Provider Demographic Update

Date _____

Please complete these forms and return to Molina Healthcare at your earliest convenience. You can fax the completed forms to (877) 900-8452 or email them to mhtxproviderservices@molinahealthcare.com

Office Information

Service Location Name:	Office Hours: *Note* Lunch hours should not be recorded	Format should be: Open 0:00 AM/PM to Close 0:00 AM/PM		
Tax ID:				
Office Manager:	Day	Open	Close	Comments
Physical Address:	Monday:			
Physical City:	Tuesday:			
Physical State:	Wednesday:			
Physical Zip Code:	Thursday:			
Physical County:	Friday:			
Phone Number:	Saturday:			
Fax Number:	Sunday:			
Email Address:				

Questions –

1. Is office building within walking distance of public transportation (no more than a half mile each way)?
   (Please circle Yes or No): YES NO

2. Is your office ADA accessible?
   (Please circle Yes or No): YES NO

Survey continued below

Reviewer Information
Name:
Title:
Phone:
Email:
Notes/Comments:

Provider Information

Please complete the charts below for each provider in your office. If additional grids are needed to provide information for all the providers in your office, please make as many copies as needed to complete the survey.

Provider Name:		Provider NPI:	
Primary Specialty:		Secondary Specialty:	

Please list additional languages spoken and indicate the race/ethnicity of the provider.		Does the provider have special experience, skills, expertise, and/or training in treating person with: (Yes or No)			
Additional Languages	Race/Ethnicity	Physical Disabilities	Chronic Illness	HIV/AIDS	Serious Mental Illness
		Homelessness	Deafness or Hard-of-Hearing	Blindness or Visual Impairment	Co-occurring Disorders

Provider Name:		Provider NPI:	
Primary Specialty:		Secondary Specialty:	

Please list additional languages spoken and indicate the race/ethnicity of the provider.		Does the provider have special experience, skills, expertise, and/or training in treating person with: (Yes or No)			
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Survey continued below

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Survey continued below

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Provider Name:	Provider NPI:
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Provider Name:	Provider NPI:
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Survey continued below

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Primary Specialty:		Secondary Specialty:	

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Provider Name:		Provider NPI:	
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Survey continued below

Behavioral Health Providers Only

Special Experience
Does your office have special experience, skill, expertise, and/or training in performing the following services: (Mark all that apply.)

☐ Alcohol/Drug Screening Analysis/Lab Urinalysis	☐ Psychological Testing
☐ Ambulatory Detoxification	☐ Medical Somatic
☐ Assessment	☐ Community Psychiatric Supportive Treatment
☐ Case Management	☐ Health Home Services Comprehensive Care Coordination
☐ Crisis Intervention	☐ Injections (long-acting antipsychotic medications)
☐ Individual Counseling	☐ Mental Health Assessment
☐ Group Counseling	☐ Partial Hospitalization
☐ Induction of Buprenorphine	☐ Pharmacological Management
☐ Injection of Naltrexone (to treat addiction)	☐ Psychiatric Diagnostic Interview
☐ Intensive Outpatient (to treat addiction)	☐ Methadone/Suboxone

In addition to the above experiences, does any provider in your practice have any special areas of qualification, licensing, experience, skill and/or training in treating the following conditions: (Yes or No)

If additional grids are needed to provide information for all the providers in your office, please make as many copies as needed to complete the survey.

Provider Name:		**Provider NPI:**		
Aging	**Children, Adolescents, and Young Adults**	**SPMI**	**Dual Diagnosis (MH/AOD)**	**Developmental Disorders/ Intellectual Disabilities**	**Child Welfare**
Forensic	**HIV/AIDS**	**Trauma**	**Domestic Violence**	**Veterans**	

Provider Name:		**Provider NPI:**		
Aging	**Children, Adolescents, and Young Adults**	**SPMI**	**Dual Diagnosis (MH/AOD)**	**Developmental Disorders/ Intellectual Disabilities**	**Child Welfare**
Forensic	**HIV/AIDS**	**Trauma**	**Domestic Violence**	**Veterans**	

Survey continued below

Provider Name:			Provider NPI:		
Aging	Children, Adolescents, and Young Adults	SPMI	Dual Diagnosis (MH/AOD)	Developmental Disorders/ Intellectual Disabilities	Child Welfare
Forensic	HIV/AIDS	Trauma	Domestic Violence	Veterans	

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Aging	Children, Adolescents, and Young Adults	SPMI	Dual Diagnosis (MH/AOD)	Developmental Disorders/ Intellectual Disabilities	Child Welfare
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Provider Name:			Provider NPI:		
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