Behavioral Health Organizational Provider Addendum

Instructions: This document must be completed in its entirety for any Behavioral Health agreement.

Date Completed:	Name:
Group NPI:	**Tax ID:**

Complete for each Service Location that is part of the application. (Attach additional pages, if necessary.)

Behavioral Health Services Provided for Service Location 1 of _____: (check all that apply)	
Population(s) Served: ☐ Adult, Ages 21+ ☐ Children/Adolescents, Age 0-21	
Crisis Services (Behavioral Health)	**Location-Based Services (Behavioral Health)**
☐ Alcohol Drug Abuse Treatment Center (Adult) ☐ Alcohol Drug Abuse Treatment Center (Pediatric) ☐ Ambulatory Withdrawal Management (Adult) ☐ Ambulatory Withdrawal Management (Pediatric) ☐ Clinically Managed Residential Withdrawal (Adult) ☐ Clinically Managed Residential Withdrawal (Pediatric) ☐ Crisis Stabilization ☐ Detox (Adult) ☐ Detox (Pediatric) ☐ Facility-based Service (Adult) ☐ Facility-based Service (Pediatric) ☐ Non-hospital Medical Detoxification Facility (Adult) ☐ Other (please specify): _____	☐ Medication Assisted Treatment (MAT) ☐ Opioid Treatment (Adult) ☐ Psychosocial Rehabilitation (Adult) ☐ Substance Abuse Outpatient Program (Adult) ☐ Substance Abuse Outpatient Program (Pediatric) ☐ Other (please specify): _____
Inpatient Behavioral Health Services	**Outpatient Behavioral Health Services**
☐ Acute Care Hospitals with Adult Inpatient Substance Use Beds ☐ Acute Care Hospitals with Adolescent Inpatient Substance Use Beds ☐ Acute Care Hospitals with Adult Inpatient Psychiatric Beds ☐ Acute Care Hospitals with Adolescent Inpatient Psychiatric Beds ☐ Acute Care Hospitals with Child Inpatient Psychiatric Beds	☐ Community Based Services ☐ Day Treatment – Mental Health ☐ Day Treatment – Substance Abuse ☐ Electroconvulsive Therapy (ECT) - Outpatient ☐ Intensive Outpatient Program (IOP) – Mental Health (Adult) ☐ Intensive Outpatient Program (IOP) – Mental Health (Pediatric) ☐ Intensive Outpatient Program (SAIOP) – Substance Abuse (Adult)

☐ Alcohol Drug Abuse Treatment Center (Adult)	☐ Intensive Outpatient Program (SAIOP) – Substance Abuse (Pediatric)
☐ Alcohol Drug Abuse Treatment Center (Pediatric)	☐ OP Treatment Services – Mental Health (Adult)
☐ Detox (Adult)	☐ OP Treatment Services – Mental Health (Pediatric)
☐ Detox (Pediatric)	☐ OP Treatment Services – Substance Abuse (Adult)
☐ Eating Disorder - Inpatient	☐ OP Treatment Services – Substance Abuse (Pediatric)
☐ Electroconvulsive Therapy (ECT) – Inpatient	☐ Peer Support
☐ Medically Supervised or Alcohol and Drug Abuse Treatment Center (ADATC)	☐ Psychological Testing
☐ Mental Health - Inpatient	☐ Substance Abuse Comprehensive Treatment Program (SACOT)
☐ Observation	☐ Targeted Case Management
☐ Other Hospitals with Adult Inpatient Psychiatric Beds	☐ Other (please specify): _____
☐ Other Hospitals with Adolescent Inpatient Psychiatric Beds	
☐ Other Hospitals with Child Inpatient Psychiatric Beds	
☐ Other Hospitals with Adult Inpatient Substance Use Beds	
☐ Other Hospitals with Adolescent Inpatient Substance Use Beds	
☐ Partial Hospitalization Program (PHP) – Mental Health (Adult)	
☐ Partial Hospitalization Program (PHP) – Mental Health (Pediatric)	
☐ Partial Hospitalization Program (PHP) – Substance Abuse (Adult)	
☐ Partial Hospitalization Program (PHP) – Substance Abuse (Pediatric)	
☐ Residential Treatment – Chemical Dependency	
☐ Residential Treatment – Mental Health (PRTF)	
☐ Substance Abuse - Inpatient	
☐ Other (please specify): _____	

Behavioral Health Services Provided for Service Location 2 of _____: (check all that apply)

Population(s) Served: ☐ Adult, Ages 21+   ☐ Children/Adolescents, Age 0-21

Crisis Services (Behavioral Health)	Location-Based Services (Behavioral Health)
☐ Alcohol Drug Abuse Treatment Center (Adult)	☐ Medication Assisted Treatment (MAT)
☐ Alcohol Drug Abuse Treatment Center (Pediatric)	☐ Opioid Treatment (Adult)
☐ Ambulatory Withdrawal Management (Adult)	☐ Psychosocial Rehabilitation (Adult)
☐ Ambulatory Withdrawal Management (Pediatric)	☐ Substance Abuse Outpatient Program (Adult)
☐ Clinically Managed Residential Withdrawal (Adult)	☐ Substance Abuse Outpatient Program (Pediatric)
☐ Clinically Managed Residential Withdrawal (Pediatric)	☐ Other (please specify): _____
☐ Crisis Stabilization	
☐ Detox (Adult)	

☐ **Detox (Pediatric)**
☐ **Facility-based Service (Adult)**
☐ **Facility-based Service (Pediatric)**
☐ **Non-hospital Medical Detoxification Facility (Adult)**
☐ **Other (please specify):** _____

Inpatient Behavioral Health Services	**Outpatient Behavioral Health Services**
☐ **Acute Care Hospitals with Adult Inpatient Substance Use Beds** ☐ **Acute Care Hospitals with Adolescent Inpatient Substance Use Beds** ☐ **Acute Care Hospitals with Adult Inpatient Psychiatric Beds** ☐ **Acute Care Hospitals with Adolescent Inpatient Psychiatric Beds** ☐ **Acute Care Hospitals with Child Inpatient Psychiatric Beds** ☐ **Alcohol Drug Abuse Treatment Center (Adult)** ☐ **Alcohol Drug Abuse Treatment Center (Pediatric)** ☐ **Detox (Adult)** ☐ **Detox (Pediatric)** ☐ **Eating Disorder - Inpatient** ☐ **Electroconvulsive Therapy (ECT) – Inpatient** ☐ **Medically Supervised or Alcohol and Drug Abuse Treatment Center (ADATC)** ☐ **Mental Health - Inpatient** ☐ **Observation** ☐ **Other Hospitals with Adult Inpatient Psychiatric Beds** ☐ **Other Hospitals with Adolescent Inpatient Psychiatric Beds** ☐ **Other Hospitals with Child Inpatient Psychiatric Beds** ☐ **Other Hospitals with Adult Inpatient Substance Use Beds** ☐ **Other Hospitals with Adolescent Inpatient Substance Use Beds** ☐ **Partial Hospitalization Program (PHP) – Mental Health (Adult)** ☐ **Partial Hospitalization Program (PHP) – Mental Health (Pediatric)** ☐ **Partial Hospitalization Program (PHP) – Substance Abuse (Adult)**	☐ **Community Based Services** ☐ **Day Treatment – Mental Health** ☐ **Day Treatment – Substance Abuse** ☐ **Electroconvulsive Therapy (ECT) - Outpatient** ☐ **Intensive Outpatient Program (IOP) – Mental Health (Adult)** ☐ **Intensive Outpatient Program (IOP) – Mental Health (Pediatric)** ☐ **Intensive Outpatient Program (SAIOP) – Substance Abuse (Adult)** ☐ **Intensive Outpatient Program (SAIOP) – Substance Abuse (Pediatric)** ☐ **OP Treatment Services – Mental Health (Adult)** ☐ **OP Treatment Services – Mental Health (Pediatric)** ☐ **OP Treatment Services – Substance Abuse (Adult)** ☐ **OP Treatment Services – Substance Abuse (Pediatric)** ☐ **Peer Support** ☐ **Psychological Testing** ☐ **Substance Abuse Comprehensive Treatment Program (SACOT)** ☐ **Targeted Case Management** ☐ **Other (please specify):** _____

☐ **Partial Hospitalization Program (PHP) – Substance Abuse (Pediatric)** ☐ **Residential Treatment – Chemical Dependency** ☐ **Residential Treatment – Mental Health (PRTF)** ☐ **Substance Abuse - Inpatient** ☐ **Other (please specify):** _____	