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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:** |
|  |
| **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 ADATCDetoxification/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 |  | ResidentialSupports Level I |  | Residential Supports AFLLevel I (Unlicensed) |  | Residential SupportsAFL 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 TransitionSupports |  | Natural Supports Education |  | Residential Supports Level III |  | Residential Supports AFL Level III (Unlicensed) |  | Residential Supports AFL Level III |
|  | Crisis Services |  | Personal Care |  | ResidentialSupports Level IV |  | Residential Supports AFLLevel IV (Unlicensed) |  | Residential SupportsAFL Level IV |
|  | Respite Services |  | Specialized Consultative Services |  | SupportedEmployment 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) forMR/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 |  |