

Add a Practice Location to a Current Group – Behavioral Health

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*

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

Attributes and Modalities of Care *Check all that apply*

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|---|---|
| <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*

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| <input type="checkbox"/> Adoption | <input type="checkbox"/> Anger management | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Attention-deficit/hyperactivity
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 |

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