

Appendix A
CMHC Provider Site Update Form

When possible, please submit updates using the web form at:
<https://dbhdid.ky.gov/cmhc/Users/ProviderSite.asp>

Most of the time, a Provider designates a specific address where services are performed. However, there may be several 'Providers' at the same address when multiple programs are housed at that address and the Regions want to use the Provider Site ID as a method to separate the services. Also, some services may be performed at homes, schools, courts or other non-regional sites. A Provider Site ID may be established to help identify a specific service and the address used may be the 'home' address of the service or the staff member providing the service.

Instructions:

This form must be completed upon every addition, change, or deletion of a Provider /service site.

After completing all of the items on the form either fax it to 859-323-0803 or mail it to:

Institute for Pharmaceutical Outcomes and Policy
194 Biological Pharmaceutical Complex
789 South Limestone Street
Lexington, KY 40536-0596
Attention: IPOP Liaison

Please allow up to five business days for the change to take effect.

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Your Name: _____ E-mail address: _____

Region Number: _____

Please check one of the following: New Site
 Change to Existing Site
 Removal of Site

Enter the existing Provider Site ID number below, or specify a new one if you checked 'New Site' above.

Rules for Provider Site ID Numbers:

1. Numbers should have six (6) digits
2. The first two (2) digits should be the region number
3. The last four (4) digits are assigned by the CMHC. No duplications are allowed within the region.

Provider Site ID: _____

Enter the date when the site was first licensed, sanctioned, or otherwise recognized to provide services.
Enter Inactivation Date if you checked 'Removal of Site' above.

Activation Date: _____

Name of Site: _____

Physical Location of Site

County: _____

Street Address: _____

City: _____

Zip Code: _____

Phone: _____

Fax: _____

Mailing Address (if different from physical location)

Street Address: _____

City: _____

Zip Code: _____

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What types of services are provided at this site? (check all that apply)

- Mental Health
- Intellectual Disabilities
- Substance Abuse

If you checked Substance Abuse above, enter the Federal Inventory of Substance Abuse Treatment Services (I-SATS) ID Number. This number was formerly known as NIDA or NFR.

Note: All SA sites should have and I-SATS number.

I-SATS Number (if known): _____

Check this box if you do not know your I-SATS Number, or need a number.

If this site is a CSU site, please check one of the following and provide the number of beds at the site:

- Adult
- Child

Number of beds: _____

Site Director Information (if available)

Name (First Last): _____

Title: _____

A current listing of providers for your region can be found in the "Providers Table Listing" report available on each Region's web page in the Reports drop-down box or through your RDMC/IPOP liaison.