

**REQUEST FOR CHANGE TO DHS/DMH PROVIDER RECORD
 FORM 2 – SITE LOCATION INFORMATION**

Provider Name: _____

Medicaid Site ID: _____

NPI: _____

FEIN: _____

Site Add Site Close Site Change

Effective Date: _____

Location to be Changed: _____

Section 2A – Site Information

Primary Contact Person: _____
 Service Address 1: _____
 Service Address 2: _____
 Service City, State, Zip: _____
 Service Phone: _____
 Emergency Service Phone: _____
 Payment Address 1: _____
 Payment Address 2: _____
 Payment City, State, Zip: _____
 Payment Phone: _____

***DO NOT WRITE IN THIS AREA
 FOR OFFICIAL DMH USE ONLY***

Approve All	<input type="checkbox"/>	
Approved	Not Approved	Notes

REQUEST FOR CHANGE TO DHS/DMH PROVIDER RECORD - CONTINUED FORM 2 – SITE LOCATION INFORMATION

Section 2B – ICG Services

Do you deliver Individual Care Grant – Community (ICGC) Services at this site?

Yes No

DO NOT WRITE OFFICIAL DMH USE ONLY

Approve All	<input type="checkbox"/>	
Approved	Not Approved	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2C – Residential Services

Do you deliver any of the following Residential Services at this site? Yes No

	Fill In		DMH Use Only
	Bed Capacity		
	Adults	Children	
Supported (820)			
Supervised (830)			
Crisis (860)			
CILA (620)			
ICG:			Per Diem Rate:
Residential			\$
Group Home			\$

Approve All	<input type="checkbox"/>	
Approved	Not Approved	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2D – Prescriber Services

Are Prescriber Services (MD, DO, or APN) available at this location to prescribe medications for DMH funded Consumers?
 Yes No

If Yes, what is the approximate number of hours of prescriber availability each month? _____

Approve All	<input type="checkbox"/>	
Approved	Not Approved	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2E – Available Services

	Child /Adolescent	Adult	Child /Adolescent	Adult
	Add		Remove	
Mental Health Assessment				
Psychological Evaluation				
Treatment Plan Dev, Review & Mod				
Assertive Community Treatment				
Crisis Intervention				
Psychosocial Rehabilitation				
Psychotropic Medication Admin				
Psychotropic Medication Monitoring				
Psychotropic Medication Training				
Therapy/Counseling				
Oral Interpretation and Sign Language				

Approve All	<input type="checkbox"/>	
Approved	Not Approved	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 2E – Available Services – Continued

Child / Adolescent	Adult	Child / Adolescent	Adult
Add		Remove	

CASE MANAGEMENT

Mental Health				
Client Centered Consultation				
LOCUS				
Transition Linkage & Aftercare				

COMMUNITY SUPPORT

Group				
Individual				
Residential				
Team				

Approve All	<input type="checkbox"/>	
Approved	Not Approved	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2F – Special Populations Served (Check all that apply)

Homeless	
Mental Illness/Substance Abuse	
Mental Illness/Developmental Disability	
Deaf /Hard of Hearing	
Geropsychiatric (Elderly with Mental Illness)	
Forensics - Adults	
Forensics – Children and Adolescents 0-3 years of age	

Approve All	<input type="checkbox"/>	
Approved	Not Approved	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 2G – Languages Spoken by the Direct Service Staff

Arabic	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Thai	<input type="checkbox"/>
Bosnian	<input type="checkbox"/>	Kannada	<input type="checkbox"/>	Swedish	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Tagalog	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>	Tamil	<input type="checkbox"/>
Czech	<input type="checkbox"/>	Mon-Khmer	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	Russian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Farsi (Persian)	<input type="checkbox"/>	Norwegian	<input type="checkbox"/>	Yiddish	<input type="checkbox"/>
French	<input type="checkbox"/>	Persian	<input type="checkbox"/>	Other	<input type="checkbox"/>
German	<input type="checkbox"/>	Polish	<input type="checkbox"/>		
Greek	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>		
Gujarathi	<input type="checkbox"/>	Sudanese	<input type="checkbox"/>		
Hebrew	<input type="checkbox"/>	SerboCroatian	<input type="checkbox"/>		
Hindi	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>		
Hungarian	<input type="checkbox"/>	Somali	<input type="checkbox"/>		

Approve All	<input type="checkbox"/>	
Approved	Not Approved	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2H – Hours of Operation

Monday	From: _____	To: _____
Tuesday	From: _____	To: _____
Wednesday	From: _____	To: _____
Thursday	From: _____	To: _____
Friday	From: _____	To: _____
Saturday	From: _____	To: _____
Sunday	From: _____	To: _____

Approve All	<input type="checkbox"/>	
Approved	Not Approved	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2I - Accessibility

Accessible to individuals with disabilities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Accessible to public transportation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Approve All	<input type="checkbox"/>	
Approved	Not Approved	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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DHS/DMH Reviewed by: _____

Date: _____

Date Received by Collaborative: _____

Date Data Entry Complete: _____