



# The Addiction Professional Business Learning Collaborative Application

*Elevating and Focusing Addiction, Co-Occurring and Recovery Business Practices for Sustainability, Fiscal Strength, Clinical Excellence, Recovery Orientation and Industry Leadership*

The Addiction Professional Business Learning Collaborative is an intensive, interactive program that is designed to help your organization maximize current funding and service opportunities inherent in healthcare reform and identify and address barriers to growth. *Space is limited. Submit your application to [misti@naadac.org](mailto:misti@naadac.org) by Wednesday, April 17, 2014!*

CONTACT INFORMATION			
<b>ORGANIZATION</b>			
Organization:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Website:	
NAADAC Organizational Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Years in Business:	Number of Locations:
Mission Statement:			
Type: <input type="checkbox"/> For profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Public <input type="checkbox"/> Private		Setting: <input type="checkbox"/> Rural <input type="checkbox"/> Frontier <input type="checkbox"/> Suburban <input type="checkbox"/> Urban	
Considered Part of a Recovery-Oriented System of Care (ROSC)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure			
<b>LEAD CHANGE LEADER</b>			
Name:			
Position:		How long?	
Phone:	E-mail:		
<b>CO-CHANGE LEADER</b>			
Name:			
Position:		How long?	
Phone:	E-mail:		
<b>ORGANIZATION LEADERSHIP</b>			
CEO Name:			
Phone:	E-mail:		
COO Name:			
Phone:	E-mail:		
CFO Name:			
Phone:	E-mail:		
Clinical Director Name:			
Phone:	E-mail:		

## BACKGROUND QUESTIONS

### PLEASE COMPLETE TO THE BEST OF YOUR ABILITY

What does the agency do really well—that you are really known for?

What services does the agency offer?

What populations does the agency serve?

Describe the agency's primary theoretical approach to how people get well, recover, or improve?

What is the agency's 2013 revenue?

Expenditures in 2013?

Break down, by percentage, the revenue flow by source (i.e. 20% private pay, 25% Medicaid, 15% grants, 25% private insurance, 15% city, state or federal etc.):

How much pro-bono care was provided in 2013?

Does your agency provide services to families? Please describe.

Describe partnerships, if any, with physical health providers (i.e. hospitals, physicians, urgent care, health homes, Accountable Care Organizations etc.)

Are there agencies or entities with whom you have MOUs or other written cooperative agreements? ☐ Yes ☐ No

How many unduplicated clients did your agency serve in 2013?

What "keeps you up at night" worrying regarding challenges that are, or may be, faced by your agency?

## BACKGROUND QUESTIONS

Which insurance panel(s) is your agent currently a part of? Is your agency a preferred provider with any insurance company or managed care organization?

Does your agency currently utilize and electronic health record? If so, which one?

☐ Yes ☐ No

How would you describe the billing, claims and collections process at your agency?

Have you added any new billing codes with the implementation of the affordable care act? If so, which ones?

☐ Yes ☐ No

Do you have protocols to help clients or potential clients find insurance benefits that may be available to them?

☐ Yes ☐ No

Does your agency currently measure outcomes? If so, briefly describe. ☐ Yes ☐ No

Does your agency have an active Quality Assurance Committee? ☐ Yes ☐ No

What do you believe distinguishes the addiction profession from other behavioral or mental health fields? What are our unique strengths, in your view?

As a result of fully participating in this Learning Collaborative, what would you most like to have happened, changed or improved within your agency?

## PAYMENT INFORMATION

### FEE

☐ \$4,700 for NAADAC Organizational Members      ☐ \$5,500 for non-NAADAC Organizational Members

### METHOD OF PAYMENT

☐ Check Enclosed (Made Payable to "NAADAC")      ☐ Pay by Credit Card:   ☐ VISA   ☐ MasterCard   ☐ Amex

### CREDIT CARD INFORMATION

Card Number:	Exp Date:
Name on Card:	
Address:	
City:	State:
ZIP:	
Signature:	Date:

## SIGNATURES

### CEO

I pledge my commitment to this Collaborative on behalf of my organization and agree to commit two staff members who will attend and participate in all aspects of this Collaborative.

Signature:	Date:
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### CO-CHANGE LEADER

I pledge my commitment to this Collaborative on behalf of my organization and agree to commit to attend and participate in all aspects of this Collaborative.

Signature:	Date:
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Signature:	Date:
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Mail completed applications to NAADAC, Attn: Misti Storie, 1001 N. Fairfax St, Ste 201, Alexandria, VA 22314  
or email to Misti Storie at [misti@naadac.org](mailto:misti@naadac.org)

More Information: [www.naadac.org/businesslearningcollaborative](http://www.naadac.org/businesslearningcollaborative)