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| **SITE ENROLLMENT FOR SPECIFIC SERVICES** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FACILITY/SITE SPECIFIC INFORMATION **– A facility/site is a physical location where supervision, management of services or residential services (Except for TFC) occur.**  If your Organization operates more than one facility/site, copy and complete this section for each facility/site. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Facility/Site Name and NPI:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Facility/Site Address Street Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City** | | | | | | | | | | **State** | | | | | | **Zip+4** | | | | **County** | | | | | | | |
|  | | | | | | | | | |  | | | | | | - | | | |  | | | | | | | |
| **Telephone** | **( ) -** | | | | | | | | | | | | | | | **Fax** | **( ) -** | | | | | | | | | | |
| **Site Contact Name ( First/Last)** | |  | | | | | | | | | | | | | | **Email** |  | | | | | | | | | | |
| **Referral Contact Name** | |  | | | | | | | | | | | | | | **Email** |  | | | | | | | | | | |
| **Referral Contact Phone** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hours of Operation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***MONDAY*** | ***TUESDAY*** | | | ***WEDNESDAY*** | | | | | | | | ***THURSDAY*** | | | | | ***FRIDAY*** | | | | ***SATURDAY*** | | | | ***SUNDAY*** | | |
|  |  | | |  | | | | | | | |  | | | | |  | | | |  | | | |  | | |
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| **1. Is this facility/site licensed by? (If yes, attach a copy of the license.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DHSR:** | Yes | | No | | | | |  | | | | | | | | | | | License #: | | | | | | | **State:** | |
| **DSS:** | Yes | | No | | | | |  | | | | | | | | | | | License #: | | | | | | | **State:** | |
| **Other:** | Yes | | No | | | | | Type: | | | | | | | | | | | License #: | | | | | | | **State:** | |
| **2. What accommodations/specialty services does this location provide? *(Check all that apply)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wheelchair Access (If not Wheelchair accessible, please submit plans for accommodating non-ambulatory consumers)** | | | | | | | | |  | | **Staff Trained in Cultural Diversity** | | | | | | | | | | | | | | | |  |
| **Gender-Specific Women's SA Svc** | | | | | | | | |  | | **Serve Blind/Visually Impaired Consumers** | | | | | | | | | | | | | | | |  |
| **Interpreter for Hearing Impaired** | | | | | | | | |  | | **Serve sexually Aggressive consumers** | | | | | | | | | | | | | | | |  |
| **Accommodations for Vision Impaired** | | | | | | | | |  | | **Serve Behaviorally Disruptive Consumers** | | | | | | | | | | | | | | | |  |
| **Staff Cross-Trained Across Disability Areas** | | | | | | | | |  | | **Teletypewriter (TTY) for hearing impaired** | | | | | | | | | | | | | | | |  |
| **Culturally Diverse Staff** | | | | | | | | |  | | **Other:** | | | | | | | | | | | | | | | |  |
| **Organization Staff who are bi/multi lingual at this location**? | | | | | | | | |  | | **Other Interpreter (contracted services) for Non-English speaking consumers available at this location?** | | | | | | | | | | | | | | | |  |
| **Languages Supported *(check all languages that are spoken or supported at this location)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Arabic** | **English** | | | |  |  | **Hindi** | | | | | |  |  | **Korean** | |  |  | **Portuguese** | | |  |  | **American Sign Language** | | | |
| **Armenian** | **French** | | | |  |  | **Italian** | | | | | |  |  | **Persian** | |  |  | **Russian** | | |  |  | **Other:** | | | |
| **Chinese** | **German** | | | | **Japanese** | | | | | | | | **Polish** | | | | **Spanish** | | | | | **Other:** | | | | | |
| **3. Coverage: Indicate what arrangements you make to cover consumer emergency situations during nights, weekends, and holidays** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION III Continued** | | | | | | | | | | | | | | | | | | |
| **Community Intervention Services (CIS) (including MH/SA and MH/SA/DD B-3)** | | | | | | | | **Check here if you do not provide CIS Services at this location** | | | | | | | | | | |
| NPI: | | | | | | | | | | Taxonomy: | | | | | | | | |
|  | | Ambulatory Detoxification | | |  | | | Mobile Crisis Management | | | |  | Psychosocial Rehabilitation (PSR) | | | | | |
|  | | Assertive Community Treatment Team (ACTT) | | |  | | | Multi Systemic Therapy | | | |  | Professional Treatment Services in Facility Based Crisis Program | | | | | |
|  | | Community Support Team (CST) | | |  | | | Non-Hospital Medical Detox | | | |  | SA Comprehensive Outpatient Treatment Program | | | | | |
|  | | Day Treatment Child/Adolescent | | |  | | | Outpatient Opioid Treatment | | | |  | SA Intensive Outpatient Program | | | | | |
|  | | Diagnostic Assessment | | |  | | | Partial Hospitalization | | | |  | SA Medically Monitored Residential Treatment | | | | | |
|  | | Individual Supports | | |  | | | Peer Supports | | | |  | SA Non-Medical Community Residential Treatment | | | | | |
|  | | Intensive In Home | | |  | | | Physician Consultation | | | |  | Social Setting Detoxification | | | | | |
|  | | Medically Supervised or ADATC  Detoxification/Crisis Stabilization | | |  | | | Respite | | | |  | Supported Employment | | | | | |
|  | | **Other** | | | | | | | | | | | | | | | | |
| **Outpatient Services** | | | | | | | | | | **Check here if you provide Telepsych Services at this location.** | | | | | | | | |
| NPI: | | | | | | | | | | Taxonomy: | | | | | | | | |
| **a. Adult Outpatient Services** | | | | | | | | | | **Check here if you** do not **provide Adult Outpatient Services at this**  **location** | | | | | | | | |
| Adult MH Outpatient | | | | |  |  | Adult SA Outpatient | | | | | |  |  | Adult DD Outpatient | | | |
| Adult MH Medication Management | | | | |  |  | Adult SA Medication Management | | | | | |  |  | Adult DD Medication Management | | | |
| **b. Child Outpatient Services** | | | | | **Check here if you** do not **provide Child Outpatient Services at this location** | | | | | | | | | | | | | |
| Child MH Outpatient | | | | |  |  | Child SA Outpatient | | | | | |  |  | Child DD Outpatient | | | |
| Child MH Medication Management | | | | |  |  | Child SA Medication Management | | | | | |  |  | Child DD Medication Management | | | |
| **c. Other:** *List any other services not provided above.* | | | | | | | | | | | | | | | | | | |
| **Innovation Services** | | | | | **Check here if you** do not **provide Innovation Services at this location** | | | | | | | | | | | | | |
| NPI: | | | | | | | | | | Taxonomy: | | | | | | | | |
|  | Community Guide | |  | Day Supports | | | | |  | Residential  Supports Level I | |  | Residential Supports AFL  Level I (Unlicensed) | | |  | Residential Supports  AFL Level I | |
|  | Community Networking | |  | In Home Supports/Skill Building | | | | |  | Residential Supports Level II | |  | Residential Supports AFL Level II (Unlicensed) | | |  | Residential Supports AFL Level II | |
|  | Community Transition  Supports | |  | Natural Supports Education | | | | |  | Residential Supports Level III | |  | Residential Supports AFL Level III (Unlicensed) | | |  | Residential Supports AFL Level III | |
|  | Crisis Services | |  | Personal Care | | | | |  | Residential  Supports Level IV | |  | Residential Supports AFL  Level IV (Unlicensed) | | |  | Residential Supports  AFL Level IV | |
|  | Respite Services | |  | Specialized Consultative Services | | | | |  | Supported  Employment Services | |  | **Other** | | | | | |
| **Residential Treatment Services** | | | | | **Check here if you** do not **provide Residential Treatment Services at this locati** | | | | | | | | | | | | | **on** |
| NPI: | | | | | | | | | | Taxonomy: | | | | | | | | |
| **Service** | | | | | **# of beds** | | | | | | | **Service** | | | | | **# of beds** | |
|  | Residential Treatment Level II/Group | | | |  | | | | |  | Residential Treatment Level IV | | | | | |  | |
|  | Residential Treatment Level III | | | |  | | | | |  | Psychiatric Residential Treatment Facility (PRTF) | | | | | |  | |
|  | Intermediate Care Facility (ICF) for  MR/DD | | | |  | | | | |  | Other: | | | | | |  | |
| *Therapeutic Foster Care (****TFC) will be credentialed at the site listed on the child placing license. Further follow up to gather this***  ***information will occur after your application has been received.*** | | | | | | | | | | | | | | | | | | |
|  | Residential Treatment Level I/Family | | | |  | | | | |  | Residential Treatment Level II/Family | | | | | |  | |