

## Facility/Program Credentialing Location and Services Form

Please indicate below each plan designation requested for this application submission:

- Beacon Health Options (Beacon)       Massachusetts Behavioral Health Partnership (MBHP)  
 BeHealthy Partnership       Michigan Engagement Center (MEC)

### 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://www.beaconhealthoptions.com/providers/beacon/forms/administrative-forms/>  
**(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 \(hrsa.gov\)](#) [Beacon Health Options and MBHP Facility Application 2](#)

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 there are more than 15 locations that 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

Tax ID Number

Site Name

Billing Address Line 1

Service Address Line 1

Billing Address Line 2

Service Address Line 2

City State Zip

City State Zip

Phone Number

Phone Number

OASAS PRU ID (NY specific)

Medicare Number Medicaid Number

Facility Type:

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.HOB
ABA	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.ABA
Ambulatory Detox/Outpatient – medically supervised withdrawal	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.OC
Crisis Intervention	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.CRI
Crisis Stabilization	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.CR
Day Treatment (Psychiatric)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.DP
Day Treatment (Substance Use Disorder)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.DC
Day Treatment Dual Diagnosis	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.DX
Day Treatment Eating Disorder	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.DE
Employee Assistance Program (EAP)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.EAP
Halfway House	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.HWH
Home Health	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.HOM
Inpatient (Acute) Detoxification		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.AD
Inpatient Dual Diagnosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.AX
Inpatient Eating Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.AE
Inpatient Psychiatric (190-Day Lifetime Limit)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.190
Inpatient Psychiatric		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.AP

Programs Offered At Location (National)	# Of Units	Age 0-12	Age 13-17	Age 18-64	Age 65+	Program Code(s)	
Inpatient Substance Use Disorder Rehab		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.AC	
Intensive Outpatient (Psychiatric)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.IP	
Intensive Outpatient (Substance Use Disorder)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.IC	
Intensive Outpatient Dual Diagnosis	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.IX	
Intensive Outpatient Eating Disorder	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.IE	
Mobile Crisis	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.CRM P.MOB	
Outpatient Clinic (Psychiatric)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.CP P.OPP	
Outpatient Clinic (Substance Use Disorder)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.CC P.OPR	
Outpatient Clinic Dual Diagnosis	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.CX	
Partial Hospital Dual Diagnosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.PX	
Partial Hospital Eating Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.PE	
Partial Hospitalization (Psychiatric)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.PP	
Partial Hospitalization (Substance Use Disorder)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.PC	
Peer-Delivered	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.PDS	
Peer Support	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.PES	
Residential Rehabilitation – Medicaid Only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RRE	
Residential Reintegration – Medicaid Only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RRI	
Residential Stabilization – Medicaid Only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RST	
Residential Treatment (Psychiatric)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RP	
Residential Treatment (Substance Use Disorder)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RC	
Residential Treatment Eating Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RE	
Residential Treatment Dual Diagnosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RX	
Treatment Group Home	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.GPH	
Telehealth Services (Psychiatric)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.THM P.TPS	
Telehealth Services (Substance Use Disorder)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.THD	
MAT Services (National)	# Of Units	Age 0-12	Age 13-17	Age 18-64	Age 65+	SAMHSA Certified	Program Code
Esketamine (REMS Certification)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	F.ESK
Opioid Treatment Program (OTP) (SAMHSA certification Required)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	F.NRO
Opioid Treatment – Methadone Maintenance Therapy *Indicate # Of Days Per Week In # Of Units Column		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	P.MM P.OMM
Opioid Treatment - Suboxone		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	P.SXN
Opioid Treatment - Vivitrol		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.AS1	
ASAM 3.2wm - Alcohol and/or Drug Services, Acute Detoxification		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.A2W	
ASAM 3.3 - Alcohol and/or Other Drug Treatment Program, Per Diem		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.AS3	
ASAM 3.5 - Alcohol and/or Other Drug Treatment Program, Per Diem		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.A5S	

<b>ASAM Services (Colorado-Specific)</b>	<b># Of Units</b>	<b>Age 0-12</b>	<b>Age 13-17</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Program Code</b>
ASAM 3.7 - Alcohol and/or Other Drug Treatment Program, Per Diem		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.AS7
ASAM 3.7wm - Alcohol and/or Drug Services, Acute Detoxification		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.A7W
<b>Block Grant Services (Kansas-Specific)</b>	<b># Of Units</b>	<b>Age 0-12</b>	<b>Age 13-17</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Program Code</b>
Acute Detoxification Treatment Modality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.AD
Inpatient Treatment Modality (Hospital-Based Residential)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RC
Intermediate Treatment Modality (Residential)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.IT
Reintegration Treatment Modality (Residential)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RR
Alcohol and Drug Assessment and Referral Program (KCPC Assessment)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.AST
Intensive Outpatient Treatment Modality	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.IT
Case Management Services	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.CM
Outpatient Treatment Modality– Individual Counseling	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.I1
Outpatient Treatment Modality – Group Counseling	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.G1
Peer Support (Please Provide Certification)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.PES
<b>29-I Voluntary Foster Care Services (New York-Specific)</b>	<b># Of Units</b>	<b>Age 0-12</b>	<b>Age 13-17</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Program Code</b>
Foster Care – Alcohol and Drug Testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.ALC
Foster Care – Developmental Testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.DTA
Foster Care – Neuropsych Testing/Eval Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.NET
Foster Care – Office Visit/Psychotropic Medication Treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.NOF
Foster Care – Psychiatric Diagnostic Exam		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.DIA
Foster Care – Psychotherapy (Individual and Family)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.PTH
Foster Care – Psychotherapy Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.GTH
Foster Care – Screening-Developmental/Emotional/Behavioral		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.DES
Foster Care – Smoking Cessation Treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.SMO
<b>Adult HARP and HCBS Services (New York-Specific)</b>	<b># Of Units</b>	<b>Age 0-12</b>	<b>Age 13-17</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Program Code</b>
Education Support Services	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.ESS
Habilitation/Residential Support Services	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.HRS
Intensive Supported Employment	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.ISE
Mobile Crisis Intervention	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.MCI
Ongoing Supported Employment	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.OSE
Prevocational Services	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.PVS
Provider Travel Supplement	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	F.TRV
Transitional Employment	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.TRE
<b>Core Services (New York-Specific)</b>	<b># Of Units</b>	<b>Age 0-12</b>	<b>Age 13-17</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Program Code</b>
Community Psychiatric Support & Treatment (CORE)	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.CPD
ER Supports (CORE)	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.PPD
Family Support and Treatment (CORE)	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.FSC
Psychosocial Rehabilitation (CORE)	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	P.PSD

<b>Children's HCBS Services (New York-Specific)</b>	<b># Of Units</b>	<b>Age 0-20</b>	<b>Age 13-17</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Program Code</b>
Caregiver Family Supports and Services	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CFI
Caregiver Family Supports and Services – Group Of 2	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CFG
Caregiver Family Supports and Services – Group Of 3	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CFG
Community HCBS Habilitation Individual	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.HCH
Community HCBS Habilitation Group Of 2	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.HCH
Community HCBS Habilitation Group Of 3	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.HCH
Community Self-Advocacy and Support – Group 2	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CAG
Community Self-Advocacy and Support – Group Of 3	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CAG
Community Self-Advocacy and Support Individual	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CSI
Crisis Respite – Less Than 4 Hours	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CRT
Crisis Respite – More Than 12 Hours, Less Than 24 Hours	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CRT
Crisis Respite – More Than 4 Hours, Less Than 12 Hours	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CRT
Day HCBS Habilitation Individual	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.HDH
Day HCBS Habilitation Group Of 2	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.HDH
Day HCBS Habilitation Group Of 3	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.HDH
Palliative Care Expressive Therapy	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.PET
Palliative Care Massage Therapy	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.PMT
Planned Respite – Individual Per Diem	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.PPR
Planned Respite – Individual (Under 4 Hours)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.PPR
Planned Respite – Group Less Than 4 Hours	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.PPG
Prevocational Services - Individual	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.PVI
Prevocational Services – Group Of 2	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.PVG
Prevocational Services – Group Of 3	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.PVG
Supported Employment	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.SUP
<b>Children's CTSS Services (New York-Specific)</b>	<b># Of Units</b>	<b>Age 0-20</b>	<b>Age 13-17</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Program Code</b>
Children's Mobile Crisis Intervention-2 LP 90-180 Minutes	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CM1
Children's Mobile Crisis Intervention-2 LP Over 3hr	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CM2
Children's Mobile Crisis Intervention-1 LP F2f Follow Up	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CM3
Children's Mobile Crisis Intervention-1 Peer F2f Follow Up	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CM4
Children's Mobile Crisis Intervention-1 LP 1 Peer F2f Follow Up	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CM5
Children's Mobile Crisis Intervention-1 LP Telephonic Follow Up	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CM6
Children's Mobile Crisis Intervention-1 Peer Telephonic Follow Up	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CM7
CPST Service Professional (Onsite)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CSP
CPST Service Professional (Offsite)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.COI
CPST Service Professional Group (Onsite)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CSG
CPST Service Professional Group (Offsite)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.COG
Crisis Intervention – 1 Licensed Practitioner	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CLP
Crisis Intervention – 1 LP And Peer Support	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.CPE
Crisis Intervention – 2 Clinicians 1 LP	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.C90
Crisis Intervention – 2 LPs	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.C2P
Family Peer Support Service (FPSS) Professional	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.FSP
Family Peer Support Service (FPSS) Group	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.FSG
FPSS/YPSS (Offsite)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.FOI F.YOI
FPSS/YPST Group (Offsite)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.FOG

<b>Children's CTSS Services (New York-Specific)</b>	<b># Of Units</b>	<b>Age 0-20</b>	<b>Age 13-17</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Program Code</b>
OLP Counseling Individual	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.OCI
OLP Crisis	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.OLC
OLP Crisis Complex Care	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.OCC
OLP Crisis Triage	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.OCT
OLP Family Counseling	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.OLF
OLP Group	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.OCG
Other Licensed Professional - OLP Licensed Evaluation	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.OLE
PSR Service Professional (Onsite)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.PSP
PSR Service Professional (Offsite)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.OPP
PSR Service Professional Group (Onsite)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.PSG
PSR Service Professional Group (Offsite)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.OPS
Youth Peer Support and Training (YPSS) - Individual	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.YSP
Youth Peer Support and Training (YPSS) - Group (YPSS)	N/A	<input type="checkbox"/>	N/A	N/A	N/A	F.YSG
<b>Medicaid Advantage Plus (New York-Specific)</b>	<b># Of Capacity</b>	<b>Age 0-12</b>	<b>Age 13-17</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Program Code</b>
Assertive Community Treatment (ACT)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.ACT
Adult Intensive Care Residence	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.NCR
Adult Residential Crisis Support	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.NCS
Children's Crisis Residence	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.NCC
Community Integration Counseling	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.COM
Continuing Day Treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.CDT
Intensive Crisis Residence (ICR) 18-20 Years	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.NIC
Intensive Psychiatric Rehabilitation Treatment	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.IPR
Mobile Crisis	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.CRM P.MOB
Mobile Crisis Intervention Services – Telephonic Crisis	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.CPT
Mobile Crisis Intervention Services – Follow Up	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.MCF
Mobile Mental Health Treatment	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.MMH
NYS OMH Licensed Community Residences	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.NYS
Partial Hospitalization – Collateral	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.PHC
Partial Hospitalization –Crisis	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.PCR
Partial Hospitalization – Group Collateral	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.PHG
Partial Hospitalization – Regular	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.PHR
Peer Mentoring	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.PEM
Personalized Recovery Oriented Services (PROS)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.PRO
Positive Behavioral Intervention Supports (PBIS)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.PBI
Residential Crisis Support 18-20 Years	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.NRC
Structured Day Program	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.SDP
<b>Beacon Health Options Of Pennsylvania</b>	<b># Of Units</b>	<b>Age 0-20</b>	<b>Age 13-17</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Program Code</b>
Acute Partial Hospitalization	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.AHO
Adolescent Diversion and Stabilization Unit	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.DAS
Adult Family-Focused Solutions-Based Services - Individual	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.FFA
Assertive Community TX Team/ Community TX Teams	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.CTT
Behavioral Health Hotline Service (Telephone Crisis)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.CPT
BSU Diagnostic Assessment, By Non-Physician (MH Diagnostic Assessment)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.BSU

Beacon Health Options Of Pennsylvania	# Of Units	Age 0-20	Age 13-17	Age 18-64	Age 65+	Program Code
Clozapine Support	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.ZPE
Community Mental Health/Other (Mobile Meds)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.MDM
Crisis Intervention Service (Mobile Crisis)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.CRM
Crisis Intervention Service (Walk-In Crisis)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.CRW
Crisis Intervention Service, MH Services (Crisis Residential)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.CRH
Dual Diagnosis Treatment Team	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.DTT
Eating Disorder Treatment	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.OED
Extended Acute Care - Inpatient	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.EAC
Family-Based Services	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.FBS
Federally Qualified Health Clinic	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.QHC
Individual Therapy - Parent-Child Interaction Therapy(PCIT)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.PCT
Intensive Behavioral Health Services	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.IBH
Laboratory	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.LAB
Long-Term Rehab 3.5 H Highest Intensity	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.NLR
Long-Term Structured Residential	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.LTR
Multi-Systemic Therapy	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.MST
Psych Rehab Clubhouse	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.PSC
Resource Coordination Substance Use Disorder; Case Management (SUD RC)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RCO
Single County Authority (SCA) Service Plan Assessment	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.SCA
Smoking and Tobacco Use Cessation	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.SMC
Substance Use Disorder Case Coordination	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.DAC
Substance Use Disorder ICM Substance Use Disorder Services; Case Management (SUD ICM)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.GC
Substance Use Disorder Op IN An Alternative Setting - Individual	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.ALT
Substance Use Disorder Recovery Specialist	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.DAR
Targeted Case Management (Blended Case Management)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.BCM
Trauma-Focused Services	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.TFS
Withdrawal Management 3.7	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.RDA F.RDL
Specialty Services (National)	# Of Units	Age 0-12	Age 13-17	Age 18-64	Age 65+	Program Code
CPEP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.CPE
Crisis/Evaluation INER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.CRE
ECT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.ECT
Harm Reduction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.HRC
SDE (State-Designated Entity)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.SDE
Special Connections Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P.TET
Other Psych, Sub Use Service: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you indicated the facility is providing services for Inpatient Detox and/or Inpatient Substance Use Disorder 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 Disorder 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: \_\_\_\_\_