LOUISIANA STATE OPIOID RESPONSE (LaSOR 2) PROJECT Office Based Opioid Treatment (OBOT) Application

Louisiana State University Health Science Center - New Orleans (LSUHSC-NO) and the Louisiana Department of Health/Office of Behavioral Health are seeking applicants to participate in the Louisiana State Opioid Response 3 (LaSOR) grant, to offer medications for opioid use disorder (MOUD). To be considered as a LaSOR 3 Office Based Opioid Treatment (OBOT) Provider within the LaSOR Hub and Spoke Model, an applicant must complete this application in its entirety, be a Physician or Clinician and accept patients that are under/uninsured or Medicaid eligible to be considered for this project. Each application will be reviewed by LSUHSC-NO and LDH/OBH. If you are selected as an OBOT/Spoke within the LaSOR 3 model, you will receive a letter of acceptance and contract to execute formal partnership for participation.

Please submit this form via e-mail to mhamri@lsushc.edu

Please Complete ALL Questions:							
1. Print Name as it appears on your curre Registration:	ent DEA Cert	ificate	2. DEA Identify	ing # ((SSN):		
3. Preferred Contact Information:							
Mailing Address:						,	
Street Phone:	Fax:	,	City		Zip		
Email:	i ux.					•	
-		T		-1	11	·	
4. License Numbers:		5. Have you ever been the subject of disciplinary action by your Licensing Board?					
LSBME CDS		If yes, please attach explanation.					
LSBN DEA			_	_			
			Yes	Circle C	No		
				Circle C	Yes	No	
6. Are you able to enroll 47 new LaSOR p	atients in th	e next y	ear?		Circle On		
			you willing to a		_	_	
			Spoke Care Team to collect the Government				
· -			Performance Results Act (GPRA) Data on the LaSOR patients, as federally required?				
LaSOR patients?	.11	Lason	patients, as re-	acrany	requireur		
Yes	No			Yes	No		
Circle One					Circle One		
9. Are you willing to contract with LSUHS rendered to LaSOR patients?	SC-NO for pay	yment o	of services		Yes	No	
rendered to Lasok patients:					Circle On	2	
10. Are you willing to allow the Spoke	11 Are vou	willing	to conduct bri	of scre	eners (i.e. P	ationt	
Care Team access to medical records	_	_	ability Index &			aticiit	
on LaSOR patients? Yes No	Questionna		-	Yes	No		
Circle One	proper patie	ent plac	ement?	103	Circle One		
	l corriges with	th tha ()minid	3 7			
12. Are you willing to coordinate referra Treatment Program (OTP) or Hub in your		tii tiie (ρισια	Yes	No Circle One		
13. For data collection purposes, are	Yes	No	14. Are you w	_		No	
you enrolled in the Medicaid Program? Circle (*Note on back page)		e	to treat pregnant Circle One individuals?		2		
14. Please list MAT practice sites and ac	ldresses:	<u>.</u>					
OBOT Applicant Signature:			Dat	e:			

Revised: 2021.25.08

*Note: As the State of Louisiana strives to address the opioid epidemic by increasing access to MOUD, LDH is working to streamline the Medicaid enrollment process. As a LaSOR partner, the State of Louisiana recommends enrolling as a Medicaid provider using the single statewide enrollment process to ensure sustainability of MOUD services after the LaSOR Project ends in September 2025.

For questions, contact: Michelle Hamrick, LCSW LSUHSC LaSOR Project Manager mhamri@lsuhsc.edu

2021 Perdido Street New Orleans, LA 70112 Phone: 504-903-9220