensed in the State of Alabama as a: Professional Counselor, Associate Licensed Counselor, Licensed Independent Clinical Social Worker, Licensed Graduate Level Social Worker, Psychiatric Clinical Nurse Specialist, Psychiatric Nurse Practitioner, Marriage and Family Therapist, Clinical Psychologist, Physician's Assistant, Physician	<ul style="list-style-type: none"> <li>Fully Completed and Signed Application</li> <li>Copy of license or evidence of license (ALC, LPC, LICSW, LMSW, Psychiatric CNS, Psychiatric CRNP, LMFT, LMFT Associate, Psychologist, PA, MD, DO)</li> <li><b>Copy of Official Master's Level</b> College Transcripts for Psychiatric Nurse applicants</li> </ul> <p><small>[License must be maintained for continued eligibility]</small></p>	<ul style="list-style-type: none"> <li>Intake Assessment (90791)</li> <li>MH &amp; SUD Assessment Update (H0031)</li> <li>Individual Counseling (90832, 90834, 90837)</li> <li>Group Counseling (90853)</li> <li>Family Counseling (90846, 90847)</li> <li>Multi-Family Group Counseling (90849)</li> <li>Basic Living Skills (H0036)</li> <li>Psychoeducational Services (H2027)</li> <li>Medication Monitoring (H0034)</li> <li>Crisis Intervention (H2011)</li> <li>Mental Health Care Coord. (H0046)</li> <li>Treatment Plan Review (H0032) [<b>Licensed Psychologist, LICSW, LMSW, CRNP, RN with Master's in Psychiatric Nursing, LPC, MD, DO, PA or LMFT only</b>]</li> </ul>
	<input type="checkbox"/>	2. An individual who: <ul style="list-style-type: none"> <li>Has a master's Degree or above from a nationally or regionally accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and</li> <li>Has successfully completed a clinical practicum, and</li> </ul>	<ul style="list-style-type: none"> <li>Fully Completed and Signed Application</li> <li><b>Copy of Official Master's Level</b> College Transcripts</li> <li>Copy of SA Counselor Certification, <i>if active at time of application</i></li> </ul> <p><b>[MUST obtain and submit applicable License or SA Counselor Certification (see Administrative Code) within thirty (30) months of hire, then maintain the credential for continued eligibility]</b></p>	
	<input type="checkbox"/>	3. An individual who: <ul style="list-style-type: none"> <li>Has a master's Degree or above from a nationally or regionally accredited college or university in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and</li> <li>Has six month's post master's clinical experience, and</li> </ul>	<ul style="list-style-type: none"> <li>Fully Completed and Signed Application</li> <li><b>Copy of Official Master's Level</b> College Transcripts</li> <li>Current Résumé which demonstrates at least six (6) months of post-master's clinical <b>(See guidelines on page 4)</b></li> <li>Copy of SA Counselor Certification, <i>if active at time of application</i></li> </ul> <p><b>[MUST obtain and submit applicable License or SA Counselor Certification (see Administrative Code) within thirty (30) months of hire, then maintain the credential for continued eligibility]</b></p>	

# ADMHSA Application for Medicaid Eligibility

**APPLYING FOR CLINICAL/MEDICAL ELIGIBILITY LEVEL** (*check gray cell next to each level requested*):  
*Please note that QSAP applicants will be approved for the highest level for which they qualify.*

Level	Eligibility Criteria:	Application Documents Required	Eligible to Provide (assumes completion of required training/certification):
<b>QSAP II</b> (Qualified Substance Abuse Professional II)	1. An individual who: <ul style="list-style-type: none"> <li>• Has a Bachelor's Degree from a nationally or regionally accredited college or university in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and</li> <li>• Is licensed in the State of Alabama as a Bachelor Level Social Worker</li> </ul>	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• Copy of LBSW License</li> </ul> [License must be maintained for continued eligibility]	<ul style="list-style-type: none"> <li>• Individual Counseling (90832, 90834, 90837)</li> <li>• Group Counseling (90853)</li> <li>• Family Counseling (90846, 90847)</li> <li>• Multi-Family Group Counseling (90849)</li> <li>• Basic Living Skills (H0036)</li> <li>• Psychoeducational Services (H2027)</li> <li>• Medication Monitoring (H0034)</li> <li>• Crisis Intervention (H2011)</li> </ul>
	2. An individual who: <ul style="list-style-type: none"> <li>• Has a Bachelor's Degree from a nationally or regionally accredited college or university in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and</li> <li>• Holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium.</li> </ul>	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• <b>Copy of Official Bachelor's Level</b> College Transcripts                             <ul style="list-style-type: none"> <li>• Copy of SA Counselor Certification, <i>if active at time of application</i></li> </ul> </li> </ul> [MUST obtain and submit SA Counselor Certification within thirty (30) months of hire, then maintain the credential for continued eligibility]	
<b>QSAP III</b> (Qualified Substance Abuse Professional III)	An individual who: <ul style="list-style-type: none"> <li>• Has a Bachelor's Degree from a nationally or regionally accredited college or university in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and</li> <li>• Participates in ongoing supervision by a certified or licensed QSAP I for a minimum of one (1) hour individual per week until attainment of a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, or Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. which shall be obtained within thirty (30) months of hire.</li> </ul>	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• <b>Copy of Official Bachelor's Level</b> College Transcripts</li> </ul> [MUST obtain and submit SA Counselor Certification within thirty (30) months of hire, then maintain the credential for continued eligibility]	<ul style="list-style-type: none"> <li>• Basic Living Skills (H0036) [Working under the supervision of a QSAP I or QSAP II]</li> <li>• Psychoeducational Services (H2027) [Working under the supervision of a QSAP I or QSAP II]</li> <li>• Medication Monitoring (H0034)</li> <li>• Crisis Intervention (H2011)</li> </ul>
<b>QPP</b> (Qualified Para-Professional)	An individual who meets the following minimum qualifications: <ul style="list-style-type: none"> <li>• A high school diploma or equivalent, <b>and</b></li> <li>• One (1) year of work experience directly related to job responsibilities, <b>and</b></li> <li>• Concurrent participation in clinical supervision by a licensed or certified QSAP I.</li> </ul>	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• High School Diploma or Equivalent</li> <li>• Current Résumé which demonstrates at least one (1) year of work experience directly related to job responsibilities {See guidelines on page 4}</li> </ul>	<ul style="list-style-type: none"> <li>• Basic Living Skills (H0036) [Working under the supervision of a QSAP I or QSAP II]</li> </ul>
<b>Peer Support Specialist</b>	1. An individual who meets the following minimum qualifications: <ul style="list-style-type: none"> <li>• A high school diploma or equivalent, <b>and</b></li> <li>• At least two (2) years of continuous sobriety, <b>and</b></li> <li>• Concurrent participation in clinical supervision by a licensed or certified QSAP I.</li> </ul> <p style="text-align: center;"><b>OR</b></p>	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• High School Diploma or Equivalent</li> <li>• Documentation of at least two (2) years of continuous sobriety</li> </ul> [MUST obtain and submit CRSS Certification within six (6) months of hire, then maintain the credential for continued eligibility]	<ul style="list-style-type: none"> <li>• Peer Counseling (H0038)</li> <li>• Psychoeducational Services (H2027)</li> <li>• Basic Living Skills (H0036)</li> <li>• Crisis Intervention (H2011)</li> </ul>
	2. An individual who meets the following minimum qualifications: <ul style="list-style-type: none"> <li>• Certified by ADMH as a Certified Recovery Support Specialist (CRSS), <b>and</b></li> <li>• Concurrent participation in clinical supervision by a licensed or certified QSAP I.</li> </ul>	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• Copy of ADMH CRSS Certification</li> </ul> [MUST maintain the credential for continued eligibility]	

# ADMHSA Application for Medicaid Eligibility

**APPLYING FOR CLINICAL/MEDICAL ELIGIBILITY LEVEL** (*check gray cell next to each level requested*):

*Please note that QSAP applicants will be approved for the highest level for which they qualify.*

Level	Eligibility Criteria:	Application Documents Required	Eligible to Provide (assumes completion of required training/certification):
<b>TCM-9 (Targeted Case Management – Target 9)</b>	An individual who meets the following minimum qualifications: <ul style="list-style-type: none"> <li>• A Bachelor of Arts or a Bachelor of Science degree, preferably in a human service-related field, <b>and</b></li> <li>• Training in a case management curriculum approved by ADMH, <b>and</b></li> <li>• Concurrent participation in clinical supervision by a licensed or certified QSAP I.</li> </ul>	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• <b>Copy of Official Bachelor's Level College Transcripts</b></li> <li>• Certification of completion of training in a case management curriculum approved by ADMH</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted Case Management – Target 9 (G9008:U9) [Working under the supervision of a QSAP I or QSAP II]</li> </ul>
<b>Physician</b>	A physician licensed under Alabama law to practice medicine or osteopathy.	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• Copy of license or evidence of license</li> </ul> [License must be maintained for continued eligibility]	<ul style="list-style-type: none"> <li>• Physician Medical Assessment and Treatment (H0004)</li> <li>• Treatment Plan Review (H0032)</li> </ul>
<b>PA (Physician Assistant)</b>	A physician assistant licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Medicaid Examiners.	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• Copy of license or evidence of license</li> </ul> [License must be maintained for continued eligibility]	<ul style="list-style-type: none"> <li>• Physician Medical Assessment and Treatment (H0004)</li> </ul>
<b>Pharmacist</b>	A pharmacist licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Pharmacy.	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• Copy of license or evidence of license</li> </ul> [License must be maintained for continued eligibility]	<ul style="list-style-type: none"> <li>• Medication Monitoring (H0034)</li> </ul>
<b>CRNP (Certified Registered Nurse Practitioner)</b>	A Certified Registered Nurse Practitioner (CRNP) licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses or multistate licensure privilege	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• Copy of license or evidence of license</li> </ul> [License must be maintained for continued eligibility]	<ul style="list-style-type: none"> <li>• Physician Medical Assessment and Treatment (H0004)</li> <li>• Injectable Medication Administration (96372)</li> <li>• Oral Medication Administration (H0033)</li> <li>• Medication Monitoring (H0034)</li> <li>• Crisis Intervention (H2011)</li> <li>• MH Care Coord (H0046)</li> <li>• Treatment Plan Review (H0032)</li> </ul>
<b>RN (Registered Nurse)</b>	A registered nurse licensed under Alabama law.	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• Copy of license or evidence of license</li> </ul> [License must be maintained for continued eligibility]	<ul style="list-style-type: none"> <li>• Injectable Medication Administration (96372)</li> <li>• Oral Medication Administration (H0033)</li> <li>• Medication Monitoring (H0034)</li> <li>• Basic Living Skills (H0036)</li> <li>• Psychoeducational Services (H2027)</li> <li>• Crisis Intervention (H2011)</li> <li>• MH Care Coord (H0046)</li> <li>• Treatment Plan Review (H0032)</li> </ul>
<b>LPN (Licensed Practical Nurse)</b>	A licensed practical nurse licensed under Alabama law.	<ul style="list-style-type: none"> <li>• Fully Completed and Signed Application</li> <li>• Copy of license or evidence of license</li> </ul> [License must be maintained for continued eligibility]	<ul style="list-style-type: none"> <li>• Injectable Medication Administration (96372) [Under the direction of a physician]</li> <li>• Oral Medication Administration – MAC Certified (H0033) [Under the direction of a physician]</li> <li>• Medication Monitoring (H0034)</li> <li>• Crisis Intervention (H2011)</li> <li>• MH Care Coord (H0046)</li> </ul>

---

# ADMHSA Application for Medicaid Eligibility

---

I certify that the above information is correct:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director/Clinical Director/Designee

\_\_\_\_\_  
Date

**Fully Complete, Signed Application must include all applicable documents associated with the requested eligibility level. Incomplete applications are not accepted.**

**GUIDELINES FOR DEMONSTRATION OF EXPERIENCE IN PROVISION OF SUBSTANCE ABUSE TREATMENT SERVICES:**

**When a résumé is required** (see “Application Documents Required” column of grid for each eligibility level), attach **current résumé** which clearly shows, **for each relevant employment segment:**

- Specific dates of employment (**month/day/year** through **month/day/year**)
- Name and Address of Employing Agency
- Clinical Supervisor(s) [*Agency staff who provided required clinical supervision*]
- Duties relative to supervised clinical experience in substance abuse treatment

---

**SUBMIT APPLICATIONS:**

**VIA EMAIL, PREFERRED:**

**Very clearly legible** documents may be scanned, **into a single pdf formatted document**, and emailed to: [Richetta.Muse@mh.alabama.gov](mailto:Richetta.Muse@mh.alabama.gov) and your ADMH Program Manager.

**Or:**

**VIA GROUND MAIL:**

Alabama Department of Mental Health &  
Substance Abuse Services  
**ATTN: Richetta Muse, SA Medicaid Specialist**  
100 North Union Street  
Suite 430  
Montgomery, AL 36104