



New York State Office of Alcoholism and Substance Abuse Services

Certified Screening, Brief Intervention and Referral to Treatment (SBIRT)

Practitioner Grand Parenting Application

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION:

1. This application must be completed and submitted by a **Medicaid eligible setting** for each staff member who meets the criteria to perform SBIRT as established in the *DOH Guidance Document - - Medicaid Guidelines for the Screening, Brief Intervention and Referral to Treatment (SBIRT)*:
http://www.health.state.ny.us/health_care/medicaid/program/update/2011/2011-06.htm#eme.
Applications are to be submitted by an authorized representative of a Medicaid Eligible SBIRT setting on behalf of qualified staff. Applications from individual practitioners WILL NOT be accepted.
2. OASAS will review SBIRT training which was completed prior to 1/1/12 to determine whether or not it satisfies the requirements for grand parenting. Only licensed/credentialed individuals listed in the guidance document who have completed at least four hours of SBIRT education/training will be considered. Healthcare Educators and unlicensed individuals will not be considered for grand parenting.
3. The grand parenting period is effective beginning July 1, 2011 and ending January 15, 2012. All applications must be postmarked by January 15, 2012 in order to be considered for grand parenting. Applications must include documentation of completion of SBIRT training as outlined in the *DOH Guidance Document - - Medicaid Guidelines for the Screening, Brief Intervention and Referral to Treatment (SBIRT) Program* completed on, or prior to January 1, 2012. Applicants seeking to become SBIRT Certified after 1/15/12 will be required to complete training through an OASAS Certified SBIRT Training Provider.
4. Approved applicants will be added to a New York State database of OASAS-certified SBIRT practitioners.

PROVIDER/ORGANIZATION INFORMATION

Name of Organization:

Address:

Name and Title of Authorized Representative of Organization:

Phone:

Email:

Signature of Authorized Representative:



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The authorized representative from a Medicaid eligible setting must submit a completed form for **each** staff member seeking grand parenting as a certified SBIRT Practitioner and who meets the criteria established in the *DOH Guidance Document - - Medicaid Guidelines for the Screening, Brief Intervention and Referral to Treatment (SBIRT) Program at the following link: http://www.health.state.ny.us/health_care/medicaid/program/update/2011/2011-06.htm#eme.*

Name of Practitioner:

Address

Home:

Work:

**Credential(s) which meet criteria to perform SBIRT:
(As outlined in the DOH Guidance Document referenced above)**

Email Address:

Home or Cell Phone:

Dates Performing SBIRT Services at this location (if applicable):

Title of Course(s)/Training(s) and Date(s) of Completion: (if required) (ASAM/ABAM Certified Physicians and CARN Certified Nurses may be grand parented and are recommended, but not required, to participate in the four hour training)

Name of Training Provider(s):

Number of Training Hours Completed:

Please attach a certificate of completion for all SBIRT training referenced above

Completed applications, including certificates, may be faxed to the attention of Karen Maikels, NYS OASAS at 518-485-2062 or submitted via Email to: karenmaikels@oasas.ny.gov.