

Section 1 Instructions: Please complete all fields below for the provider

Entity Name (as written on W9):		Category: BH Provider/Group Behavioral Hospital BH Facility				
IPA name (if applicable):		Billing Type: UB-04/Institutional CMS-1500/Professional				
Name Doing Business As (if applicable):		W-9 TIN/EIN (nine characters):		State Medicaid ID:		
Do you use any Electronic Health Records (EHRs) or Electronic Medical Records (EMRs)? Yes No <i>If Yes, enter EHR/EMR name(s):</i>		Do you participate in any Health Information Exchanges (HIEs)? Yes No <i>If Yes, enter HIE name(s):</i>				
Primary Contact Name:		Primary Contact Email:		Primary Contact Phone:		
	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	Telephone <i>(with Area Code)</i>
Pay to Address						
Recoveries Address <i>Same as Pay To Address</i>						
Organization Website:						

Section 2 Instructions: Please complete each section below for all locations including applicable NPI or Atypical ID information. **(Make additional copies if needed.)**

Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
1 <i>Main Location</i>									

<p>Child and Adolescent Needs and Strengths (CANS) Assessors Yes No</p> <p>Public Transit Route: Yes No</p> <p>Facility NPI/Atypical ID:</p> <p>Taxonomy Code:</p> <p>Skilled Medical Interpreter? Yes No</p> <p>Languages Spoken:</p> <p>Arabic ASL Chinese</p> <p>Dutch French German</p> <p>Hindi Russian Spanish</p> <p>Other (please list):</p>	<p>Location Type:</p> <p>CLIA ID:</p> <p>Counties Served:</p>	<p>Practice Location 1 — Office Hours</p> <p><i>Telehealth Hours Same as Office</i> Office Hours Telehealth Hours</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #f2f2f2;"> <th>Day</th> <th>No Set Hours</th> <th>Start</th> <th>End</th> <th>Start</th> <th>End</th> </tr> </thead> <tbody> <tr><td>Monday</td><td>Closed Open 24 Hours</td><td></td><td></td><td></td><td></td></tr> <tr><td>Tuesday</td><td>Closed Open 24 Hours</td><td></td><td></td><td></td><td></td></tr> <tr><td>Wednesday</td><td>Closed Open 24 Hours</td><td></td><td></td><td></td><td></td></tr> <tr><td>Thursday</td><td>Closed Open 24 Hours</td><td></td><td></td><td></td><td></td></tr> <tr><td>Friday</td><td>Closed Open 24 Hours</td><td></td><td></td><td></td><td></td></tr> <tr><td>Saturday</td><td>Closed Open 24 Hours</td><td></td><td></td><td></td><td></td></tr> <tr><td>Sunday</td><td>Closed Open 24 Hours</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Day	No Set Hours	Start	End	Start	End	Monday	Closed Open 24 Hours					Tuesday	Closed Open 24 Hours					Wednesday	Closed Open 24 Hours					Thursday	Closed Open 24 Hours					Friday	Closed Open 24 Hours					Saturday	Closed Open 24 Hours					Sunday	Closed Open 24 Hours				
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Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 1	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
2									

Child and Adolescent Needs and Strengths (CANS) Assessors Yes No

Public Transit Route: Yes No
 Facility NPI/Atypical ID:
 Taxonomy Code:
 Skilled Medical Interpreter? Yes No
 Languages Spoken:
 Arabic ASL Chinese
 Dutch French German
 Hindi Russian Spanish
 Other (please list):

Location Type:
 CLIA ID:
 Counties Served:

Practice Location 2 — Office Hours						
Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Day	No Set Hours		Start	End	Start	End
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
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Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 1	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
3									

Child and Adolescent Needs and Strengths (CANS) Assessors Yes No

Public Transit Route: Yes No
 Facility NPI/Atypical ID:
 Taxonomy Code:
 Skilled Medical Interpreter? Yes No
 Languages Spoken:
 Arabic ASL Chinese
 Dutch French German
 Hindi Russian Spanish
 Other (please list):

Location Type:
 CLIA ID:
 Counties Served:

Practice Location 3 — Office Hours						
Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Day	No Set Hours		Start	End	Start	End
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				



Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
4									

Child and Adolescent Needs and Strengths (CANS) Assessors Yes No

Public Transit Route: Yes No

Facility NPI/Atypical ID:

Taxonomy Code:

Skilled Medical Interpreter? Yes No

Languages Spoken:

Arabic ASL Chinese
 Dutch French German
 Hindi Russian Spanish
 Other (please list):

Practice Location 4 — Office Hours						
Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Day	No Set Hours		Start	End	Start	End
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
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Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				

Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
5									

Child and Adolescent Needs and Strengths (CANS) Assessors Yes No

Public Transit Route: Yes No

Facility NPI/Atypical ID:

Taxonomy Code:

Skilled Medical Interpreter? Yes No

Languages Spoken:

Arabic ASL Chinese
 Dutch French German
 Hindi Russian Spanish
 Other (please list):

Practice Location 5 — Office Hours						
Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Day	No Set Hours		Start	End	Start	End
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				



Section 3 Instructions: Please indicate ADA compliance for each location, as appropriate.

ADA Compliance	Group Locations					
Blind/ Visually Impaired (ADA5)	All	1	2	3	4	5
Cognitively Disabled (ADA6)	All	1	2	3	4	5
Deaf or Hard of Hearing (ADA7)	All	1	2	3	4	5
Examination Rooms - Compliant Access (ADA3)	All	1	2	3	4	5

ADA Compliance	Group Locations					
Handicap Accessible Medical Equipment (ADA4)	All	1	2	3	4	5
Rest Rooms - Compliant Access (ADA2)	All	1	2	3	4	5
Service Location - Compliant Access (ADA1)	All	1	2	3	4	5

Section 4 instructions: Please complete all fields below by selecting which certification and/or service(s) are provided at each location and ages served.

Certifications

Certificate	Locations					
ODADAS Certified (Ohio Dept. of Alcohol & Drug Addiction Services)	All	1	2	3	4	5
OMHAS Certified (Ohio Mental health & Addiction Services)	All	1	2	3	4	5

General Services

Services	Locations					
ABA Therapy	All	1	2	3	4	5
Assertive Community Treatment (ACT)	All	1	2	3	4	5
Care Management Services	All	1	2	3	4	5
Cognitive Behavioral Therapy	All	1	2	3	4	5
Crisis Intervention	All	1	2	3	4	5
Family Therapy	All	1	2	3	4	5
Focused Cognitive Therapy (TFCBT)	All	1	2	3	4	5
Functional Family Therapy	All	1	2	3	4	5
Group Therapy	All	1	2	3	4	5
Inpatient Mental Health - Adolescent	All	1	2	3	4	5
Inpatient Mental Health - Adult	All	1	2	3	4	5
Inpatient Mental Health - Child	All	1	2	3	4	5
Inpatient Mental Health - Geriatric	All	1	2	3	4	5
Inpatient Substance Abuse - Adolescent	All	1	2	3	4	5

Services	Locations					
Inpatient Substance Abuse - Adult	All	1	2	3	4	5
Inpatient Substance Abuse - Geriatric	All	1	2	3	4	5
Intensive Outpatient Substance Abuse - Adolescent	All	1	2	3	4	5
Intensive Outpatient Substance Abuse - Adult	All	1	2	3	4	5
Intensive Outpatient Substance Abuse - Geriatric	All	1	2	3	4	5
Interpersonal Therapy	All	1	2	3	4	5
Laboratory Services Available	All	1	2	3	4	5
Mental Health Outpatient Counseling - Adolescent	All	1	2	3	4	5
Mental Health Outpatient Counseling - Adult	All	1	2	3	4	5
Mental Health Outpatient Counseling - Child	All	1	2	3	4	5
Mental Health Outpatient Counseling - Geriatric	All	1	2	3	4	5
Mental Health Residential Treatment Facility – Adult	All	1	2	3	4	5
Mental Health Residential Treatment Facility – Child/Adolescent	All	1	2	3	4	5



Services	Locations					
Methadone Maintenance	All	1	2	3	4	5
Multi Systemic Therapy	All	1	2	3	4	5
Mobile Response and Stabilization Services (MRSS)	All	1	2	3	4	5
Partial Hospitalization	All	1	2	3	4	5
Peer Support – Mental Health	All	1	2	3	4	5
Peer Support – Substance Abuse	All	1	2	3	4	5
Screening and Assessment Services for MH or SUD	All	1	2	3	4	5

Services	Locations					
Suboxone Treatment for Opiate Addiction	All	1	2	3	4	5
Substance Abuse Outpatient Counseling - Adolescence	All	1	2	3	4	5
Substance Abuse Outpatient Counseling - Adult	All	1	2	3	4	5
Substance Abuse Outpatient Counseling - Geriatric	All	1	2	3	4	5
Telemedicine, Telehealth	All	1	2	3	4	5
Telemedicine, Psychiatric	All	1	2	3	4	5
Transportation	All	1	2	3	4	5

Please add any unlisted services below and indicate age range and location.

Unlisted Services	Locations					
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5

Unlisted Services	Locations					
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5

ASAM Levels of Care

Services	Locations					
ASAM Level OTS Outpatient Opioid Treatment	All	1	2	3	4	5
ASAM Level 1 Outpatient Services	All	1	2	3	4	5
ASAM Level 1-WM Ambulatory Detoxification	All	1	2	3	4	5
ASAM Level 2.1 Substance Abuse Intensive Outpatient Program (SAIOP)	All	1	2	3	4	5

Services	Locations					
ASAM Level 2.5 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	All	1	2	3	4	5
ASAM Level 3.7-WM Non-Hospital Medical Detoxification	All	1	2	3	4	5
ASAM Level 3.9-WM (NC) Medically Supervised or ADATC Detoxification Crisis Stabilization	All	1	2	3	4	5
ASAM Level 4 Inpatient Hospital Substance Abuse Treatment	All	1	2	3	4	5



Section 5 Instructions: Please complete all fields below, including practice location number(s) for each practitioner. See Section 2 for corresponding location number. If you have more than 6 practitioners, please attach a roster with the same fields listed in this section.

Category	First Name	Last Name	MI	Degree/Title (e.g. MD, ARNP, MSW, etc.)	Gender	Primary Specialty	Taxonomy Code	Accepting New Patients?	Practice Location			
						Secondary Specialty	Affiliated Hospital w/ Admitting Privileges	Age Range	Loc #	25+ Hrs Worked Per Week		
Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All 1 Y N 2 Y N 3 Y N 4 Y N 5 Y N			
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages				
<u>State Medicaid ID:</u> <u>CAQH ID:</u> <u>Practitioner NPI/Atypical ID:</u> <u>Cultural Competency Training Completed?</u> Yes No												
<u>Languages Spoken:</u> Arabic ASL Chinese Dutch French German Hindi Russian Spanish Other (please list):												
<u>Provider Training/Experience:</u> Blindness or Visual Impairment Child Welfare Chronic Illness Cognitively Disabled Co-occurring Disorders Deafness or Hard of Hearing HIV/AIDS Homelessness Physical Disability Serious Mental Illness Substance Abuse Trauma												
<u>MAT Services (Medication Assisted Treatment)?</u> Yes No <u>Child and Adolescent Needs and Strengths (CANS) Assessors?</u> Yes No Exclude from Directory												
<u>PCP Maximum Panel Capacity (Amount):</u>												

Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All 1 Y N 2 Y N 3 Y N 4 Y N 5 Y N			
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages				
<u>State Medicaid ID:</u> <u>CAQH ID:</u> <u>Practitioner NPI/Atypical ID:</u> <u>Cultural Competency Training Completed?</u> Yes No												
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AmeriHealth Caritas Ohio Behavioral Health Data Intake Form

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Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All 1 Y N 2 Y N 3 Y N 4 Y N 5 Y N		
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State Medicaid ID: CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? Yes No

Languages Spoken: Arabic ASL Chinese Dutch French German Hindi Russian Spanish Other (please list):

Provider Training/Experience: Blindness or Visual Impairment Child Welfare Chronic Illness Cognitively Disabled Co-occurring Disorders
Deafness or Hard of Hearing HIV/AIDS Homelessness Physical Disability Serious Mental Illness Substance Abuse Trauma

MAT Services (Medication Assisted Treatment)? Yes No Child and Adolescent Needs and Strengths (CANS) Assessors? Yes No Exclude from Directory

PCP Maximum Panel Capacity (Amount):

Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All 1 Y N 2 Y N 3 Y N 4 Y N 5 Y N
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PCP Maximum Panel Capacity (Amount):

ACOH Use Only