

## Add a Practice Location to a Current Group – Behavioral Health

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### Programs Provided *Check all that apply*

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|--|---|
| <input type="checkbox"/> Option Treatment Program (OTP)                              | <input type="checkbox"/> Health Home (HH)                                     |
| <input type="checkbox"/> Home Based Therapeutic Services (HBTS)                      | <input type="checkbox"/> Person Assistance and Supports Services (PASS)       |
| <input type="checkbox"/> Integrated Health Home (IHH)                                | <input type="checkbox"/> Assertive Community Treatment (ACT)                  |
| <input type="checkbox"/> Applied Behavioral Analysis (ABA)                           | <input type="checkbox"/> Certified Community Behavioral Health Clinic (CCBHC) |
| <input type="checkbox"/> Mental Health Psychiatric Rehabilitative Residences (MHPRR) | <input type="checkbox"/> Club House   |
| <input type="checkbox"/> Other:  |   |

### Levels of Care Provided *Check all that apply*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acute Stabilization Unit - Inpatient                              | <input type="checkbox"/> Inpatient Intensive Care                            | <input type="checkbox"/> Inpatient MH and SUD                                 |
| <input type="checkbox"/> Inpatient Substance Abuse Detox                                   | <input type="checkbox"/> Inpatient Acute Substance Abuse                     | <input type="checkbox"/> Inpatient Residential Acute                          |
| <input type="checkbox"/> Inpatient Residential Sub-Acute Detox                             | <input type="checkbox"/> Inpatient Residential Substance Abuse               | <input type="checkbox"/> Residential Inpatient H0017 without room and Board   |
| <input type="checkbox"/> Residential Inpatient H0018 Short Term                            | <input type="checkbox"/> Alcohol and drug rehabilitation/detoxification      | <input type="checkbox"/> Ancillary Services                                   |
| <input type="checkbox"/> Mental Health Intensive Outpatient Program                        | <input type="checkbox"/> Mental Health or Substance Abuse Ambulatory Program | <input type="checkbox"/> Opioid Treatment Program (OTP)                       |
| <input type="checkbox"/> Other diagnostic procedures (interview, evaluation, consultation) | <input type="checkbox"/> Outpatient Substance Use Disorder (SUD)             | <input type="checkbox"/> Outpatient Therapy                                   |
| <input type="checkbox"/> Partial Hospitalization   | <input type="checkbox"/> Personal Assistance Services and Support (PASS)     | <input type="checkbox"/> Psychological and Psychiatric Evaluation and Therapy |
| <input type="checkbox"/> Substance Abuse Intensive Outpatient Program                      | <input type="checkbox"/> Therapeutic Transcranial Magnetic Stimulation (TMS) | <input type="checkbox"/> Office Consultation                                  |
| <input type="checkbox"/> Dual Diagnosis Intensive Outpatient Program                       | <input type="checkbox"/> Dual Diagnosis Partial Hospitalization Program      | <input type="checkbox"/> Eating Disorder Intensive Outpatient Program         |
| <input type="checkbox"/> Eating Disorder Partial Hospitalization Program                   | <input type="checkbox"/> Electroconvulsive Therapy (ECT)                     | <input type="checkbox"/> In-Home Therapy for Children and Adolescents         |

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|--|---|--|
| <input type="checkbox"/> Methadone Treatment                                   | <input type="checkbox"/> Medication Assisted Treatment (MAT)      | <input type="checkbox"/> Outpatient Behavioral Health Program<br>Please specify: |
| <input type="checkbox"/> Outpatient Detoxification Program                     | <input type="checkbox"/> Intensive Outpatient Program<br>(MH/SUD) | <input type="checkbox"/> Partial Hospitalization Program<br>(MH/SUD)             |
| <input type="checkbox"/> Therapeutic Mentoring for Children<br>and Adolescents | <input type="checkbox"/> Enhanced Outpatient Services (EOS)       | <input type="checkbox"/> Other:  |

**Attributes and Modalities of Care** *Check all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Cognitive Behavioral Therapy (CBT)     | <input type="checkbox"/> Dialectical Behavioral Therapy (DBT)     |
| <input type="checkbox"/> Group Therapy                          | <input type="checkbox"/> Marriage and Family Therapy              |
| <input type="checkbox"/> Medical Illness Therapy                | <input type="checkbox"/> Medication Management and Therapy        |
| <input type="checkbox"/> Neuropsychological Testing (Adults)    | <input type="checkbox"/> Neuropsychological Testing (Adolescents) |
| <input type="checkbox"/> Neuropsychological Testing (Children)  | <input type="checkbox"/> Play Therapy                             |
| <input type="checkbox"/> Postpartum Depression and/or Psychosis | <input type="checkbox"/> Prolonged Exposure                       |
| <input type="checkbox"/> Psychological Testing (Adults)         | <input type="checkbox"/> Psychological Testing (Adolescents)      |
| <input type="checkbox"/> Psychological Testing (Children)       | <input type="checkbox"/> Transcranial Magnetic Stimulation (TMS)  |

**Areas of Expertise** *Check all that apply*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adoption   | <input type="checkbox"/> Anger management          | <input type="checkbox"/> Anxiety                     |
| <input type="checkbox"/> Attention-deficit/hyperactivity<br>disorder (ADHD) | <input type="checkbox"/> Autism spectrum disorders | <input type="checkbox"/> Bipolar disorder            |
| <input type="checkbox"/> Brain injury                                       | <input type="checkbox"/> Chronic illness           | <input type="checkbox"/> Compulsive gambling         |
| <input type="checkbox"/> Co-occurring disorders                             | <input type="checkbox"/> Crisis intervention       | <input type="checkbox"/> Depression                  |
| <input type="checkbox"/> Developmental disabilities                         | <input type="checkbox"/> Eating disorders          | <input type="checkbox"/> Fire setting                |
| <input type="checkbox"/> Foster care  | <input type="checkbox"/> Gender identity disorder  | <input type="checkbox"/> Geriatric behavioral health |
| <input type="checkbox"/> Grief counseling                                   | <input type="checkbox"/> HIV/AIDs                  | <input type="checkbox"/> Infertility                 |
| <input type="checkbox"/> Learning disabilities                              | <input type="checkbox"/> Methadone maintenance     | <input type="checkbox"/> Mood disorders              |

- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Serious mental illness
- Sexual offenders
- Suicide prevention
- Personality disorders
- Race based trauma
- Sexual abuse/rape trauma
- Sleep disorders
- Transgender
- Phobic disorders
- Schizophrenia
- Sexual dysfunction
- Substance use
- Trauma