BEHAVIORAL HEALTH & ADDICTION TREATMENT SUPPLEMENTAL

Covers licensed addiction treatment programs (detox, residential, PHP/IOP, outpatient, medication-assisted treatment) and behavioral health facilities. Counseling practices use CWCO-SUP-MENTALHEALTH; sober living CWCO-SUP-SOBER. Complete with ACORD 125 and 126.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS

BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE | PHONE | EMAIL

STATE LICENSE / ACCREDITATION (TJC, CARF) | LICENSED BEDS (IF RESIDENTIAL)

2 OPERATIONS

Levels of care (check all that apply):
☐ Medical detox ☐ Residential ☐ Partial hospitalization (PHP) ☐ Intensive outpatient (IOP) ☐ Outpatient
☐ Opioid treatment program (methadone) ☐ Office-based MAT ☐ Adolescent program

ADMISSIONS PER YEAR | PHYSICIANS / PRESCRIBERS | OUT-OF-STATE PATIENTS (%)

2-1 Does the program provide medical detox? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the program use marketers, call centers, or paid referral sources? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the program serve adolescents? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Are restraint or seclusion ever used? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SUICIDE, DETOX, OVERDOSE & REFERRAL PRACTICES

Behavioral health claims most often involve suicide or self-harm, complications during detox, and overdoses after discharge — when tolerance is lowest. Paying for patient referrals carries federal criminal penalties under EKRA.

3-1 Is every patient screened for suicide risk at admission and at key transitions using a validated tool? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are environments assessed and modified to remove ligature points in residential areas? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 2-1, is detox medically supervised with withdrawal monitored on a validated scale? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are patients given naloxone and overdose education at discharge? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-2, has counsel reviewed marketing and referral arrangements under EKRA and state patient-brokering laws? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-4, are restraint and seclusion used only per written policy by trained staff? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-4, is every restraint or seclusion use reviewed? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has a patient died by suicide or overdose during treatment or within 30 days of discharge? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — CONTROLLED SUBSTANCES, RECORDS & STAFFING

4-1 Are controlled substances (including methadone and buprenorphine) double-locked with daily counts? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are SUD records handled under 42 CFR Part 2 consent and disclosure rules? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, are youth protection rules in place (no unobserved one-on-one contact, mandated reporting)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are staff-patient boundary rules written and enforced? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Is suspected staff misconduct reported to regulators and law enforcement as required? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-13 Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	TOTAL PAYROLL ($)	COMMERCIAL INSURANCE (% OF REVENUE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL & GENERAL LIABILITY CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT	REGULATORY / BILLING E&O (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are adverse events reviewed through a root-cause analysis process? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is there a compliance program with a compliance officer and billing audits? ☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE