

## New Provider Enrollment Form Attachment A/B

Please attach a W9 and return by email to <a href="mailto:OhioContracting@Centene.com">OhioContracting@Centene.com</a> Or use the submit button at the bottom of this page.

Buckeye Health Plan requires all providers to utilize CAQH for credentialing. If you do not utilize the Global Authorization option in CAQH, it is critical that you grant BHP authorization to access your data.

If more than 5 providers or 5 locations are in a group a Roster will be accepted containing the same information. If additional space is needed, or all the below information cannot be provided in a single document, please submit a separate form.

<del></del>	an end belett mornideren edimiet be pre-		,	e e e e e e e e e e e e e e e e e e e	a oopa.a.co .o		
·	Please complete one Provider Data Form (page 1) for each new provider in the practice.						
		office location for the provider.					
How many location	is does the provider work at under this ti		ate Comple	eung:			
Cuadantialina Cant		Information					
Credentialing Conta		Credentialing Phone					
Credentialing E-ma		Credentialing Fax N	umber:				
Croup Name:	Group	nformation Group NPI:					
Group Name:		Group NPI.					
Group Tax ID Numl							
Billing Office Addre	SSS:	T		1			
Billing Office City:		State:		Zip:			
Billing Office Phone		Billing Office Phone	Fax:				
		Information		I			
Provider First Nam	e:	Middle Name:		Last Na	me:		
Provider DOB:		Provider SSN:					
OH Medicaid Numl	per:	DEA Number:					
State License Numl	per:	Licensed State:					
Individual NPI#:		Provider Type: (MD	, DO, etc.):				
Primary Specialty:		Secondary Specialty					
Applying PCP	Behavioral Health Only	Work in a Federally	Qualified H	ealth Cer	nter for this Tax ID: 🧑		
as: Speci	alist Behavioral Health and Medical	Yes	No		0		
Hospital Based and	practice exclusively in an inpatient setting	ng: Yes	No				
Is provider accepting	ng new patients:	Yes	No				
Does the provider	nave any gender limitation on patients?	Yes	No	Gender	Limits:		
Does the provider	nave any Age limitations on patients?	Yes	No	Age Lim	its:		
Is Provider Affiliate	d with a PHO: ?	Yes	No				
Is provider register	ed with CAQH: Yes No	If Yes, CAQH Provid	er ID:				
Please list any non-	English languages spoken by provider:						
Has provider receiv	ved any Cultural Competency Training:	Yes	No				
Please list if Cultura	al Training includes any	African American	American	Indian	Hispanic/Latino		
of the following:	,	Alaskan Native	Asian		Pacific Islander		
Please list Specializ	ed Training completed:	Deafness	HIV/AIDS		Chronic Illness		
(Behavioral Health	Providers must complete	Blindness Homelessness Physical Disabilities					
Section C at the en	d of this form.)	Serious Mental Illne	ess.				
	Sig	nature					
Date:							
Typed Name:							

All fields on this form are required. If information does not apply please indicate N/A in the space provided.

(Rev. 03/2018) Page 1 of 0



Location 1

Please complete a Location Form for each Practice Location

riease comple	te a Location Fo	illi ioi eacii	Practice Location	•						
Group Name:										
Practice Locat	tion Name:			Group Tax ID N	umber:					
Primary Office	1	Direction	Street Name	Group Tax 12 11	41110011			Suffix	Suite	
Address:	Street No	Direction	Street Name					Julia	Juice	
Primary Office	e City:			State:	Zip:		County:			
Primary Office	e Phone Numbe	r:		Primary Office I	Fax Nur	nber:				
List this addre	ess	PCP:	If PCP, would	you like to have	membe	rs assign	ed to the	Capaci	ty:	
in BHP Directo	orv:	Yes No	doctor or to t	•		· ·		,	•	
	Monday	Tuesday	Wednesday	Thursday	Frie	day	Saturday	Sunday		
	monday	racoday	Treamedady	maisaay		,	Juliany		iuuy	
Office	То	То	То	То		-o	То		То	
Hours	10	10	10	10		U	10		10	
Hours			61 1				<b>O</b> I I			
	Closed	Closed	Closed	Closed		sed	Closed	_	osed	
	Open 24 Hrs	Open 24 H	rs Open 24 Hrs	Open 24 Hrs	Ope	n 24 Hrs	Open 24 Hrs	Оре	n 24 Hrs	
Does the loca	tion have access	s to Language	e Line Services?				Yes	No		
Does the location offer translation services for written materials?  Yes								No		
Does the loca	tion offer non-E	nglish langua	ages, either spoke	n by the provider	, office		Yes	No		
		-	lical interpreters?							
If above guest	tion is ves, pleas	se list which i	non-English langua	ages are						
provided at th			0 0	J						
1	ADA Information									
Does your offic	Does your office meet ADA Parking Recommendations, Including ALL of the following:									
	-Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with									
mobility disabil		ianaicap, park	ing (1 in 25 or 1070 t	or total spaces, the	it serve	people wi	cii	Yes	No	
-		ssible availabl	e in your parking lo	t.				103	140	
-	e next to each ma		e iii your parkiiig io							
		· · · · · · · · · · · · · · · · · · ·	ations, Including <b>AL</b>	L of the following:						
-			atient who uses an a	_	scooter					
_	_	-	36" wide, and easy			•				
	r or stall have a m			,				Yes	No	
	toilet seat 17-19									
	ind and to the wa									
-At least one o	pen space (at leas	st 42") to the s	ide of the toilet.							
-The soap and	towel dispensers	48" or less fro	m the floor.							
Does your offic	e meet <b>Exam Roc</b>	<b>om</b> Recommer	ndations, Including A	<b>ALL</b> of the followin	g:					
			ssible route (no less	·		-				
	vith a minimum o	of 30" by 48" c	lear approach next t	to an examination	table fo	r transfer	from a	Yes	No	
wheelchair.										
			on/off of examinat							
<u>-</u>		<b>nt</b> Recommen	dations, Including <b>A</b>	<b>LL</b> of the following	:			V	N.a.	
-Access to a wh								Yes	No	
	ight adjustable ex									
			ns, Including <b>ALL</b> of		مام			Yes	No	
			n and slip resistant a		ie.					
-			ons, Including ALL o	_	ivo acco	ssible ont	<b>***</b>			
	-If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance.  -An entry door at least 34" wide with a push pad or easy assist system.  Yes  No									
			care control button		hoth rai	sad chara	ctars	Yes	No	
			" from the floor, wi							
-		_	cabs with the appro	_		p and dov	VII			
ancedion of ver	Sai Chanciators 6	and doors and	cass with the apple	Spriate difficusions	 	Duc		Yes	No	
Is the provider'	s location on an a	accessible pub	lic transportation ro	oute?		Bus		Yes	No.	
•					I	Irain		150	17(1)	



Location 2

Please complete a Location Form for each Practice Location

Please complet	le a Location Fo	min for each	Practice Location	•						
Group Name:										
Practice Locat	ion Name:			Group Tax ID N	umber:					
Primary Office		Direction	Street Name	Croup rux is it	<del>amben</del>			Suffix	Suite	
Address:	Street No	Direction	Street Name					Julia	Jane	
Primary Office	City			State:	7in:		Country			
	•			-	Zip:		County:			
•	Phone Numbe		11.000 11	Primary Office			11			
List this addre		PCP:		you like to have	membe	ers assign	ed to the	Capaci	ity:	
in BHP Directo		Yes No	doctor or to t							
	Monday Tuesday Wednesday Thursday Friday Saturday Sun								nday	
Office	То	То	То	То		ō	То		То	
Hours										
	Closed	Closed	Closed	Closed	Clo	sed	Closed	Cl	osed	
	Open 24 Hrs	Open 24 H	rs Open 24 Hrs	Open 24 Hrs	Ope	n 24 Hrs	Open 24 Hı	s Ope	en 24 Hrs	
Does the locat	tion have access	s to Language	Line Services?				Yes	No		
			s for written mate	erials?			Yes	No		
			iges, either spoke		office		Yes	No		
			lical interpreters?		, office		103	140		
<u>'</u>		•	non-English langu							
provided at th		se list willer i	ion-Liigiisii iangu	ages are						
provided at th	iis iocation.		ADA I	.f						
				formation						
Does your office meet ADA <b>Parking</b> Recommendations, Including <b>ALL</b> of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with										
		iandicap) park	ing (1 in 25 or 10%	or total spaces) tha	at serve	peopie wi	tn	Vos	No	
mobility disabil		ssihle availahl	e in your parking lo	+				Yes	No	
-			e iii your parkiiig io	ι.						
-An access aisle next to each marked space.  Does your office meet <b>Restroom</b> Recommendations, Including <b>ALL</b> of the following:										
-			itient who uses an a	_	rscooter					
_	_	-	36" wide, and easy							
	or stall have a m			·				Yes	No	
	toilet seat 17-19									
-Grab bars behi	nd and to the wa	all side of the t	oilet.							
-At least one op	en space (at leas	st 42") to the s	ide of the toilet.							
	owel dispensers									
			ndations, Including		_					
			ssible route (no less			-				
	ith a minimum o	of 30" by 48" cl	ear approach next	to an examination	table for	r transfer	from a	Yes	No	
wheelchair.			/	Van talala						
			on/off of examinat							
-Access to a wh		<b>nt</b> kecommen	dations, Including A	<b>LL</b> of the following	<b>;</b> :			Yes	No	
	ght adjustable ex	vam tahla						103	140	
			ns, Including <b>ALL</b> of	the following:						
			and slip resistant a		de			Yes	No	
			ons, Including <b>ALL</b> o		ис.					
			_	_	ive acce	ssible ent	rance.			
	-If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entranceAn entry door at least 34" wide with a push pad or easy assist system.  Yes No								No	
	-Elevators located on an accessible route with care control buttons designated with both raised characters									
			" from the floor, wi	=						
direction or ver	bal enunciators a	and doors and	cabs with the appro	opriate dimensions	5					
						Bus		Yes	No	
Is the provider's location on an accessible public transportation route?								No		

(Rev. 03/2018) Page 3 of θ



Location 3

Please complete a Location Form for each Practice Location

Please complet	le a Location Fo	orm for each	Practice Location	•						
Group Name:										
Practice Locat	ion Name:			Group Tax ID N	umber:					
Primary Office		Direction	Street Name	Croup rux is it	<del>amben</del>			Suffix	Suite	
Address:	Street No	Direction	Street Name					Julia	Juice	
Primary Office	City			State:	7in:		Country			
	•			-	Zip:		County:			
•	Phone Numbe		11.000	Primary Office						
List this addre		PCP:		you like to have	membe	ers assign	ed to the	Capaci	ity:	
in BHP Directo		Yes No	doctor or to t							
	Monday Tuesday Wednesday Thursday Friday Saturday Sun								nday	
Office	То	То	То	То	7	ō	То		То	
Hours										
	Closed	Closed	Closed	Closed	Clo	sed	Closed	Cl	osed	
	Open 24 Hrs	Open 24 Hi	rs Open 24 Hrs	Open 24 Hrs	Ope	n 24 Hrs	Open 24 Hı	s Ope	en 24 Hrs	
Does the locat	tion have access	s to Language	Line Services?				Yes	No		
			s for written mate	erials?			Yes	No		
			iges, either spoke		office		Yes	No		
			lical interpreters?		, office		103	140		
<u>'</u>		•	non-English langu							
provided at th		se list willer i	ion-Liigiisii iangu	ages are						
provided at th	iis iocation.		ADA I	.f						
				formation						
Does your office meet ADA <b>Parking</b> Recommendations, Including <b>ALL</b> of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with										
		iandicap) park	ing (1 in 25 or 10%	or total spaces) tha	at serve	peopie wi	tn	Vos	No	
mobility disabil		scible availabl	e in your parking lo	+				Yes	No	
-			e iii your parkiiig io	ι.						
-An access aisle next to each marked space.  Does your office meet <b>Restroom</b> Recommendations, Including <b>ALL</b> of the following:										
-			itient who uses an a	_	rscooter					
_	_	•	36" wide, and easy							
	or stall have a m			·				Yes	No	
	toilet seat 17-19									
-Grab bars behi	nd and to the wa	all side of the t	oilet.							
-At least one op	en space (at leas	st 42") to the s	ide of the toilet.							
	owel dispensers									
			ndations, Including		_					
			ssible route (no less			-				
	ith a minimum o	of 30" by 48" cl	ear approach next	to an examination	table for	r transfer	from a	Yes	No	
wheelchair.			/	Van talala						
			on/off of examinat							
-Access to a wh		<b>nt</b> kecommen	dations, Including A	<b>LL</b> of the following	<b>;</b> :			Yes	No	
	ght adjustable ex	vam tahla						103	110	
			ns, Including <b>ALL</b> of	the following:						
			and slip resistant a		de			Yes	No	
			ons, Including <b>ALL</b> o		ис.					
			_	_	ive acce	ssible ent	rance.			
	-If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance.  -An entry door at least 34" wide with a push pad or easy assist system.  Yes  No								No	
	-Elevators located on an accessible route with care control buttons designated with both raised characters									
			" from the floor, wi	-						
direction or ver	bal enunciators a	and doors and	cabs with the appro	opriate dimensions	5					
				. 2		Bus		Yes	No	
Is the provider's location on an accessible public transportation route?								No		

(Rev. 03/2018) Page 4 of 9



Location 4

Please complete a Location Form for each Practice Location.

Group Name:	e a Location i	or caeri	Tractice Location	•					
<u>'</u>	· · · · · · · · · · · · · · · · · · ·								
<del>}</del>		1		Group Tax ID N	umber:				1
Primary Office Address:	Street No	Direction	Street Name					Suffix	Suite
Primary Office	City:			State:	Zip:		County:		- V
•	Phone Numbe	er:		Primary Office	•	nber:	,		
List this addre		PCP:	If PCP, would	you like to have			ed to the	Capac	itv:
in BHP Directo		Yes No	doctor or to t	-		. 5 455.6.	ica to the	Capac	,.
m Bin Birecte	Monday Tuesday Wednesday Thursday Friday Saturday								ınday
	Williady	racsaay	vvcancsaay	Illuisaay	1110	iay	Saturday	30	illuay
Office	То	То	То	То	Т	0	То		То
Hours	10	10	10	10	'	U	10		10
110013	Cl I	GI I	Cl l	Classic	CI.	1	Cl l		1
	Closed	Closed	Closed	Closed	Clo		Closed	-	osed
	Open 24 Hrs	Open 24 H	·	Open 24 Hrs	Oper	n 24 Hrs	Open 24 H		en 24 Hrs
			e Line Services?				Yes	No	
Does the locat	ion offer transl	lation service	s for written mate	erials?			Yes	No	
Does the locat	ion offer non-E	English langua	ages, either spoke	n by the provide	r, office		Yes	No	
personnel or c	offered onsite b	y skilled med	lical interpreters?						
If above quest	ion is yes, pleas	se list which	non-English langua	ages are					
provided at th	is location:								
			ADA In	formation					
Does your office	e meet ADA <b>Park</b>	ing Recomme	ndations, Including		ng:				
			ing (1 in 25 or 10%			people wi	ith		
mobility disabili		.,,	5 (	, ,		•		Yes	No
-At least 1 space	e that is van acce	essible availabl	e in your parking lo	t.					
-An access aisle	next to each ma	irked space.							
Does your office	e meet <b>Restroon</b>	<b>n</b> Recommend	ations, Including <b>AL</b>	<b>L</b> of the following:					
			atient who uses an a		r scooter				
			36" wide, and easy	to open.					
	or stall have a m							Yes	No
<u> </u>	toilet seat 17-19								
	nd and to the wa								
•	en space (at leas	•							
·	owel dispensers		m the floor. Including A	All of the followin	~:				
·=			ssible route (no less		_	ry door a	u+ 27"		
			lear approach next t					Yes	No
wheelchair.	inti a minimi am c	71 30 by 40 c	icai approacii iicat i	to all examination	table for	transici	nom a	103	110
	trained to assist	with transfers	on/off of examinat	tion table.					
			dations, Including <b>A</b>		ξ:				
-Access to a wh			,					Yes	No
-Access to a hei	-Access to a height adjustable exam table.								
Does your office meet <b>Route</b> Recommendations. Including <b>ALL</b> of the following:									
-The route of travel to the building stable, firm and slip resistant and at least 36" wide.  Yes No									
Does your office	e meet <b>Interior</b> R	Recommendati	ons, Including ALL o	of the following:					
-If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance.									
-An entry door at least 34" wide with a push pad or easy assist system. Yes No									
-Elevators located on an accessible route with care control buttons designated with both raised characters									
and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions.									
direction or ver	bal enunciators a	and doors and	cabs with the appro	opriate dimensions	S				
Is the provider's	s location on an a	accessible nub	lic transportation re	oute?		Bus		Yes	No
15 the provider s	Is the provider's location on an accessible public transportation route?  Train						Yes	No	

(Rev. 03/2018) Page 5 of 9



Location 5

Please complete a Location Form for each Practice Location

Please comple	te a Location Fo	mii ioi eacii	Practice Location	•					
Group Name:									
Practice Locat	ion Name:			Group Tax ID N	umber:				
Primary Office		Direction	Street Name					Suffix	Suite
Address:	Street No	Direction:	J. Color Marrie					Julia	Juice
Primary Office	e City:			State:	Zip:		County:		
Primary Office	Phone Numbe	r:		Primary Office I	Fax Nur	nber:			
List this addre	·SS	PCP:	If PCP, would	you like to have			ed to the	Capaci	ty:
in BHP Directo	orv:	Yes No	doctor or to t	•					•
	Monday	Tuesday	Wednesday	Thursday	Frie	day	Saturday	Sui	nday
	,	, and a second of	,	, , , , , , , , , , , , , , , , , , ,		,			
Office	То	То	То	То	7	Го	То		То
Hours	10	10	10	10	<u>'</u>	0	10		10
Tiours	Classid	Classel	Classel	Classal	CI -		Classal	CL	
	Closed	Closed	Closed	Closed		sed	Closed	_	osed
	Open 24 Hrs	Open 24 H		Open 24 Hrs	Ope	n 24 Hrs	Open 24 Hrs	1	n 24 Hrs
	Does the location have access to Language Line Services?  Yes No								
Does the location offer translation services for written materials?								No	
Does the loca	tion offer non-E	nglish langua	ages, either spoke	n by the provider	r, office		Yes	No	
personnel or o	offered onsite b	y skilled med	lical interpreters?						
If above quest	tion is yes, pleas	se list which i	non-English langua	ages are					
provided at th	is location:								
	ADA Information								
Does your offic	Does your office meet ADA <b>Parking</b> Recommendations, Including <b>ALL</b> of the following:								
-		_	ing (1 in 25 or 10% (		_	people wi	th		
mobility disabil	-	.,.	5 (	, ,				Yes	No
_		ssible availabl	e in your parking lo	t.					
-An access aisle	e next to each ma	rked space.							
Does your offic	e meet <b>Restroom</b>	Recommend	ations, Including <b>AL</b>	<b>L</b> of the following:					
-Restroom large	e enough to acco	mmodate a pa	ntient who uses an a	dult wheelchair or	scoote	·.			
-The entry doo	rs to the restroon	ns are at least	36" wide, and easy	to open.					
	r or stall have a m							Yes	No
	toilet seat 17-19								
	ind and to the wa								
	oen space (at leas								
	towel dispensers								
-			ndations, Including A		_		+ 22//		
			ssible route (no less	·		-		V	N.a.
wheelchair.	vitii a miinimum o	01 30 by 48 C	lear approach next t	to an examination	table 10	rtransier	ITOITI a	Yes	No
	trained to assist	with transfers	on/off of examinat	ion table					
			dations, Including <b>A</b>		, •				
-Access to a wh		ile recommen	autions, including A	LE OF THE FOROWING	,•			Yes	No
	ight adjustable ex	kam table.							
			ns, Including <b>ALL</b> of	the following:					
			and slip resistant a		de.			Yes	No
			ons, Including ALL o						
-			re a ramp or lift or i	_	ive acce	ssible ent	rance.		
			ad or easy assist sys					Yes	No
			care control button		both rai	sed chara	cters		
and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down									
direction or ver	bal enunciators a	and doors and	cabs with the appro	opriate dimensions	5.				
la ale	- 1		li - 4			Bus		Yes	No
is the provider'	s location on an a	iccessible pub	lic transportation ro	oute?		Train		Yes	No

(Rev. 03/2018) Page 6 of 9

# Section C - Provider Specialty Profile

### **Treatment Expertise/Specialties**

Please select the types of services you offer, including the disorders you treat and the modalities you practice. (Check those that apply)

NOTE: Please submit evidence of certificates or transcripts that account for the associated trainings in the treatment modalities and/or disorders selected below.

Certifications						
Art Therapy	Positive Behavior Support					
Center of Excellence	SBIRT					
Emergency Services Provider	Targeted Case Management (TCM) Certificate Required					
Lead Behavior Analysis Therapist	Trauma Informed Care					
Settings/P	opulations Treated					
Adolescents	Homelessness					
Adults	Men					
Blind/Visually Impaired	Mobile Crisis					
Children	Nursing Home					
Community Based	Physical Disability					
Deaf/Hearing Impaired	Serious Emotional Disturbance					
Developmental Disability	Serious Mental Illness					
Emotionally Disturbed	Severe Persistent Mentally III					
Gay/Lesbian	School Based					
Geriatric	Telemedicine					
Hospital Based	Women					
Home Based	Young Children					
Treatment Mo	odalities/ Approaches					
Applied Behavioral Analysis (ABA)	Group Therapy					
Addictive Disorders	Geriatric Psychiatry					
Adolescent Psychotherapy	Gestalt					
Adolescent Sex Offender	Hypnosis					
Adolescent Psychiatry	Intensive Family Intervention					
Adoption Issues	Individual Therapy					
Alcohol/SA Treatment	Intensive Outpatient					
Anger Management	Intake Assessment					
Art Therapy	Medication Management					
Attachment Therapy	Methadone/Suboxone					
Behavioral Therapy	Mood Disorders					
Brief Therapy	Neuropsychological Testing					
Biofeedback	Neuro-Linguistic Programming (NLP)					
Chemical Dependency Assessment	Outcomes Oriented Therapy					
Child Parent Psychotherapy (CCP)	Parent Child Interaction Therapy (PCIT)					
Child Psychological Testing	Play Therapy					
Child Psychiatry	Psychological Testing					
Christian Counseling	Psychoanalytic Therapy					
Client Centered Therapy	Psychodynamic Therapy					
Cognitive Rehab Therapy	Psychopharmacology					

(Rev. 03/2018) Page 7 of 9

Cognitive Therapy	Pain Management
Community Support Program	Rationale Emotive Therapy
Community Support Program for the homeless	Relapse Prevention
Couples Therapy	Relationship Disorders
Crisis Intervention/Stabilization	Sensory Processing/Integration
Critical Incident Debriefing	Sexual Compulsions/Addictions
Dialectical Behavioral Therapy	Sex Therapy
Developmental Evaluation	Solution Empowerment Therapy
Domestic Violence	Stress Management
ECT	Tobacco
EMDR	Tobacco Cessation
Evaluation/Assessment	Trauma Focused Cognitive Behavioral Therapy
Family Therapy	Trauma Informed Care (TIC)
Family Systems	Trust Based Relational Intervention (TBRI)
Gay/Lesbian/Bisexual	Weight Management
	ders/Issues
Addictive Medicine	Impulse disorders
ADD/ADHD	Infertility
Addictive Disorders	Inpatient Attending
Adjustment Disorder	Inpatient Consult MD
Adolescent Behavior Disorders	Learning Disability
Adoption Issues	Medical Evaluation
Adult ADD	Medical Illness/Chronic Illness
AIDS/HIV	Men Issues
Anger Management	Mood Disorders
Anxiety/Panic Disorder	Marital Issues
Attachment Disorder	Mental Retardation
Autism/Asperger's	Obsessive Compulsive Disorder
Bipolar Disorders	Oppositional Defiant Disorder
Chemical Dependency	Organic Mental Disorder
Christian/Spiritual	Parenting Issues
Chronic Pain/Pain Management	Personality Disorders
Crisis Stabilization	Post-Partum Disorder
Cultural Issues	PTSD
Child/Parent Bonding	Panic Disorder
Co-occurring Disorders	Phobias
Cognitive Disorder	Physical Abuse
Concussion	Reactive Attachment Disorder
Criminal Offenders	Relapse Prevention
Dementia Disorders	Sexual/Physical Abuse (Adults)
Development Disorders	Sexual/Physical Abuse (Children)
Disruptive Behavior	Schizophrenia
Dissociative Disorder	Serious/Persistent Mental Illness
Separation/Divorce	Sexual Disorders
Domestic Violence	Sexual Dysfunction
Dual Diagnosis	Sexual Abuse/Incest
Depression	Sleep Disorder
Disabled	Step/Blended Families

(Rev. 03/2018) Page 8 of 9

Eating Disorders	Stress Management
Equine Assisted Therapies	Self-Injury
Family Dysfunction	Sexual Offender
Feeding Disorders	Substance Abuse
Gay/Lesbian/Bisexual	Suicide
Gender Identity Issues	Tobacco Cessation
Grief/Loss/Bereavement	Women Issues
Head Trauma	Work Related Problems
Home Visits	

(Rev. 03/2018) Page 9 of 9