LOUISIANA STATE OPIOID RESPONSE (LaSOR 3) 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@lsuhsc.edu

P]	lease	Comp	lete	ALL	Questi	ons:

1. Print Name as it appears on your current DEA Certific Registration:	2. DEA Identifying # (SSN):						
3. Preferred Contact Information:							
Mailing Address:							
Street Phone: Fax:	Citv Zin						
Email:							
4. License Numbers:	5. Have you ever been the subject of disciplinary						
LSBME CDS	action by your Licensing Board? If yes, please attach explanation.						
LSBN DEA							
	Yes No						
	Circle One						
6. Are you able to enroll 47 new LaSOR patients in the next year? Yes No Circle One							
7. Are you willing to allow support services from a nurse and a Licensed Mental Health8. Are you willing to allow the LaSOR project Spoke Care Team to collect the Government Performance Results Act (GPRA) Data on the 							
patients? Yes No Circle One	Yes No						
9. Are you willing to contract with LSUHSC-NO for payment of services rendered Yes No							
to LaSOR patients?							
	Circle One						
Care Team access to medical records Eligibility Fo	willing to conduct brief screeners (i.e. Patient orm. Stability Index & Treatment Needs ire) to determine proper Yes No ement?						
12. Are you willing to coordinate referral services with							
Treatment Program (OTP) or Hub in your area?							
13. For data collection purposes, are you enrolled in the Medicaid Program?Yes Circle Ont Circle Ont(*Note on back page)	No 14. Are you willing to Yes No treat pregnant Circle One individuals?						
14. Please list MAT practice sites and addresses:							
OBOT Applicant Signature:	Date:						

*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