



**ORGANIZATIONAL PROVIDER IDENTIFYING INFORMATION (Please complete one form for each location)**

Please note, this is not a provider enrollment form. It is only being used for additional information for Optum.

**Legal Name** \_\_\_\_\_

Parent Company (if applicable) \_\_\_\_\_

**DBA (Identifying) Name** \_\_\_\_\_

Administrative Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Administrative Phone \_\_\_\_\_ Admitting Phone \_\_\_\_\_ Secure Fax (for certifications) \_\_\_\_\_

Practice Website \_\_\_\_\_ Email \_\_\_\_\_

Primary practice site address (Cannot be a PO Box) \_\_\_\_\_ (for Internal Use only)

Tax Identification Number for primary practice \_\_\_\_\_

NPI for primary practice \_\_\_\_\_ Taxonomy \_\_\_\_\_

Billing/Remit Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**ORGANIZATIONAL PROVIDER CONTACT INFORMATION**

	Name	Phone	E-mail Address
Primary Contact	_____	_____	_____
Signatory Contact	_____	_____	_____
Administrator / Roster Contact	_____	_____	_____
Business Office Manager	_____	_____	_____
Director of Clinical Services	_____	_____	_____
Medical Director	_____	_____	_____
Chief Executive Officer	_____	_____	_____

**PROVIDER/GROUP/AGENCY DATA PAGE**

Practice Address # 1 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Secure Fax \_\_\_\_\_

Tax ID \_\_\_\_\_

NPI \_\_\_\_\_ Taxonomy \_\_\_\_\_

	Number	Issue Date	Expiration Date	Not Applicable
Medicare ID (6 digits)	_____	_____	_____	<input type="checkbox"/>
Medicaid ID	_____	_____	_____	

Language(s) spoken by clinicians within Agency: \_\_\_\_\_

Interpreter services available at location in (list languages) \_\_\_\_\_

Ethnicity(ies) of clinicians within Agency: \_\_\_\_\_

Gender(s) of clinicians within Agency:  Male  Female

Telepsychiatry Services only, indicate if site is:  Distant site and/or  Originating Site

**Ages Range(s) Served**

**% of Population in Age Range**

**Average Number of Sessions**

Adult (18 – 64 years)  Yes  No \_\_\_\_\_

Adolescent (13 – 17 years)  Yes  No \_\_\_\_\_

Child (12 years or less)  Yes  No \_\_\_\_\_

Geriatric (65 years or more)  Yes  No \_\_\_\_\_

Please list the degree levels, license levels, and certifications required for your professional staff involved in direct care delivery (please attach)

Please include a description of the content and treatment modalities of any specialized outpatient services (Parenting groups, special populations, etc.)

**LOCATION ACCESSIBILITIES**

Please check all conditions applicable to this location:

Evening Appointments

TDD Capability

Handicapped Access for:

Public Transportation Access

Weekend Appointments

Building

Parking

Restroom

Hours of Operation:

Monday \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

Tuesday \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

Wednesday \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

Thursday \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

Friday \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

Saturday \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

Sunday \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

**ACCREDITATION**

**Issue Date**

**Expiration Date**

**Date of DBH Approval for Alternative Accreditation**

The Joint Commission Accreditation \_\_\_\_\_

CARF Accreditation \_\_\_\_\_

COA Accreditation \_\_\_\_\_

Other Accreditation Name \_\_\_\_\_

Cultural Competency Certification \_\_\_\_\_

## Expertise(s)

- Abuse (physical/sexual, etc.)
- Acute Treatment Services (ATS) for Substance Use Disorders (ASAM Level 3.7) Disorders (ASAM Level 3.7)
- Adoption Issues
- Adult Therapy
- Anger Management
- Anxiety
- Assertive Community Treatment (ACT)
- Assessment and Referral – Substance Abuse
- Attention Deficit Disorder
- Autism Spectrum Disorders
- Bariatric/Gastric Bypass Evaluation
- Behavioral Modification
- Biofeedback
- Bipolar Disorder
- Bisexual Issues
- Blindness or Visual Impairment
- Caregiver/Family Supports and Services
- Case Management
- Certified Pastoral Counseling
- Child Welfare
- Christian Counseling
- Clinically Managed Population-Specific High Intensity Residential Services (ASAM Level 3.3)
- Clinical Support Services for Substance Use Disorders (ASAM Level 3.5)
- Co-Occurring Disorders Treatment
- Cognitive Behavioral Therapy
- Community Crisis Stabilization
- Community Habilitation
- Community Integration Counseling
- Community Psych Support and Treatment
- Community Self-Advocacy Training and Support
- Community Support Program (CSP)
- Community Support Program for People Experiencing Chronic Homelessness (CSPECH)
- Compulsive Gambling
- Couples/Marriage Therapy
- Crisis Diversionary Services
- Crisis Intervention
- Crisis Respite
- Day Habilitation
- Day Treatment
- Depression
- Developmental Disabilities
- Dialectical Behavioral Therapy
- Disability Evaluation/Management (requires Memorandum of Understanding – located at [providerexpress.com](http://providerexpress.com))
- Dissociative Disorders
- Domestic Violence
- Education Support Services – General adult education services to receive a Test Assessing Secondary Completion (TASC) diploma and support in apprenticeship program. Includes support, cognitive remediation and advocacy.
- Electroconvulsive Therapy (ECT)
- Emergency Services Program (ESP)

**Employment Supports** – Individualized, person-centered Services providing support to learn and/or maintain a job:

- Pre-vocational – Time-limited services that prepare a participant for paid or unpaid employment
- Transitional Employment – Services must be provided by clubhouse or psychosocial club program to strengthen work prospects and skills towards achieving competitive employment
- Intensive Supported Employment – Intensive support when competitive employment is unlikely absent these services
- On-going Supported Employment – Ongoing support for an indefinite period as needed to maintain paid employment
- Enhanced Outpatient Program (EOP)
- Enhanced Residential Rehabilitation Services for Dually Diagnosed (ASAM Level 3.1 co-occurring enhanced)
- Evaluation and Assessment – Mental Health
- Eye Movement Desensitization & Reprocessing (EMDR)
- Family Peer Support Services (FPSS)
- Family Stabilization Team (FST)
- Family Support and Training
- Family Therapy
- Feeding and Eating Disorders
- Fetal Alcohol Syndrome
- Fire Setter Evaluation
- Forensic
- Foster Care
- Functional Family Therapy
- Gay/Lesbian Issues
- Grief/Bereavement
- Group Therapy

## Habilitation:

- Habilitation
- Residential Supports in Community Settings
- Health and Behavior Assessment and Intervention
- Hearing Impaired Population
- HIV/AIDS/ARC
- Home Care/Home Visits
- Hypnosis
- In Home Behavioral Services (IHBS)
- In Home Therapy (IHT)
- Independent/Qualified Medical Examiner
- Infertility
- Inpatient Therapy
- Intellectual and Developmental Disability
- Intensive Care Coordination (ICC)
- Intensive Crisis Respite (New York only)
- Intensive Individual Support
- Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS)
- Learning Disabilities
- Long Term Care
- Long-Acting Injectable (LAI) Administrator
- Medical Illness/Disease Management
- Medicaid Opioid Treatment Program (OTP)
- Medication Management
- Methadone Maintenance
- Military Veterans Treatment

- Mobile Crisis Follow-up
- Mobile Crisis Intervention (MCI)
- Mobile Crisis Response
- Mobile Mental Health Treatment
- Mood Disorder
- Multidimensional Family Therapy (MDFT)
- Multi-Systemic Therapy (MST)
- Naltrexone Injectable MAT
- Native American Traditional Healing Systems
- Nursing Home Visits
- Obsessive Compulsive Disorder
- Opioid Treatment Service (OTS)
- Organic Disorders
- Other Licensed Practitioner Service/Early and Periodic Screening, Diagnostic and Treatment
- Outpatient Medically Supervised Withdrawal
- Pain Management
- Palliative Care Bereavement
- Palliative Care Expressive Therapy
- Palliative Care Massage Therapy
- Palliative Care Pain & Symptom Management
- Parent Support and Training
- Parent-Child Evaluation
- Personality Disorders
- Personalized Recovery Oriented Services
- Phobias
- Physical Disabilities
- Planned Respite
- Police/Fire Fighters
- Positive Behavioral Interventions & Supports
- Post-Partum Depression
- Post-Traumatic Stress Disorder (PTSD)
- Program of Assertive Community Treatment
- Psych Testing
- Psychiatric Day Treatment
- Psychosocial Rehabilitation (PSR):
  - Clubhouse
- Psychotic/Schizophrenic
- Rape Issues
- Recovery Coaching
- Recovery Support Navigators (RSN)
- Regional Behavioral Health Authority (RHBA)
- Relaxation Techniques
- Residential Rehabilitation Services (ASAM Level 3.1)
- Respite Care
- School Based Services
- Serious Mental Illness
- Sex Offender Treatment
- Sexual Abuse Evaluation
- Sexual Dysfunction
- Short Term Crisis Respite (New York only)
- Sleep-Wake Disorders
- Somatoform Disorders
- Structured Outpatient Addiction Program (SOAP)
- Targeted Case Management
- TBI Waiver – Case Management
- TBI Waiver – Community Integration Counseling
- TBI Waiver – Positive Behavior
- Telemental Health (requires Agency Attestation found at Provider Express > Telemental Health resource page)
- Telephonic Crisis Follow-up
- Telephonic Triage and Crisis Response
- Therapeutic Monitoring (TM)
- Transgender
- Transitional Support Services (TSS) for Substance Use Disorders (ASAM Level 3.1)
- Trauma Informed Care
- Trauma Therapy
- Traumatic Brain Injury (TBI)
- Weapons Clearance
- Workers' Compensation
- Youth Mobile Crisis (Mobile Crisis Intervention) (YMCI)
- Youth Peer Support and Training (YPST)
- Youth Stabilization Services (YSS)
- Youth Support

**Supports for Self-Directed Care** – Participant or representative has employer and/or budget decision-making authority with support:

- Information and Assistance in Support of Participation Direction – Assist in developing and managing the plan
- Financial Management Services – Assist in budget authority

**SIGNATURE**

*All of the responses and information provided are complete, true and correct to the best of my knowledge and belief. I have the authority to sign this survey on behalf of myself or the entity for which I am signing in representative capacity.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name (please type or print)**

\_\_\_\_\_  
**Title (please type or print)**

\_\_\_\_\_  
**Date**