

Facility/Program Credentialing Location and Services Form

Facility Checklist (2 pages)

To ensure timely processing of your application, please return the following:

- ☐ Completed Service Location Addendum(s) - One per Service Location (Attached please copy as needed)
- ☐ Copies of all applicable state or agency licenses
- ☐ National Provider Identification (NPI)
- ☐ Staff Roster if applicable **(Required for WA state DCRs)**
<https://providerportal.carelonbehavioralhealth.com>
(Credentialing/Facility Roster)

Accreditation certificate(s):

- ☐ Accreditation Association for Ambulatory Health Care (AAAHC)
- ☐ American Osteopathic Association (AOA)
- ☐ Council on Accreditation of Rehabilitation Facilities (CARF)
- ☐ Community Health Accreditation Program (CHAP)
- ☐ Council On Accreditation (COA)
- ☐ Det Norske Veritas (DNV)
- ☐ Healthcare Facilities Accreditation Program (HFAP)
- ☐ The Joint Commission (TJC)
- ☐ Current CMS/State Site Visit/Survey (If not Accredited) (Not required if deemed rural) [Find a Health Center \(hrsa.gov\)](#)

Certification(s):

- ☐ Other state licensure reports (i.e., Dept. of Human Services, Dept. of Mental Health and Mental Retardation)
Please specify: _____
- ☐ Substance Abuse and Mental Health Services Administration (SAMHSA)
- ☐ NDA Approval Letter - Department of Health and Human Services Spravato (esketamine)
(include copy of letter)
- ☐ Clinical Laboratory Improvement Amendments (CLIA), if applicable
- ☐ Medicaid
- ☐ Medicare
- ☐ Quality Assurance Policies and Procedures (QA P&P)
- ☐ Hiring Policies (Employment and Background Policies)

Credentialing Contact information

Name: _____ Email: _____

Phone: _____

INSTRUCTIONS: Please complete this form for each site location associated with the facility and indicate ALL services for the location. If more than 15 locations, provide the SAME services, please complete one (1) form and submit a roster in PDF format of all other locations providing the SAME services.

If any locations provide DIFFERENT/ADDITIONAL services, you must complete a form for the location(s) providing different/additional services (photocopy as needed). **Any locations or programs not identified will not be credentialed.**

Service Location ___ of ___

Billing Address: (Please confer with your Billing Dept.)

Site NPI

Site Name

Tax ID

Service Address Line 1

Billing Address Line 1

Service Address Line 2

Billing Address Line 2

City

State

ZIP

City

State

ZIP

Phone Number

Phone Number

Medicare Number

Medicaid Number:

OASAS PRU ID (NY Specific)

This location is:

FQHC

Article 28

Article 31

Article 32

Americans with Disabilities Act Compliant

Yes

No

Accessible by Public Transportation

Yes

No

School Based

Yes

No

PROGRAMS OFFERED AT LOCATION (NATIONAL)	# OF UNITS	AGE 0-12	AGE 13-17	AGE 18-64	AGE 65+	PROGRAM CODE(S)
23-HOUR OBSERVATION	N/A					F.HOB
ABA	N/A					P.ABA
AMBULATORY/DETOX/OUTPATIENT – MEDICALLY SUPERVISED WITHDRAWAL	N/A					P.OCA P.ODA
CRISIS INTERVENTION	N/A					P.CRI
CRISIS STABILIZATION	N/A					F.CR
DAY TREATMENT (PSYCHIATRIC)	N/A					P.DP
DAY TREATMENT (SUBSTANCE USE)	N/A					P.DC
DAY TREATMENT DUAL DIAGNOSIS	N/A					P.DX
DAY TREATMENT EATING DISORDER	N/A					P.DE
EMPLOYEE ASSISTANCE PROGRAM (EAP)	N/A					P.EAP
HALFWAY HOUSE	N/A					F.HWH
HOME HEALTH	N/A					P.HOM
INPATIENT (ACUTE) DETOXIFICATION						F.AD
INPATIENT DUAL DIAGNOSIS						F.AX
INPATIENT EATING DISORDER						F.AE
INPATIENT PSYCHIATRIC (190-DAY LIFETIME LIMIT)						F.190
INPATIENT PSYCHIATRIC						F.AP
INPATIENT SUBSTANCE USE REHAB						F.AC
INTENSIVE OUTPATIENT (PSYCHIATRIC)	N/A					P.IP
INTENSIVE OUTPATIENT (SUBSTANCE USE)	N/A					P.IC
INTENSIVE OUTPATIENT DUAL DIAGNOSIS	N/A					P.IX
INTENSIVE OUTPATIENT EATING DISORDER	N/A					P.IE
MOBILE CRISIS	N/A					F.CRM P.MOB
OUTPATIENT CLINIC (PSYCHIATRIC)	N/A					P.CP P.OPP
OUTPATIENT CLINIC (SUBSTANCE USE)	N/A					P.CC P.OPR
OUTPATIENT CLINIC DUAL DIAGNOSIS	N/A					P.CX
PARTIAL HOSPITAL DUAL DIAGNOSIS						P.PX
PARTIAL HOSPITAL EATING DISORDER						P.PE
PARTIAL HOSPITALIZATION (PSYCHIATRIC)						P.PP
PARTIAL HOSPITALIZATION (SUBSTANCE USE)						P.PC
PEER DELIVERED	N/A					P.PDS
PEER SUPPORT	N/A					F.PES
RESIDENTIAL REHABILITATION – MEDICAID ONLY						F.RRE
RESIDENTIAL REINTEGRATION – MEDICAID ONLY						F.RRI

PROGRAMS OFFERED AT LOCATION (NATIONAL)		# OF UNITS	AGE 0-12	AGE 13-17	AGE 18-64	AGE 65+	PROGRAM CODE(S)
RESIDENTIAL STABILIZATION – MEDICAID ONLY							F.RST
RESIDENTIAL TREATMENT (PSYCHIATRIC)							F.RP
RESIDENTIAL TREATMENT (SUBSTANCE USE)							F.RC
RESIDENTIAL TREATMENT EATING DISORDER							F.RE
RESIDENTIAL TREATMENT DUAL DIAGNOSIS							F.RX
TREATMENT GROUP HOME		N/A					F.GPH
TELEHEALTH SERVICES (PSYCHIATRIC)		N/A					P.THM P.TPS
TELEHEALTH SERVICES (SUBSTANCE USE)		N/A					P.THD
MAT SERVICES (NATIONAL)		# OF UNITS	AGE 0-12	AGE 13-17	AGE 18-64	AGE 65+	SAMHSA CERTIFIED PROGRAM CODE
OPIOID TREATMENT PROGRAM (OTP) (SAMHSA CERTIFICATION REQUIRED)		N/A					Yes No F.NRO
OPIOID TREATMENT – METHADONE MAINTENANCE THERAPY *INDICATE # OF DAYS PER WEEK IN # OF UNITS COLUMN							N/A P.MM P.OMM
OPIOID TREATMENT – SUBOXONE							N/A P.SXN
OPIOID TREATMENT – VIVITROL							N/A P.VVT
ASAM SERVICES (COLORADO SPECIFIC)		# OF UNITS	AGE 0-12	AGE 13-17	AGE 18-64	AGE 65+	PROGRAM CODE
ASAM 3.1 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM.							F.AS1
ASAM 3.2 WM - ALCOHOL AND/OR OTHER DRUG SERVICES, ACUTE DETOXIFICATION							F.A2W
ASAM 3.3 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM.							F.AS3
ASAM 3.5 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM							F.A5S
ASAM 3.7 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM							F.AS7
ASAM 3.7 WM - ALCOHOL AND/OR OTHER DRUG SERVICES, ACUTE DETOXIFICATION							F.A7W
BLOCK GRANT SERVICES (KANSAS SPECIFIC)		# OF UNITS	AGE 0-12	AGE 13-17	AGE 18-64	AGE 65+	PROGRAM CODE
ACUTE DETOXIFICATION TREATMENT MODALITY							F.AD
INPATIENT TREATMENT MODALITY (HOSPITAL BASED RESIDENTIAL)							F.RC
INTERMEDIATE TREATMENT MODALITY (RESIDENTIAL)							F.IT
REINTEGRATION TREATMENT MODALITY (RESIDENTIAL)							F.RR
ALCOHOL AND DRUG ASSESSMENT AND REFERRAL PROGRAM (KCPC ASSESSMENT)		N/A					P.AST
INTENSIVE OUTPATIENT TREATMENT MODALITY		N/A					F.IT
CASE MANAGEMENT SERVICES		N/A					P.CM
OUTPATIENT TREATMENT MODALITY – INDIVIDUAL COUNSELING		N/A					P.I1
OUTPATIENT TREATMENT MODALITY – GROUP COUNSELING		N/A					P.G1
PEER SUPPORT (PLEASE PROVIDE CERTIFICATION)		N/A					F.PES
29-1 VOLUNTARY FOSTER CARE SERVICES (NEW YORK SPECIFIC)		# OF UNITS	AGE 0-12	AGE 13-17	AGE 18-64	AGE 65+	PROGRAM CODE
FOSTER CARE – ALCOHOL & DRUG TESTING							F.ALC
FOSTER CARE – DEVELOPMENTAL TESTING							F.DTA
FOSTER CARE – NEUROPSYCH TESTING/EVAL SERVICES							F.NET
FOSTER CARE – OFFICE VISIT / PSYCHOTROPIC MEDICATION TREATMENT							P.NOF
FOSTER CARE – PSYCHIATRIC DIAGNOSTIC EXAM							F.DIA
FOSTER CARE – PSYCHOTHERAPY (INDIVIDUAL & FAMILY)							F.PTH
FOSTER CARE – PSYCHOTHERAPY GROUP							F.GTH
FOSTER CARE – SCREENING-DEVELOPMENTAL/EMOTIONAL/BEHAVIORAL							F.DES
FOSTER CARE – SMOKING CESSATION TREATMENT							F.SMO
ADULT HARP & HCBS SERVICES (NEW YORK SPECIFIC)		# OF UNITS			AGE 18-64	AGE 65+	PROGRAM CODE
EDUCATION SUPPORT SERVICES		N/A	N/A	N/A			P.ESS
HABILITATION/RESIDENTIAL SUPPORT SERVICES		N/A	N/A	N/A			P.HRS
INTENSIVE SUPPORTED EMPLOYMENT		N/A	N/A	N/A			P.ISE
MOBILE CRISIS INTERVENTION		N/A	N/A	N/A			P.MCI
ONGOING SUPPORTED EMPLOYMENT		N/A	N/A	N/A			P.OSE
PREVOCATIONAL SERVICES		N/A	N/A	N/A			P.PVS
PROVIDER TRAVEL SUPPLEMENT		N/A	N/A	N/A			F.TRV
TRANSITIONAL EMPLOYMENT		N/A	N/A	N/A			P.TRE
CORE SERVICES (NEW YORK SPECIFIC)		# OF UNITS			AGE 18-64	AGE 65+	PROGRAM CODE
COMMUNITY PSYCHIATRIC SUPPORT & TREATMENT (CORE)		N/A	N/A	N/A			P.CPD
PEER SUPPORTS (CORE)		N/A	N/A	N/A			P.PPD
FAMILY SUPPORT AND TREATMENT (CORE)		N/A	N/A	N/A			P.FSC
PSYCHOSOCIAL REHABILITATION (CORE)		N/A	N/A	N/A			P.PSD

CHILDREN'S HCBS SERVICES (NEW YORK SPECIFIC)	# OF UNITS	AGE 0-20				PROGRAM CODE
CAREGIVER FAMILY SUPPORTS & SERVICES	N/A		N/A	N/A	N/A	F.CFI
CAREGIVER FAMILY SUPPORTS & SERVICES – GROUP OF 2	N/A		N/A	N/A	N/A	F.CFG
CAREGIVER FAMILY SUPPORTS & SERVICES – GROUP OF 3	N/A		N/A	N/A	N/A	F.CFG
COMMUNITY HCBS HABILITATION INDIVIDUAL	N/A		N/A	N/A	N/A	F.HCH
COMMUNITY HCBS HABILITATION GROUP OF 2	N/A		N/A	N/A	N/A	F.HCH
COMMUNITY HCBS HABILITATION GROUP OF 3	N/A		N/A	N/A	N/A	F.HCH
COMMUNITY SELF-ADVOCACY & SUPPORT – GROUP 2	N/A		N/A	N/A	N/A	F.CAG
COMMUNITY SELF-ADVOCACY & SUPPORT – GROUP OF 3	N/A		N/A	N/A	N/A	F.CAG
COMMUNITY SELF-ADVOCACY & SUPPORT INDIVIDUAL	N/A		N/A	N/A	N/A	F.CSI
CRISIS RESPITE – LESS THAN 4 HOURS	N/A		N/A	N/A	N/A	F.CRT
CRISIS RESPITE – MORE THAN 12 LESS THAN 24 HOURS	N/A		N/A	N/A	N/A	F.CRT
CRISIS RESPITE – MORE THAN 4 HOURS LESS THAN 12 HOURS	N/A		N/A	N/A	N/A	F.CRT
DAY HCBS HABILITATION INDIVIDUAL	N/A		N/A	N/A	N/A	F.HDH
DAY HCBS HABILITATION GROUP OF 2	N/A		N/A	N/A	N/A	F.HDH
DAY HCBS HABILITATION GROUP OF 3	N/A		N/A	N/A	N/A	F.HDH
PALLIATIVE CARE EXPRESSIVE THERAPY	N/A		N/A	N/A	N/A	F.PET
PALLIATIVE CARE MASSAGE THERAPY	N/A		N/A	N/A	N/A	F.PMT
PLANNED RESPITE – INDIVIDUAL PER DIEM	N/A		N/A	N/A	N/A	F.PPR
PLANNED RESPITE – INDIVIDUAL (UNDER 4 HOURS)	N/A		N/A	N/A	N/A	F.PPR
PLANNED RESPITE – GROUP LESS THAN 4 HOURS	N/A		N/A	N/A	N/A	F.PPG
PREVOCATIONAL SERVICES-INDIVIDUAL	N/A		N/A	N/A	N/A	F.PVI
PREVOCATIONAL SERVICES – GROUP OF 2	N/A		N/A	N/A	N/A	F.PVG
PREVOCATIONAL SERVICES – GROUP OF 3	N/A		N/A	N/A	N/A	F.PVG
SUPPORTED EMPLOYMENT	N/A		N/A	N/A	N/A	F.SUP
CHILDREN'S CTFSS SERVICES (NEW YORK SPECIFIC)	# OF UNITS	AGE 0-20				PROGRAM CODE
CHILDRENS MOBILE CRISIS INTERVENTION-2 LP 90-180 MINUTES	N/A		N/A	N/A	N/A	F.CM1
CHILDRENS MOBILE CRISIS INTERVENTION-2 LP OVER 3HR	N/A		N/A	N/A	N/A	F.CM2
CHILDRENS MOBILE CRISIS INTERVENTION-1 LP F2F FOLLOW UP	N/A		N/A	N/A	N/A	F.CM3
CHILDRENS MOBILE CRISIS INTERV-1 PEER F2F FOLLOW UP	N/A		N/A	N/A	N/A	F.CM4
CHILDRENS MOBILE CRISIS INTERV-1 LP 1 PEER F2F FOLLOW UP	N/A		N/A	N/A	N/A	F.CM5
CHILDRENS MOBILE CRISIS INTERV-1 LP TELEPHONIC FOLLOW UP	N/A		N/A	N/A	N/A	F.CM6
CHILDRENS MOBILE CRISIS INTERV-1 PEER TELEPHONIC FOLLOW UP	N/A		N/A	N/A	N/A	F.CM7
CPST SERVICE PROFESSIONAL (ONSITE)	N/A		N/A	N/A	N/A	F.CSP
CPST SERVICE PROFESSIONAL (OFFSITE)	N/A		N/A	N/A	N/A	F.COI
CPST SERVICE PROFESSIONAL GROUP (ONSITE)	N/A		N/A	N/A	N/A	F.CSG
CPST SERVICE PROFESSIONAL GROUP (OFFSITE)	N/A		N/A	N/A	N/A	F.COG
CRISIS INTERVENTION – 1 LICENSED PRACTITIONER	N/A		N/A	N/A	N/A	F.CLP
CRISIS INTERVENTION – 1 LP AND PEER SUPPORT	N/A		N/A	N/A	N/A	F.CPE
CRISIS INTERVENTION – 2 CLINICIANS 1 LP	N/A		N/A	N/A	N/A	F.C90
CRISIS INTERVENTION – 2 LP'S	N/A		N/A	N/A	N/A	F.C2P
FAMILY PEER SUPPORT SERVICE (FPSS) PROFESSIONAL	N/A		N/A	N/A	N/A	F.FSP
FAMILY PEER SUPPORT SERVICE (FPSS) GROUP	N/A		N/A	N/A	N/A	F.FSG
FPSS/YPSS (OFFSITE)	N/A		N/A	N/A	N/A	F.FOI F.YOI
FPSS/YPST GROUP (OFFSITE)	N/A		N/A	N/A	N/A	F.FOG
OLP COUNSELING INDIVIDUAL	N/A		N/A	N/A	N/A	F.OCI
OLP CRISIS	N/A		N/A	N/A	N/A	F.OLC
OLP CRISIS COMPLEX CARE	N/A		N/A	N/A	N/A	F.OCC
OLP CRISIS TRIAGE	N/A		N/A	N/A	N/A	F.OCT
OLP FAMILY COUNSELING	N/A		N/A	N/A	N/A	F.OLF
OLP GROUP	N/A		N/A	N/A	N/A	F.OCG
OTHER LICENSED PROFESSIONAL - OLP LICENSED EVALUATION	N/A		N/A	N/A	N/A	F.OLE
PSR SERVICE PROFESSIONAL (ONSITE)	N/A		N/A	N/A	N/A	F.PSP
PSR SERVICE PROFESSIONAL (OFFSITE)	N/A		N/A	N/A	N/A	F.OPP
PSR SERVICE PROFESSIONAL GROUP (ONSITE)	N/A		N/A	N/A	N/A	F.PSG
PSR SERVICE PROFESSIONAL GROUP (OFFSITE)	N/A		N/A	N/A	N/A	F.OPS
YOUTH PEER SUPPORT & TRAINING (YPSS) - INDIVIDUAL	N/A		N/A	N/A	N/A	F.YSP
YOUTH PEER SUPPORT & TRAINING (YPSS) - GROUP (YPSS)	N/A		N/A	N/A	N/A	F.YSG
MEDICAID ADVANTAGE PLUS (NEW YORK SPECIFIC)	# OF CAPACITY	AGE 0-12	AGE 13-17	AGE 18-64	AGE 65+	PROGRAM CODE
ASSERTIVE COMMUNITY TREATMENT (ACT)						P.ACT
ADULT INTENSIVE CARE RESIDENCE	N/A					F.NCR
ADULT RESIDENTIAL CRISIS SUPPORT	N/A					F.NCS
CHILDRENS CRISIS RESIDENCE	N/A					F.NCC

MEDICAID ADVANTAGE PLUS (NEW YORK SPECIFIC)	# OF CAPACITY	AGE 0-12	AGE 13-17	AGE 18-64	AGE 65+	PROGRAM CODE
COMMUNITY INTEGRATION COUNSELING	N/A					P.COM
CONTINUING DAY TREATMENT						P.CDT
INTENSIVE CRISIS RESIDENCE (ICR) 18-20 YEARS	N/A					F.NIC
INTENSIVE CRISIS STABILIZATION CENTER	N/A					F.ICS
INTENSIVE PSYCHIATRIC REHABILITATION TREATMENT	N/A					P.IPR
MOBILE CRISIS	N/A					F.CRM P.MOB
MOBILE CRISIS INTERVENTION SERVICES – TELEPHONIC CRISIS	N/A					F.CPT
MOBILE CRISIS INTERVENTION SERVICES – FOLLOW UP	N/A					F.MCF
MOBILE MENTAL HEALTH TREATMENT	N/A					P.MMH
NYS OMH LICENSED COMMUNITY RESIDENCES	N/A					P.NYS
PARTIAL HOSPITALIZATION – COLLATERAL	N/A					F.PHC
PARTIAL HOSPITALIZATION – CRISIS	N/A					F.PCR
PARTIAL HOSPITALIZATION – GROUP COLLATERAL	N/A					F.PHG
PARTIAL HOSPITALIZATION – REGULAR	N/A					F.PHR
PEER MENTORING	N/A					P.PEM
PERSONALIZED RECOVERY ORIENTED SERVICES (PROS)	N/A					P.PRO
POSITIVE BEHAVIORAL INTERVENTIONS SUPPORTS (PBIS)	N/A					P.PBI
RESIDENTIAL CRISIS SUPPORT 18-20 YEARS	N/A					F.NRC
SUPPORTIVE CRISIS STABILIZATION CENTER	N/A					F.SCS
STRUCTURED DAY PROGRAM	N/A					P.SDP
BEACON HEALTH OPTIONS OF PENNSYLVANIA	# OF UNITS	AGE 0-20	AGE 13-17	AGE 18-64	AGE 65+	PROGRAM CODE
ACUTE PARTIAL HOSPITALIZATION	N/A					F.AHO
ADOLESCENT DIVERSION AND STABILIZATION UNIT	N/A					P.DAS
ADULT FAMILY FOCUSED SOLUTIONS BASED SERVICES- INDIVIDUAL	N/A					P.FFA
ASSERTIVE COMMUNITY TX TEAM/ COMMUNITY TX TEAMS	N/A					P.CTT
BEHAVIORAL HEALTH HOTLINE SVC (TELEPHONE CRISIS)	N/A					F.CPT
BSU DIAGNOSTIC ASSESSMENT, BY NON-PHYSICIAN (MH DIAGNOSTIC ASSESSMENT)	N/A					P.BSU
CLOZAPINE SUPPORT	N/A					P.ZPE
COMMUNITY MENTAL HEALTH/ OTHER (MOBILE MEDS)	N/A					F.MDM
CRISIS INTERVENTION SVC (MOBILE CRISIS)	N/A					F.CRM
CRISIS INTERVENTION SVC (WALK-IN CRISIS)	N/A					F.CRW
CRISIS INTERVENTION SVC, MH SVCS (CRISIS RESIDENTIAL)	N/A					F.CRH
DUAL DIAGNOSIS TREATMENT TEAM	N/A					P.DTT
EATING DISORDER TREATMENT	N/A					P.OED
EXTENDED ACUTE CARE- INPATIENT	N/A					F.EAC
FAMILY BASED SERVICES	N/A					P.FBS
FEDERALLY QUALIFIED HEALTH CLINIC	N/A					F.QHC
INDIVIDUAL THERAPY PARENT-CHILD INTERACTION THERAPY (PCIT)	N/A					P.PCT
INTENSIVE BEHAVIORAL HEALTH SERVICES	N/A					P.IBH
LABORATORY	N/A					P.LAB
LONG TERM REHAB 3.5 H HIGHEST INTENSITY	N/A					F.NLR
LONG TERM STRUCTURED RESIDENTIAL	N/A					P.LTR
MULTI-SYSTEMIC THERAPY	N/A					P.MST
PSYCH REHAB CLUBHOUSE	N/A					P.PSC
RESOURCE COORDINATION SUBSTANCE USE DISORDER; CASE MANAGEMENT (SUDRC)	N/A					F.RCO
SINGLE COUNTY AUTHORITY (SCA) SERVICE PLAN ASSESSMENT	N/A					P.SCA
SMOKING AND TOBACCO USE CESSATION	N/A					F.SMC
SUBSTANCE USE DISORDER CASE COORDINATION	N/A					P.DAC
SUBSTANCE USE DISORDER ICM SUBSTANCE USE DISORDER SERVICES; CASE MANAGEMENT (SUDICM)	N/A					P.GC
SUBSTANCE USE DISORDER OP IN AN ALTERNATIVE SETTING - INDIVIDUAL	N/A					P.ALT
SUBSTANCE USE DISORDER RECOVERY SPECIALIST	N/A					P.DAR
TARGETED CASE MANAGEMENT (BLENDED CASE MANAGEMENT)	N/A					P.BCM
TRAUMA FOCUSED SERVICES	N/A					P.TFS
WITHDRAWAL MANAGEMENT 3.7	N/A					F.RDA F.RDL

SPECIALTY SERVICES (NATIONAL)	# OF UNITS	AGE 0-12	AGE 13-17	AGE 18-64	AGE 65+	PROGRAM CODE
CPEP						P.CPE
CRISIS/EVALUATION INER						F.CRE
ECT						P.ECT
HARM REDUCTION						F.HRC
SDE (STATE DESIGNATED IDENTITY)						F.SDE
SPECIAL CONNECTIONS SERVICES						
TRANSPORTATION SERVICES						P.TET
OTHER PSYCH, SUB USE SERVICE: _____						

If you indicated the facility is providing services for Inpatient Detox and/or Inpatient Substance Use Rehab, answer the below questions.

- 1) Inpatient Detox: Does the facility provide emergency medical services on-site to treat severe, unstable conditions related to withdrawal? Yes No
- 2) Inpatient Substance Use Rehab: Does the facility provide emergency psychiatric/medical services on-site or by contract? Yes No

If your site has multiple NPI numbers, please complete the following box to provide us with all NPIs that apply to your facility/clinic:

Additional NPIs	Additional Medicaid IDs	Level of Care

ATTESTATION STATEMENT:

My signature below indicates that all of the information provided above, and in any attachments to this application document, is true and correct to the best of my knowledge.

Name: _____

Title: _____

Signature: _____

Date: _____

Site Location Effective Date: _____