



Provider Profile

Instructions: In an effort to keep our provider profiles current we are asking you to submit an update. Please take a moment to go to our website and utilize the Provider Search feature to check the information in your profile for accuracy. If your agency currently has a WHN Provider Profile on file, please indicate only corrections, changes or additions.

Agency: _____

Corporate Information:

Executive Director- _____ E-mail- _____
 Clinical/Medical Director- _____ E-mail- _____
 Corporate address- _____
 Corporate phone number- _____ Corporate fax number- _____
 E-mails to receive authorizations- _____
 Agency Website- _____

Contract Information: Contact for contract- _____
 Phone- _____ E-mail to send contract _____
 Tax I.D. Number (T.I.N.)- _____
 Date of Agency Incorporation _____ Date Services Began _____

Organization Accreditation				Payment Accepted <i>(check all that apply)</i>
Organization	Accredited Y/N	Years Accredited	Expiration Date	
CARF				Medicare <input type="checkbox"/>
COA				IPRS <input type="checkbox"/>
CQL				Medicaid <input type="checkbox"/>
JCAHO				Consumer Fees <input type="checkbox"/>
				Private Insurance <input type="checkbox"/>

Organization Legal Entity Type <i>(check one)</i>					
<input type="checkbox"/>	C-Corporation	<input type="checkbox"/>	S-Corporation	<input type="checkbox"/>	Limited Liability Corporation
<input type="checkbox"/>	General Partnership	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Limited Liability Partnership
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Not For Profit	<input type="checkbox"/>	Government

***(COPY AND ATTACH FOR EACH ADDITIONAL LOCATION)**

Information for Location # _____ Address of this location- _____

Contact Person for this location- _____ Phone # for this location- _____

E-mail address for this location- _____ Fax # for this location- _____

What County is this location in? _____

What Counties does **this location provide services to?** (Check all that apply to this location)

Buncombe	<input type="checkbox"/>	Madison	<input type="checkbox"/>	Mitchell	<input type="checkbox"/>	Yancey	<input type="checkbox"/>	Henderson	<input type="checkbox"/>	Transylvania	<input type="checkbox"/>	Rutherford	<input type="checkbox"/>	Polk	<input type="checkbox"/>
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Other counties- _____

What other accommodations does this location provide? (Check all that apply)

Wheelchair Access	<input type="checkbox"/>	Staff Cross-Trained Across Disability Areas	<input type="checkbox"/>
Gender-Specific Women's SA Svc	<input type="checkbox"/>	Culturally Diverse Staff	<input type="checkbox"/>
Interpreter for Hearing Impaired	<input type="checkbox"/>	Staff Trained in Cultural Diversity	<input type="checkbox"/>
Accommodations for Vision Impaired	<input type="checkbox"/>	Serve Blind/Visually Impaired Consumers	<input type="checkbox"/>
Serve sexually Aggressive consumers	<input type="checkbox"/>	Serve Behaviorally Disruptive Consumers	<input type="checkbox"/>
Agency Staff for non-English speakers at this location?	<input type="checkbox"/>	If yes languages	
Other Interpreter for Non-English speaking consumers available at this location?	<input type="checkbox"/>	If yes languages	

What Disability area(s) are served at this location? (Check all that apply)

(ADD) ADULT DEVEL DISABILITY	<input type="checkbox"/>	(CDD) CHILD DEVEL DISABILITY	<input type="checkbox"/>
(AMH) ADULT MENTAL HEALTH	<input type="checkbox"/>	(CMH) CHILD MENTAL HEALTH	<input type="checkbox"/>
(ASA) ADULT SUBSTANCE ABUSE	<input type="checkbox"/>	(CSA) CHILD SUBSTANCE ABUSE	<input type="checkbox"/>

Is this Facility/Site Licensed? (list)				
Type	Yes	No	License #	State
DFS	<input type="checkbox"/>	<input type="checkbox"/>		
DSS	<input type="checkbox"/>	<input type="checkbox"/>		

What enhanced services are offered at this location? (Check all that apply)

Ambulatory Detoxification	<input type="checkbox"/>	Diagnostic Assessment	<input type="checkbox"/>	Partial Hospitalization	<input type="checkbox"/>	SA Intensive Outpatient Program	<input type="checkbox"/>
Assertive Community Treatment Team	<input type="checkbox"/>	Intensive In Home	<input type="checkbox"/>	Professional Treatment Services in Facility Based Crisis Program	<input type="checkbox"/>	SA Medically Monitored Residential Treatment	<input type="checkbox"/>
CAP	<input type="checkbox"/>	Medically Supervised or ADATC Detoxification/Crisis Stabilization	<input type="checkbox"/>	Psychosocial Rehabilitation	<input type="checkbox"/>		
Community Support Adult	<input type="checkbox"/>	Mobile Crisis	<input type="checkbox"/>	Residential Treatment LII	<input type="checkbox"/>	SA Non-Medical Community Residential Treatment	<input type="checkbox"/>
Community Support Child	<input type="checkbox"/>	Multi Systemic Therapy	<input type="checkbox"/>	Residential Treatment Level III	<input type="checkbox"/>		
Community Support Team	<input type="checkbox"/>	Non-Hospital Medical Detox	<input type="checkbox"/>	Residential Treatment Level IV	<input type="checkbox"/>	Social Setting Detoxification	<input type="checkbox"/>
Day Treatment Child/Adolescent	<input type="checkbox"/>	Outpatient Opioid Treatment	<input type="checkbox"/>	SA Comprehensive Outpatient Treatment Program	<input type="checkbox"/>	SA Halfway House	<input type="checkbox"/>

Information for Location # Continued:							
What Other <u>Adult MENTAL HEALTH</u> services are offered at this location? (Check all that apply)							
Couple/ Family Therapy	<input type="checkbox"/>	Illness Management and Recovery	<input type="checkbox"/>	Peer Specialist Services	<input type="checkbox"/>	Supported Living Apartments	<input type="checkbox"/>
DBT Group	<input type="checkbox"/>	Individual Outpatient Therapy	<input type="checkbox"/>	Peer to Peer Group	<input type="checkbox"/>	Supported Living Group	<input type="checkbox"/>
Drop In Center	<input type="checkbox"/>	Integrated Dual Diagnosis Treatment	<input type="checkbox"/>	Project Assistance in Transition from Homelessness	<input type="checkbox"/>	WRAP Group	<input type="checkbox"/>
Family Psychological Education	<input type="checkbox"/>	Jail Assessment	<input type="checkbox"/>	Sexual Offender Evaluation	<input type="checkbox"/>		
Forensic Evaluation	<input type="checkbox"/>	Jail Diversion	<input type="checkbox"/>	Sexual Offender Treatment	<input type="checkbox"/>		
Geriatric Adult Specialty Team	<input type="checkbox"/>	MD Evaluation/ Medication Management	<input type="checkbox"/>	Supported Education	<input type="checkbox"/>		
What Other <u>Child MENTAL HEALTH</u> services are offered at this location? (Check all that apply)							
Community Respite	<input type="checkbox"/>	Hourly Respite	<input type="checkbox"/>	Play Therapy	<input type="checkbox"/>	Sexual Offender Treatment	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	Individual Outpatient	<input type="checkbox"/>	Psychiatric Residential Treatment Facility	<input type="checkbox"/>	Therapeutic Foster Care	<input type="checkbox"/>
Family Therapy	<input type="checkbox"/>	MD Evaluation/ Medication Management	<input type="checkbox"/>	Sexual Offender Evaluation	<input type="checkbox"/>		
What Other <u>DD</u> services are offered at this location? (Check all that apply)							
Adult Day Vocational Program	<input type="checkbox"/>	Personal Assistance	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>		
Developmental Therapy	<input type="checkbox"/>	Personal Care	<input type="checkbox"/>	Supported Employment	<input type="checkbox"/>		
MD Evaluation/ Medication Management	<input type="checkbox"/>	Psychological Testing	<input type="checkbox"/>	Targeted Case Management	<input type="checkbox"/>		
What Other <u>SUBSTANCE ABUSE</u> services are offered at this location? (Check all that apply)							
Alcohol & Drug Assessments	<input type="checkbox"/>	Group Relapse Prevention Counseling	<input type="checkbox"/>	Prevention Services	<input type="checkbox"/>	SA Treatment – Group Living (Women)	<input type="checkbox"/>
Alcohol or Drug Group Counseling	<input type="checkbox"/>	Individual Relapse Prevention Counseling	<input type="checkbox"/>	SA Outpatient Group	<input type="checkbox"/>	SA Women & Children Residential Living and Treatment	<input type="checkbox"/>
DSS/ Court Ordered Assessments	<input type="checkbox"/>	Integrated Dual Diagnosis Treatment (IDDT)	<input type="checkbox"/>	SA Post Partum/ Pregnant Women	<input type="checkbox"/>	Therapeutic Community	<input type="checkbox"/>
DWI/ DUI	<input type="checkbox"/>	MD Evaluation/ Medication Management	<input type="checkbox"/>	SA Treatment – Group Living (Men)	<input type="checkbox"/>		