



GEISINGER HEALTH PLAN

# Help patients find the services they need

**Geisinger**

## **Details about the services you provide help connect patients to the right care, right away.**

Complete this questionnaire to help Geisinger Health Plan members and referring providers more easily access services and programs. The more detail we can present to members, the better we can connect them with behavioral health services that best meet their needs.

**Complete a questionnaire for each practitioner at your practice or for each facility location — unless all practitioners or facility locations provide the same services. In that case, one completed form for your whole group will do.**

We ask that you answer as accurately as possible — especially when considering specialization, conditions you're willing to treat and services you provide. Indicating which practitioners or locations offer specialized treatment options will make it easier for members to find the right care, right away.

Thank you for taking a few moments to let Geisinger Health Plan members know about the services you provide!



## Behavioral health facility services questionnaire

Please complete this questionnaire to help our Geisinger Health Plan members and referring providers find and connect to services and programs. **Complete a questionnaire for each location.** If all locations provide the same services, one completed form from your whole group will do.

Fax your completed questionnaire to 570-271-5297 or email to [ghpaccountmngt@geisinger.edu](mailto:ghpaccountmngt@geisinger.edu).

Facility name:	NPI #:
Address:	County:

Does your facility have a specialized unit/program focused on any of the following? Check all relevant boxes if yes						
	Inpatient	Residential	PHP	IOP	OP	
Children (12 or younger)						Autism Spectrum Disorder (ASD)
Adolescents (13 - 17)						
Adults (18 - 64)						
Geriatrics (65 and older)						
Children (12 or younger)						Eating Disorders (ED)
Adolescents (13 - 17)						
Adults (18 - 64)						
Geriatrics (65 and older)						
Children (12 or younger)						General Mental Health Disorders and Issues (MH)
Adolescents (13 - 17)						
Adults (18 - 64)						
Geriatrics (65 and older)						
Children (12 or younger)						Comorbid Mental Health and Substance Use Disorders (Dual Diagnosis MH+SUD)
Adolescents (13 - 17)						
Adults (18 - 64)						
Geriatrics (65 and older)						
Children (12 or younger)						Obsessive-Compulsive Disorder (OCD)
Adolescents (13 - 17)						
Adults (18 - 64)						
Geriatrics (65 and older)						
Children (12 or younger)						Substance use disorders (SUD)
Adolescents (13 - 17)						
Adults (18 - 64)						
Geriatrics (65 and older)						

**Does your facility have a specialized unit/program focused on any of the following?**

*Check all relevant boxes if yes*

	Inpatient	Residential	PHP	IOP	OP	
Children (12 or younger)						Medically Complex or Medically Fragile Members
Adolescents (13 - 17)						
Adults (18 - 64)						
Geriatrics (65 and older)						
Children (12 or younger)						Chronic Pain Management
Adolescents (13 - 17)						
Adults (18 - 64)						
Geriatrics (65 and older)						
Children (12 or younger)						Trauma and PTSD
Adolescents (13 - 17)						
Adults (18 - 64)						
Geriatrics (65 and older)						

**Does your facility offer the following therapies, services, or treatments?**

*Check all relevant boxes if yes*

Inpatient	Residential	PHP	IOP	OP	
					Addiction, Recovery, and Relapse Prevention Counseling
					Alcohol Detoxification
					Anorexia Nervosa and/or ARFIDS
					Applied Behavioral Analysis (ABA)
					Cognitive Behavioral Therapy (CBT)
					Couples/Marital Therapy
					Court-Ordered Evaluation
					Crisis Intervention Services
					Dialectical Behavioral Therapy (DBT)
					Electroconvulsive Therapy (ECT)
					Eye Movement Desensitization and Reprocessing (EMDR)
					Family Therapy
					Group Psychotherapy
					Individual Psychotherapy
					Involuntary Admission
					Medication Assisted Treatment for AUD
					Medication Assisted Treatment for SUD
					Methadone Maintenance for OUD

**Does your facility offer the following therapies, services, or treatments?**

*Check all relevant boxes if yes*

Inpatient	Residential	PHP	IOP	OP	
					Psychiatric Medication Management
					Psychological Testing
					Neuropsychological Testing
					Sexual Offender Treatment
					Substance Use Detoxification (including opiates)
					Tourette's Syndrome
					Transcranial Magnetic Stimulation (TMS)
					Trauma Informed Therapy
					Veteran Mental Health Services

**Does your facility provide services for any of the following?**

*Check all relevant boxes if yes*

Inpatient	Residential	PHP	IOP	OP	
					Case management
					Cognitive Behavioral Therapy (CBT)
					Dual Diagnosis (intellectual disability + MH)
					LGBTQ+ Issues
					Peer Support Specialist
					Pregnant Members + MAT for OUD
					Prenatal (pregnant + MH)
					Prenatal and/or Post-Partum Issues
					Psychiatric Observation
					Recovery Specialist, Certified
					Youth/Peer Support

**I affirm the items identified above are an accurate reflection of and within the facility's scope of practice.**

*Sign and date below*

Completed by (signature):

Date:

Email:

Relationship to facility:

Fax number: