

ECC Designation: ☐ Child ☐ Adult ☐ Lifespan

*Please check off which designation your new request would make you based on the populations you would be serving. If you would be serving both adults and children, you are a Lifespan provider.*

Attachment B – updated on (date): \_\_\_\_\_

**Please list all existing locations first**

CMAP Provider ID#:	
ECC Agency Name:	
Site Name:	
Street Address:	
Site Type:	<input type="checkbox"/> Primary: <input type="checkbox"/> Secondary:
Communities Served:	
DPH SA Outpatient Treatment License:	
DPH MH Outpatient Clinic for Adults License:	
DCF OP Psych Clinic for Children License:	
DPH General Hospital License:	
Emergency Access Exempted:	
Extended Business Hours Exempted:	
Secondary Site Criteria: are exempt from the emergency access and extended business hours requirements if they meet 3 or more of those criteria as noted in your Provider Enrollment Agreement (check off those that apply)	<p>If this is a secondary site, please check off which 3 criteria apply.</p> <p>a) <input type="checkbox"/> A small number of staff (4 or less) that spend at least half of their hours at the site</p> <p>b) <input type="checkbox"/> A small number of individuals (less than 125) receive their outpatient services at the site</p> <p>c) <input type="checkbox"/> There are no clerical or other administrative staff.</p> <p>d) <input type="checkbox"/> The service population is drawn from a catchment area that is largely consistent with the agency's primary site</p> <p>e) <input type="checkbox"/> Normal business hours are less than 6 hours per day in operation, four or fewer days per week.</p>
CMAP Provider ID#:	
ECC Agency Name:	
Site Name:	
Street Address:	
Site Type:	<input type="checkbox"/> Primary: <input type="checkbox"/> Secondary:
Communities Served:	
DPH SA Outpatient Treatment License:	
DPH MH Outpatient Clinic for Adults License:	
DCF OP Psych Clinic for Children License:	
DPH General Hospital License:	
Emergency Access Exempted:	
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Secondary Site Criteria: are exempt from the emergency access and extended business hours requirements if they meet 3 or more of those criteria as noted in your Provider Enrollment Agreement (check off those that apply)	<p>If this is a secondary site, please check off which 3 criteria apply.</p> <p>a) <input type="checkbox"/> A small number of staff (4 or less) that spend at least half of their hours at the site</p> <p>b) <input type="checkbox"/> A small number of individuals (less than 125) receive their outpatient services at the site</p> <p>c) <input type="checkbox"/> There are no clerical or other administrative staff.</p> <p>d) <input type="checkbox"/> The service population is drawn from a catchment area that is largely consistent with the agency's primary site</p>

	e) <input type="checkbox"/> Normal business hours are less than 6 hours per day in operation, four or fewer days per week.
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**Please add all new locations below**

CMAP Provider ID#:	
ECC Agency Name:	
Site Name:	
Street Address:	
Site Type:	Secondary
Communities Served:	
DPH SA Outpatient Treatment License:	
DPH MH Outpatient Clinic for Adults License:	
DCF OP Psych Clinic for Children License:	
DPH General Hospital License:	
Emergency Access Exempted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extended Business Hours Exempted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Site Criteria: are exempt from the emergency access and extended business hours requirements if they meet 3 or more criteria as noted in your Provider Enrollment Agreement (check off those that apply)	<p>If this site is exempt from emergency access and extended business hours, please check off which 3 criteria apply.</p> <p>a) <input type="checkbox"/> A small number of staff (4 or less) that spend at least half of their hours at the site</p> <p>b) <input type="checkbox"/> A small number of individuals (less than 125) receive their outpatient services at the site</p> <p>c) <input type="checkbox"/> There are no clerical or other administrative staff.</p> <p>d) <input type="checkbox"/> The service population is drawn from a catchment area that is largely consistent with the agency's primary site</p> <p>e) <input type="checkbox"/> Normal business hours are less than 6 hours per day in operation, four or fewer days per week.</p>
CMAP Provider ID#:	
ECC Agency Name:	
Site Name:	
Street Address:	
Site Type:	Secondary
Communities Served:	
DPH SA Outpatient Treatment License:	
DPH MH Outpatient Clinic for Adults License:	
DCF OP Psych Clinic for Children License:	
DPH General Hospital License:	
Emergency Access Exempted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extended Business Hours Exempted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Site Criteria: are exempt from the emergency access and extended business hours requirements if they meet 3 or more criteria as noted in your Provider Enrollment Agreement (check off those that apply)	<p>If this site is exempt from emergency access and extended business hours, please check off which 3 criteria apply.</p> <p>a) <input type="checkbox"/> A small number of staff (4 or less) that spend at least half of their hours at the site</p> <p>b) <input type="checkbox"/> A small number of individuals (less than 125) receive their outpatient services at the site</p> <p>c) <input type="checkbox"/> There are no clerical or other administrative staff.</p> <p>d) <input type="checkbox"/> The service population is drawn from a catchment area that is largely consistent with the agency's primary site</p> <p>e) <input type="checkbox"/> Normal business hours are less than 6 hours per day in operation, four or fewer days per week.</p>

CMAF Provider ID#:	
ECC Agency Name:	
Site Name:	
Street Address:	
Site Type:	Secondary
Communities Served:	
DPH SA Outpatient Treatment License:	
DPH MH Outpatient Clinic for Adults License:	
DCF OP Psych Clinic for Children License:	
DPH General Hospital License:	
Emergency Access Exempted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extended Business Hours Exempted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Site Criteria: are exempt from the emergency access and extended business hours requirements if they meet 3 or more criteria as noted in your Provider Enrollment Agreement (check off those that apply)	<p>If this site is exempt from emergency access and extended business hours, please check off which 3 criteria apply.</p> <p>a) <input type="checkbox"/> A small number of staff (4 or less) that spend at least half of their hours at the site</p> <p>b) <input type="checkbox"/> A small number of individuals (less than 125) receive their outpatient services at the site</p> <p>c) <input type="checkbox"/> There are no clerical or other administrative staff.</p> <p>d) <input type="checkbox"/> The service population is drawn from a catchment area that is largely consistent with the agency's primary site</p> <p>e) <input type="checkbox"/> Normal business hours are less than 6 hours per day in operation, four or fewer days per week.</p>

  

CMAF Provider ID#:	
ECC Agency Name:	
Site Name:	
Street Address:	
Site Type:	Secondary
Communities Served:	
DPH SA Outpatient Treatment License:	
DPH MH Outpatient Clinic for Adults License:	
DCF OP Psych Clinic for Children License:	
DPH General Hospital License:	
Emergency Access Exempted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extended Business Hours Exempted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature of Agency Representative and Date:

Signature of DSS Representative and Date: