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) |
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| **Group NPI:** | **Physical Street Address:** | **City, State, Zip:** |

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| **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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