

ICOTP APPLICATION



We are a group of addiction treatment providers working to effect changes in our industry that will promote ethical, transparent, and effective practices in addiction treatment that will more reliably provide long lasting success.

The attached application is to be used by current and prospective providers that wish to apply to the ICOTP. If you have any questions regarding the accreditation or the application, please contact ICOTP at +1 (800) 514 - 8911.

Application Instructions

Please follow these instructions carefully and submit your application only after it has been properly completed and the required supportive documentation has been prepared.

Please complete all applicable sections of the application. If a line or question does not apply to you, fill the line or question with "N/A." If an entire section does not apply to your application, place a check mark in the "N/A" box located in the section heading.

You may attach additional documentation if your information does not fit in the appropriate area; however, the spaces for the requested information must be completed.

Financial Disclosures: At the time of audit, you will be asked to provide financial records for the past two years, as well as financial projections for the next 12 months. You will also be audited for any marketing expenses, payments and revenue associated therewith. The audit will also review association with labs and costs, expenses and revenue related therewith. The goal of the audit is full transparency. The CEO of your organization should agree to these terms by signing the bottom of the application.

Legal Entity Information

1	Legal Entity Name	
2	Program/Facility Name	
3	Corporate Address	
	City	<input type="text"/>
	State	<input type="text"/>
	Zip Code	<input type="text"/>

4	Mailing Address	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> City <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> State <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Zip Code <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div>
5	Program Website(s)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
6	Entity Type	<p>The list of entities should be:</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> LLC</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> LLP</p> <p><input type="checkbox"/> General Partnership</p> <p><input type="checkbox"/> Other</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
7	Type of Organization	<p>The list of type of organizations should be:</p> <p><input type="checkbox"/> Profit</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Other</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
8	Is the applicant credentialed with the Joint Commission or any other organization?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> <p>If so, what is the applicant's membership number?</p> </div> <div style="border: 1px solid black; width: 50%; height: 40px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> <p>Please attach the most recent results of reviews performed by agency or organization.</p> </div> <div style="border: 1px solid black; width: 50%; height: 80px;"></div> </div>
9	Does the applicant have any active licences registered with the state?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> <p>If so, please attach copies of the license for each level of care.</p> </div> <div style="border: 1px solid black; width: 50%; height: 40px;"></div> </div>

10	Individual for Contact (Name & Title) (Preferably CEO, COO, or Clinical Director)	<table border="1"> <tr> <td data-bbox="716 170 943 233">Phone Number</td> <td data-bbox="943 170 1498 233"></td> </tr> <tr> <td data-bbox="716 233 943 300">Email Address</td> <td data-bbox="943 233 1498 300"></td> </tr> </table>	Phone Number		Email Address																	
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11	Facility Information	<table border="1"> <tr> <td data-bbox="716 363 943 426">County</td> <td data-bbox="943 363 1498 426"></td> </tr> <tr> <td data-bbox="716 426 943 489">City</td> <td data-bbox="943 426 1498 489"></td> </tr> <tr> <td data-bbox="716 489 943 552">State</td> <td data-bbox="943 489 1498 552"></td> </tr> <tr> <td data-bbox="716 552 943 615">Zip Code</td> <td data-bbox="943 552 1498 615"></td> </tr> <tr> <td data-bbox="716 615 943 678">Phone Number</td> <td data-bbox="943 615 1498 678"></td> </tr> <tr> <td data-bbox="716 678 943 846">Site-specific National Provider Identifier (NPI) Number</td> <td data-bbox="943 678 1498 846"></td> </tr> <tr> <td data-bbox="716 846 943 1035">Ownership Information</td> <td data-bbox="943 846 1498 1035"> <input type="checkbox"/> Owned by applicant <input type="checkbox"/> Owned by county <input type="checkbox"/> Leased <input type="checkbox"/> Other </td> </tr> <tr> <td data-bbox="716 1035 943 1098"></td> <td data-bbox="943 1035 1498 1098"></td> </tr> <tr> <td data-bbox="716 1098 943 1287">Facility Accreditation (i.e., CARF, Joint Commission, etc.)</td> <td data-bbox="943 1098 1498 1287"></td> </tr> <tr> <td data-bbox="716 1287 943 1350">Total Occupancy</td> <td data-bbox="943 1287 1498 1350"></td> </tr> </table>	County		City		State		Zip Code		Phone Number		Site-specific National Provider Identifier (NPI) Number		Ownership Information	<input type="checkbox"/> Owned by applicant <input type="checkbox"/> Owned by county <input type="checkbox"/> Leased <input type="checkbox"/> Other			Facility Accreditation (i.e., CARF, Joint Commission, etc.)		Total Occupancy	
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12	Does the program have multiple locations?																					
13	Facility Information - 2	<table border="1"> <tr> <td data-bbox="716 1486 943 1549">County</td> <td data-bbox="943 1486 1498 1549"></td> </tr> <tr> <td data-bbox="716 1549 943 1612">City</td> <td data-bbox="943 1549 1498 1612"></td> </tr> <tr> <td data-bbox="716 1612 943 1675">State</td> <td data-bbox="943 1612 1498 1675"></td> </tr> <tr> <td data-bbox="716 1675 943 1738">Zip Code</td> <td data-bbox="943 1675 1498 1738"></td> </tr> <tr> <td data-bbox="716 1738 943 1801">Phone Number</td> <td data-bbox="943 1738 1498 1801"></td> </tr> <tr> <td data-bbox="716 1801 943 1969">Site-specific National Provider Identifier (NPI) Number</td> <td data-bbox="943 1801 1498 1969"></td> </tr> </table>	County		City		State		Zip Code		Phone Number		Site-specific National Provider Identifier (NPI) Number									
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14	Facility Information - 3	<p><input type="text"/></p> <p>County</p> <p><input type="text"/></p> <p>City</p> <p><input type="text"/></p> <p>State</p> <p><input type="text"/></p> <p>Zip Code</p> <p><input type="text"/></p> <p>Phone Number</p> <p><input type="text"/></p> <p>Site-specific National Provider Identifier (NPI) Number</p> <p><input type="text"/></p> <p>Ownership Information</p> <p><input type="checkbox"/> Owned by applicant</p> <p><input type="checkbox"/> Owned by county</p> <p><input type="checkbox"/> Leased</p> <p><input type="checkbox"/> Other</p> <p><input type="text"/></p> <p>Facility Accreditation (i.e., CARF, Joint Commission, etc.)</p> <p><input type="text"/></p> <p>Total Occupancy</p> <p><input type="text"/></p>
15	Facility Information - 4	<p><input type="text"/></p> <p>County</p> <p><input type="text"/></p>

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	State	<input type="text"/>
	Zip Code	<input type="text"/>
	Phone Number	<input type="text"/>
	Site-specific National Provider Identifier (NPI) Number	<input type="text"/>
	Ownership Information	<input type="checkbox"/> Owned by applicant <input type="checkbox"/> Owned by county <input type="checkbox"/> Leased <input type="checkbox"/> Other
		<input type="text"/>
	Facility Accreditation (i.e., CARF, Joint Commission, etc.)	<input type="text"/>
	Total Occupancy	<input type="text"/>

Treatment Provider Information

1	Type of Services Offered (Select all that apply EITHER Residential or Non-Residential)	<p style="text-align: center;">Residential</p> <input type="checkbox"/> Detoxification <input type="checkbox"/> Treatment Planning <input type="checkbox"/> Group Sessions <input type="checkbox"/> Individual Sessions <input type="checkbox"/> Educational Sessions <input type="checkbox"/> Transitional Planning	<p style="text-align: center;">Non-Residential</p> <input type="checkbox"/> Detoxification <input type="checkbox"/> Treatment Planning <input type="checkbox"/> Group Sessions <input type="checkbox"/> Individual Sessions <input type="checkbox"/> Educational Sessions <input type="checkbox"/> Outpatient Treatment <input type="checkbox"/> Intensive Outpatient Program (IOP) <input type="checkbox"/> Case Management <input type="checkbox"/> Transitional Planning
2	Target Population	<input type="checkbox"/> General Population <input type="checkbox"/> Men Only <input type="checkbox"/> Women Only <input type="checkbox"/> Dual Diagnosis <input type="checkbox"/> Families <input type="checkbox"/> Co-Ed/Child (under the age of 18) /Dual Diagnosis <input type="checkbox"/> Women/Child (under the age of 18) /Dual Diagnosis <input type="checkbox"/> Women/Children (under the age of 18) <input type="checkbox"/> Co-Ed/Children (under the age of 18) <input type="checkbox"/> Elderly <input type="checkbox"/> Specialty Program (i.e., program designed for First Responders, Lawyers, etc.) <input type="checkbox"/> Other <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
3	Hours Of Operation	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	<div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div>
4	Occupancy - How many patients can be held within the facility?	Total Capacity Ambulatory	<div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

		Non-ambulatory	<input type="text"/>
		Bedridden	<input type="text"/>
		Number of Dependent Children (under the age of 18)	<input type="text"/>
5	Are services other than substance use disorder (SUD) treatment services provided at this location?		
		If so, please list them	<input type="text"/>
6	Please attach a program schedule for clinical services.		
7	What is the program's therapist to client ratio?		
		Resident (Res)	<input type="text"/>
		Partial Hospitalization Program (PHP)	<input type="text"/>
		Intensive Outpatient Program (IOP)	<input type="text"/>
8	Does the program/holding company or any principle members (e.g., executives or shareholders with more than 10%) own an interest in a lab?		
9	Does the program perform random drug testing for detox and inpatient patients?		
		If so, what is the program's protocol? (Please attach a copy)	<input type="text"/>
		If so, how much does the program bill insurance for the drug tests?	<input type="text"/>
		Are the drug tests sent out for confirmation?	<input type="text"/>
		If so, how much does the program bill insurance?	<input type="text"/>
		If so, how much does the lab separately bill insurance?	<input type="text"/>

10	Does the program perform random drug testing in IOP and sober living?	<div data-bbox="643 201 878 342">If so, what is the program's protocol? (Please attach a copy)</div> <div data-bbox="878 201 1498 342"></div> <div data-bbox="643 359 878 499">If so, how much does the program bill insurance for drug tests?</div> <div data-bbox="878 359 1498 499"></div> <div data-bbox="643 516 878 632">Are the drug tests sent out for confirmation?</div> <div data-bbox="878 516 1498 632"></div> <div data-bbox="643 648 878 764">If so, how much does the program bill insurance?</div> <div data-bbox="878 648 1498 764"></div> <div data-bbox="643 781 878 915">If so, how much does the lab separately bill insurance?</div> <div data-bbox="878 781 1498 915"></div>
11	List each additional lab test done on your patients, including but not limited to: Allergy tests, DNA tests, and so forth.	<div data-bbox="643 1073 878 1213">If so, what is the program's protocol? (Please attach a copy)</div> <div data-bbox="878 1073 1498 1213"></div> <div data-bbox="643 1230 878 1371">If so, how much does the program bill insurance for drug tests?</div> <div data-bbox="878 1230 1498 1371"></div> <div data-bbox="643 1388 878 1503">Are the drug tests sent out for confirmation?</div> <div data-bbox="878 1388 1498 1503"></div> <div data-bbox="643 1520 878 1635">If so, how much does the program bill insurance?</div> <div data-bbox="878 1520 1498 1635"></div> <div data-bbox="643 1652 878 1782">If so, how much does the lab separately bill insurance?</div> <div data-bbox="878 1652 1498 1782"></div>
12	What is the program's policy on how many times a client can be readmitted into the treatment center?	

13	What percentage of patients in the program's treatment center are readmissions?			
14	Total number of staff employed at the facility. Please attach an organizational chart for each location.		Name	Number of Staff
		Location		
		Location		
		Location		
		Location		

Administrative Organization Structure

Corportations and LLCs

N/A

1	Corporation Name	
2	Chief Executive Officer	
3	Employer Identification Number (EIN)	
4	Incorporation Date	
5	Place of Incorporation (City and State)	
6	Stockholder Information (Names and addresses of all persons who own 10% or more of Company Stock in the corporation)	
7	Governing Board of Directors	

Name	Title	Address	Phone	Term Expiration

Number of Board Members	
Term of Office	
Frequency of Meetings	
Method of Selection	

Partnerships

 N/A

1	Employer Identification Number (EIN)			
2	Type of Partnership			
3	Partner Information			
Name	Type (e.g., General vs. Limited) Phone	Business Address	City	Zip Code

Sole Proprietorship / Other Associations

 N/A

1	Organization's EIN or Sole Proprietor's SSN			
2	Listing of all individuals legally responsible for the Organization			
Name	Title	Telephone	Email Address	Management Exp.

Administrator, Program Director, Clinic Director Information

1	Name	
2	Title	
3	Telephone	
4	Email Address	
5	Address	

6	Management Experience			
Type	Title	Date Started	Date Ended	Reasoning

7	Professional License or Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, please list.

Type	Period Held	Issuing Agency

Self-Monitoring

1	What is your program's self-monitoring process to evaluate risk?	
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Marketing Practices

1	Please list all marketing practices utilized by the program (e.g., social media, internet, telephone, mail, staff marketers, call centers, etc.)	
2	Does the program market through the use of the Internet?	
	If so, how many websites does the program have and do they all have the program's treatment center name on them?	

		If so, what type of marketing does the program perform on the Internet?	
3	Does the program utilize staff marketers?		
		If so, how are they paid?	
		How are wages reported? (W2 or 1099)	
		Are they exclusive to the facility?	
		Does their compensation depend on their referral volume? If yes, how so?	
4	Does the program utilize call centers?		
		If so, are the call centers in-house or outsourced?	
5	Does the facility collect rent for Partially Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)?		
6	Does the facility pay for the sober living at another place, in which they do not own?		
7	What referral sources are used by the organization?		
CEO Affirmation			
CEO signature			