

Provider Certification Instructions for the Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration Grant Indiana Division of Mental Health and Addiction

If you are an accredited/certified Community Mental Health Center; or accredited community service agency and would like to become a CA-PRTF provider, do the following:

1. Decide which services you want to provide. Service definitions are at: <http://www.in.gov/fssa/files/ServiceDefinitions0108.pdf> .
2. Print the particular service application(s) in which you are interested from <http://www.in.gov/fssa/dmha/6643.htm> .
3. Review applications to ensure that your agency and your staff meet the requirements for the service(s) you will be providing. Your agency must maintain up-to-date documentation in personnel records that your staff meet these requirements.
4. Complete an agency Demographic Sheet at http://www.in.gov/fssa/files/Demographic_Info_on_letterhead.pdf . Fill in every space, check both boxes on the second page, and sign/date.
5. Complete/Sign the PROVIDER AGREEMENT.
6. Attach a copy of all accreditations and licenses.
7. Forward Demographic Sheet, agency accreditations and Provider Agreement to:
Beth Fetters
Indiana Division of Mental Health and Addiction
402 W. Washington Street, Room W353
Indianapolis, IN 46204
Fax 317 233-1986 or e-mail Laura.Fetters@fssa.in.gov

If you are an unlicensed non-accredited agency or an individual with experience providing services to children/youth with serious emotional disturbances and would like to become a provider, do the following:

1. Decide which services you want to provide. Service definitions are at: <http://www.in.gov/fssa/files/ServiceDefinitions0108.pdf>
2. Print the particular application(s) in which you are interested from <http://www.in.gov/fssa/dmha/6643.htm> .
3. Answer every question on the application for yourself or each individual who will be providing service. If an answer is "yes" fill in the additional information and attach requested information to the application. If an answer is "no", indicate when and how you will be able to answer "yes". For example, if you or your staff have not received training, indicate the date you will receive training, name of training and presenters.
4. Complete a Demographic Sheet at http://www.in.gov/fssa/files/Demographic_Info_on_letterhead.pdf . Fill in every space, check both boxes on the second page, and sign/date.
5. Complete/Sign the PROVIDER AGREEMENT.
6. Forward the Demographic Sheet, the Provider Agreement, an application for each service for which you wish to apply, and the required attachments for the service(s) such as a drug screen, ID, criminal background check, educational documentation, CPS screen, etc. to:
Beth Fetters
Indiana Division of Mental Health and Addiction
402 W. Washington Street, Room W353
Indianapolis, IN 46204 Fax 317 233-1986 or e-mail Laura.Fetters@fssa.in.gov