

APPENDIX ZH



## New Mexico Behavioral Health Collaborative

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Wayne Lindstrom — CEO

### APPLICATION FOR INTENSIVE OUTPATIENT PROGRAM

Provider Information:

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Executive Director Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

IOP Office Locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Services provided to (check all that apply):

Adults, age 18 and over

Children, age 13-17

Agency Type:

Community Mental Health Center (CMHC)

MAD CSA

Federally Qualified Health Center (FQHC)

Indian Health Services (IHS)

PL. 93-638 Tribal Facility

Agency approved by MAD to meet IOP program requirements

Agency Medicaid Enrollment ID: \_\_\_\_\_

Agency NPI: \_\_\_\_\_

Date completed: \_\_\_\_\_