Behavioral Health Organizational Provider Addendum

**Instructions:** This document must be completed in its entirety for any Behavioral Health agreement.

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| **Date Completed:** | **Provider Name:** | **Tax ID:** |

**Complete for each Service Location that is part of the application. (Attach additional pages, if necessary.)**

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| **Behavioral Health Services Provided for Service Location 1 of \_\_\_\_\_:** (check all that apply) | |
| |  |  |  | | --- | --- | --- | | **Group NPI:** | **Physical Street Address:** | **City, State, Zip:** | | |
| **Population(s) Served:  Adult, Ages 21+  Children/Adolescents, Ages 0-20** | |
| **Are you able to provide services to any of the following special needs populations? (Check all that apply)**  **Deaf/Hearing Impaired  Blind/Vision Impaired**  **Developmental Disability  Physical Disability**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Are the following areas in your office ADA Compliant? (Check all that apply)**  **Internal Building  External Building  Office(s) Therapy Room(s)  Parking  Bathroom(s)  Equipment  Programmatic Access** | |
| **Crisis Services (Behavioral Health)** | **Location-Based Services (Behavioral Health)** |
| **Alcohol Drug Abuse Treatment Center (Adult)**  **Alcohol Drug Abuse Treatment Center (Pediatric)**  **Ambulatory Withdrawal Management (Adult)**  **Ambulatory Withdrawal Management (Pediatric)**  **Clinically Managed Residential Withdrawal (Adult)**  **Clinically Managed Residential Withdrawal (Pediatric)**  **Community-Based Structured Crisis (CBSCC)**  **Crisis Intervention**  **Crisis Stabilization**  **Detox (Adult)**  **Detox (Pediatric)**  **Facility-based Service (Adult)**  **Facility-based Service (Pediatric)**  **Non-hospital Medical Detoxification Facility (Adult)**  **Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Intensive Treatment Family Care**  **Medically Supervised Withdrawal Management**  **Medication Assisted Treatment (MAT)**  **Opioid Treatment (Adult)**  **Psychosocial Rehabilitation (Adult)**  **Substance Abuse Outpatient Program (Adult)**  **Substance Abuse Outpatient Program (Pediatric)**  **Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Inpatient Behavioral Health Services** | **Outpatient Behavioral Health Services** |
| **Acute Care Hospitals with Adult Inpatient Substance Use Beds**  **Acute Care Hospitals with Adolescent Inpatient Substance Use Beds**  **Acute Care Hospitals with Adult Inpatient Psychiatric Beds**  **Acute Care Hospitals with Adolescent Inpatient Psychiatric Beds**  **Acute Care Hospitals with Child Inpatient Psychiatric Beds**  **Alcohol Drug Abuse Treatment Center (Adult)**  **Alcohol Drug Abuse Treatment Center (Pediatric)**  **Detox (Adult)**  **Detox (Pediatric)**  **Eating Disorder - Inpatient**  **Electroconvulsive Therapy (ECT) – Inpatient**  **Medically Supervised or Alcohol and Drug Abuse Treatment Center (ADATC)**  **Mental Health - Inpatient**  **Observation**  **Other Hospitals with Adult Inpatient Psychiatric Beds**  **Other Hospitals with Adolescent Inpatient Psychiatric Beds**  **Other Hospitals with Child Inpatient Psychiatric Beds**  **Other Hospitals with Adult Inpatient Substance Use Beds**  **Other Hospitals with Adolescent Inpatient Substance Use Beds**  **Partial Hospitalization Program (PHP) – Mental Health (Adult)**  **Partial Hospitalization Program (PHP) – Mental Health (Pediatric)**  **Partial Hospitalization Program (PHP) – Substance Abuse (Adult)**  **Partial Hospitalization Program (PHP) – Substance Abuse (Pediatric)**  **Residential Treatment – Chemical Dependency**  **Residential Treatment – Mental Health (PRTF)**  **Substance Abuse - Inpatient**  **Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Behavioral Health Urgent Care Clinics**  **Community Based Services**  **Day Treatment – Mental Health**  **Day Treatment – Substance Abuse**  **Electroconvulsive Therapy (ECT) - Outpatient**  **Intensive Outpatient Program (IOP) – Mental Health (Adult)**  **Intensive Outpatient Program (IOP) – Mental Health (Pediatric)**  **Intensive Outpatient Program (SAIOP) – Substance Abuse (Adult)**  **Intensive Outpatient Program (SAIOP) – Substance Abuse (Pediatric)**  **Intensive Treatment Family Care**  **OP Treatment Services – Mental Health (Adult)**  **OP Treatment Services – Mental Health (Pediatric)**  **OP Treatment Services – Substance Abuse (Adult)**  **OP Treatment Services – Substance Abuse (Pediatric)**  **Peer Support**  **Program of Assertive Community Treatment (PACT)**  **Psychological Testing**  **Substance Abuse Comprehensive Treatment Program (SACOT)**  **Targeted Case Management**  **Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Behavioral Health Services Provided for Service Location \_\_\_ of \_\_\_\_\_:** (check all that apply) | |
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