



OPTIMA BEHAVIORAL HEALTH CMHRS APPLICATION

ADDITIONAL LOCATION FORM

Please complete this form for all additional service locations, not included in your application.

Legal Business Name: _____

DBA Name (if different from legal name): _____

Primary Street Address: _____
(Cannot be a PO Box)

Room/Suite/Floor: _____

City: _____ State: _____ Zip: _____

Office Email: _____ Phone: _____ Fax: _____

Group/Type 2 NPI #: _____

Office Manager Name: _____

Office Hours for this location:

	Start	End		Start	End
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

Office Accessibility for this location:

☐ Wheelchair Accessible ☐ Public Transportation within one mile

Languages Spoken in this location:

☐ English ☐ Vietnamese ☐ Portuguese ☐ Yupik
☐ Spanish ☐ Korean ☐ Italian ☐ Polish
☐ German ☐ Navajo ☐ Arabic ☐ French Creole
☐ French ☐ Tagalog ☐ Dakota ☐ Other: _____

ADDITIONAL LOCATION – CMHRS SERVICE TYPES

Please complete this table for all CMHRS services that your organization provides.
Please be sure to submit all required licenses for these services.

Confirm Address for this Form: _____

Do you Provide this Service at this location?	Service Procedure Code	CMHRS Service Name
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0023	Mental Health Case Management <i>(CSB member/Behavioral Health Authority (BHA) and licensed by DBHDS to provide case management)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0035 HA	Therapeutic Day Treatment (TDT) School Day, Child <i>(DBHDS license to provide Day Treatment Services)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0035 HA & UG	TDT Afterschool, Child
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0035 HA & U7	TDT Summer Program Child
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0032 U7	TDT Assessment, Child
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0035 HB	Day Treatment/Partial Hospitalization, Adult <i>(DBHDS license to provide Day Treatment Services)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0032 U7	Day Treatment/Partial Hospitalization Assessment, Adult
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0036	Crisis Intervention <i>(DBHDS license in Emergency Services/Crisis Intervention and Outpatient services.)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0039	Intensive Community Treatment (ICT) <i>(DBHDS license to provide Intensive Community Treatment (ICT) or Program of Assertive Community Treatment (PACT))</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0032 U9	ICT Assessment
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0046	Mental Health Skill-building Services (MHSS) <i>(DBHDS license as a provider of Supportive In-Home Services, Intensive Community Treatment (ICT) or Program of Assertive Community Treatment (PACT))</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0032 U8	MHSS Assessment
<input type="checkbox"/> Yes <input type="checkbox"/> No	H2012	Intensive In-Home (IIH) <i>(DBHDS license in Intensive In-Home Services)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0031	IIH Assessment
<input type="checkbox"/> Yes <input type="checkbox"/> No	H2017	Psychosocial Rehab <i>(DBHDS license to provide Psychosocial Rehab or Clubhouse Services)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0032 U6	Psychosocial Rehab Assessment
<input type="checkbox"/> Yes <input type="checkbox"/> No	H2019	Crisis Stabilization <i>(DBHDS license to provide Mental Health Crisis Stabilization and Outpatient Services)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	H2033	Behavioral Therapy*
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0032 UA	Behavioral Therapy Assessment*
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0024	Peer Support Services, Individual Mental Health
<input type="checkbox"/> Yes <input type="checkbox"/> No	H0025	Peer Support Services, Group Mental Health
<input type="checkbox"/> Yes <input type="checkbox"/> No	T1012	Peer Support Services, Individual Substance Use Disorder
<input type="checkbox"/> Yes <input type="checkbox"/> No	S9445	Peer Support Services, Group Substance Use Disorder

* Behavioral Therapy services will be approved for the Organization, but you must also complete a [Behavioral Health Provider Credentialing Packet](#) for each ABA practitioner.