## 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:	Primary: 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	If this is a secondary site, please check off which 3 criteria apply.	
access and extended business hours requirements if they	a) A small number of staff (4 or less) that spend at least	
meet 3 or more of those criteria as noted in your	half of their hours at the site	
Provider Enrollment Agreement (check off those that	b) A small number of individuals (less than 125) receive	
apply)	their outpatient services at the site	
	c) There are no clerical or other administrative staff.	
	d) The service population is drawn from a catchment	
	area that is largely consistent with the agency's primary	
	site	
	e) Normal business hours are less than 6 hours per day	
	in operation, four or fewer days per week.	
CMAP Provider ID#:		
ECC Agency Name:		
Site Name:		
Street Address:		
Site Type:	Primary: 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	If this is a secondary site, please check off which 3 criteria apply.	
access and extended business hours requirements if they	a) A small number of staff (4 or less) that spend at least	
meet 3 or more of those criteria as noted in your	half of their hours at the site	
Provider Enrollment Agreement (check off those that	b) A small number of individuals (less than 125) receive	
apply)	their outpatient services at the site $\Box$	
	c) There are no clerical or other administrative staff.	
	d) The service population is drawn from a catchment area that is largely consistent with the agency's primary	
	site	

## M:\WORD\OpsComm11-5-21Attachment B for Enhanced Care Clinics 10 28 21.doc) Updated October 26, 2021 Page 1 of 3

	e) Normal business hours are less than 6 hours per day in operation, four or fewer days per week.
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	I 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:	Yes No
Extended Business Hours Exempted:	Yes No
Secondary Site Criteria: are exempt from the emergency	If this site is exempt from emergency access and extended
access and extended business hours requirements if they	business hours, please check off which 3 criteria apply.
meet 3 or more criteria as noted in your Provider	a) A small number of staff (4 or less) that spend at least
Enrollment Agreement (check off those that apply)	half of their hours at the site
	b) A small number of individuals (less than 125) receive
	their outpatient services at the site
	c) There are no clerical or other administrative staff.
	d) The service population is drawn from a catchment
	area that is largely consistent with the agency's primary
	site
	e) Normal business hours are less than 6 hours per day in operation, four or fewer days per week.
CMAP Provider ID#:	in operation, four or fewer days per week.
ECC Agency Name: Site Name:	
Street Address:	0
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:	Yes No
Extended Business Hours Exempted:	Yes No
Secondary Site Criteria: are exempt from the emergency	If this site is exempt from emergency access and extended
access and extended business hours requirements if they	business hours, please check off which 3 criteria apply.
meet 3 or more criteria as noted in your Provider Enrollment Agreement (check off those that apply)	a) A small number of staff (4 or less) that spend at least half of their hours at the site
Enronment Agreement (check off those that apply)	b) A small number of individuals (less than 125) receive
	their outpatient services at the site
	c) There are no clerical or other administrative staff.
	d) The service population is drawn from a catchment
	area that is largely consistent with the agency's primary
	site
	e) Normal business hours are less than 6 hours per day
	in operation, four or fewer days per week.

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

Signature of Agency Representative and Date:

Signature of DSS Representative and Date: